Making Sense of Illness

Gendering Early Modern Medicine

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Early modern medical understanding was very much shared by patients and healers. In Galenic thought, which dominated medical theory well into the seventeenth century and everyday thinking significantly longer, illness was construed as an individual process. Health and illness varied according to the balance of the individual's body and its four fluids: yellow and black bile, blood and phlegm. The balance of these was dependent on the so-called non-naturals. We would call these for example environmental factors: non-naturals included what one ate and drank as well as sleep, air, emotions, and evacuations. Depending on one's constitution, one's diet for example should be balanced to the bodily fluids so that a choleric person, with a high amount of yellow bile which was hot and dry, would not go out of balance by consuming food which would increase too much coldness and wetness. Similarly, too much black bile, melancholy, could cause coagulations in anyone and the coagulations in their turn could become cysts. If things were terribly out of balance, these lumps could turn cancerous. This happened much too often.

This chapter deals with early modern cancer, and the ways in which early modern people tried to make sense of the illness and understand what had brought the disease upon a certain individual. Making sense of this process was important for the physician and the patient alike when trying to find a proper cure. The anamnesis, the history of each individual case, was an extremely important part of diagnosis, and was very much about making sense of an individual's illness. Making sense of the patient's history, in our terms both medical and otherwise, gave important clues as to how to cure an illness, and as to how to make a prognosis. This chapter discusses the cultural practices of making sense of breast cancer – often considered cancer *per se* – and the ways in which making sense of lumps in the breast was a cultural practice. The following discussion is based on a larger

study on the history of breast cancer,[1] and builds on an extensive English source material, from medical treatises and self-help books to doctors' casebooks both printed and manuscript, and from patients' letters to recipe collections.

The Birth of Cancer

Late medieval and early modern periods saw many explanations for the birth of breast cancer; Galenic theory allowed for many explanations, as did the chemically oriented theories from the seventeenth century onwards. Whether the disease was generated by the Galenic imbalance of humors or by the cancer virus of the eighteenth-century theorists, the initial cause of the formation of a tumor naturally perplexed everyone. As the cell was "discovered" in the nineteenth century, early modern people had to rely much on the bodily signs given.

Cancer was typically understood to originate from illness such as milk abscesses, gender, age, emotions, and of mechanical causes such as being hit in the breast, or stays. It was very important for the diagnosis to know what the patient's past revealed. Therefore, the importance of the patient's own history was essential when making the diagnosis – and similarly, it was important to read illnesses in a gendered way because gender had much to say in the formation of illness. For instance, female menopause, or in the early modern terminology the cessation of the menses, was important in making sense of it. Sometimes female nature, being too vulnerable to great emotions, was considered a cause for the bodily humors to go awry.

An essential part of making sense of illness was listening to the patients' own stories and their interpretations of their histories, both physical and mental. Inspired by the foucauldian tradition,[2] it has been argued that the eighteenth century marked a significant change for the worse in the role of the patient in the course of treatment. This would mean that the professionalization of medicine accelerated the speed in which the patients lost their role in the making of decisions concerning treatments. In general, the patient had significantly less say in things in general from thereon. But before this process the patient's memory was essential in determining the outcome of the disease, making a prognosis and also in deciding what was the correct course of treatment for the individual. The progress Foucault described was slow, and it can be seen that at least the English physicians still had the early modern bedside manner by the turn of the

1 Kaartinen, 2013a.

2 Foucault, [1963]1994.

nineteenth century. In practice, they put great weight on their patient's stories and memories.

The Role of Gender

When one looks at the ways in which cancer and its birth was explained, gender rises as a central explanation. First, the nature of cancer in itself was very directly gender related, and one's sex was an explanation for getting cancer. In ancient, Galenic theory cancer was often considered largely a women's disease, one which affected their feminine parts, their breasts and womb.[3] Furthermore, it was thought that a cured breast cancer could re-emerge as another cancer, this time in the womb.[4] The idea lived on: John Ball for example attested in 1770 in his *The Female Physician*, intended for the female readership that cancer was mostly a women's ailment:

> Though this disorder is common to both sexes, yet as it generally attacks women, and more especially their breasts (sometimes the womb, &c.) I have thought proper to consider it in this place as their distemper, though not altogether peculiar to them.[5]

As Ball notes, cancer was clearly observed to be a menace to both sexes but it was women who were especially susceptible to cancer. And, in Galenic terms, it was clear that certain types of women were especially so:

> such as haue large fleshy breastes, or too hoate a liuer, or a weake spleane whiche is not able to drawe those melancholicke dregs, or whiche want the usuall course or their flowers or Emroodes: they (I say) are subiect hereunto, which have either all or some of these thinges.[6]

3 See also Shorter, [1991]1997, p. 243.

4 Charleton, 1659, p. 31.

5 Ball, 1770, p. 85. Benjamin Bell also considered women's breasts as the most frequent seat of cancer. Bell, 1796, p. 169. He too thought this was due to their glandulous nature. Ibid., p. 170.

6 Guillemeau, 1587, p. 42. See also Wecker, 1585, p. 106; Guillemeau, 1622, sig. O1v-O2; Brookes, 1754, p. 121.

This was the truth perceived in the late medieval world and in the sixteenth century, and in the seventeenth century Nicholas Culpeper's *Directory* more or less only reiterated this ancient idea:

> The Breasts are spongy and loose, and therefore Cancers breed often there, but the Cause is from the Womb, when they are of a hot and dry constitution with burnt blood, and when the terms stop, and then the humors flie to the Womb and make a Cancer, either with, or without a tumour aforegoing.[7]

These ideas lingered on. In 1793 George Wallis wrote that

> for women who have lived in that state [celibacy], as well as arriving at the period of menstrual cessation, are most liable to this complaint – next to those, mothers who have not sucked – afterwards, those who are past child-bearing – and those who are least subject to the disorder, are men, and women who have raised their own children by the breast.[8]

Even though it was recognized that both women and men had breasts, female breasts were considered more prone to cancer because of their special characteristics, such as the greater number of "Glandules" in their breasts.[9] It must be noted however that male breast cancer was considered a fact, but rare. The finding that women were considered more prone to illness than men did not improve

7 Culpeper, 1676, p. 213. Mary Fissell posits that there was in the early seventeenth century a change in the nature of the perception of the womb in vernacular popular press: it now became negative, a source of illness. See Fissell, 2004, p. 53. It is plausible that there was now more emphasis on the negative effects and nature of the womb but when it comes to medical ideas, these had of course been a strong current in earlier ideology as well.

8 Wallis, 1793, p. 761.

9 Today, the case against the one-sex model of Thomas Lacqueur is strong; most scholars agree that the differences between male and female patients were considered significant enough to differentiate for example treatment. See Churchill, 2005, passim. On the two-sex model in Antiquity, see King, 1998, p. 7, 11f., 27, who argues for the multitude of understanding of the sexes in the Antiquity. Many authors reiterated that of all its seats, cancer was most frequent in the breasts of women. Gooch, 1792, p. 178.

women's chances. Their weakness was mainly explained to have been caused by their bodies; the womb was a particular danger.[10]

It was indeed commonplace that menopause was a risk factor but a similar – and related – danger was ageing.[11] In the early nineteenth century, Richard Carmichael explained that "every writer" since antiquity had noted that old age and barrenness indeed made people, meaning women, subject to cancer.[12] As said earlier, the parts affected with cancer were considered naturally low in vitality which the circulation of blood would have brought to them; the parts further lost their vitality if they were no longer in use. Therefore, the breasts, uteruses and ovaries of women and the testes of ageing men were most prone to cancer.[13] William Buchan offered his readers a clear timeline: passing the limit of 45 years of age was the greatest risk factor – the other was "indolent sedentary life", a lifestyle of which women often were accused.[14]

Breast cancer was especially gendered when mechanical causes for cancer were suspected. When explanations were sought for the birth of a tumor, mechanical irritation was a popular and sensible explanation.[15] Both doctors and patients were quite unanimous on mechanical causes being a possible cause of a cancer, and patients frequently were able to pinpoint the history of their tumors to some accident or other such cause. Not many doubted this, but one of these few doubters was Henry Fearon. He was a surgeon who recognized the danger outward injuries caused, but he was not convinced that a blow alone would cause cancer. He rather thought that perhaps "a natural predisposition" was needed for the cancer to grow from an injury, and that women might have that natural predisposition.[16] In addition to Fearon, the anonymous author noted in *An Account* that a cancer originating from a blow or some other external

10 Smith, 1976, p. 97f.; Tissot, 1766, p. 41.

11 De Moulin, [1983]1989, p. 37. The wealth of my source material supports this notion. Authors from to Heister support this idea even though they did admit that cancer could trouble younger people as well. Heister, 1743, p. 229.

12 Carmichael, 1806, p. 59; Nutton, 2004, p. 23.

13 Carmichael, 1806, p. 59.

14 Buchan, 1772, p. 600; Pearson, 1788, p. 209.

15 De Moulin, [1983]1989, p. 34.

16 Fearon, 1790, p. 26f., 30f. Perhaps such natural disposition was the cause of the death from breast cancer of Margaret Banyard (née Cutting) from Wickham Market in Suffolk. She had lost apparently most of her tongue when she was four years old to what was considered cancer. She had retained her ability to speak but was considered such a curiosity that she had been as a young woman examined by the

cause might be less threatening than a cancer born out of inward causes. This was especially so if cancer was surgically removed at an early stage.[17] As said, these views are exceptions to the rule, since most believed outward explanations were perfectly valid.

Violence and Accidents

As is clear by now, a very common explanation for a cancer in the breast was a blow received to the breast.[18] Someone or something had hit the breast. The blow had often been received years earlier but was vividly remembered when the breast began to show worrying signs. Sometimes these signs appeared immediately, at times there was a hardness, a lump in the breast for years which then suddenly became painful.[19]

Let us take a look at some very typical examples of patient accounts. Among John Burrows's patients, there was a poor woman, Mary Jones, who in 1773, Burrows noted, "informed me that the cancer was occasioned by a blow she had received some years before."[20] William Rowley treated a lady, near 40, who "had for a considerable time a large hardened swelling in the right breast, supposed originally to have arisen from an accidental blow; it had not been much noticed for some years, as it had not occasioned pain."[21] John Ewart's patient Susan Alford had received a blow to her breast fourteen years before she came to be his patient, and had suffered from different troubles her breast gave her ever since.[22]

John Hunter's casebooks included a case of a 46 or 47-year-old Mrs B. who died of breast cancer interpreted to have grown from "a hurt" received to her breast twenty-four years earlier.[23] Indeed, the time-span between injury and tu-

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Royal Society. She died in August 1773 when she was 53 years old. Morley, 1778, p. 67-69.

17 Anon., 1670, p. 26.

18 Dr Willis considered even a minor blow enough to cause the nervous liquid to form a tumor in women's breasts. Willis, 1684, p. 202.

19 See for example Norford, 1753, p. 66-67.

20 Burrows, 1783, p. 99.

21 Rowley, 1779, p. 10. Rowley does not give the patient's name in his later treatise.

22 Ewart, 1794, p. 13f.

23 Hunter, 1993, p.10.

mor often was very extensive.[24] In this case it seems to have been relatively effortless to conclude that cancer originated in the hurt, since the breast had soon developed a hardness and pain had followed her ever since, the tumor growing slowly.[25] When Hunter amputated her breast, it was realized that the cancer had spread more than expected, and he thought this was due to the long time the tumor had been allowed to stay in place. It took him near an hour to remove the cancerous growth. This is an extremely long time since twenty minutes was considered the absolute maximum a surgical operation should last – and yet he finished ill satisfied: he had not been able to remove everything, he felt, even though he was quite thorough, and went deep into the pectoral muscle and far towards the armpit. Soon after, he mentioned, there appeared new swellings, and the patient eventually died.[26]

Mrs C., who was 28 years old, and who became James Nooth's patient and had surgery, had for years suffered from pains caused by a lump in her breast. In Nooth's words, she said it had begun, once again, with "an injury she had received on her breast."[27] Similarly, James Gregory's patient, Betty Anton, considered that she got her breast problems from a "[b]low she had rec[eived] on ye Mamma."[28]

One of the German surgeon Störck's patients, a fifty-five-year-old woman, was diagnosed with cancer which she imputed to her husband. He "about a year and an half before, had prest too forcibly on this breast, in bed."[29] It is impossible to say whether she blamed her husband for her cancer, but the consequences she implied, were severe: she died when her cancer was very advanced.[30]

There were of course countless ways of receiving an injury on one's breast, and one should not assume they were all consequences of deliberate violence against these women, and not all were received because they were women. This was not automatically gendered (if one does not consider that female breasts were considered different). Injuries could be caused by accidents, as in the above mentioned Rowley's case or in the case of a twenty-year old patient of Fearon's

24 In popular medicine, Fissell also mentions the historical perception of a certain illness often had very long time spans. Fissell, 1991, 33f.

25 Hunter, 1993, p. 10.

26 Ibid., p. 11.

27 Nooth, 1806, p. 69.

28 Gregory, Case Book 1789, Wellcome MS 5939, f. 82.

29 Störck, 1762, p. 27.

30 Ibid., p. 33.

who was hit by the handle of a pump.[31] Mrs. Shaw had an accident when she was getting out of a carriage,[32] and a German noble lady, a patient of Störck's, when hunting "pushed a gun too forcibly against her right breast."[33]

Unfortunately however, there is evidence that many of these blows were indeed violent attacks.[34] A Gentlewoman, of whom an anonymous writer wrote about in 1670, was very unlucky. According to this writer, this Gentlewoman's husband had had a "Drunken Bout" after which he got fever, and delirious from that, hit her breast. The breast "cancerated" and she died soon.[35] Norford reported of a case in which a 48-year-old woman "was put violently in Wrath", and was at the same time beaten by her husband's fists. He hit her face and left breast, and she was left with dangerously swollen left eye and a tumor in the breast. This patient seems to have survived this ordeal with a year's course of physic.[36] It sounds sad that there were, and I quote an anonymous author, "instances without number, of Women that have had them [cancers] by Blows, Bruises, &c."[37]

On the other side of the explanations were those that could not be linked to any injury, accidental or otherwise. Mrs Wood reported in her account of her disease:

> When I was about age of twelve, I recollect having had a gathering in the same breast, which broke, and discharged; but never recollect having had a blow or hurt since, that could have caused its present distressing state, and am inclined to think it came in a natural way, as the other side does not seem quite free from the same complaint, and in short, at this time is more subject to pain than the right side was, for three years after the lump was first discovered.[38]

31 Fearon, 1790, p. 197. After consulting several surgeons, she agreed to an operation, and according to Fearon was well ever since.

32 Guy, 1777, p. 37.

33 Störck, 1762, p. 26. Other accidents: Guy, 1759, p. 88f.; riding accidents: Guy, 1762, p. 64f.; 168. Sudden return of a gate: Guy, 1762, p. 80f. See also Nisbet, 1795, p. 184f.

34 Nooth, 1806, p. 69.

35 Anon., 1670, p. 22.

36 Norford, 1753, p. 38f.

37 Anon., 1670, p. 22.

38 Young, 1815, p. 65.

Mrs Wood's comment was typically quite learned: she was aware that there were two ways one could get cancer: through outside stimulus or through inward cause, which at that time probably still for her meant the disorder of the humors.

In theory, but probably quite rarely in real life as there are so few sources saying this, breast cancer could be born from the breasts being treated too much for sexual pleasure. In the late seventeenth and eighteenth centuries, especially the French seem to have been convinced that breast cancer would follow the sexual pleasures women received through their breasts. The German medical thinker Friedrich Hoffman noted that women, when frolicking with their husbands, let their breasts be treated too fiercely.[39] Later the French surgeon Jean Astruc for example noticed the ease with which women let their breasts be fondled.[40]

Emotions

From ancient times it was understood that strong emotions such as sorrow, grief, or anger, could cause illnesses such as cancer; strong emotions had the force to coagulate humors, and thus form lumps.[41] Again, women were considered especially prone to too strong emotions.

Wiseman accounted emotions as the cause of the death of at least one of his patients. Her breast remained much the same for a considerable time, but when her husband died and other misfortunes followed, her menses stopped and her breast swelled. She died in half a year, having refused the knife, that is, amputation of the breast.[42] Emotions were not the sole cause of her cancer as her menses stopped as well, but nevertheless they were a great part in the causal chain Richard Wiseman considered logical.

39 De Moulin, [1983]1989, p. 34.

40 Ibid.

41 Hippocrates, 1776, p. 38, 68; de Moulin, [1983]1989, p. 24, 37. See also Knuuttila, 2006; Alberti, 2006. Considering passions to cause diseases such as cancers is not far from the modern idea that a woman causes her breast cancer by her thoughts and actions – works too much, worries too much, suffers exceedingly from great blows of life such as divorces, deaths of relatives, and so on. Paradoxically, this psychoanalytical discourse suggests that one should be able to heal oneself by changing these psychological patterns. Laiho, 2005.

42 Wiseman, 1676/1734, p. 167.

Grief especially was a great danger.[43] A. F. M. Willich noted that grief was born out of sorrow, if it lasted for long and if it is very great, but there were also stronger forms of sorrow: distraction, despair, and agony.[44] Potentially deadly, continued grief could influence different parts of the body and lead to death through cancer or even faster, through a broken heart.[45] Women were especially prone to that.

Henry Fearon, who in general was very skeptical about all explanations given to the birth of cancer, recognized the connection between the affections of the mind and the disease, but was reserved as to state whether these affections were effects or causes.[46] One of his patients, Mrs. Elizabeth Ellis, however, thought that her cancer was caused by the excessive grief she felt when her husband died – she had found a small lump in her breast not long after his death. Fearon did not take a stand in the matter.[47] Richard Guy also admitted there was a connection between great emotions and cancer. He wrote that especially those women who met "with such Disasters in Life, as occasion much Trouble and Grief" were in special danger.[48] He exemplified his argument with two cases, a Mrs Emerson who got cancer after the death of her daughter which had afflicted her greatly, and a wife of a mate on a ship whose breast became cancerous when her husband was caught captive by the French.[49]

Emotions explained cancer only partially, however. Mrs Jennings who I am certain had lost a husband at the same time as her lump began to grow, did not in her own account blame grief as the cause of her cancer.[50] She rather thought there might be a connection between a serious milk abscesses which she had had when she had her first child "thirty-two years since".[51] Another possible cause

43 Grief had many intensities. Walter Charleton listed the following: "Discontent, Sollicitude, Vexation, Sadness, Sorrow, Affliction, Misery, Lamentation, Weeping and Howling". Charleton, 1701, p. 128.

44 Willich, 1800, p. 570. See also Nisbet, 1795, p. 186; Mendelson, 1987, p. 111; Beier, 1987, p. 236; Porter/Porter, 1988, p. 64; Eilola, 1999, p. 121; Sarjala, 2001, p. 132.

45 Willich, Lectures, 1800, p. 571f. On these dangers, see also Charleton, 1701, p. 150-152; Falconer, 1788, p. xiv, 17f.

46 Fearon, 1790, p. 31.

47 Ibid., p. 162.

48 Guy, 1759, p. 53.

49 Ibid., p. 53f.

50 Young, 1815, p. 135.

51 Ibid.

for the aggravation of her humors might have been, according to her, a very severe blow on her breast from a "butcher's boy in Leicester Fields".[52] Daniel Turner had a patient whose tumor was left alone and remained in a stone-like state for years – regardless of the fact that she had several children and a great flow of milk even though she never suckled her children (thus advised by Turner) and

> being since, thro' Misfortunes, reduced to streight Circumstances, by which there was great Reason to suspect, that thro' Melancholy, and Cares of the World coming on, she might have farther sowr'd the Juices of her Blood, and heightened the Disorder; yet, in a Course of fifteen or sixteen Years, through the various Scenes of Life, the Schirrus is still the same, hard like so many Stones, and senseless.[53]

Explanations emphasizing mental reasons for breast cancer were gaining popularity towards the end of the eighteenth century. In 1815, John Rodman proposed that it was the woman's mind, always prone to hysterics, which caused breast cancer. Furthermore, their heads were weaker in every sense, anyway.[54] In eighteenth-century treatises it seems that hysterics and delicate constitutions were indeed those of noble ladies. From Richard Guy's cases, for example, it becomes manifest that those who were mentioned to be "subject to nervous and hysterical Complaints" were members of the polite society.[55]

Conclusions

Breast cancer was an illness which not only killed cruelly, it often tortured the patient for years. Because of the nature of the illness, finding a cure or even a method to ease the sufferings of the patients was extremely important even for early modern patients and practitioners alike. Great effort was put into developing new healing techniques and surgical innovations and instruments were

52 Ibid.

53 Turner, 1722, p. 73.

54 Rodman, 1815, passim.

55 This example was Miss A-y, who was the granddaughter of the "Earl of H-t". Guy, 1762, p. 73.

developed around breast cancer.[56] Cancer was a perplexing illness, and of course it remains to be so today. It is no wonder explanations for its birth were almost as many as there were theorists. Making sense of it happened on several levels. First, medical thinkers, often physicians, tried to understand the process in which a lump turned cancerous. This was explained in Galenic terms at least until the seventeenth century, and when new chemical theories gained footage, the very same question remained as open as ever. As we know, answers remained inconclusive.

Secondly, making sense happened on what I would like to call the clinical level even though the term might be slightly misleading. It was the patients who were asked to provide answers: patient histories or case histories were in fact considered so important that the eighteenth and early nineteenth century saw a huge amount of case histories in print. It was thought they would provide a solution to the perplexing nature of cancer.

The importance of the patient's own account comes out in a wealth of sources. They were asked to give a description of the way they understood their illness to have generated. The answers were knowledgeable and made sense. Early modern English people were not only obsessed with their health and illnesses, they were extremely and thoroughly aware of the multitude of ways of healing and of remedies – similarly they eagerly shopped for treatments.[57] They were acutely aware of what happened in their bodies, and were able to remember accidents and such very vividly years and years after the incident. This was extremely important since, without proper sense of the patient's history, the healer could not diagnose. Thus making sense of the illness could literally be a question of life and death.

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