Introduction

On an unknown date in the mid-seventeenth century, Mrs Townsend, of Alverston in Gloucestershire, steeled herself for a dangerous but potentially life-saving operation. Mrs Townsend had breast cancer, and she was to have her breast 'taken off' by two surgeons, Mr Linch and Mr Clark. Watching the operation was Reverend John Ward, vicar of Stratford-upon-Avon. He recorded the events in his diary:

> They had their needles and waxt thread ready, but never ust them; and allso their cauterizing irons, but they used them not: she lost not above [six ounces] of blood in all. Dr. Needham coming too late, staid next day to see it opened. He said it was a melliceris, and not a perfect cancer; but it would have been one quickly. There came out a gush of a great quantitie of waterish substance, as much as would fill a flaggon; when they had done, they cutt off, one one bitt, another another, and putt a glass of wine in and some lint, and so let it alone till the next day; then they opend it again, and injected myrrhe, aloes, and such things as resisted putrefaction, and so bound it upp againe.
>
> Every time they dresst it, they cutt off something of the cancer that was left behind; the chyrurgions were for applying a caustick, but Dr. Needham said no, not till the last, since she could endure the knife … One of the chyrurgeons told her afterwards, that she had endured soe much, that he would have lost his life ere he would have sufferd the like; and the Dr. said he had read that women would endure more than men, but did not beleeve it till now.[1]

Little is known about Mrs Townsend, but her story raises some intriguing questions. How, for example, did the patient and her doctors

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understand 'cancer', and why was it deemed so serious that to be rid of it, Mrs Townsend was prepared to undergo major surgery in an age with neither anaesthesia nor antisepsis? What made the surgeons present believe that amputating the breast was the best course of action despite the 'suffering' it entailed, and why was that course so fascinating that both Ward and the eminent physician Walter Needham travelled to see it undertaken?[2]

This book examines these questions and many others in order to find out what cancer meant to early modern English men and women. It will contend that medical practitioners and their patients had a strong sense of cancer as a distinct disease which was marked out by unique pathological and zoomorphic 'behavioural' characteristics. In diverse sources, including poetry, drama, life writing, medical textbooks and medical practitioners' casebooks, cancer was constructed as fearsome and malign. Moreover, cancer was, unlike other serious diseases, conceptualised as both produced by the body and a hostile, independent parasite consuming that body from within. On one hand, the period's dominant medical model, that of the four humours, presented the disease as caused by physiological imbalances, particularly in the mysterious bodies of women. On the other, both medical and literary discourses imagined cancerous tumours as somehow sentient, eating up the body like a devouring worm or a ravenous wolf. In a bid to halt this deadly progress, medical practitioners found themselves engaged in increasingly dangerous and combative therapeutics, from toxic 'chemotherapies' to gruesome operations such as the one described above. In all, the concept and experience of cancer was moulded by, and in turn shaped, early modern people's patterns of thought in areas as diverse as the body, the medical profession, the state and gender attributes.

The study of early modern cancer is significant for our understanding of the period's medical theory and practice. In many respects, cancer exemplifies the flexibility of early modern medical thought, which managed to accommodate, seemingly without friction, the notion that cancer was a disease with humoral origins alongside the conviction that the malady was in some sense ontologically independent. Discussions of why cancer spread rapidly through the body, and was difficult, if not impossible, to cure, prompted various medical explanations at the same time that physicians and surgeons joined with non-medical authors in describing the disease as acting in a way that was 'malignant' in the fullest sense, purposely 'fierce', 'rebellious' and intractable.[3] Theories seeking to explain why cancer appeared most often in the female breast similarly joined culturally mediated anatomical and humoral theory

with recognition of the peculiarities of women's social, domestic and emotional life-cycles. Moreover, as a morbid disease, cancer generated eclectic and sometimes extreme medical responses, the mixed results of which would prompt many questions over the proper extent of pharmaceutical or surgical intervention.

Knowing what cancer 'meant' also fills in a long-standing gap in readings of early modern imaginative and persuasive literature. When clergymen talked of the cancer of sin, or Shakespeare wrote of a 'canker ... in sweetest bud' ('Sonnet 35'), I argue that they accessed medical and somatic contexts which have hitherto gone unnoticed by literary scholars. Cancers, or 'cankers', connoted a specific set of characteristics: the ability to remain hidden or secret, the ability to spread rapidly through the personal or politic body and the likelihood of causing violent sufferings. Most significantly, 'cancer' signified a threat of which the origins were uncertain, both of the afflicted body and hostile to it. Constructions of cancer truly bridged the perceived gap between medical and cultural discourses and remain vital to a fuller understanding of both.

Finally, while this book is firmly rooted in the past, it may also contribute something to our understanding of twenty-first-century constructions of cancer. Medical perceptions of the aetiology and pathology of cancers have changed almost beyond recognition – as, mercifully, have treatment methods. Nonetheless, parts of my study will strike a familiar note. Notions of cancer as a purposely evil and cruel disease, or as a creature inhabiting the body, still seem to inform campaigns such as Cancer Research UK's 'Cancer, we're coming to get you'.[4] In the words of Ellen Leopold, one of the most prominent 'biographers' of cancer in the twentieth century, 'our habits of mind still betray the presence of age-old impressions and representations of the disease'.[5] As this book will explore, our collective fascination with and fear of cancer is nothing new.

I.1 Contexts: early modern medicine

In the period covered by this book, 1580–1720, understandings of cancer were situated within a medical landscape that is in many respects unrecognisable to the modern reader. Disease was predominantly understood, in theory at least, as a matter of individual bodily imbalance rather than exposure to distinct pathogens, and those whom one might consult for a diagnosis or cure varied widely, from the university-educated physician to members of one's own household.

Most of the primary material for this book is taken from medical textbooks created as instructional aids or thinly veiled advertorials by 'authorised' physicians, surgeons and apothecaries – that is, those who were members of the Royal College of Physicians, the Company of Barber-Surgeons or, after 1617, the Worshipful Society of Apothecaries. Also visible, however, are diagnoses and therapies from interested gentlemen and women, midwives, an array of apparently 'unauthorised' sellers of cure-all medicines and intriguing figures such as the 'un-born Dr', a 'monstrous' and seemingly unlicensed London surgeon.[6] Recent studies of the early modern medical marketplace suggest that such diversity was not unusual.[7] In London, though markedly less so outside it, a broad range of medical practitioners existed to suit most tastes and pockets, creating a more complex marketplace than simply 'authorised doctors' and 'quacks'. 'In reality', argues Andrew Wear, 'not only did lay people, empirics and others constitute important medical resources ... but the occupational distinctions set up by the physicians were often ignored'.[8] University-educated physicians were less likely to practice outside major towns and cities, and therefore 'surgeon-physicians and apothecary-physicians ... were common in the provinces'.[9] In addition, a thriving tradition of household physic blurred the boundaries between professional and amateur, with practitioners recreating medicines prescribed by the physician in domestic receipts of extraordinary complexity and potency.[10] Indeed, Ward's interest in Mrs Townsend's operation extended beyond human sympathy. The Reverend, who had a lifelong interest in physic and anatomy, frequently provided medical care to his flock, and even undertook minor surgery.[11]

Despite the abiding multiplicity of medical practice, it is clear that great efforts were made by licensed practitioners to stamp out certain areas of what they deemed quackery, and that these efforts only increased during the seventeenth and eighteenth centuries.[12] While physicians and surgeons were prepared to accept that freely provided household physic might be beneficial to those unable (geographically or financially) to access an authorised medical practitioner, those 'empirics' who charged for their services were often viewed with contempt.[13] These practitioners, it was claimed, undermined the work of authorised physicians, surgeons and apothecaries by offering gentler, more pleasant medicines. They also professed 'spurious foreign credentials', and sometimes advertised their remedies as rare cure-alls, with the aid of foreign jargon, exotic animals or costumes.[14] Empirics were presented as an omnipresent threat in discussions of cancer in medical textbooks, which, as Chapter 5 relates, told tales of terrible cancerous ulcers caused

by the mismanagement of benign tumours. However, it was not only those outside the medical establishment who caused anxiety. In the seventeenth and eighteenth centuries, power struggles raged between (and within) the professional bodies of physicians, surgeons and apothecaries, each of which felt that they ought to be afforded greater professional status, and jealously guarded their tenuous monopoly on certain areas of practice.[15] In this environment, it seems that women wishing to practise medicine for money fared particularly badly. In my primary texts, there are relatively few women who made their living from medicine, and this reflects the assertion of numerous scholars that effectively, though not always legally, women were excluded from practising physic and surgery, and that their established role as midwives arguably diminished over the course of the seventeenth century.[16]

Whoever might administer it, the majority of early modern medical practice was underpinned by one theoretical model: the system known as 'humoralism' or 'Galenism'. In brief, this model was founded on the belief – outlined by Hippocrates, and expanded by the Greek physician Galen of Pergamon – that the body contained four humours which were associated with four combinations of temperature and moisture. Phlegm occupied the cold and wet corner of this spectrum, blood the warm and wet, choler (yellow bile) the hot and dry, and melancholy (black bile) the cold and dry. These humours circulated through the body in the nutritive blood (as distinct from 'pure blood', the sanguine humour) and lymphatic vessels. They also permeated tissues and organs, with some parts of the body having particular associations with certain humours. In the humoral system, the ideal human body was one which contained all four humours in their proper quantities. In practice, however, it was believed that this balance was virtually impossible to achieve, and through a combination of environmental factors and natural predisposition, most people tended toward one of the four 'complexions': phlegmatic, sanguine, choleric or melancholy. As Chapter 2 details, there was also a gendered aspect to this theory: the full range of such complexions was available to men, but women were, for various reasons, thought to be confined to the 'cold' end of the humoral spectrum. Complexions influenced nearly all aspects of physical and psychological health. They determined a person's ideal diet and susceptibility to certain diseases and shaped their emotional and mental predispositions, leading to the unique understanding of physiological and psychological phenomena discussed later. Unsurprisingly, therefore, explanations of the operation of the humours were often complex. The body's delicate balance was, Galenists believed, constantly influenced by both 'naturals' – humours,

complexion, morphology and other things intrinsic to the body – and 'non-naturals', including sleep, exercise, environment, diet, climate and emotional state. This complexity, along with Galenism's emphasis on the need for anatomical training, was frequently the basis upon which physicians expounded the need for medical practitioners to possess a university degree, and decried the activities of so-called empirics.

Galen's influential medical writings frequently noted the author's debt to earlier physicians and philosophers, most notably Hippocrates.[17] In turn, as I will argue throughout the book, early modern interpretations of humoral medicine often showed their authors to have a keen sense of the extent to which their profession relied on pedagogy. Older practitioners advertised their texts as providing advice to younger fellows, and all drew on both ancient texts, from the likes of Galen, Celsus, Erasistratus and Aristotle, and medieval works, from continental practitioners such as Guy de Chauliac, Henri de Mondeville and Theodoric Borgononi. Thus, though medicine was always a dynamic field, it seems that, as Nancy Siraisi asserts, 'no sharp break separates [medieval and early Renaissance] medicine … from that of the early modern world'.[18] While it relied heavily on ancient and medieval texts, however, this period's medical practice was by no means devoid of new ideas.[19] In particular, much has been written in the past two decades on a supposed shift during the seventeenth and eighteenth centuries away from Galenism, and toward iatrochemical theories and therapeutics such as those proposed by the Dutch physician Jean Baptiste van Helmont and the famous Swiss physician, alchemist and occultist Paracelsus.[20] Paracelsus, and those who followed his method, rejected the teachings of Aristotle and Galen in favour of new observations of, and experiments with, chemicals; in particular, the *tria prima* of salt, sulphur and mercury, which together were believed to account for all physical properties. Accordingly, they held that diseases had material substance and could enter the body as 'seeds' which disrupted the local life force, or 'archeus', of a particular organ. The archeus would thus be prevented from operating in its usual manner to effect the unification or separation of substances within the body (the breakdown of food, for example), and disease symptoms would result.[21] Helmont's theory was of a similar bent, arguing that bodily processes such as digestion and respiration were essentially chemical in nature.[22] He too identified 'archei' at work within the body, which could be incited to 'fury' by disease seeds, extremes of emotion or bodily accidents.[23] Paracelsus and Helmont both presented themselves as revolutionaries, and their medical models as antidotes to a heathenish Galenic system practised

by avaricious and corrupt physicians.[24] In contrast to their seemingly modern idea of diseases as ontological entities, however, both theorists also strongly believed in the influence of celestial or mystical forces on the body and 'envisioned a world full of occult energies'.[25]

Despite the radical potential of iatrochemical models such as those proposed by Paracelsus and Galen, recent studies have emphasised continuity, not change, in early modern medical practice. Numerous scholars have argued that iatrochemical medicines, and ontological perceptions of disease, did not suddenly revolutionise the sixteenth-, seventeenth- and early-eighteenth-century medical marketplace, but were rather incorporated into a medical landscape which remained broadly Galenist.[26] As Lindemann argues, 'Galenism endured because it was pliant and because its adherents were clever in weaving seemingly contradictory ideas and discoveries into its fabric'.[27] Just as the medical marketplace accommodated a variety of practitioners, Galenism avoided obsolescence by expanding to incorporate aspects from other medical theories, privileging the useful over the theoretically correct. By doing so, it remained influential in academic medicine well into the eighteenth century and culturally relevant for much longer. I shall refer to this synthesised, accommodating variety of humoralism at points throughout this book using the terms 'neo-Galenism' or 'neo-humoralism'.[28] As this book will show, uneasy alliances between new and old, authorised and empiric, professional and domestic were all to prove crucial to understandings of cancer.

I.2 Historiography

In the past two decades, the development of internet repositories such as *Early English Books Online, Defining Gender* and *Eighteenth Century Collections Online*, along with curated projects such as *Constructing Elizabeth Isham*, has increased almost beyond recognition ease of access to both printed and manuscript materials from the early modern period.[29] Accordingly, scholarship on somatic experience in this period has expanded considerably, and in literary studies, substantial attention has been paid both to non-canonical textual genres and to the positioning of aspects of canonical works (in particular, those of Shakespeare) within medical contexts. Of particular influence upon this book have been two overlapping modes of study: that which highlights the unique relationship between physiological and psychical well-being implied by the humoral model of the body, and that which traces the history of a particular illness, in which cancer is arguably underrepresented.

Since the 1990s, scholars of medical history and literature have increasingly turned their attention to considering how fundamental the humoral model might have been to early modern people's self-perception, and particularly to understandings of the relationship between psychic and physiological phenomena – or more broadly, the significance of bodily 'metaphors'. Here, I discuss the methodology of this book in relation to debates on illness and social constructionism. However, it is clear that humoralism also created a historically specific iteration of the cultural 'construction' of bodily experience. Medical and literary historians' approach to the 'figural/literal cusp' has been far from hegemonic but is consistently underpinned by the observation that in early modern understandings of the body, physical and psychological states were intimately and materially linked.[30] As Gowland observes, '[T]he advent of an emotion in the soul created a surge of its qualitatively corresponding humour to the heart'.[31] Feelings of anger, for example, provoked an increase in choleric humour, which in turn heated and agitated the brain. Body and mind operated upon a dynamic circuit, such that, it is argued, early modern people might have thought less in terms of a 'self' residing within the body and more of somatic, mental and spiritual experiences as interconnected and indivisible.

Moreover, interconnectivity was built into humoral theory, even down to the morphology of the human body. Proponents of Galenism argued for the existence of three 'venters' corresponding to the digestive organs, heart and lungs, and brain, and associated with the natural, vital and animal spirits, respectively. All three varieties of spirit, or 'pneuma', were necessary for human life, and all were influenced by the organs in which they circulated or were generated. The practical ramifications of this relationship between physiology and psychology were diverse. For example, it was popularly believed that maternal longings might imprint themselves onto an unborn child.[32] Certain conditions, such as lovesickness, were believed to cause physical changes to the brain and body which then exacerbated emotional distress.[33] In addition, as Jan Frans van Dijkhuizen and Karl A.E. Enenkel argue, a holistic, humoral model of selfhood could arguably alter one's most basic perception of bodily phenomena:

> Even evocations of physical pain that we would now tend to see as metaphorical, for example in descriptions of emotional pain, would have struck many early moderns as literal [...] Early modern culture construes intense emotions as inherently physical; their physicality even serves as an index of their intensity.[34]

Holistic understandings of the early modern body thus clearly influenced the experience and treatment of illness at a basic level. As Chapter 4 of this book details, they also contributed to the tendency to compare natural with politic bodies, and *vice versa*, a phenomenon which has been described in various permutations by medical, cultural and literary historians.[35]

Among the products of the 'bodily turn' in early modern studies have been a number of works focussing on specific illnesses, which often foreground the twinned physical and social ramifications of a particular disease. Venereal pox and plague have proven particularly fruitful topics for such investigations, with numerous authors showing how those diseases interacted with contemporary concerns about personal morality, national security and self-sufficiency.[36] Perhaps because it appears much less frequently in the primary literature, no such interdisciplinary study has been conducted of cancer in the early modern period. Indeed, while the politics and semiotics of cancer have been much studied, these studies overwhelmingly focus on the twentieth and twenty-first centuries, often from an activist standpoint. Texts such as *The Breast Cancer Wars* and 'The body in breast cancer', for instance, have shown how militaristic metaphors popularised in the mid-twentieth century continue to influence clinical research and decision-making around breast cancer.[37] Furthermore, cancer is, for many such studies, a feminist issue, with diagnosis and treatment for breast cancer in particular reflecting the 'pinkwashing' dominance of heteronormative models of femininity.[38]

In the related genre of cancer 'biographies', the recent past is equally, and understandably, emphasised. Several of the most incisive studies of the cultural and social history of cancer have concentrated on the twentieth century, and while they acknowledge the 'atavistic' presence of premodern beliefs about cancer in those narratives, these older beliefs are cast as static, homogenous and characterised by shame and fear.[39] Texts such as Siddhartha Mukherjee's popular *The Emperor of All Maladies*, James S. Olson's *Bathsheba's Breast* or George Johnson's recent *The Cancer Chronicles* offer a broader historical sweep, but nonetheless devote the vast majority of their pages to detailing the development of therapies in the past 200 years, an era of relatively rapid development in the understanding of cancers.[40] In many readings, therefore, cancer has been framed as a post-industrial disease, suddenly emerging as a major cause of death during the nineteenth century. Nevertheless, scholarship on cancer which traces the disease into pre- or early modernity has generally accepted that the disease is an ancient one, with textual evidence of 'cancers' dating back well over a millennium. A brief 2004 study by A. Kaprozilos and N. Pavlidis, for example, details treatments for the disease from the third-century BC

writings of Hippocrates.[41] Others have antedated the disease even further, variously locating the first mention of cancer in the Edwin Smith Papyrus, an ancient Egyptian medical text thought to date from around BC 1500; the Indian epic *Ramayana*, BC *c.*2000; and the cuneiform tablets in the library of King Ashurbanipal of Assyria (BC 699–626), also thought to be copies of originals from around BC 2000.[42] Such scouting for 'original' cancers is a methodologically fraught exercise, since it often involves venturing into retrodiagnoses based on the application of 'correct' modern knowledge to disorders experienced in entirely different cultural and social contexts. Notwithstanding these pitfalls, such investigations have made clear that the ancient Greek understanding of cancer or 'karkinos', on which medieval and early modern scholars based their discussions, was probably not an entirely new disease categorisation.

While the antiquity of cancer is broadly agreed upon, its intervening history remains obscure. Whether cancer was recognised in Roman or Anglo-Saxon Britain is unknown, and the disease only re-emerges from the scholarly void in the medieval period. Several historians of medicine have briefly noted the inclusion of advice about cancer in medieval medical textbooks.[43] The most detailed study of cancer in the medieval period, however, and one to which I will return throughout this study, is Luke Demaitre's 'Medieval Notions of Cancer: Malignancy and Metaphor'.[44] Demaitre finds understandings of cancer in the medieval period to have been similar in many respects to those which I shall delineate for the sixteenth, seventeenth and early eighteenth centuries. Theories of the disease's causation were, he argues, mainly humoral. The malady was recognised by certain distinctive visual symptoms, and was accepted as usually fatal. Above all, Demaitre recognises that cancer was conceptualised in 'dramatic' terms as a 'subversive' illness, a theme which I will argue was developed in early modern discussions of cancer's pathology.[45]

Scholarship on the conceptualisation of cancer in the early modern period had, until recently, been more limited in scope. Both Wendy Churchill and Michael Stolberg have briefly described the most common symptoms of and treatments for breast cancer in this period.[46] From a literary perspective, Sujata Iyengar's *Shakespeare's Medical Language* has also lately focussed on 'canker' as a term which denoted cancerous disease as well as horticultural blight, and she briefly describes typical symptoms of the disease, as well as noting the use of 'canker' in the plays and sonnets.[47] Undoubtedly the most comprehensive work on early modern cancer to date, however, is Marjo Kaartinen's *Breast Cancer in the Eighteenth Century*.[48] Kaartinen's text discusses the supposed causes and methods of diagnosis for cancer, but focuses in particular on breast cancer therapies,

both pharmaceutical and surgical, and on the physical experiences of women undergoing these treatments. She argues that breast cancer therapies underwent significant change during the latter half of the eighteenth century in particular, with mastectomies becoming more radical and invasive, and non-surgical remedies drawing on a range of exotic ingredients. Kaartinen's work is referenced at points throughout this book, particularly in my discussion of cancer treatments. Nonetheless, her text differs from my own in several respects. *Breast Cancer in the Eighteenth Century* focuses, for the most part, on a period later than that examined in this book, and Kaartinen's approach to cancer emphasises scientific innovation, particularly in the later eighteenth century, while paying relatively little attention to the disease's Galenic 'heritage'. By contrast, the chronological range of this book (1580–1720) is in my view characterised by relatively consistent views on cancer, underpinned by medical theory and praxis which remained predominantly humoral in character. Moreover, this book dwells less upon the physical experience of cancer than the ways in which its characterisation and representation shaped, and was shaped by, somatic realities.

I.3 Materials and methodology

My own interest in constructions of cancer during the early modern period was first aroused by the 1700–03 *Diaries* of Lady Sarah Cowper.[49] This remarkable, formidable woman had on several occasions documented her fear of getting cancer, the incidence of the disease among her friends and acquaintances and her own speculations on the causes thereof. Cowper's writings appeared carefully crafted, despite their ostensibly closeted nature, and presented an apt object for literary study. However, it was also clear that in order to read such writings, one needed to understand their historical context. Why, for example, did Cowper believe that a bruise to her breast might cause cancer, or that the uterine cancer of her acquaintance was caused by a 'foul' venereal disease?[50] In order to understand how early modern people thought about and experienced cancerous disease, this book reads medical texts and life writing through the lens of the literary scholar, and approaches literature as refracting and reshaping somatic experience. Furthermore, it contends that somatic and cultural experiences were not cleanly divided. In both literary and medical texts, how cancer felt, and what was said about it, were two sides of the same coin.

This approach is indebted to the work of numerous scholars of literature, history, and cultural studies. Still, the thorny issue of what exactly

constitutes 'the body' is negotiated rather than resolved in the coming chapters. The thoroughgoing social construction of the body as posited by Judith Butler – that is, the insistence that there is no epistemic 'anchor' outside of discursive creation – seems, in the context of this book's subject, unfairly to deny the felt reality of pain and physical degeneration.[51] As Laura Gowing points out, 'knowing that the body is a product of culture does not tell us much about how it felt'.[52] I am conscious that behind the texts examined in the coming pages are a multitude of early modern people who almost certainly did not consider their pain, debility or bereavement as products of discourse. However, if, as Robert Aronowitz suggests, one starts from the premise that disease experiences are *contingent upon* discursive construction, then we can approach a more useful theoretical model.[53] This model still resists the idea that culture and metaphor get in the way of essential 'truths' about disease.[54] Rather, it suggests that social experience is embedded in, while not entirely constitutive of, experiences of the body.[55]

A broadly social constructionist model of bodily experience may be particularly useful when we are faced with an unfamiliar mode of thinking about that body. Shigehisa Kuriyama elegantly expresses this challenge in relation to the divergence of Greek and Chinese medicine:

> My argument is not about precedence, but about interdependence. Theoretical preconceptions at once shaped and were shaped by the contours of haptic sensation. This is the primary lesson that I want to stress: when we study conceptions of the body, we are examining constructions not just in the mind, but also in the senses. Greek and Chinese doctors grasped the body differently – literally as well as figuratively. The puzzling otherness of medical traditions involves not least alternate styles of perceiving.[56]

This book attempts to meet the challenge of an 'alternate style of perceiving' in several ways. First, it eschews the notion that medical history describes progress toward an 'enlightened' modern age in favour of a more complex narrative, which embraces the contingency of medical beliefs upon non-scientific factors. In this book, I will argue at various points that discussions of cancer from 1580 to 1720 show little sustained change. Though they became more numerous during the course of the seventeenth century, descriptions of cancer and its treatments returned time and again to the same images of hope and fear. In almost every chapter, there are examples of texts from the late seventeenth or early eighteenth centuries which closely echo those of the 1580s, 1590s and 1600s.

Secondly, the importance of cultural to somatic experience described here provides the basis for this book's unequal emphasis on certain aspects of the construction and experience of cancer. Cancer surgery, for instance (the subject of Chapter 6), appears to have been a relatively unusual way of treating the disease. However, it loomed large in both medical and non-medical discussions of cancer and possessed an importance to the conceptualisation of cancerous disease which outstripped its actual therapeutic use. In this book, I use the tools of literary analysis in order to highlight such points of anxiety or dissonance in textual representations of cancer. Thirdly, thinking about the cultural mediation of disease encounters has led me to reject, as far as possible, attempts to retrodiagnose cancer. Much literature on this subject has contended that certain examples of cancer found in the primary literature on this subject were misdiagnosed, perhaps from benign tumours or intractable cases of mastitis.[57] Elsewhere, symptoms, such as worms found in cancerous ulcers, which were presented in the primary material as intrinsic to cancerous disease, may appear to modern readers as 'really' a secondary complication. For the purpose of examining constructions and experiences of cancer, however, such diagnoses are anachronistic and often unhelpful. Bodily phenomena which were accepted in the early modern period as indicating cancers are treated as such in this book.

In addition to such theoretical influences, the methodological approach of this book has been more pragmatically determined by the unique set of materials upon which it is based, which are wide-ranging in terms of periodicity, geography and genre. First, the book covers a relatively wide period – 140 years – which has been chosen for a number of reasons. The seventeenth century, as detailed earlier, provided a melting pot in which humoralism met and melded with iatrochemical theories. The number of medical practitioners grew over this period to cater to an expanding population, and the activities of those practitioners became better-recorded as various factors combined to ensure that more texts were printed and kept for posterity.[58] The era also saw seismic shifts in the political and religious landscape, which were productive of much polemic, drama and poetry concerning the national 'body'. However, none of these changes can be viewed in isolation. To put the construction of cancer into its proper context, this book looks back to the late sixteenth century; the point at which the number of medical texts and medical practitioners seems to have begun a significant expansion, and at which enough texts start to survive to build up some picture of a relatively uncommon (or uncommonly diagnosed) disease as interpreted in different contexts. Looking forward, to the beginning of the eighteenth century, one can learn more

about the appeal of early modern models of cancer by studying how those models underwent or resisted alteration as the empiricist medical theories of the Enlightenment began, tentatively, to take hold.

The book's geographical reach is less clearly defined. It explores the experiences of medical practitioners, patients and lay people in England, and is most concerned with texts published in England in the vernacular. These experiences and texts, however, were shaped by influences from mainland Europe and beyond. As detailed earlier, many of the most influential writings on cancer were translations from French, German or the European *lingua franca*, Latin. These relate cases and procedures which took place outside England, but they are included because, in translation, they became inseparable from English consciousness and practice. Most physicians of the early modern period could read Latin – indeed, it was at various points a requirement for admittance to the Royal College of Physicians and the College of Barber-Surgeons – but I have found that sustained discussions of cancer more frequently occurred in the vernacular, perhaps because the authors were keen to be associated with a modern, democratic style of medicine, or because such texts were of substantial interest to midwives and apothecaries, for whom Latin was not a prerequisite. In either case, accounts of cancer and its treatment from the continent show many more similarities to than differences from their English equivalents.[59] This is unsurprising given that many English physicians and surgeons had received either practical or academic training in France, in Germany or in the Netherlands.[60] In addition, medical practitioners from many parts of the continent could be found practising, and publishing, in England.[61] Within the British Isles, this book is often London-centric, and makes no reference to Ireland, Wales and Scotland. This reflects the contemporary bias in both texts and practice: London far outstripped the rest of the country in terms of population and concentration of medical practitioners during the early modern period, and although cases were recorded from other parts of England, and from France and the Netherlands, Ireland, Wales and Scotland were almost never mentioned in texts discussing cancer.

In seeking to trace cancer's cultural development, I have looked to diverse kinds of texts; principally, literary (poetic, dramatic, religious and polemical), medical and life writings. This reflects the degree to which it seems that seventeenth-century readers omnivorously consumed texts from the arts, sciences and philosophy. For much of the seventeenth century, 'science *was* knowledge', and *scientia* of the physical and metaphysical were not mutually exclusive.[62] Moreover, in places, I have deliberately juxtaposed the concrete – accounts of treatment, for

example – with the abstract, in order to demonstrate the degree to which the same imaginative constructions of cancer informed both creative and practical reactions to the disease. Among the literary texts under my examination, political and religious polemic (in the form of poems, sermons and broadsheets) is particularly prominent. At the other end of the public-private spectrum, personal letters and diaries are treated in this book as both intimate forms of expression and crafted, persuasive works which were often intended for an audience, either in life, or after the author's death. With the juxtaposition of such 'literary' works with medical texts, however, come certain risks: most obviously, that of flattening contextual considerations, ascribing texts' differences or similarities to broad cultural trends rather than more localised economic, social or stylistic considerations. Brief details of these texts' pertinent economic and social contexts are, therefore, supplied here.

I.4 Modes of early modern medical writing

Most of the material in this book comes from the huge variety of medical textbooks published in the sixteenth, seventeenth and eighteenth centuries. These texts were diverse in authorship and intended audience, and I only detail here a few of the most prominent genres among my sources. As Furdell describes, it is difficult to discern precisely who was reading medical texts and why during this period.[63] Although some records of the contents of private libraries survive, many works were kept in coffeehouses to be read by the patrons, or were privately passed from one reader to the next.[64] Equally, while we can assume that texts which went through many editions, such as Nicholas Culpeper's *A Directory for Midwives*, were popular, we have little information on the numbers produced in each print run. In general, however, it appears that medical texts were a marketable product, especially as the seventeenth century progressed.[65]

A significant proportion of the medical textbooks examined in this book were authored by English, often London-based, medical practitioners, who were commonly, though by no means universally, licensed to practice by the Royal College of Physicians, the Company of Barber-Surgeons, or (after 1617) the Worshipful Society of Apothecaries. They frequently marketed the books as aids to the young scholar of medicine, while aware that the same texts would be of interest to gentlefolk with an academic interest in the subject. As well as general guides to the practice of physic or surgery, works abounded on individual procedures, life stages or illnesses. Works of 'advice' to midwives, mothers and wet-nurses were

common, as were books of surgery, or texts dealing with the illnesses of certain (usually reproductive) parts. Many authors sought to make their name by focussing on an individual complaint; most frequently, plague or venereal pox, though tomes on various diseases from King's-evil to gout, leprosy and cancer could be found among London booksellers' wares.[66] Not only were such texts instructional, they conspicuously demonstrated the author's expertise in a particular area, often serving as thinly veiled advertisements.[67] Other medical practitioners presented texts which were similarly conceived as a mixture of instruction and self-promotion, but were explicitly targeted at lay people seeking to manage their own ailments, with titles such as *The Widowes Treasure*, which promised recipes suited to economy and common sense.[68] These were often aimed at women, who were understood to provide or oversee basic medical care and remedies to members of their household and, on occasion, the associated livestock. In many instances, they also dealt specifically with 'women's illnesses', with authors claiming that their books might help women to recognize their own ailments without medical consultations which might offend their 'natural' modesty. Once again, some of these texts advertised the author-practitioner or their remedies, with the cure for every ailment being a bottle of the writer's top-secret draught.

In addition to such general and disease-specific works, texts on pregnancy and childbirth were, unsurprisingly, among the most abundant in the medical marketplace, and feature prominently in this book. As Doreen Evenden observes, these texts provided a particular locus for debates about the proper role of women in medical publishing and midwifery more generally.[69] For instance, the 1698 edition of *The Compleat Midwife's Practice* possesses, as my Bibliography explains, a particularly convoluted authorial history, being first credited to four female midwives and later to four prominent male medical practitioners.[70] However, texts by women were not unheard of. The renowned midwife Jane Sharp, for example, was responsible for one of the seventeenth century's most popular books on pregnancy and childbirth, *The Midwives Book*.[71] Other women, such Alethea Talbot and Hannah Wolley, included medical receipts as a significant portion of printed texts on household management, building on the tradition of manuscript 'receipt books' as outlined below.[72] Still more women included medical advice in almanacs, like Mary Holden's *The Woman's Almanack*.[73]

The thriving British market for medical textbooks was also characterised by intertextuality and translation. The seminal texts of ancient authors such as Galen were virtually required reading for anyone claiming expertise in medicine, and were available in the vernacular, or in 'simplified' versions,

in numerous editions from the mid-sixteenth century. Translations of more modern works came primarily from Europe, in particular, France, Germany, Switzerland and the Netherlands, and were usually rendered into English either by medical practitioners, or by unknown figures, seemingly in the employ of printers, who were often registered only by their initials. Different parts of Europe were at various times believed to have expertise in certain areas of medicine – Paris, for example, was known for surgery – and English readers eagerly consumed this expertise. By the eighteenth century, many continental textbooks were appearing in English translations only a year or two after their initial publication. Whatever their provenance, translated texts were probably coloured by the translator's own opinions, frequently featuring additions, amendments or marginal notes. Furthermore, all kinds of medical works borrowed freely from one another, often without crediting the author whose ideas they appropriated. In such circumstances, trying to discern what is 'original' work and what has been added is often an impossible task.

At the opposite end of the spectrum from published medical textbooks were receipt books, which offer a window onto the homemade remedies which often provided early modern people with their first (and sometimes only) means of defence against illness. These manuscripts often contained cookery and household receipts as well as medical remedies.[74] The receipts could be gathered from various places, including medical practitioners, friends and relatives, and receipt books bearing entries and amendments from numerous hands were frequently passed down the maternal line of families over many decades. As Chapters 1 and 5 will detail, these texts usually omitted any discussion of the theory of medicine or disease, simply recording those remedies which were 'probatum', or proven. This, along with their free use of medical terminology, makes them both valuable and frustratingly opaque sources for the modern scholar. Lastly, this project draws upon a small number of medical casebooks: texts which recorded, often in manuscript, a single medical practitioner's dealings with his patients.[75] Such texts offer a 'warts-and-all' insight into what treatments were actually prescribed for a complaint, and their effects. Casebooks demonstrate the process of trial and error by which diagnosis often took place, and the extent to which patients were treated as suffering from a compound of problems rather than a single complaint. Flattering examples from these collections were sometimes culled for inclusion in an author's printed works, while elsewhere, casebooks were published as stand-alone texts.[76] In either case, it seems likely that the practitioner substantially edited his or her notes prior to publication or production of a 'fair copy'. The detail (and legibility) of

early modern casebooks is highly variable – some supply detailed case histories, whilst others contain brief notes of administered therapies, in abbreviations intelligible only to the writer. As part of the tissue of sources employed in this book, however, they offer a unique perspective on the difficulties of encountering cancerous disease.

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This book is broadly divided into two themes. The first four chapters deal explicitly with beliefs about cancer, its symptoms, aetiology and 'character'. The last two chapters examine therapies for cancer, and how these shaped and were shaped by such beliefs. In Chapter 1, I establish some parameters for the book by asking, 'what was cancer?' Looking at the etymology and terminology of cancer, the diagnostic criteria for the disease and some of its supposed causes, I argue that cancer in the early modern period was a disease for which the pathological understanding relied on a holistic view of the disease's aetiology, prognosis, and perceived 'behaviour'. Such complaints, I will contend, were basically continuous with the malignant tumours we understand as cancers today, although the language in which such maladies were described differed from today's usage in several respects.

This theme is further developed in Chapters 2 and 3, where I look in more detail at how cancer was believed to operate within the body. In Chapter 2, I make the case that cancer was understood as a 'gendered' disease, primarily affecting the breasts of women, and ask why this should have been the case. Women's vulnerability to cancerous disease originated, I contend, in an understanding of sexual difference which was both physiological and social in character. That understanding was highly socially mediated, and women's supposed pathology was inseparable from their most distinctive social functions as wives and mothers. Accordingly, I contend, some medical practitioners and lay onlookers ascribed cases of cancer in women to factors including maternal nursing, emotional turmoil and domestic violence.

In Chapter 3, I analyse the ways in which cancer was associated with wolves and worms. As I demonstrate, cancers were often viewed as having ontological agency, devouring the body in the manner of a ravenous wolf or, in a more literal sense, a parasitic worm. This conviction sprang in part from prevailing cultural, religious and scientific discourses about worms and wolves which consistently positioned those creatures in relation to bodily and spiritual decay. In turn, I contend, belief in the 'creature-hood' of cancers, either in a literal or an analogical sense, materially influenced the somatic experience of, and medical approaches to, the disease.

Chapter 4 addresses what I shall contend was the defining characteristic of cancer in the early modern imagination – malignancy. In relation to cancerous disease, I argue, this phenomenon was understood in its fullest sense, as denoting both a pathological characteristic and a broader cruelty or intractability. Looking first to medical explanations of the spread of cancer through the body, I examine some esoteric but illuminating discussions which positioned cancer as poisonous or contagious. In the latter part of the chapter I show how medical and 'literary' or polemic texts operated reciprocally to construct cancer as a disease with social and cultural as well as medical meanings, which was understood by all parties as quintessentially 'evil'.

Finally, the last two chapters of the book look in more depth at the therapies with which early modern people attempted to stay or reverse the effects of cancerous disease. Chapter 5 deals with 'non-surgical' therapies, which are loosely defined as those which did not involve deliberately penetrating the skin. From recommendations for diet and regimen, through diverse animal and vegetable medicines, to applications of mercury and arsenic, I argue that increasingly aggressive medical interventions for cancer gradually diminished the involvement of the patient in their cure, and instead foregrounded an adversarial relationship between the medical practitioner and a cancerous disease which seemed ontologically distinct from the person in whom it occurred.

This theme is continued in Chapter 6, which discusses surgery for cancer, and particularly mastectomy. I examine why patients might consent to this dangerous course, and what cancer surgery entailed. This therapy presented the ultimate opportunity for the patient to be rid of a cancer that appeared 'hostile' to their body, and for surgeons to prove the efficacy of their craft in 'defeating' a notoriously intractable malady. However, as I shall argue, surgery for cancer was also highly dangerous, painful and controversial. In the debates around cancer surgery, and the anxieties revealed by cancer surgeons' own accounts, one can detect both the deep-seated fear of cancer which drove such drastic interventions and medical practitioners' uncertainties over the proper limits of their craft.