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Cancerous Growth and Malignancy

malignant, adj. and n.

1. a. Disposed to rebel against God or against constituted authority; disaffected, malcontent. *Obs.* 1542—1659 (...)
2. Evil in nature and effects; baleful, harmful, gravely injurious. Formerly also of material substances, plants, etc....poisonous, deleterious (*obs.*). 1564–1977
3. a. Originally (of a disease): potentially fatal; extremely severe; exceptionally contagious or infectious; incurable. Now chiefly (of a neoplasm): having the property of uncontrolled growth (...). 1568–1993...
4. a. Characterized by malignity or intense ill will; keenly desirous of the suffering or misfortune of others. 1592–1988.¹

Early modern writers on cancer variously framed the disease as a humoral imbalance, a monstrous progeny or an invading worm. On one thing, however, they were universally agreed. Cancer was characterised, even defined, by malignancy. Moreover, as this definition from the *Oxford English Dictionary (OED)* indicates, ‘malignancy’ was in this period a term with religious, social and political significance, of which the biological phenomenon of uncontrolled growth was only one part. In this chapter, I shall examine how cancer was constructed as malignant in medical, political and cultural discourses. Early modern medical practitioners were, I argue, keenly aware of cancer’s malignancy in what we might call a clinical sense; that is, the ability of cancerous tumours to grow and metastasise. To explain this disturbing ability, some writers tried to understand cancer using existing models of poisoning and contagion, attempting to rid the disease of its mystery. In early modern parlance, however, cancer’s ability to spread was commonly viewed as a facet of

its malignant nature, not the sum thereof. In the interchange between medical and politic or polemic texts, malignancy was constructed in more diffuse terms, as the cruel and evil driving force which impelled cancers to overspread both natural and politic 'bodies'.

At present, little scholarship exists on the meanings of 'malignancy' in the early modern period. Unlike certain other terms such as 'contagion' or 'poison', which have been recognized as having both somatic and figural resonance, 'malignancy' is most commonly treated by scholars of polemic or dramatic literature as denoting a generalised sort of evil, with little attention paid to its medical usage. In addition, while several authors have explored sixteenth- and seventeenth-century medical theories of infection and contagion, none has yet written at length on how early modern people conceptualised the spread of illness within the body – 'malignancy' in a modern sense. Despite these restrictions, scholarship on the *interpersonal* transmission of illness in this period does provide a useful model for considering the *intrapersonal* spread of cancer. Among many others, Kevin P. Siena, Vivian Nutton and Rebecca Totaro have noted how medical anxieties about the infectious potential of bodily fluids, breath, touch or even sight operated in relation to seemingly non-medical discourses about gender roles, national morality and travel.² In each case, models of infection slipped easily between medical and non-medical discourses, 'draw[ing] even the moral and emotional phenomena to which they were applied back into the circle of medical analysis'.³ Medical terminology and theory was not only turned to rhetorical purposes in non-medical texts, but was in turn shaped by these imaginative reworkings.

Understanding the way in which medical and imaginative or polemic texts shaped one another relies in large part on recognising the correlation between natural and 'politic' bodies in early modern writing. From both literary and historical perspectives, it has been shown that large communities such as the church or the state were frequently imagined as composite bodies, dependent on complex relationships between 'organs' of production and regulation. Naturally attendant on such an image was the possibility of imagining dysfunction in the body politic in corporeal terms. Sarah Covington, Colin Milburn and David Harley, among others, have pointed out the rhetorical utility of describing a nation as wounded, syphilitic or requiring physic.⁴ Recent scholarship on the designation of monstrous births as symptomatic of socio-political ills, or the politically motivated reimagining of skin complaints, underscores the degree to which the analogy cut both ways, with politics mediating bodily experience.⁵

This chapter discusses both senses of 'malignancy': that of neoplastic growth and the broader sense of 'ill will'. In the first section, I discuss how

medical practitioners and patients attempted to understand the ability of cancer to spread through the body by relating it to other phenomena including poisoning and contagion. In the second section, I consider how cancer's growth was understood as indicative of the disease's 'malignancy' in a broad sense: its evil, rebellious quality. Positioned in this way, 'malignant' cancers became an apposite image for talking and thinking about any person or group felt 'likely to rebel against God or authority', with that dissenting spirit feeding back into discourses of the disease's pathology.

4.1 Cancerous growth

In the twenty-first century, 'malignancy' is most often used to describe the propensity of cancer to grow and spread throughout the body. Early modern medical practitioners, as I will show, used 'malignancy' in a broader sense. Nonetheless, they too were keenly aware that cancer was an invasive disease. Why, they asked, did some cancers grow so large that they developed into ulcers, while others disseminated to diverse parts of the body?

Over several hundred years, medical practitioners of all kinds devoted much attention to describing cancer's disturbing tendency to increase and spread. A 1651 edition of the popular *Directory for Midwives*, for example, delineated the progress of breast cancer as 'a little tubercle, no bigger than a pease, [which] ... grows up by degrees, and spreads out roots with Veins about it', while *The Compleat Midwife's Practice* stated that cancers 'sometimes remain for two years together, no bigger than a Bean; afterwards it grows to be as big as a Nut, then to the bigness of an Egg; and after that increasing to a larger size'.⁶ Such descriptions followed a widespread trend when they compared the incipient tumour with familiar objects distinguished by their potential to grow or bring forth life; elsewhere, medical practitioners described tumours as growing from the size of a pea, nut or bean, to that of a Crown, egg or even a small melon.⁷ The primary object of interest in such discussions was the single cancerous tumour which grew larger and larger. Less commonly, however, medical writers noted that tumours might also appear in relatively distant parts of the body – in modern terms, metastasise. For instance, the anonymous writer of *An Account of the Causes of Some Particular Rebellious Distempers* added the following note of caution to their promises of a cure for incipient cancers:

If a Cancer in the Breast proceeds from malignant Humours or corrosive Salts in the Blood, it is generally incurable...or if in some it

should seem to yield, or indeed seem to be cur'd, while it proceeds from those corrosive Humours, they many times breed again, and break forth afresh, either in the same place, or in some other part of the Body.⁸

As this account demonstrates, medical practitioners frequently viewed tumours which arose in diverse places as separate maladies caused by the same corrupt humour, rather than a single disease which had migrated within the body.⁹ Nonetheless, they recognized that cancers which recurred once were likely to keep doing so. In the case of the man with a tumour the size of a melon, the attending surgeon recorded that after he had treated the patient, he was informed that he had been treated before for a tumour in the same location, in that case as big as a cherry.¹⁰ This knowledge, he wrote, 'gave me Reason to apprehend a Return of the Distemper, tho' it never happened'.¹¹

Medical practitioners emphasised cancer's ability to grow and spread more than almost any other facet of its pathology. This was largely for practical reasons. It was obvious that the body could not sustain a tumour which grew exponentially, and tumours which rapidly expanded were thus understood as posing the greatest risk of a morbid and painful cancerous ulcer. This development was much feared by medical practitioners, and presumably their patients, with good reason. Cancerous ulcers were almost impossible to cure, and were known as painful, stinking and disgusting, provoking lengthy and largely identical descriptions throughout the early modern period. In 1597, for example, Peter Lowe asserted:

[The ulcerated cancer] is an ulcer round horrible, having the lippes thick, harde, inequall, sordide, turned over, cavernous, evill favoured, of colour livide and obscure accompanied with many veines full of Melancholick blood, voyding a matter virulent, sanious worse than the venim of beastes, subtill waterie, black or red.¹²

Almost identical accounts of 'pestilent', 'loathsome' and foul-smelling ulcers can be seen in the 1698 *The Compleat Midwife's Practice* and Pierre Dionis's 1710 *A Course of Chirurgical Operations*.¹³

Certain features of the cancerous ulcer remained important throughout such discussions. The darkened veins which designated a growth as cancerous in its first diagnosis reappeared here as a means of making clear this malady's difference from other kinds of ulcer. The 'Lips' of the wound, with all their disgusting characteristics, brought to mind both

ingestion and excretion, framing the ulcer as at once a discrete organism and a grotesque parody of natural function.¹⁴ Ulceration could happen with relatively small tumours, particularly if they were poorly treated. However, they were most strongly associated with tumours which grew rapidly, giving the impression of breaking through the skin from within. In therapeutic terms, there was almost universal consensus on the mortality of ulcerated cancers. Numerous practitioners pronounced that in such cases, 'nothing but Death is to be expected' and palliative care was the recommended course.¹⁵ So significant was the ulceration of cancers that many medical practitioners treated ulcerated (or 'exulcerate') and non-ulcerated cancers separately within their texts, setting out different prognoses, treatments and other advice for the two complaints from the outset.¹⁶

Medical practitioners thus saw an accurate and timely assessment of cancer's growth and spread as essential to predicting the outcome of the disease, after which they might either decline to treat it, treat it with palliative methods only or amend their therapies according to the aggressiveness of the complaint. It was, for example, deemed very important not to use emollient or suppurating medicines on a tumour that grew rapidly and might ulcerate, while surgery was judged an appropriate course for discrete lumps but not for those suspected to extend deep into the body. In some cases, it was seen as a victory simply to keep the cancer from spreading too rapidly. Reporting the illness of 'Mrs. Ladd' to her uncle Henry More in 1674, 'Dr. Clark' announced that though it remained painful, the lady's breast tumour was not discernibly larger, 'which makes me hope that the Medicine is proper for it'.¹⁷ In addition to these practical considerations, discussions of cancer's growth were imaginatively important. Growth, and the ulceration associated with it, were *the* factors by which cancerous tumours could be distinguished from more benign lumps and bumps, and although cancerous growth and malignancy were not the same thing, the former was understood as a vital component of the latter. Accounts in which the expanding tumour appeared to possess an exponential capacity for growth implied the 'taking over' of the body by a cancer that was ontologically separate, such that at some crucial tipping point, the victim's human substance, and with it their life, would be eclipsed by the mass of the tumour. That distinctly spatial emphasis is found repeated in, for example, Wiseman's description of cancer's propensity to 'spread and invade the neighbouring parts', or Jane Sharp's note that malignant tumours 'daily increaseth with roots spreading', both of which used metaphors (militaristic and arboreal) to scale up the space occupied by the disease mass.¹⁸

Medical authors universally agreed that a propensity to increase was definitive of cancerous disease. Exactly *how* cancers grew, however, was another matter entirely. The majority of medical practitioners seemingly paid little attention to this question, attributing cancer's capacity for growth to its 'malignancy' in a broad sense, as discussed later. In several cases, however, writers on cancer sought a different sort of solution to this problem, with recourse to models of illness which were more established and of which medical practitioners felt they had a better understanding. For want of a better term, I shall call these models 'aetiologies', though in early modern parlance, the immediate causes of disease could hardly be separated from their pathologies or 'natures', which were in turn far removed from anything we might recognize as such today.

Most prominent among early modern aetiologies of cancerous growth was what we may broadly term the 'poison model'. This model proposed that cancers emitted some venomous or poisonous substance which caused either neighbouring or distant parts of the body to become sick in their turn.¹⁹ *The Compleat Midwife's Practice*, for instance, asserted that '[t]he cancer is a venomous tumour', and several works by eminent practitioners throughout the early modern period seemed – at least, at certain points – to draw a similar conclusion, describing the matter believed to emanate from cancers as a 'corrosive and malignant venome'.²⁰ Supposedly poisonous cancerous liquids could be emitted from a tumour or an ulcer and were strongly associated with foulness, bad smells and pain. In 1597, for example, Jacques Guillemeau described such secretions as 'thyn corrupt matter, more vile then the poison of any wilde beast, most abhominable both for abundance and smell, and the payne is continually pricking'.²¹ Over a century later, describing the effects of advanced cancer upon a female patient, Browne poignantly recorded the way in which

the Ulcer became more corrosive, and spread its Venome all over her Breast, even to her Arm-pit; and after this, the whole Arm on that side being therewith inflated, she became dispirited with the great pains she daily felt, and lived some short time in this miserable condition, till Death put a stop both to her pain and her days.²²

Though the poison model of cancerous growth could not make the disease any less cruel, it effectively united emotive characterisations of cancer's 'vile' effects with a familiar clinical aetiology. Unsurprisingly, then, this model appealed to writers seeking a satisfying explanation for cancer's growth within the framework of humoralism. It may also have

been augmented, from the mid-seventeenth century, by the claims of contemporary scientists that some venoms were produced by the rage or fear of the venomous creature. In a lengthy text on natural philosophy, Robert Boyle related an experiment in which he had fed various parts of a snake to a passing dog and found that the dog suffered no ill effects. This, he proposed, supported the general observation that a snake's venom '*consists chiefly in the rage and fury wherewith they bite, and not in any part of the Body, which hath at all times a mortal property*'.²³ A schema which viewed poisons as chemical substances, generated by qualitative emotional states, allowed medical practitioners to credit cancer's capacity for growth to poison without abandoning long-held ideas about the disease's being 'evil'. In addition, the poison theory, particularly when expressed in terms of 'venom', fitted closely with imaginatively potent characterisations of the disease as a creature independent of the patient, whether that was a worm, a rabid wolf or a monstrous product of the troublesome womb. In non-medical writings, descriptions of cancer as venomous or poisonous were certainly less prevalent than in medical or scientific treatises. Nonetheless, a few authors adopted this aetiological model, which usefully allowed one to imagine cancer as both a local and a systemic malady. One anonymous invective against duelling, for example, described the practice as a 'wild and invertebrate [*sic*] Cancer, that has diffused its Venom thro' all the liquid Mass'.²⁴ In this image, the ferocity and resistance to cure of the 'wild' Cancer was combined with the ability of poison to permeate the whole body.

For medical and polemical writers, the poison model thus appealed as a mode of thinking about the perplexing spread or growth of disease in the natural or politic body. Imagining a cancerous poison or venom, however, also raised its own problems. This theory implied that the tendency toward aggressive growth characteristic of cancers inhered in a material substance, and some medical practitioners even believed that this substance could be isolated by scientific experiments. In 1670, for instance, one anonymous writer asserted that the 'Malignity and Poison' of cancer 'discolours the purest Metals, if touch'd with it'.²⁵ In an altered version of essentially the same idea, William Beckett proposed in 1711 that cancer was caused by disturbed lymphatic juices, such that 'if we express a Juice from some of the *Cancerous Mass*, and hold some of it in a Spoon over a Fire, there immediately flies off a small Vapour, and the Remainder hardens not unlike the White of an Egg boil'd'.²⁶ On one hand, it was implied that, if the 'venom' of cancer could be isolated in this way, then it could be understood and treated. As Miranda Wilson notes, poison was popularly believed to be a predictable method of

death, and this was amplified in contemporary drama, where poisoners were depicted as being able to choose the day and even hour of their victim's demise.²⁷ Attributing cancer's growth to poison thus promised a similar degree of control over this disease. On the other hand, experiments such as the above also seemed to show that the poison responsible for cancerous growth could exist outside of the body and could thus be transferred from one body to another. Though an uncommon perspective, this disturbing possibility was raised by an extraordinary story related in *An Account of the Causes of Some Particular Rebellious Distempers*, which is worth repeating at length:

Those inveterate and dangerous Cancers but seldom happen, and is frequently more from want of timely and proper Applications than the Nature of them; for they are oftentimes aggravated and enraged, and the Humour, by wrong Applications inwardly and outwardly, made corrosive and sharp, as we frequently find it to be; and the Humour is [...] as subtle, quick and penetrating as Poison it self, as will appear from the following Relation, which a Surgeon tells us happened upon himself... Mr. Samuel Smith, one of the Surgeons of St Thomas's Hospital in Southwark, who at the cutting off of a large Cancerated Breast, had (after the Breast was off) a Curiosity to taste the Juice, or Matter contain'd in one of the little Cystis's or Glands of the same, which he did by touching it with one of his Fingers, and then tasting it from the same with his Tongue, the Taste of which he protested did immediately like a Gass, pierce through the whole substance of his Tongue, and passed down his Throat not less sharp or biting than Oyl of Vitriol, Spirit of Nitre, or Aquae Fortis, or some vehement Catheretick, or Caustick Salt, and altho' he presently spit out, and wash'd his Mouth with Water, and that oftentimes, and also with Wine, and drank presently very freely of Wine after it, yet could not get rid of the Taste thereof, but it continued with him, and brought him (who was a very strong Man) into a Consumption, or wasting pining Condition, attended with several other ill Symptoms, which in a few Months after killed him, the Taste thereof never going off from his Tongue to his dying Hour; and that the Taste of the Juice, or Matter of that Cancerated Breast, he declared upon his Death-bed, and near the last Moments of his Life, to be the true and only Cause of his languishing Condition and Death.²⁸

Questions about power and gender raised by this curious incident are discussed in Chapter 6. Here, however, we can note the unusual way in

which the anonymous account identified a malign 'essence' capable of causing consumption in one person and cancer in another. Furthermore, imagining cancer in these terms did not prevent the author from crediting the disease with a degree of sentience. Though apparently identifying an efficient cause for cancer, *An Account* continued to use language which construed the disease as acting with evil intent, able to be 'aggravated and enraged' by attempts at cure. In short, this seemingly new solution to the mystery of cancer's spread through the body raised the same old fears and created some new ones to boot.

The story of Samuel Smith's demise was undeniably compelling. Marjo Kaartinen notes that it was retold in at least five medical treatises spanning more than a century.²⁹ However, the notion that cancer was transmissible by poisoning generally failed to gain much traction among either medical or non-medical writings on the disease. The reason for this failure seems to have been simply that cases such as Smith's were extremely rare. Some 40 years after *An Account* recorded this event, Beckett's *New Discoveries Relating to the Cure of Cancers* revisited the tale. Beckett revealed that he had done the same thing, having 'diluted some Drops of the Juice in several Spoons-full of fair water, till at Length, not finding any Inconveniences from it, I came to the Juice it self.'³⁰ Beckett's experiment, however, left him unscathed, and he concluded that the death of Mr. Smith was due not to the corrosiveness of the cancer 'juice' itself, but because its offensive taste and smell disturbed Smith's own 'Animal Juices' and disordered his whole body.³¹ Smith's experience simply did not hold true in Beckett's experiments, and neither did it fit with Galenic theories of disease, which focussed on humoral (im)balance. This incompatibility need not necessarily have been an obstacle to the idea's adoption – the case of zoomorphism has shown how medical practitioners could ignore 'violations' of the Galenic model in order to accommodate useful tools for thought – but the fact remained that poison generally offered only a reformulation of the original causative gap between cancer's substance and behaviour. Inadequately supported by contemporary theory to be adopted as a useful mode of explaining cancerous growth, cancer-poison was, for the most part, an image quietly assimilated into broader conceptualisations of the disease as intrinsically foul.

The poison model of cancerous growth and metastasis never became orthodox in early modern medical texts. However, the impulse to match the perplexing disease of cancer with more familiar somatic phenomena can be seen in numerous medical works from throughout the period. Particularly prominent was the idea, not dissimilar to that

of cancer-poison, that cancer was pathologically related to infectious diseases, particularly leprosy and venereal pox. Those two diseases were themselves often understood as related to one another. As Marie McAllister has shown, contemporary speculation on the origins of pox sometimes traced the 'foul disease' to sex between a leprous man and a menstruating woman.³² Elsewhere, sufferers of the two diseases were linked by shared facilities or common therapeutics.³³ Few scholars, however, have noted that leprosy and pox were in turn understood to have characteristics in common with cancer. In 1703, Browne's *The Surgeons Assistant* stated confidently that 'Leprosy also ariseth from the same cause and matter [as cancer]; and they are seen only to differ in respect of the part in which they consist'.³⁴ The notion that leprosy and cancer differed in degree rather than quality was, according to Demaitre, a widely held notion dating from the eleventh-century writings of Avicenna.³⁵ Five hundred years later, the link was still going strong, with Philip Barrough's 1583 *The Method of Physick* categorizing cancer as a variety of 'lepry'.³⁶ Both the supposed humoral imbalance and the skin lesions characteristic of leprosy appeared to align the disease with cancer, such that leprosy could be considered 'cancer of the whole body'.³⁷

In a similar manner, descriptions of venereal pox during the early modern period frequently highlighted the similarity between ulcers or sores created by this disease and those associated with cancer. In a text on pox entitled *Little Venus Unmask'd*, the Dutch physician Gideon Harvey described a venereal infection as yielding 'crusty black sanious devouring Ulcers or Soars, [which] did eat holes into the Yard, like Cancers, yea some of those Cancers or Shankers made but three or four Suppers in Devouring the whole Virge [penis]'.³⁸ Harvey clearly understood 'Cancer' as a separate disease which produced effects 'like' those of pox, but he was happy to appropriate the term, as well as the zoomorphic 'Devouring' associated with cancer, to vivify his description of pox sores on the genitalia. In doing so, he followed an established trend: as we have seen, 'canker' was often employed in early modern parlance to describe undifferentiated ulcers, including of the genitals, and Harry Keil has observed that 'cancre' (or variants thereof) was likewise sometimes used as an indiscriminate term for venereal lesions in medieval surgical texts.³⁹ Cancer and pox were further united by the use of mercury ointments and 'salivation' as cure for both diseases.⁴⁰ In line with the widespread notion that benign tumours or inflammations could become cancerous if they were treated incorrectly, several medical texts also described cases in which the authors suspected that venereal

disease had 'caused' the patient's cancer, though they seldom provided a theoretical basis for this suspicion.⁴¹

Speculation on the relationship of cancer to syphilis and leprosy was clearly motivated by pragmatic observation of their similarities and by, as has been noted of the supposed leprosy/pox connection, an 'urge to translate the mysterious new disease into a familiar one'.⁴² For medical practitioners struggling to understand how cancer grew and spread, it also offered new terms in which to imagine that phenomenon. As Browne argued in the early eighteenth century,

A Cancer... that is exulcerated, may be allowed to have in it a great share of Contagion; it being bred from the same humour as the Leprosy is; and I know nothing that can contradict this my opinion, unless you allow, that a Contagion cannot be referr'd to any single Part, but must be communicated to the whole Body.⁴³

Contagion, the force which was understood to spread leprosy and pox from one body to the next, might also be imagined as driving the *intra*-personal spread of disease, so that a cancerous tumour 'infected' adjacent parts of the body. Later in the same text, Browne would reiterate this view and insist that since leprosy and cancer were of the same 'temper', and leprosy was catching, one could naturally conclude that cancer was contagious on a smaller scale.⁴⁴ The comparison posed some difficulties: as Browne acknowledged, most people believed that contagion could only affect whole bodies, not parts thereof, and he was the only author to explicitly depict malignancy as a variety of contagion. Nonetheless, several sixteenth- and seventeenth-century medical practitioners used the terms 'infection' or 'contagion' in a more casual sense as shorthand for cancer's potential or actual spread. Advising on cancer surgery, for example, Paré stressed to his readers that one should cut away 'whatsoever is corrupt, even to the quicke, that no feare of contagion may remaine, or be left behind'.⁴⁵

Imagining cancer as contagious did not necessarily make it any easier to treat. After all, neither leprosy nor venereal pox was reliably curable, and medical practitioners struggled to understand the different modes of transmission for various infectious diseases.⁴⁶ Moreover, there was no suggestion that understanding cancers as intrapersonally contagious could help one to halt their spread within the body. There was also a more disturbing twist to this theory. While the vast majority of practitioners adjusted the explanatory model of contagion to describe the spread of cancers *within* the body, for a few individuals, the reverse was

true, and the model began to reshape their perceptions of cancerous disease. The results of this perceptual shift can be viewed in two unusual tales from Beckett's 1711 *New Discoveries*, which are worth exploring at length.

Beckett's first account was passed onto him by an acquaintance, and concerned a tradesman's wife in Nottingham suffering with breast cancer. 'Her Husband', wrote Beckett, 'was of Opinion he cou'd relieve her by sucking it; accordingly he put this Method in Practice, in hopes without doubt he cou'd effect a Cure, by drawing the Cancerous Matter out of the Nipple'.⁴⁷ This strategy did not work, and the woman died soon after, but after two months her husband experienced a swelling in his upper jaw. Turning (unsurprisingly) from surgeons who recommended that he have the swelling and part of the jaw bone cut away, this tradesman pursued a course of gargles 'and such inconsiderable remedies', but was eventually obliged to consent to the surgeons' original suggestion; too late, for the cancer then spread over the mouth and nose.⁴⁸ Becoming 'so frightful an Object, and the Stench that continually proceeded from the Parts...so offensive', the patient removed himself to a garret, where he died.⁴⁹ Similarities to venereal pox in particular are powerfully evident in this account. Suckling at the breast was a recognised means by which nursing infants could contract the disease, such that catching pox from a wet nurse was a danger frequently pointed out by advocates of maternal nursing.⁵⁰ More generally, the use of this case to illustrate, as Beckett put it, '*Whether Cancers are Contagious, or not*' seemingly relied on the fact that the tradesman's disease appeared localised to the spot at which he had had contact with the original cancer, rather than diffused through the body as in accounts of poisoning.

The importance of localised 'infection' to the construction of cancer as contagious was even more emphatically stressed in Beckett's second account, of cancer transmitted skin to skin. In this 'very odd Accident', a poor woman with ulcerated breast cancer continued to share a bed with her two children.⁵¹ Shortly afterwards

one of 'em, a Girl about five Years old, began to be afflicted with a small painful Tumor in one of her Breasts, which encreasing to near the Bigness of an Egg, became Livid, and entirely *Cancerous*; the Mother died some time after, and the Child did not survive her; but the other Child continu'd well. Several Surgeons gave their sentiments of this Case; some thought it to be an Hereditary Indisposition, but considering the Mother had no appearance of a *Cancer* before, or at the Birth of the Child... [I believe] it was contracted by Contagion,

seeing the Position of the Child's body was such in Bed, that that Part of it which was affected was almost always disposed to rub against the Dressings soaked in Matter; (for I understand the Mother took but very little Care to change them often). Now it is not at all probable, that the malignant *Effluvia*, which continually pass off from the *Cancerous Mass*, and the putrefied Matter, can dispose a Person at any little Distance to be afflicted with the like Disease, for then the other Child wou'd have become a Sufferer; but it may happen in some extraordinary Cases, where the corrupted Fluid has attain'd an exalted Pitch of Malignity, to communicate some of its more active Particles to the Blood and Spirits... but this cannot happen unless the matter be very malignant; and be suffer'd, by the negligence of the Patient, to come to an immediate Contact, with a Part of the Body of the other Person.⁵²

As in the story of Samuel Smith's poisoning, an extreme version of the malignancy threat was here represented by cancer's transmission from one body to another, scaling up the spread of tumours from between members of the body to members of society. The danger was exacerbated by moral turpitude – in this case, the 'little Care' of the afflicted mother, which was seemingly more reprehensible than Smith's fatal surgical 'curiosity'. Nonetheless, Beckett's case for contagious cancer was timid at best. Kaartinen writes that '[q]uite a number' of early modern medical practitioners believed cancer to be contagious, but this appears to be truer for the mid- to late-eighteenth century than for the period under examination here.⁵³ Rather, Beckett's emphasis on the exceptional circumstances which surrounded this contagion by cancer reflected the singularity of his account. In general, belief in cancer as contagious was precluded in this period by a distinct lack of cases such as the above. In the vast majority of writings on cancer during the sixteenth, seventeenth and early eighteenth centuries, contagion was not even mooted as a possible cause, and, as Samuel Smith's tale demonstrates, medical practitioners did not generally approach cancer sufferers as contagious or dangerous; the 'noli-me-tangere' ('do not touch') label applied to some cancers was understood to protect the welfare of the patient, whose tumour could be irritated by manhandling, rather than that of the touching practitioner.

Early modern medical authors and their audiences were fascinated by the ability of cancer to grow and spread through the body. Cancers grew unpredictably, sometimes to astonishing proportions. They reappeared after seemingly having been cured, and, most worryingly, they

broke through the skin to create painful, morbid ulcers. Moreover, their ability to 'invade' the body in these ways was troublingly mysterious. Practitioners who described cancers as poisonous or contagious had one aim: to make cancer less frightening by showing how it worked. These attempts provoked discussion about the causes of and possible cures for cancer, but in general they failed to exert much influence on medical practice. Strikingly, however, the inconsistencies and omissions of these models show how attempts to understand exactly *how* cancer moved through the body neither superseded, nor clashed with, literary and medical constructions of cancer as purposefully 'malign'. Instead, they found themselves positioned somewhere between rhetorical and material understandings of the disease.

4.2 The character of malignancy

While a select few medical practitioners speculated about theories of contagion and poison, they were always in the minority. Most of those who encountered cancer, in text or in person, perceived the malady's spread through the body in more general, and arguably more disturbing, terms. Cancerous growth was understood as indivisible from the broader quality of 'malignancy': a property which helped account for the painfulness of cancer and its resistance to cure, as well as its propensity to spread, and which was viewed as intrinsic to the disease in a way quite foreign to modern conceptualisations of illness. In this section, I discuss how for early modern people, the malignancy which underlay cancer's spread through the body was largely indistinguishable from the malignancy of villainous individuals or factions as represented in literary, religious and polemical texts. This concept traversed the permeable boundary between literal and figural representation such that 'malignancy' became a potent and protean idea: a product of somatic experience, medical theory *and* literary imagination.

Even for expert medical practitioners, cancer was a difficult illness to diagnose. As discussed earlier, and in Chapter 1, medical textbooks from across the early modern period emphasised the diminutive size of incipient cancerous tumours, which were described as 'hard to be discovered', growing and damaging the body but impossible to find, let alone treat.⁵⁴ Correspondingly, of all the aspects of cancer's pathology, the ability to remain 'secretly hidden' was perhaps that which most fired the non-medical imagination, proving crucial to literary constructions of 'malignancy'.⁵⁵ In political and poetic rhetoric, the canker-worm, an image which often mixed characteristics of cancers

and horticultural cankers, typically described a hidden threat. Karen Edwards, for example, notes of worms in John Milton's poetry: 'That it destroys slowly and in secret is what turns a caterpillar or insect larva into a canker-worm, rhetorically speaking'.⁵⁶ The same is often true of Shakespeare's works, which repeatedly use 'canker' as a byword for weaknesses or vices concealed even 'in sweetest bud'.⁵⁷ In drama and verse, therefore, the hiddenness of cancer often stood for ideas within an individual, or individuals within a society, whose harmful influence went undiagnosed.

The implied threat from such 'inward' cancers was not only their concealment *per se*. Rather, it was the way in which secrecy permitted the growth of a sickness which would, upon discovery, threaten the natural or social body. This aspect of cancerous disease was a point of particular interchange between medical and popular texts, as medical accounts presented cancer's 'emergence' from the interior of the body in dramatic terms. In particular, the word 'discovery' was frequently used by medical practitioners to describe the coming to light of a previously unseen cancer, either as a tumour which had grown to become palpable and visible, or, more commonly, a cancerous growth which had broken the skin to create an ulcer.⁵⁸ Relating the progress of a breast cancer tumour, for example, Gendron described how 'the growth of them at last pierce the Skin, and discover the Cancerous Mass', later adding that facial cancers might similarly 'discover themselves'.⁵⁹ Such descriptions neatly united the contemporary senses of 'discovery' as literally removing the cover from an object and figuratively 'disclosing to knowledge' something previously secret.⁶⁰ Moreover, the narrative of a purposely 'secret' disease which was suddenly 'discovered' played to constructions of cancer as a *dramatis persona* with its own, predetermined, agenda.

Using loaded terms such as 'secrecy' and 'discovery', medical discussions of the progress of cancerous disease frequently emphasised what seemed like the independence of this malady from the body in which it was found. Early modern medical practitioners of all kinds repeatedly implied that in some sense, cancer did not simply respond to the conditions of the body, like other illnesses, but rather 'aimed' to reach its apotheosis in the breaking out of a cancerous ulcer and the death of the patient. Whereas in twenty-first-century terms, 'malignant' or uncontrolled growth is understood as a result of the cellular pathology of cancer, for early modern medical writers and their audiences, it made more sense to reverse that equation, and view malignancy as the intrinsic 'character' which determined the pathological effects of

cancerous disease. As such, cancer was frequently and vehemently identified as evil and cruel; as Dionis asserted, 'the most terrible of all the evils which attack Mankind':

though Wars and Plagues kill in less time, they don't yet, to me, seem so cruel as the Cancer, which as certainly, though more slowly, carries those afflicted to the Grave, withal causing such Pains as make them every day wish for Death.⁶¹

Throughout the early modern period, cancer was characterised as purposefully evil. The anonymous 1670 *An Account*, for example, noted that a cancerous tumour 'grows big of a sudden, and discovers its evil Nature by the grievous Symptoms that appear, and as it increases in bigness, it increases in malignity'.⁶² Bonet similarly described cancerous ulcers as having an 'evil' and 'Malignant' disposition which purposely 'eluded' cure.⁶³ Again and again, the disease was deemed 'cruel and horrid', 'cruel and terrible', 'fierce', 'stubborn' and 'indomitable'.⁶⁴ These terms often operated in a multivalent sense. Describing a disease as 'evil', for example, could indicate that it was deemed likely to have a poor clinical outcome or to cause further complications. However, pathological effect was in these cases virtually indivisible from ontological cause, so that cancer was deemed evil, cruel and fierce – in short, malign – in a way that encompassed moral 'intent' and somatic consequences.

The characterisation of cancers as 'evil' had far-reaching consequences for how that disease was experienced imaginatively and physically. As described in Chapters 5 and 6, both medical practitioners and their patients bore in mind the supposedly intractable character of cancers when making decisions about pharmaceutical and surgical interventions. Furthermore, these notions of cancerous malignancy surfaced throughout the early modern period in non-medical literature, where they interacted with discussions of villainy, violence and deception. Non-medical writers often seized upon the idea of a secret or hidden cancer or canker as an analogy for concealed moral vices or subversive individuals.⁶⁵ Similarly, many authors adopted the notion of cancers or cankers as initially minor disruptive elements working toward a destructive apotheosis. Matching their medical counterparts, these culminations were often violent in character, associated with damage to the body politic, and on occasion to the individual body too. Wither's 'Opobalsamum Anglicanum' is an apt example to which to return here. Casting parliamentary corruption as a 'cancer', the poem adeptly plays upon the multivalent senses of 'cancer' to warn that this

malady 'will effect the Bodies overthrow: / Or, els (beside much trouble, griefe, and cost) / Occasion many Members to be lost' (1.67–74).⁶⁶ When the growing influence of malignancy is not 'interrupted', it is argued, chaos follows, as the poet alludes to the multiplicity of his image. The 'Bodies' – that is, the individual body and the figurative political body – will be overthrown both in the sense of succumbing to illness and that sense (in 1645, never far from the poetic mind) of political revolution or breakdown. Playing still further on the bodily degeneration associated with cancerous disease, the author's warning of 'Members' to be lost clearly puns upon that word as denoting both Members of Parliament and members, or parts, of the body – parts which might, in turn, be lost as a result of violent civil unrest.

As discussed earlier, comparisons between sickly natural and politic bodies were a commonplace of early modern literature. Cancer, however, provided a particularly useful tool for thinking about treachery, treason and moral failure. In Wither's poem, the author's invocation of a mutinous element which was hidden, corrupted the surrounding parts, and was both of and hostile to the 'body' necessitated that it should be *cancer* specifically that 'sickened' Parliament, and lent a visceral, violent tinge to its possible 'overthrow'. The same use of cancer's unique pathological and 'behavioural' characteristics was repeated elsewhere in both persuasive and dramatic literature. Gerrard Malynes's 1601 treatise on the 'canker' of foreign trade, for instance, construed the national 'body' as being overwhelmed by economic disadvantage in the same way that a cancer sufferer was overcome by their growing disease, and ended with 'the politike body of our weale publike ... overtaken', in an image that played on cancer's literal mortality.⁶⁷ Likewise, John Fletcher's drama *The Faithful Shepherdess* (1608) described the lecherous 'Sullen Shepherd' character as 'like a Canker to the State', who mimicked the location and action of bodily cancers by 'eating with debate / Through every honest bosome' (5.3).⁶⁸ That all these texts imagined cancer's destruction on a national scale was no more a coincidence than the characterisation (discussed in Chapter 5) of the disease's resistance to cure as a 'rebellious' act. Cancer, which seemed malignant in an ontological sense, yet was unmistakably generated by the body, was perceived as not only a cruel disease but a traitorous one, turning against that which nourished it. This aspect of malignancy can be seen used to powerful effect in both religious and civil contexts. In his essay on medical metaphors, for example, Harley notes that '[a]fter 1640, when sects such as the Baptists and Quakers started to proliferate, orthodox Calvinists were quick to assert that "False doctrine is like a Cancer or Gangreene, it frets

all that is sound and in the end killeth”'.⁶⁹ In a similar manner, clergyman Thomas Adams described those who stole from the Church as lying ‘in the bosome of the Church; as that disease in the brest, call’d the Cancer, vulgarly the wolfe: devouring our very flesh, if we will not pacifie and satisfie them with our substance’.⁷⁰ The ferocity of the ‘wolfe’ was important to Adams, but equally significant was the placement of the traitor or cancer in the ‘bosome’ of the institution, central to the body and associated with nurturing and re-productivity (unlike another ‘eating’ disease, gangrene, which primarily affected the body’s extremities).

In each of these cases, cancer’s intimate connection with the body which it destroyed was essential to the translation of malignancy from the individual body to the body politic. In addition, both medical and non-medical texts occasionally drew attention to subtler aspects of the similitude between bodily and social malignancies. In particular, the ability of cancer to spread through the body unchecked, and the unpredictable rate at which it did so, proved valuable to its rhetorical capital as a byword for violent dissent. Texts such as the anonymous treatise against duelling *An Account of the Damnable Prizes in Old Nick’s Lottery* placed particular emphasis on the fact that this ‘wild and inverterate cancer’ of upper-class society outpaced as well as outfoxed attempts at a cure, noting that as it ‘laid hold of every nobler part with its deadly Claws’ it would only ‘spread the more and faster’ when met with opposition.⁷¹ Moreover, the author’s concern with the speed at which a moral ‘cancer’ might spread once again aligned with wider concerns about the political and social impact of individual movement across the country. As Andy Wood has pointed out, the seventeenth century saw the first use of ‘Mob’ as shorthand for describing disturbingly *mob-ile* plebeian crowds. In the politic ‘body’, controlling the movement of ‘malign’ people and ideas was felt as a vital, and increasingly difficult, task.⁷²

The meaning of malignancy as ‘likely to rebel against God or authority’ was thus influenced by the somatic experience of cancer’s progress, but in turn fed back into how cancerous malignancy was reported and experienced. Moreover, what it meant to ‘rebel’ depended, rather conspicuously, upon what or who one deemed an authority. While at the turn of the seventeenth century Shakespeare cast ‘cankers’ as acting against royal authority, by the time of the Civil Wars, ‘Malignants’ had come into use as a term applied by parliamentarians to Royalists.⁷³ Whichever way the political wind might blow, the cruelty and morbidity of cancerous disease ensured that ‘malignancy’ remained a useful image with which

to discuss power, duplicity and destruction. Furthermore, by looking at medical and non-medical texts in tandem, it becomes evident that the latter also influenced the former. The conceptualisation of malignancy may profitably be viewed as a circuit upon which the somatic experience of cancer and the social disorder related by texts using the malignancy image were two opposite points. Each relation of civil or religious disobedience as cankered or 'malignant' fed back into medical discourses to furnish those writers with the language in which to describe the bewildering and frightening experience of encountering malignant cancer. In turn, increasingly vivid accounts of somatic experience recirculated to set up cancerous malignancy as a powerful and apt metaphor for the description of troubling or violent disorder in the body politic.

Conclusion

For early modern people, 'malignancy' was a term rich with somatic and social associations, describing more than the clinical fact of neoplastic growth with which the word is associated today. A large part of what was denoted by malignancy in medical texts was the terrifying ability of cancers to spread through the body or recur after their apparent cure. In trying to understand these phenomena, some medical practitioners tried to model cancerous growth using theories which were, by the standards of the day, biomechanistic in approach. These attempts loosely prefigure the move which would take place during the eighteenth and nineteenth centuries toward attempting to understand cancer according to new iatrochemical and germ theories.⁷⁴

Visible throughout even the most radical medical theories about cancerous growth, however, was the abiding sense that cancers spread and took over the body simply because this was central to their nature. 'Malignancy', as it described the disease's spread and its resistance to cure, was absolutely intrinsic to the disease. The diagnostic criteria which marked out a cancer from a benign tumour, such as heat, pain and discolouration, were likewise deemed signs of cancer's malignant nature. Moreover, 'malignancy' was also understood as the force which brought those grievous symptoms about, such that it seemed that cancers *were* malignancy in action – its bodily manifestation. It was this sense which facilitated the association of cancerous malignancy as a mode – still present in twenty-first-century discourses – of talking about moral ills, or those which spread through the politic or religious body. Rebellious subjects could easily be imagined as, like cancerous tumours, the physical embodiment of an intangible urge toward destruction and

disruption, characterised by a troubling illimitability and unpredictability. This vision of malignancy was a multi-authored creation, in which the social and political concerns of the age were attached to the somatic experience of, and medical anxiety around, a disease which unfailingly provoked horror, apprehension and curiosity. 'Malignancy', therefore, was neither a medical term borrowed by literature, nor a metaphor adopted by medical practitioners, but a term of true intertextuality.



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