Gender and Cancer in the Nineteenth Century

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Introduction

In the 19th century, breast cancer was widely known as a common disease of women. Physicians in Britain and the U.S. thought that breast cancer was a disorder produced by changes in bodily fluids and could also be caused by wearing tight dresses and corsets (Moscucci, p. 1315). Gunn’s Domestic Medicine, a popular 19th c. self-treatment book, explains that all cancers manifest initially as a bluish pimple and then becomes a sore with hard, raised edges (Gunn, p. 284). If detected early, a remedy prescribed for this disease was to dissolve ten grains of corrosive sublimate in a “gill of whiskey” or any strong spirit and apply it gently to the affected part with a rag until the cancer is destroyed (Gunn, p. 285).

As another treatment for breast cancer, surgeons started to amputate the breast (Fig. 9) for both early and late stages of the disease (Moscucci, p. 1315). Other treatments included compression therapy to stop the blood flow to the tumor and spraying the breast with carbolic acid which is a type of cautery, repeated bleedings, use of bitches, laxatives, emetics or drugs such as iron, alkaline substances, and mercury (Sakorafas & Safioleas, p. 9). Sometimes, the cure could be worse than the disease.

Based on these medical perceptions of the causes of breast cancer as well as the treatments used, we can speculate on how the individual in Burial 8 may have been impacted by this disease.

Metastatic breast cancer originates in the breast tissue and consists of malignant tumors that have migrated to other parts of the body, particularly bone. Metastases break away from the primary breast tumor and travel first to nearby lymph nodes, and then beyond through lymph vessels or blood vessels (NCI, 2012). Through the vessels, the cancer cells are able to travel anywhere in the body, including the skeletal system. Secondary lytic lesions in the spine, skull, head of the femur (Fig. 2), and pelvis are common (Waldron, p.184).

There are many risk factors for breast cancer, including family history (especially in the immediate family), women who are 50+ years in age, and African American women have a higher risk of breast cancer before menopause (NCI, 2012).

With a current understanding of the etiology of this disease, we can now consider an individual with lesions consistent with breast cancer from the Spring Street Presbyterian Church site.

Examination of the damaged skull and vertebrae suggests that the bone was affected by the disease, and the surrounding soft tissues were compromised as well. The skull had a number of lesions, some of which were healed, suggesting that the individual survived for a significant period of time with the disease.

Burial 8

Burial 8 is represented by a nearly complete skeleton. Examination of the remains determined that she was an older adult female, based on the morphology of the pelvis. Her ancestry was estimated to be of European descent, and on-going DNA analyses will be used to confirm this assessment. This individual has age and activity related changes to the bone, including mild degenerative joint disease and bony spurs resulting from muscle pulling. These alterations suggest that she performed rigorous labor across the life course. This individual also has extensive lytic (porous) lesions that were active at the time of death. These lesions are consistent with metastatic breast cancer.

The metastasized cancer has resulted in lytic lesions across the skull, particularly on the frontal and occipital (Fig. 5). The sterna has a collapsed and porous semi-circular region; the cortical bone is depressed due to the metastases in the cancellous bone. There are five small rib fragments that show the most severe lesions. Their shafts have significant microporosity, and the lateral surfaces exhibit a melted woven appearance. All of the vertebrae show extensive macro and microscopic lytic lesions. The lesions appear to be dense, woven, and irregular, especially on the larger thoracic vertebrae (Fig. 3 & 4). Metastases are also present on the internal and external surfaces of the right femur.

From these observations, we can conclude that this is likely metastasized breast cancer. Due to the advanced stage of the cancer, one wonders what treatments were available to her.

The perception of breast cancer in the 19th century was closely tied to gender roles. Since it was considered a female disease, many women with this disease were stigmatized socially, economically, and emotionally. Insurance companies penalized those with a family history and there was a fear of marrying a woman with a predisposition because having a family history of cancer symbolized weakness and undesirable qualities (Moscucci, p.1317). This societal stigma also affected the perception of womanhood for the women with this disease. In 19th century society, womanhood was defined by the ability to bear children, breastfeed, and take care of the family and the house (Comeau, p. 168). However, a debilitating cancer might prevent a woman from participating in the major roles that she is granted in society and deny her womanhood. The cultural meaning behind breast cancer and cancers associated with the female reproductive organs caused many women to conceal their symptoms and delay medical help until the disease was well advanced in the body (Moscucci, p. 1317).

The individual with breast cancer found in the Spring Street burial vaults likely endured much pain, physically and emotionally. The skeletal analysis suggests that the breast cancer had spread throughout the entire body, with more severe lesions in the vertebrae and skull. This means that she undoubtedly endured debilitating pain that made it difficult to function. It was likely to have been a challenge for her to walk, or work. Also, with the negative associations between women and breast cancer, she may have suffered emotionally and psychologically. Although the cancer appears to be very advanced, she may have dealt with the pain in secret as long as possible in order to avoid the social stigma. As a member of the Spring Street Presbyterian Church, she was likely to have been provided some kind of support by the congregation, especially since this particular church, from its history, was well connected to many socially stigmatized persons of the time.