Human Behavior in Cancer Quackery: Historical Review

Wilson Onuigbo IB
Department of Pathology, Medical Foundation and Clinic, 8 Nsukka Lane, Enugu 40001, Nigeria

Corresponding author: Wilson Onuigbo IB, Department of Pathology, Medical Foundation and Clinic, 8 Nsukka Lane, Enugu 40001, Nigeria, Tel: +2348037208680; E-mail: wilson.onuigbo@gmail.com

Abstract

Human behavior has enduring facets which are of considerable concern especially in terms of cancer quackery. This historical review concerns the behavior of both the quacks and their patients. Both aspects demand documentation which should be available in our own age in the context of neurohabilitation.

Keywords: Cancer; Quackery; Quacks; Patients; Behavior; History

Introduction

The cancer quack was exemplified in Merriam-Webster's Collegiate Dictionary [1] as a charlatan, i.e., a pretender to medical skill, this dating back to about 1638. Apparently, quack cancer cures can be traced back. In this context, the present paper is designed to historically review the collections in my personal Mini-Library! The earliest of them dated back to 1635, when Read [2] conceived of them as those "who make a show of learning."

Historical Texts

Back in 1725, Friend [3], who was aware of how far quacks had prevailed in all ages, wrote that so many little arts were used by these unqualified practitioners that an entire treatise would not contain them! Let me, however, consider human behavior in this field with regard first of all to the quacks.

Firstly, secrecy was the hallmark of cancer quacks. The most notorious name in this respect was Plunket. The composition of his caustic remedy was kept secret in Ireland by a family of that name and in England by those who bought it [4]. Morgagni [5] referred to one such "person who, by the application of a caustic herb, was said to destroy cancers radically" and mentioned significantly that "the person himself concealed it as much as he possibly could."

John Hunter was desirous of learning the secrets from a quack treating a former patient but it was to no avail:

... I said, if the man would give me leave to watch regularly the appearance of the cancer and see myself the good effects, and should be satisfied of its curing only that cancer (mind, not by destroying it), I would exert all my power to make him the richest man in the kingdom. But he would have nothing to do with me ... [6].

Secondly, the promise of sure cure loomed large in the arsenal of quacks. In the case of a woman suffering from breast cancer, whose illness was recorded in 1678, "A Mountebank coming to this Town promised her ... a perfect cure" [7]. In like manner, there was a contemporary who was suffering from jaw cancer and "some empiricks promised him great hopes of cure by their specificks" [8]. A century later, Billroth said of cancer quacks:

Even in the latest times, there have been those who, by means of some arcane or another, have professed to have a sure remedy for this disease. Unfortunately, this is all and only profession; any truth, which the statements may have contained, was old and well-known before [9].

Thirdly, bold advertisements were inseparable from the practice of cancer quacks. "Empirics," we are told, "brag much of their skill in curing of them" [10]. Indeed, their remedies were apt to be defended "with all the violent assertions of quackery" [11]. Such advertisements were not restricted by far frontiers, since there were "certain cancer curers whose headquarters are at Brussels, but who have correspondents in London and Southampton" [6].

Fourthly, imprudence was another attribute of cancer quacks. In 1753, Norford exemplified with breast cancer in which a woman's "bad symptoms were brought on by the imprudent applications of her Pseudo-Chirurgus" [12]. Before him, there was the experience of another woman whose breast a quack applied corrosives on. Alas, "she bled to death in few days" [9]. In the case of a man with breast cancer, "the tumour had been punctured with a lancet by an old woman" [13]. And, concerning another man who experienced disastrous results, the story was that the quack "gave him hemlock to take, hemlock poultices to apply, and hemlock leaves to lay on the swelling" [14]. Little wonder that Morgagni [5] remarked on the impropriety of the methods of application used by quacks. Even the eye was not spared as Scarpa revealed:

Kalschmied mentions a man, 50 years of age, who, afflicted with violent inflammation of the left eye, unfortunately fell into the hands of an empiric, who undertook to cure it by means of irritating and astringent topics; under the use of which, the disease increased, accompanied with most acute pain in the eye and head. After this, the diseased eye increased to double its natural size, and the cornea burst in several places; from these openings, a soft excrescence arose ... [15].

Fifthly, the artful acquisition of the patient's money was the quacks' goal. Concerning this aspect of their behavior, Wiseman said that, if they can persuade the patient to some treatment, they first of all "get some money in hand" [8]. In the case of a luckless woman, the quack "drew both her (self) out of her troubles by sending her into another world, and what she had into his own porket" [7]. John Hunter personally knew of a former life-guardsman whose pension was sucked...
dry by a quack and referred to the literature in respect of arsenical treatment:

But this is not new discovery, for Senertus, who lived the Lord knows how long ago, mentions a Rodriguez and Flusius, who obtained considerable fame and fortune by such a composition [6].

Sixthly, cancer quacks of old wore the cloak of knowledge [16]. The quack was rightly assessed as "an ignorant pretender to a knowledge of curing such diseases" [17]. Sir Spencer Wells recalled how they "profess not only to destroy a cancerous tumour, but also what they call its roots, and thus prevent a return" [17]. Sir Everard Home expatiated thus:

.... and as there is no possibility of ascertaining what the structure of the tumour was, which has thus been destroyed, it is stated by the (quack) practitioner to have been an inveterate cancer, which is attempted to be proved by showing its roots, or the irregularities upon its external surface [18].

Seventhly, cancer quacks encouraged credibility by successfully employing the slender pharmacopeia of old [19]. Thus, like their medical contemporaries, they were able to give "Mathew's Pill, or Opium mixed with some Purgative," the effect being that "they do now and then alleviate the pain, and thereby encourage diseased people to commit themselves into their hands" [9].

What of the other side of the quackery coin, namely, the patients themselves? Their behavior showed definite trends. Perhaps, of the greatest importance was their reaction to the dreaded incurability of cancer. "Like many other incurable diseases," Billroth wrote, "carcinosis has become a camping ground for charlatanism" [18]. Or, as Travers averred, many a patient was "sanguine of recovery, and ready to impart their confidence to any man who is ignorant and unprincipled enough to promise boldly" [20].

The orthodox surgical approach was a great drawback. Not surprisingly, knife-shy patients fled from practitioners and embraced quacks. For instance, the woman, to whom Velpeau proposed surgery, declined consent and then consulted another surgeon, who gave her the same advice. Therefore, she "remained for some months treating it according to the advice of unprofessional people" [21].

Cancer patients often vacillated between quack and doctor owing to the therapeutic impotence of the times. Wiseman's case of breast cancer was of this type:

She was under the hands of some empirics, that were endeavouring by pultices to break it; there was also a fontanel made in the lower part of the breast under the tumour, she hoping that way to spend it. I advised her to forbear the use of such applications as might heat her breast, telling her the ill consequence in breaking those swellings. She did not approve of what I said, but pursued her design. Sometime after a false suppuration was made in her breast, and an effusion of blood followed; and by the continued use of poultices the ulcer enlarged, and by frequent bleeding her body emaciated. She being near wasted by a new eruption sent for me [8].

The testimony of some individual patients encouraged quackery. Naturally, the reputation gained in this way was prone to evaporate with time. In the example supplied by Morgagni, the quack "at first got himself a great reputation, as is frequently the case; but the success of his cures not corresponding to his fame, he was soon after deserted" [5].

Discussion

Sir Spencer Wells [17] of the forceps fame contrasted orthodox practice with quackery, saying, "we have no reason to fear a comparison between what we can do by fair and open means, and what really can be done, or ever has been done, by any cancer curer or any secret remedy." Back in 1824, Sir Astley Cooper foresaw a hopeful future thus:

We have no medicine that will cure this disease; and it is our duty, as professional men, to say so, in order to prevent the baneful influence of those quacks who are a disgrace to the age in which they live, and who are constantly advertising nostrums for the cure of cancer [11].

In our own days, it is well to remember the recent words of Wallace Janssen [22], "today we are in the midst of another nation-wide health fad, the laetrelie panacea for all forms of cancer. One reason, no doubt, is that today's generation has no memory of the conditions that resulted in enactment of the nation's laws to ensure drug safety and effectiveness."

Conclusion

Owing to the prevailing circumstances of their times, the old cancer quacks were having a field day. Happily, advances have been made in such fields as legislation, education and especially safe extirpation. In all probability, the appreciation of such historical conceptions can conduce to a better understanding of current neurohabilitations.

References

19. Arnott H (1871) "On the therapeutical importance of recent views of the nature and structure of cancer." St Thomas's Hospital Reports 2:103-122.

