

HISTORY OF ONCOLOGY

Treating the incurables: Cancer asylums in 18th and 19th century

Marianna Karamanou¹, Theodora Psaltopoulou², Kostas Markatos³, Georgios Karaoglanis⁴, George Androutsos³

¹University Institute of History of Medicine, Faculty of Medicine, Claude Bernard Lyon 1 University, Lyon, France; ²Department of Hygiene, Epidemiology and Medical Statistics, National and Kapodistrian University of Athens, Athens, Greece; ³Biomedical Research Foundation, Academy of Athens, Athens, Greece; ⁴Henry Dunant Hospital, Athens, Greece

Summary

For centuries several hypotheses were formulated on cancer's pathogenesis such as contagiousness, melancholy, heredity and sexuality. In the 18th and 19th century, despite the advent of medical thought and practice, cancer was considered an incurable and contagious disease. Hospitals were refusing to treat cancer patients while the social stigma which followed the disease made primordial the need for

the establishment of special institutions. In our article we will present the cancer asylums which counterbalanced the prejudices of the time and contributed to the establishment of modern cancer hospitals.

Key words: cancer hospital, cancer stigma, Dame du Calvaire, history of oncology

In 19th century while the medical identity of cancer was transformed, its social representation was still that of an incurable and deadly disease. That period, the *Larousse dictionary* in the word *cancer* was mentioning: "to talk about treatment means assuming curability of the disease...cancer is and remains incurable" [1]. The enigma that surrounded its origin contributed to several hypotheses on its pathogenesis such as hereditary transmission, melancholy and contagiousness [2-4], while the macroscopic similarity of genital carcinoma and syphilitic gummas reinforced the belief that cancer could be transmitted sexually and it was a result of punishment for the sin of the flesh [5].

When tumors began to ulcerate and disfigure the face or body, patients became a burden for their families and the medical system. Hospitals were refusing to treat them believing that their disease

was incurable and contagious. On the other hand the number of cancer patients seemed to increase making primordial the need for the establishment of special institutions. Since the 16th century, in Warsaw, the Saint-Lazare Hospital was the first to hospitalize male cancer patients who were named "putrefied" or "rotten" and a century later a special department for female cancer patients was inaugurated with a capacity to hospitalize 70 women [6].

In France, cardinal's François de La Rochefoucauld (1558–1645) idea to create asylums for the incurables "that their condition makes them unable to earn a living by working or begging" was approved by the King Louis XIII (1601–1643). It was indeed an urgent need for such facilities to emerge in order to counterbalance the prejudices of the time [7]. Two royal ordinances, one of Francis II (1544-1560) and the other of Charles IX (1550-1574), were stretching the importance for

the admission of cancer patients in Hôtel Dieu hospital of Reims as a measure to decrease the risk of infesting the air, a popular belief of cancer's transmission based in miasma's theory [8]. Worried for the fate of "the poor of this city who are suffering from the disease that we call cancer and they are not sufficiently cared", Jean Godinot (1661-1749), a religious man from Reims, excluded from the monastic order to which he belonged because of his Jansenist beliefs and devoted to the cultivation of his vineyard, decided in 1742 to found a hospital for cancer patients aiming to relieve their physical and psychical suffering [6] (Figure 1). The hospital named Saint-Louis was located on Saint-Denis street and according to the statute it also provided support in patients' individual and social problems. In 1786, it had 12 beds funded with endowments, 8 for women and 4 for men. The medical care was delivered by the physicians of the Hôtel Dieu whereas 3 nurses were caring daily for the patients. However, the citizens, terrified by the fear of contagion, decided to transfer the hospital out from the city; it remained there till 1846 [7]. Reims's hospital is considered the oldest known hospital serving cancer patients exclusively and the Jean Godinot Institute, which was developed out of it, remains active in Reims till nowadays.



Figure 1. Jean Godinot (1661-1749): the founder of the cancer hospital of Reims.

In 1792, the London surgeon John Howard (? -1811), ex-pupil of the distinguished surgeon Percivall Pott (1714-1788), informed the governors of Middlesex Hospital that a friend of his who wished to remain anonymous (later known to be Samuel Whitbread (1720-1796), brewer and member of Parliament would like to make an important donation for the establishment of a cancer department [9]. He mentioned that a spacious ward in the Middlesex Hospital should be devoted to this specific disease and to this disease only, stating also: "The most serious and deplorable cases of cancer can be divided into two groups: in the first group the symptoms rapidly evolve into a fatal outcome; in the second one they slowly progress" [10]. He also pointed out that patients belonging in the second group could be treated as outpatients and they would be admitted when their symptoms would become severe, requiring a daily medical support. The cancer ward was inaugurated on 19 June 1792. Patients with ulcerating tumors, those requiring surgical operation and those whose cancer relapsed after operation were allowed to remain in the hospital for an unlimited time. Nonetheless, the treatment of patients was not the only aim of Middlesex Hospital. It was also focusing on research and it was offering training of medical students in this field. For this reason, they were keeping a detailed record of each patient's history along with the effects of drugs administration and surgical procedures. New therapeutic approaches were also tested, such as the famous localized pressure treatment in cancerous ulcers which was tested in 18 patients, in 1816 without a positive result. In 1853, almost 60 years after its foundation, the cancer ward had 26 beds and thanks to another endowment the number increased to 36 in 1870 [10] (Figure 2).

In a similar way, the "Dames du Calvaire" (Ladies of Calvary) in France were focusing on a specific patient category: women suffering from cancer presenting ulcerous lesions [11]. The decision for the care of women was reflecting a perception of the time that cancer was a "female" disease. This view had a long history and was reinforced in the 19th century, based on the observation that women were especially liable to cancer of the breast and uterus [12]. The Association was founded in 1842 in Lyon, France, by Jeanne Garnier-Chabot (1811-1853), a young woman arising from a family of Lyon traders who within few months she lost her husband and two children [13] (Figure 3). That period she met an "unfortunate woman" afflicted by cancer, living alone in a slum. She treated her, taking care of her physical and mental suffering. That experience was a turning

point in her life as she decided to dedicate to the care of women affected by cancer whom the hospital and their relatives had abandoned [13]. Thanks to the support of the archbishop of Lyon, cardinal Louis Jacques Maurice de Bonald (1787-1870), she succeeded to obtain the necessary funds to buy a house in Saint-Irénée district which was used for accommodation [7]. Her initiative received a favorable response among women in bourgeois circles and several hundred widows joined the association. Widowhood was a compulsory condition to become member as “only the woman who has suffered is prepared for this task. Only those for whom the love of material things is no longer important will be given the task” [7]. According to the statute the widows should not be attached to any religious order, should be able to pay their pension and their only attachment to the Calvaire

must be their love of God and the sick person [11]. Furthermore, there were four distinguished categories of benevolents: resident ladies who were managing the house; associated widows who were living outside and they were visiting regularly the patients caring them and changing the wound dressings; devotees responsible for the organization of charity events; and associates who were helping with the maintenance of the house. Before their admission in the Association the ladies were trained for one year and once accepted they were receiving a silver cross engraved with the words: prayer, humility, charity, sacrifice [7]. The work of Calvary, taking care of indigent cancer patients, filled a gap in the medical-social system of the time and created a reversal in the 19th century social conceptions: it was equalizing the ranks, making the wealthy woman, for whom the world

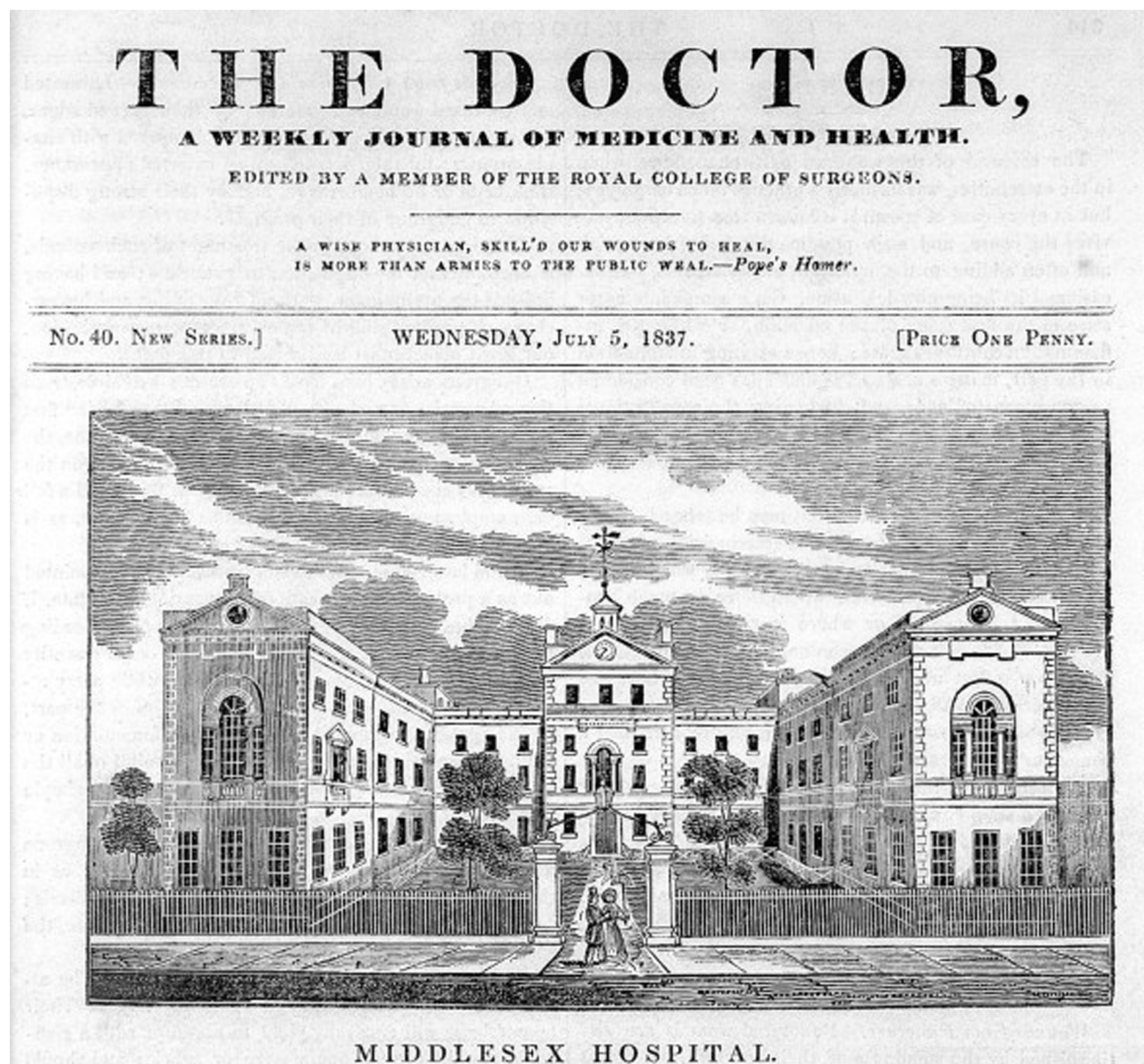


Figure 2. Middlesex Hospital: view of the entrance, 1837.

seemed to be a place of enjoyment, the servant of the most poor. Thanks to the continuous financial support from new members and charities, the association established a large property in Fourvière hill and soon afterwards new branches were created in Paris (1874), Marseille (1881), Bruxelles (1886), Rouen (1891), New York (1899), Bordeaux (1909) and Bethlehem (1920) [7]. Nowadays, the name of “Dames du Calvaire” and Jeanne Garnier-Chabot continues to be associated with palliative care services in France.

Almost 10 years after the foundation of “Dames du Calvaire” in Lyon, the surgeon William Marsden (1796–1867), known also for the establishment of Royal Free hospital in London (1828) for the care of the poor, founded in 1851 the first hospital dedicated for the research and treatment of cancer, the London Cancer Hospital, renamed the Royal Marsden hospital (Figure 4). Cancer patients were admitted without a letter of introduction and they were treated free of charge until their death. The main goal of the hospital was to treat the poor cancer patients without charge and to make research for the disease [14]. However, Queen Victoria (1819–1901) denied the patronage as she was opposed to the idea for the creation of a hospital devoted exclusively to a single disease when those who suffered from it they were not excluded from the general hospitals. Finally she



Figure 3. Jeanne Garnier-Chabot (1811–1853): the founder of “Dame du Calvaire”, Lyon.



Figure 4. The Royal Marsden Hospital in the 19th century, known as London Cancer Hospital.

was persuaded to give an amount of money and in the following years she was annually donating “pheasants and cast-off linen” [14]. In the field of research and mainly that of anatomical pathology, Robert Knox (1791-1862) was appointed in 1856. Knox was a brilliant anatomist from Edinburgh whose career was damaged when it revealed that the murderers Burke and Hare sold to him the bodies of their victims [15]. In 1909, the Cancer Hospital Research Institute was founded promoting research. It was said that the hospital served around 50,000 patients till 1900 and in 1909 the Cancer Hospital Research Institute was founded [14]. Similar institutions were founded in other cities and countries, such as the Liverpool Cancer Hospital (1862), the Memorial Sloan-Kettering Cancer Center of New York (1884), Glasgow Cancer Hospital (1890) and the Roswell Park Cancer Institute (1898) [7].

After the refusal of Hospitals to take care of cancer patients, cancer asylums in the 18th and 19th century provided palliative care and psychological support to patients, in a period that cancer was considered an incurable and contagious disease. However, the social stigma of cancer was so strong and long lasting that almost two centuries later, in 1939 according to a survey in France, 41% of the respondents believed that cancer was contagious [16]. Professor Maurice Tubiana (1920-2013), pioneer of modern radiotherapy mentioned: “When I moved to the apartment where I lived in 1953, the inhabitants of the building, including lawyers, writers, and art critics, protested against my arrival. They were afraid of crossing cancer patients on the stairs” [16]. Even today that cancer could be curable and cancer hospitals provide quality care, combating cancer related stigma still remains a challenge for both the society and physicians.

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