

## EDMUND GOSSE AND THE “NEW AND FANTASTIC CURE” FOR BREAST CANCER

by

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One of the landmarks in the history of modern biography is Edmund Gosse's *Father and son*, first published anonymously in 1907. This book broke away from the tradition of eulogy and rhetoric in biography and gave a realistic portrayal of the complex relationship that existed between a father and son in mid-Victorian England. To the medical historian it is of interest because the third chapter describes the death of the author's mother from breast cancer, in 1857, and gives details of her treatment by “a certain practitioner” who offered “a new and fantastic cure” for this disease.<sup>1</sup> The aim of this paper is to investigate that treatment, identify its origin, and determine why it was adopted.

In his day, Edmund Gosse (1849–1928) was one of the most influential figures in English literary life, indeed H. G. Wells referred to him as “the official British man of letters”.<sup>2</sup> How he rose to this position, and became not only the acknowledged friend of Tennyson, but the confidant of R. L. Stevenson, Thomas Hardy and Henry James, is intriguing and has been the subject of a recent biography.<sup>3</sup>

He was born in London in 1849, the son of the naturalist Philip Henry Gosse (1810–88) and his wife Emily (1806–57). After a private education in Devonshire, in 1867 he became an assistant librarian in the British Museum and soon became associated with the pre-Raphaelite movement. In 1875 he was appointed a translator at the Board of Trade and in the years that followed he acquired a reputation for literary criticism, as well as publishing biographies of John Donne, William Congreve, and A. C. Swinburne. In 1884 he was appointed lecturer in English literature at Trinity College, Cambridge, and then in 1904 Librarian to the House of Lords.

Despite his prodigious reputation at the time of his death, the majority of his writings are now largely forgotten; one book, however, remains and has become a classic, namely, *Father and son, a study of two temperaments*. Although it was published anonymously in 1907, the identity of its author was immediately recognized, and the book became an immediate success on both sides of the Atlantic. Nonetheless, many of its readers were shocked by its frankness, and its rejection of the conventions of Victorian autobiography. In the book's preface, the author claimed it was a “scrupulously true” account of his development from a child until he left home at seventeen.<sup>4</sup> Little clinical detail is given of

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<sup>1</sup> Edmund Gosse, *Father and son, a study of two temperaments*, London, Penguin Books, 1986, p. 75.

<sup>2</sup> Ann Thwaite, *Edmund Gosse, a literary landscape 1849–1928*, Oxford University Press, 1985, p. 1.

<sup>3</sup> *Ibid.*

<sup>4</sup> Gosse, *op. cit.*, note 1 above, p. 33.

his mother's death from breast cancer: in fact the word "cancer" is not used, rather the euphemism—"one of the most cruel maladies by which our poor mortal nature can be tormented".<sup>5</sup> To discover more, one needs to refer to the earlier biography of his father, *The life of Philip Henry Gosse, F.R.S.*,<sup>6</sup> and to Philip Gosse's own account, *A memorial of the last days on earth of Emily Gosse*, published shortly after his wife's death.<sup>7</sup> This latter work is a curious and now extremely rare book (only five copies are thought to exist<sup>8</sup>) which describes in minute clinical detail and scientific exactitude, so characteristic of P. H. Gosse, the illness and treatment of his wife, and so provides the medical historian with a unique insight into the treatment of breast cancer a century-and-a-half ago. The preface states that it was originally intended for private circulation among friends; it was put on public sale, but attracted little attention.<sup>9</sup> A further work that relates Emily Gosse's final illness, written by a close friend Anna Shipton, is largely based on Gosse's own *Memorial*, and is written as a religious tract.<sup>10</sup> However, in none of these accounts is Emily Gosse's physician identified; Edmund Gosse refers to him as "a certain practitioner",<sup>11</sup> and "a certain American",<sup>12</sup> and Miss Shipton refers to him as "the American doctor".<sup>13</sup> Philip Gosse came nearest to naming him in *Memorial*, when he wrote: "Dr. F—— . . . an American physician residing in Pimlico".<sup>14</sup>

#### EMILY GOSSE

At the time of Emily Gosse's illness, P. H. Gosse was at the peak of his career as a naturalist, having been elected FRS in 1856. During the preceding decade he had published a string of popular natural history books that had made him one of the most eminent naturalists in Britain; furthermore, on account of the leading role he played in the marine biology craze of the mid-Victorian period his name had become a household word.<sup>15</sup>

P. H. Gosse had met Emily, an established writer of religious verse, at meetings of the Plymouth Brethren, some time in the early 1840s,<sup>16</sup> but they did not marry until 1848. In many ways their compatibility, both intellectual and religious, was perfect, and their marriage proved enormously happy. Their first and only child, Edmund, was born within a year, following a prolonged and painful labour. The arrival of a child enhanced their

<sup>5</sup> Gosse, op. cit., note 1 above, p. 69.

<sup>6</sup> [Sir] Edmund Gosse, *The life of Philip Henry Gosse, F.R.S.*, London, Paul Kegan, Trench, Trubner, 1890.

<sup>7</sup> Philip Henry Gosse, *A memorial of the last days on earth of Emily Gosse*, London, James Nisbet, 1857.

<sup>8</sup> R. B. Freeman and Douglas Wertheimer, *Philip Henry Gosse—a bibliography*, Folkestone, Dawson, 1980, p. 59.

<sup>9</sup> Gosse, op. cit., note 7 above, p. iii.

<sup>10</sup> Anna Shipton, *Tell Jesus: recollections of Emily Gosse*, London, Morgan and Scott, 1863.

<sup>11</sup> Gosse, op. cit., note 1 above, p. 70.

<sup>12</sup> Gosse, op. cit., note 6 above, p. 263.

<sup>13</sup> Shipton, op. cit., note 10 above, p. 57.

<sup>14</sup> Gosse, op. cit., note 7 above, p. 6.

<sup>15</sup> See L. L. Merrill, *The romance of Victorian natural history*, Oxford University Press, 1989, pp. 192–3; S. P. Dance, *The art of natural history*, London, Bracken Books, 1989, pp. 196–200; and also, D. E. Allen, *The naturalist in Britain: a social history*, London, A. Lane, 1976, and D. E. Allen, *The botanists: a history of the Botanical Society of the British Isles through a hundred and fifty years*, Winchester, St Paul's Bibliographies, 1986.

<sup>16</sup> For details of the first meeting of P. H. Gosse and Emily Bowes, see R. Boyd, 'Philip Henry Gosse, 1810–1888', *Christian Brethren Research Fellowship Broadsheet*, 1969, pt 2, pp. 4–5.

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happiness, so that in the years that followed they enjoyed “complete and unfeigned” contentment.<sup>17</sup>

Some time towards the end of April 1856, Emily Gosse became conscious of a hard lump in her left breast. Slightly alarmed, she showed it to a friend, Miss Stacey of Tottenham, who then accompanied her to consult a local (Brethren) physician, Dr Edward Laseron, who had previously been a missionary in Mauritius and was at this time director of the Deaconesses’ Institute in Tottenham. According to Edmund Gosse, Laseron “rather crudely and roughly pronounced it to be cancer”;<sup>18</sup> and P. H. Gosse recalled how his wife returned in the afternoon and with “her usual quiet smile and unbroken calmness told me that he pronounced it cancer!”<sup>19</sup>

The following day they consulted Dr Henry Salter FRCP (1823–71), who was a relative.<sup>20</sup> Salter confirmed the diagnosis and recommended that they see [Sir] James Paget (1814–99) who was considered to be “the first authority on cancer in London”.<sup>21</sup> Paget advised immediate surgery. In 1856, the amputation of the breast was a particularly brutal procedure, sepsis was a common post-operative complication, and the likelihood of a complete cure remote.<sup>22</sup> Even though anaesthesia under chloroform had been available since Simpson’s introduction of it in 1847, its availability did not alleviate the dread of surgery. Besides, chloroform at this time was still looked on by most of the general public, and some of the medical profession, as potentially dangerous.<sup>23</sup> Presumably on account of these fears, Emily Gosse hesitated and together with her husband returned to Salter for further advice, whereupon he drew their attention to the work of an American physician practising in London who claimed to cure cancer by a new process, without the need for surgery. Salter suggested that he would attend one of the American’s “open days”—when members of the medical profession were invited to inspect his new treatment—and then report back. Presumably he was suitably impressed, for Gosse records that “from his report we determined to consult the American physician”.<sup>24</sup>

#### *A new Treatment for Breast Cancer*

On visiting the American, whom Gosse refers to only as “Dr. F——”, they were told of his “secret medicament, by the external application of which to a cancer the diseased portion gradually became dead, spontaneously separated from the healthy flesh . . .”.<sup>25</sup> They were also shown photographs of other patients in various stages of cure, and many tumours preserved in spirit. But more convincing to Gosse, Dr F. let them meet one of his patients, a middle-aged woman suffering from breast cancer, who had been under his treatment during the previous three weeks. Gosse recalled how they had seen “the large tumour, dark, hard and apparently dead, deeply scored across and divided by a distinct line

<sup>17</sup> Gosse, *op. cit.*, note 7 above, p. 4.

<sup>18</sup> Gosse, *op. cit.*, note 6 above, p. 262.

<sup>19</sup> Gosse, *op. cit.*, note 7 above, p. 6.

<sup>20</sup> He was the son of P. H. Gosse’s cousin Elizabeth, the daughter of his aunt Susanna Bell (1749–1829).

<sup>21</sup> Gosse, *op. cit.*, note 7 above, p. 6.

<sup>22</sup> See Myrtle Simpson, *Simpson, the obstetrician: a biography*, London, Victor Gollancz, 1972, p. 41.

<sup>23</sup> A. J. Youngson, *The scientific revolution in Victorian medicine*, London, Croom Helm, 1979, p. 87.

<sup>24</sup> Gosse, *op. cit.*, note 7 above, p. 6.

<sup>25</sup> *Ibid.*

of demarcation from the white living flesh around".<sup>26</sup> More pertinent to Emily Gosse, the woman declared that the pain of the procedure was "not worth speaking of".<sup>27</sup> The American then assured the Gosses that his success rate, based on his own work and that of "co-possessors of the secret in the United States", was greater than 80 per cent.<sup>28</sup>

The Gosses then returned home to consider which treatment to follow and agreed that no treatment should be resorted to "unless they were of the same mind".<sup>29</sup> "After much prayer" they both came to the conclusion that "the American's mode of treatment seemed to promise best".<sup>30</sup> So, on 12 May 1856, Emily Gosse placed herself under Dr F.'s care. At first it was hoped that extraction of the tumour would not prove necessary and that application of the "secret medication" in the form of an ointment would be sufficient. Gosse, in his memoir, refers to the physician as having assured them over and over that even if this mode of treatment failed, the tumour would not be any more advanced, despite the lapse of several months.<sup>31</sup> Anna Shipton also recalled how the American doctor spoke with confidence of the case "as one that promised a happy issue", and that on seeing her friend she was impressed by "the bright hope in her face".<sup>32</sup>

This initial treatment, which lasted almost four months, involved the application of several types of ointment to the breast, on alternate days. Emily Gosse travelled to Pimlico from her home in Islington three times a week, invariably accompanied by her small son Edmund.<sup>33</sup> Contrary to their expectation, and Dr F.'s promise that the application of the ointment would be painless, Emily Gosse found that it resulted in a gnawing aching of the breast that became "scarcely supportable".<sup>34</sup> Nevertheless, throughout the summer of 1856 she persevered with it; Gosse, however, observed that no marked change had occurred in the appearance or feeling of the tumour.

Gosse had committed himself to organizing a marine biology field-course at Tenby in September of 1856, and at first Dr F. led them to believe that Emily would not be able to travel with her husband and would need to continue the treatment in London. In the event, he allowed her to go, giving her a supply of ointment, together with instructions for its application. It would appear that, at this stage, he was pleased with her progress. Indeed, Gosse later wrote that "his confidence had by this time communicated itself to us, so that our minds scarcely contemplated a fatal issue, except as a very improbable, or at least very remote contingency".<sup>35</sup> So from 29 August to 2 October the Gosses resided in Tenby, but it was a time of "much suffering", with the ointments causing "intense aching and drawing pain in the tumour".<sup>36</sup> Later Edmund Gosse recalled how his mother occupied herself, as he and his father explored the rock pools of Tenby, "perched in a nook of the high rocks . . . and forgot for a little while her weakness and the gnawing, grinding pain".<sup>37</sup>

<sup>26</sup> Gosse, *op. cit.*, note 7 above, p. 7.

<sup>27</sup> Gosse, *op. cit.*, note 7 above, p. 8.

<sup>28</sup> *Ibid.*

<sup>29</sup> Gosse, *op. cit.*, note 7 above, p. 12.

<sup>30</sup> *Ibid.*

<sup>31</sup> Gosse, *op. cit.*, note 7 above, p. 13.

<sup>32</sup> Shipton, *op. cit.*, note 10 above, p. 57.

<sup>33</sup> Gosse, *op. cit.*, note 1 above, p. 70.

<sup>34</sup> Gosse, *op. cit.*, note 7 above, p. 19.

<sup>35</sup> *Ibid.*

<sup>36</sup> Gosse, *op. cit.*, note 7 above, p. 20.

<sup>37</sup> Gosse, *op. cit.*, note 1 above, p. 72.

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On returning to London they immediately consulted Dr F., as “neither could conceal from the other their secret sense of dismay”,<sup>38</sup> whereupon he advised the immediate removal of the tumour. So, on 10 October, Emily Gosse, together with her son, took lodgings adjacent to Dr F.’s residence in Cottage Street, Pimlico; and on the following day the process of extraction was commenced.<sup>39</sup>

The first stage of the treatment involved the application of nitric acid by means of a sponge to the whole surface of the left breast, an area of four inches in diameter. The following day, a series of scratches, about half-an-inch apart, were made across the surface with a scalpel, and a plaster containing “a purple mucilaginous substance” was spread over the whole.<sup>40</sup> The next day the incisions were gradually deepened and a fresh plaster applied. This process was repeated so that after a few days the incisions were of sufficient depth that permitted narrow strips of linen covered with the “purple mucilage” to be inserted in them. P. H. Gosse recalled that the effect was “very distressing”, as the breast became the seat of “an aching, piercing pain”.<sup>41</sup> Anna Shipton referred to it as “the new torture” under which her friend “rapidly deteriorated”; and remembered how, at this time, Emily would “wander up and down her chamber, resting her head, from time to time, upon the mantelpiece or against the wall”.<sup>42</sup> Gosse recalled how his wife’s nights were “passed in the wakefulness of pain”, the only sleep she gained being induced by opiates, which were urged upon her as absolutely necessary by Dr F.<sup>43</sup>

Gosse, who was uniquely skilled in observation, provided a vivid description of the effects of the application of the mucilaginous substance: “It had an antiseptic property; for the part destroyed had no tendency to decomposition; it was brought to a woody hardness and a deep black colour, without the least odour.”<sup>44</sup>

After four weeks, when the incisions had penetrated to a depth of an inch-and-a-quarter, Dr F. announced that he had reached the bottom of the tumour and then began to apply annular plasters around the base of the mass to encourage the tumour to detach itself from the surrounding tissue. On Sunday 23 November, after two weeks in this “girdle”, the tumour “dropped like a stone out of a basin . . . There it lay on the table, a hard and solid block of black substance resembling in size and shape a penny bun; deeply scored on one surface and on the other nearly smooth. And then on the breast, was the corresponding cavity, raw and partly lined with pus, but presenting an apparently healthy appearance.”<sup>45</sup>

Although pleased with this outcome, Gosse was aware that “offshoots” of the tumour could remain, in which case further treatment would be needed. Two days later Dr F. announced that there was another tumour on the outer edge of the cavity which, though he could not say it was actually cancerous, he deemed prudent to take away; at this news Gosse felt that “the cup had been dashed from our lips”.<sup>46</sup>

<sup>38</sup> Gosse, *op. cit.*, note 6 above, p. 265.

<sup>39</sup> P. H. Gosse did not stay with his wife at this time, but remained in Islington, leaving mother and son alone together. Ann Thwaite in her biography of Edmund Gosse has commented that “seldom has a small boy been made so conscious of suffering”, see Thwaite, *op. cit.*, note 2 above, p. 31.

<sup>40</sup> Gosse, *op. cit.*, note 7 above, p. 29.

<sup>41</sup> *Ibid.*

<sup>42</sup> Shipton, *op. cit.*, note 10 above, p. 76.

<sup>43</sup> Gosse, *op. cit.*, note 7 above, p. 30.

<sup>44</sup> *Ibid.*, p. 32.

<sup>45</sup> *Ibid.*, pp. 33–4.

<sup>46</sup> *Ibid.*, p. 35.

Treatment was continued for a further four weeks, and on 17 December a second tumour detached itself, "about as large as a hen's egg".<sup>47</sup> Hopes were again raised, but were soon dashed a second time when the physician declared that two more tumours existed, one under the arm, and the second on the inner side of the breast. At this news, Emily Gosse protested: "But how do you account for this spreading of the disease", to which the American replied "Oh, 'tis in your blood". Gosse recalled that on hearing this his wife calmly took her leave, knowing that she could not face up to the pain of a third, and possibly fourth extraction.<sup>48</sup> Gosse himself admitted that up to this time he had understood that cancer was a local and not a constitutional disease, but if what the physician had now announced were true, "What", he asked, "is the use of a merely local treatment of a disease which is seated in the blood?"<sup>49</sup>

With this outcome, they returned to Islington, whereupon Gosse placed his wife under the care of Dr John Epps, a physician who had connections with the Brethren.<sup>50</sup> Epps (1805–69), although trained at Edinburgh, had in 1838 turned to the Hahnemann system and, by the early 1850s, had become the leading homeopathic practitioner in London. Under his care Emily Gosse found some relief for her suffering and showed a slight improvement, but the outcome was now inevitable and on 10 February 1857 she died, and was shortly afterwards buried in the Abney Park Cemetery.<sup>51</sup>

Although none of the published material describing Emily Gosse's illness identifies her physician, in a copy of *The life of Philip Henry Gosse*, now in the possession of Miss Jennifer Gosse (the granddaughter of Edmund Gosse), there is a marginal note on page 263, in Edmund's hand, adjacent to the statement "The doctor lived in Pimlico . . ." which states: "Dr Fell." This individual has been further identified as Dr Jesse Weldon Fell.<sup>52</sup>

Who was Dr Jesse Fell and how had he been able to convince Gosse of the value of his treatment?

#### DR JESSE WELDON FELL

Certain aspects of Fell's career are well documented due to the survival of an extraordinary letter, written by him on 13 March 1859 to a friend George Palmer Kern of Bath, Pennsylvania.<sup>53</sup> This letter, together with some background genealogical research, formed the basis for the only biographical sketch of Fell, written by Ruth Farrow, a journalist, who had distant family connections.<sup>54</sup> In summary, Jesse Weldon Fell was born on 30 September 1819, the son of a notable surgeon Dr Samuel Fell (d. 1824). In 1839 he

<sup>47</sup> *Ibid.*, p. 43.

<sup>48</sup> *Ibid.*, p. 45.

<sup>49</sup> *Ibid.*, p. 46.

<sup>50</sup> See his biography in *DNB* and Ellen Elliott Epps (ed.), *Diary of the late John Epps*, London, n.p., 1875. In 1875 Edmund Gosse married a daughter of Epps' stepbrother.

<sup>51</sup> The copy of Gosse's *Memorial* in Cambridge University Library (Add. 7041.38) contains photographs of Emily taken 4 days, and another 12 hours, before death. P. H. Gosse recalled that the circumstances surrounding the taking of these photographs "were almost as unfortunate as they well could be, yet the resemblances produced are to me beyond all price", see Gosse, *op. cit.*, note 7 above, p. 67.

<sup>52</sup> Douglas Wertheimer, 'The identification of some characters and incidents in Gosse's "Father and son"', *Notes and Queries*, 1976, 23: 4–7, p. 6.

<sup>53</sup> The letter came into the possession of Dr Ashley Montagu of the Hahnemann Medical College, Philadelphia, who published a transcription of it, see M. F. Ashley Montagu and W. J. Musick, 'A Yankee doctor in England in 1859', *Bull. Hist. Med.*, 1943, 13: 217–28.

<sup>54</sup> 'Odyssey of an American cancer specialist of a hundred years ago', *Bull. Hist. Med.*, 1949, 23: 236–52.

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married Catherine Dunn and moved to Warren County, New Jersey, where he found work as a clerk. However, his ambition was to follow his father into medicine, and in the autumn of 1842 he took up residence at 155 Spring Street, New York City, and enrolled in the Medical School of the University of New York. In 1844 he graduated MD, and immediately began a practice in the city.

At this time medical education in America was in a poor state, with many medical schools turning out MD graduates with only a rudimentary knowledge of medical science.<sup>55</sup> Most of these schools were run solely for profit and competed for students. To gain the prized MD degree three years of study was usually demanded, but frequently, as in the case of Fell, this was reduced to only two years, so making the course more attractive to potential students.<sup>56</sup> The upshot of this was an overproduction of medical graduates that imposed on many physicians an economic stringency that was further exacerbated by competition from homeopaths and other irregular doctors.<sup>57</sup> A consequence of these problems was the creation of several medical associations, formed principally to protect the financial interests of their members.<sup>58</sup> One of the first was the American Medical Association, founded in 1847, and another, formed in the same year, was the New York Academy of Medicine.<sup>59</sup> Among the founding members of the latter was Jesse Weldon Fell.

According to the archives of the New York Academy of Medicine, Fell was appointed temporary Librarian on 24 February 1847, however, the following year he became involved in a dispute with other members that led him to offer his resignation on 5 July 1848.<sup>60</sup> This was not accepted, but was referred to the Committee on Medical Ethics, and the dispute dragged on for several years with no definite outcome. On 2 January 1856 the Committee recommended that the Academy refuse him honourable dismissal as a consequence of his alleged relationship with a notorious quack, Dr Gilbert, who had claimed to have discovered a new cancer cure.<sup>61</sup> Since he had first tendered his resignation in 1848, and eight years later no decision had been reached it would appear that there existed within the Academy a substantial number of members who were prepared to give Fell a hearing. However, the delay is somewhat puzzling given that one of the Academy's

<sup>55</sup> Lester S. King, *Transformations in American medicine: from Benjamin Rush to William Osler*, Baltimore and London, Johns Hopkins University Press, c. 1991, p. 184.

<sup>56</sup> *Idem*, 'Medicine in the USA: historical vignettes II. Medical education: the early phases', *J. Am. Med. Ass.*, 1982, **248**: 731–4, p. 734.

<sup>57</sup> *Idem*, 'Medicine in the USA: historical vignettes IV. The founding of the American Medical Association', *J. Am. Med. Ass.*, 1982, **248**: 1749–52, p. 1750.

<sup>58</sup> *Idem*, *op. cit.*, note 55 above, p. 210.

<sup>59</sup> Joseph F. Kett, *The formation of the American medical profession*, New Haven and London, Yale University Press, 1968, p. 168.

<sup>60</sup> According to the archival volume of the New York Academy of Medicine *List of founders with biographical notes* (in the hand of Samuel Smith Purple), the entry on Fell states that he became an assistant in the business of a notorious cancer doctor by the name of Gilbert. (I thank Adriane Fabio, Cataloger of the Special Collections, New York Academy of Medicine, for this information.) "Dr. Gilbert", is presumably the "Gilbert & Co.—the 'Cancer Doctor' who occasionally figures in Broadway" mentioned in connection with Fell in *Medical Times and Gazette* (1 August 1857) p. 121 and further identified as Dr Samuel Gilbert and Dr Silas Gilbert, who had a medical practice at 746 Broadway. (I thank Paul Bunten, reference librarian of the New York Academy of Medicine for this information.)

<sup>61</sup> Farrow, *op. cit.*, note 54 above, p. 243.

founding purposes was to protect its members from homeopaths, empirics, and other quacks.<sup>62</sup> It is possible that this simply reflected the crisis in American medicine during this period, when many regular physicians were openly questioning the value of traditional treatments and looking to the more natural therapies offered by some of the Botanic-Medical sects that flourished at this time.<sup>63</sup>

Fell, who had himself undergone considerable personal difficulties during this period,<sup>64</sup> did not wait for the dispute to be resolved. In the spring of 1855 he left America for England, where he settled in London determined to establish a lucrative medical practice. To his friend in Pennsylvania he wrote: "I am residing in the great metropolitan babel of the world operating upon John Bull and trying to relieve him of some of his surplus 'brittish gold'."<sup>65</sup> He intended to achieve this by introducing the cancer "cure" he had been associated with in New York. He was shrewd enough to realize that if he was not to be dismissed as a charlatan, he must first convince the medical elite of London of the validity of his procedures. To this end he decided to open his clinic, one day a week, to any member of the medical profession who wanted to inspect his new treatment, albeit the medication was still shrouded in secrecy. This created considerable interest and he was later to boast that more than a hundred physicians had accepted his invitation, some being "the most justly celebrated in the country", and, what was more important, they had reported on his treatment "in the highest terms".<sup>66</sup> Amongst them was Henry Salter, who was to convince Gosse of its efficacy. Not all were so impressed. Dr Spencer Wells, the editor of the *Medical Times and Gazette*, reported his visit in a letter to [Sir] James Simpson, commenting that, "I fancy he used a chloride of zinc, coloured with Prussian blue and antimony . . .".<sup>67</sup> Wells was particularly concerned over Fell's assurances that the treatment was painless, for in his opinion many suffered considerably. However, among those impressed were surgeons from the Middlesex Hospital, for they later recorded that they had "witnessed effects of a kind hitherto unknown to them".<sup>68</sup>

#### *The Middlesex Hospital Trial*

Fell's strategy worked. Within a few months of setting up in London he was invited by the Board of Governors of the Middlesex Hospital to demonstrate his treatment on the cancer wards.<sup>69</sup> Most of the patients at the Middlesex at this time would have been drawn from the poorer sections of the working classes, on whom new experimental therapies

<sup>62</sup> Philip Van Ingen, *The New York Academy of Medicine: its first hundred years*, New York, Columbia University Press, 1949, pp. 5–13.

<sup>63</sup> King, *op. cit.*, note 55 above, p. 195, and for an account of the rise of medical sectarianism in North America see D. L. Cowen and W. H. Helfand, *Pharmacy: an illustrated history*, New York, Harry N. Abrams, 1990, p. 135.

<sup>64</sup> During this period Fell's first wife and three of his four children died, see Farrow, *op. cit.*, note 54 above, p. 242.

<sup>65</sup> Montagu and Musick, *op. cit.*, note 53 above, p. 218.

<sup>66</sup> J. Weldon Fell, *A treatise on cancer, and its treatment*, London, John Churchill, 1857, p. vi.

<sup>67</sup> See Simpson, *op. cit.*, note 22 above, p. 220.

<sup>68</sup> Alexander Shaw, Charles H. Moore, Campbell de Morgan, and Mitchell Henry, *Report of the surgical staff of the Middlesex Hospital to the Weekly Board and Governors upon the treatment of cancerous diseases in the Hospital on the plan introduced by Dr. Fell*, London, John Churchill, 1857, p. 9.

<sup>69</sup> *Med. Times Gaz.*, 1857 (31 January), p. 118.



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might be tried out.<sup>70</sup> This was one of the advantages of an appointment at a London hospital, and it is clear that Fell intended to exploit his new position to the full.

The Chairman of the Board of Governors declared in a letter to *The Times* that Dr Fell had “with praiseworthy liberality disclosed under fair conditions a mode of treating cancer known to himself and which on reasonable grounds appeared to possess decided advantages over other methods hitherto employed”.<sup>71</sup> Fell was clearly pleased with his achievement, for he later boasted that he saw his appointment as “quite a triumph for a Yankee!”.<sup>72</sup> It is surprising that Fell so easily procured this position at the Middlesex, for positions in the London hospitals usually required the patronage of senior Fellows of one of the Royal Colleges. Certainly, some of Fell’s American colleagues expressed their surprise, for they declared that he must have used some “hocus pocus” over the authorities of the Hospital to gain access to their patients.<sup>73</sup>

*The Times* inaccurately announced that the cancer ward of the Middlesex was “now under the superintendence of Dr. Fell, of New York, United States, who had commenced the treatment of cancerous tumours . . .”.<sup>74</sup> and went on to report that the Board of Governors had urged supporters of the hospital to recommend those patients suffering from cancer “especially among the labouring poor” to attend the hospital. That Fell was not in “superintendence of the cancer ward” was quickly corrected when *The Times* the following day printed a letter from Michael Smith, Chairman of the Board of Governors, who made it clear that Fell worked on the cancer ward “only with the sanction of the surgeons, with whom the charge of each patient still remains”.<sup>75</sup>

The precise terms on which Fell worked at the Middlesex were later given in his book, and may be summarized as follows:

- (1) That before commencing he would communicate “in confidence” to the surgical staff the nature of his remedies, on condition that they themselves would not use them for six months.
- (2) That 25 cases were to be studied during an eight month period.
- (3) That he would publish his findings within six months of the conclusion of the trial.<sup>76</sup>

On hearing of the clinical trial at the Middlesex, the *Lancet* declared that it “reflected great credit on the medical officers of the Middlesex”.<sup>77</sup> But this enthusiasm quickly abated when doubts concerning the validity of his procedures were raised, and the *Lancet* subsequently reported that “many of the cases of reputed cure of cancer by this gentleman have returned upon his hands with a recurrence of the disease”.<sup>78</sup> One such patient had been Emily Gosse, who had died a month earlier.

<sup>70</sup> Ivan Waddington, ‘General practitioners and consultants in early nineteenth-century England: the sociology of an intra-professional conflict’, in John Woodward and David Richards (eds.), *Health care and popular medicine in nineteenth century England*, London, Croom Helm, 1977, pp. 164–88, on p. 171.

<sup>71</sup> Michael Smith, Letter to editor, *The Times*, 7 February 1857, p. 12, col. b.

<sup>72</sup> Montagu and Musick, op. cit., note 53 above, p. 224.

<sup>73</sup> Editorial, *Am. med. mon.*, 1857, July, p. 57.

<sup>74</sup> Report on the annual meeting of the Middlesex Hospital, *The Times*, Friday 6 February 1857, p. 10, col. c.

<sup>75</sup> Smith, op. cit., note 71 above, p. 12, col. b.

<sup>76</sup> Fell, op. cit., note 66 above, p. ix.

<sup>77</sup> ‘The Middlesex Hospital and the treatment of cancer’, *Lancet*, 1857, i: 128.

<sup>78</sup> See the *Lancet*, 1857, i: 318.

In the months that followed, the *Lancet* increased its criticism of Fell and the Middlesex trial. On 4 April 1857 an editorial entitled ‘Secret surgery and the “mystery men” of the Middlesex’ referred to “something partaking of the nature of *diablerie* is, we fear, in progress at the Middlesex Hospital”. It went on to mention a “secret chamber where things are done that mortal eye must not look upon”.<sup>79</sup> The “secret chamber” being identified as the “Fell chamber”, wherein were contained “the mysteries of the inner shrine”.

What concerned many physicians was the secrecy surrounding Fell’s medication. Although he had disclosed its nature to the senior surgeons at the Middlesex, he was not prepared to make it public, and to the medical establishment this looked like quackery. Fell, however, claimed that he was justified in maintaining this secrecy, because he was concerned that his remedy might be poached by a more established physician and so result in his loss of priority. There was probably some truth in these fears for it does appear that at least one unscrupulous individual had visited his surgery and stolen some of his remedies, which were later taken to a hospital laboratory and analysed.<sup>80</sup> Another physician who had regularly visited Fell’s surgery to inspect his procedures went on to publish an article on them in a medical journal and omitted to give Fell any credit.<sup>81</sup> However, it is possible that much of the rage that descended upon Fell, in the wake of the Middlesex trial, was a consequence of his having attracted patients away from established surgeons, as he had done in the case of Emily Gosse. Indeed, there was a touch of pique in an editorial in the *British Medical Journal*, when the commentator declared that his patience had been over-taxed by Fell, who had “attained an eminent degree of private practice—and need one hardly say, that all practice in London, which is eminent, is also invariably highly lucrative”.<sup>82</sup> The following month the same journal concluded that Fell was not inclined to see any profit from his discovery “light on foreign shoulders”, adding that “alas! we live in a remarkably commercial age” and as Fell was a Yankee, one would expect that “the thing be smartly done”.<sup>83</sup> Possibly Fell had antagonized certain of the medical establishment over the practice of fee-splitting, for he claimed to have had letters from established medical men asking him how much he would give them if they sent him a patient. Others, he claimed, had written along the lines: “I have a patient who has a simple tumour, let us tell her it is *cancer* and you charge \$5, or 600, and we will divide . . .”.<sup>84</sup>

#### *Fell’s Secret Remedy*

It is possible that as a consequence of the harsh censure he received in the medical press, Fell decided to push forward the publication of his book giving details of the remedy and its mode of application. On the other hand, by the spring of 1857, he may have felt assured that no one could possibly dispute his claim for priority. The upshot was the publication of his book, entitled *A treatise on cancer and its treatment*. In it he gave details of the nature

<sup>79</sup> ‘Secret surgery, and the “mystery men” of the Middlesex’, *Lancet*, 1857, i: 358.

<sup>80</sup> Fell, *op. cit.*, note 66 above, p. vii.

<sup>81</sup> This was possibly Edward S. Haviland, whose article ‘The use of chloride of zinc in the treatment of cancer’, *Lancet*, 1857, i: 161–2, contains several of the innovations used by Fell.

<sup>82</sup> ‘Dr. Fell’s treatment of cancer’, *Br. med. J.*, 1857, pp. 416–17, p. 416.

<sup>83</sup> See *Br. med. J.*, 1857, pp. 545–7.

<sup>84</sup> Montagu and Musick, *op. cit.*, note 53 above, p. 223.

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of his secret remedy, and expressed the hope that the medical establishment would give it a “fair and candid trial”.<sup>85</sup>

The first part of the treatise surveyed the different forms of cancer and the various methods of treatment. A review in the *Lancet* described this section as “a most meagre compilation from two or three of the more familiar treatises on the subject”, and concluded that Fell was “profoundly unacquainted with pathology”.<sup>86</sup> A writer in the *Medical Times and Gazette* agreed, commenting that it amounted to what “any first year’s student after looking over Walshe, Paget and Druitt could have written”.<sup>87</sup>

Success in the treatment of cancer, Fell argued, could come about if only one had an active agent that was specific for cancerous tissue and so could “destroy the tendency existing in many cases in the constitution for the reproduction of cancerous cells”.<sup>88</sup> If such an agent existed within the botanic world, then, he argued, it might very well have already been discovered by those persons living closest to nature. Following this line of reasoning, he claimed to have interviewed certain Indian traders and learnt of a root used by the Cherokee Indians in their treatment of cancer, particularly breast cancer. It was the perennial plant known to the Indians as “puccon”, which grew in great abundance around the shores of Lake Superior. The plant, if broken, exuded a copious blood-like fluid, hence its botanical name *Sanguinaria canadensis*.<sup>89</sup> This “extraordinary plant”, Fell believed, had been used by “some poor squaw, suffering from this dreadful disease . . . having tried all the simple herbarium of the uneducated savage without success”.<sup>90</sup> He then claimed to have himself experimented with extracts and discovered that its action could be enhanced by mixing it with zinc chloride. This led to the development of an ointment with which “large ulcerated tumours could be removed in the space of a few weeks”.<sup>91</sup>

Such preparations were not new in the treatment of cancer, indeed throughout the first half of the nineteenth century the use of caustic chemicals in cancer therapy was regularly discussed in the standard surgical textbooks, based in particular on the work of M. Canquoin of Paris, who, during the period 1834–38, had reported the successful application of a paste made up of equal parts of zinc chloride and flour.<sup>92</sup> But many surgeons, although uniformly disappointed with the results of their operative work, held firm to the view that, as cancer was a constitutional disease, the treatment of tumours locally by escharotic means, such as caustic pastes, was futile.

Fell, however, introduced the innovation of spreading the paste on strips of cloth and then inserting them daily into incisions made in the tumour, as detailed above in the case of Emily Gosse. “Generally”, he claimed, “in the course of two to four weeks the disease is

<sup>85</sup> Fell, op. cit., note 66 above, p. xii.

<sup>86</sup> *Lancet*, 1857, i: 606–7.

<sup>87</sup> *Med. Times Gaz.*, 1857, pp. 573–5.

<sup>88</sup> Fell, op. cit., note 66 above, p. 56.

<sup>89</sup> *Sanguinaria canadensis* L. (Bloodroot) is a perennial plant widely distributed throughout Canada and USA. *Sanguinaria* is prepared from the rhizomes which are collected in the autumn. The North American Indians painted their bodies with a deep-red preparation made from the sap of the rhizome. See: James A. Duke, *CRC handbook of medicinal herbs*, Boca Raton, Florida, CRC Press, 1985, p. 424; Walter H. Lewis and Memory P. F. Elvin-Lewis, *Medical botany*, London, New York, John Wiley, 1977, p. 124; and *British herbal pharmacopoeia*, London, British Herbal Medicine Association, 1983, p. 187.

<sup>90</sup> Fell, op. cit., note 66 above, p. 57.

<sup>91</sup> *Ibid.*, p. 58.

<sup>92</sup> William S. Stone, ‘A review of the history of chemical therapy in cancer’, *Med. Rec.*, 1916, 90: 628–34.

destroyed and the mass falls out . . . leaving a flat healthy sore, which generally heals with great rapidity".<sup>93</sup> Where, however, the disease was at an early stage, he believed a cure could be accomplished by simple absorption of the ointment. Small secondary tumours could also be treated in this way and enlarged glands while the primary tumour was being removed. In some instances a second ointment was employed containing lead iodide. "With a steady persevering use of these two ointments", he wrote, "I have often dispersed incipient tumours which I have no doubt were cancerous".<sup>94</sup> Presumably this was the initial treatment given to Emily Gosse which proved so disastrous. Yet, despite such failures, Fell claimed that out of every ten cases he treated, in only three would there be a recurrence within a two-year period. With conventional surgery, at this time, the recurrence rate over the same period was around 80 per cent.

The remaining pages of Fell's treatise contain a careful selection of case histories, the majority being of breast cancer, which he had treated both in his private surgery and at the Middlesex. Several patients were included who had previously been treated by eminent London surgeons such as Benjamin Brodie and William Marsden, and Fell expressed consternation at what they had prescribed to patients reluctant to undergo surgery. For instance, Brodie had offered sarsaparilla; and Marsden, who a few years earlier (1851) had founded the Cancer Hospital, gave lotions that the patient claimed had no benefit, indeed "caused the disease to increase with great rapidity".<sup>95</sup>

Possibly because of such accounts Fell was later to express a complete lack of faith in the English medical establishment, for to his friend in Pennsylvania he wrote: "I can assure you that the great medical men of London look a mighty lot larger and greater, when looked at across the Atlantic . . . they are rather small affairs, and on the whole they are the greatest set of quacks I have ever seen."<sup>96</sup> In particular, his opinion of Sir Benjamin Brodie (1783–1862), the acknowledged leader of the English medical profession, was that "old Brodie is a humbug".<sup>97</sup>

#### *Response of the Medical Establishment*

The publication of Fell's treatise allowed the medical establishment to vent its full fury. The *Lancet* referred to him as "The great 'mystery or medicine man' of the West", who had "reached the pinnacle of glory" and in so doing had brought the Middlesex hospital into disrepute.<sup>98</sup> Moreover in exchanging the knowledge of Fell's remedy for permission to practise in the Middlesex, that institution had "dearly purchased" the secret, for it had sacrificed its reputation. A reviewer in the *British Medical Journal* was appalled that the secret remedy should have originated from observations made by North American Indians, this, he exclaimed, was "science from savagery",<sup>99</sup> and then resorted to character assassination, ridiculing Fell for being an American. "The whole thing", he declared, "was smartly done." Would Fell, he asked, "one day be mounted on a pedestal by the side of the

<sup>93</sup> Fell, op. cit., note 66 above, p. 60.

<sup>94</sup> Ibid., p. 61.

<sup>95</sup> Ibid., p. 87.

<sup>96</sup> Montagu and Musick, op. cit., note 53 above, p. 223.

<sup>97</sup> Ibid.

<sup>98</sup> *Lancet*, 1857, i: 606–7.

<sup>99</sup> *Br. med. J.*, 1857, pp. 545–7.

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great demigods of humanity?” As to Fell’s curing cancer, this, he concluded, was “a charming fable from the backwoods of America”.<sup>100</sup> The *Medical Times and Gazette* reserved its censure for Fell’s secrecy, in which he had “identified himself with another class of practitioner”.<sup>101</sup> Indeed, the *Lancet* claimed Fell had tried to sell his secret to the nation, “if the national representatives could have been induced to buy it”—however, there is no evidence that this was true.<sup>102</sup>

Overall, the medical establishment was little impressed with Fell’s procedures when the veil of secrecy was finally lifted. Escharotics, such as zinc chloride, had been widely used in France, and had been studied in Britain by Sir Benjamin Brodie. No one could envisage that the sanguinaria could have had any activity, and it was widely seen to have been employed by Fell simply as a colouring agent.<sup>103</sup> A reviewer in the *Lancet* declared: “No one for an instant will suppose that the sanguinaria has anything to do with the question of the really active agent”.<sup>104</sup> A writer in the *British Medical Journal* was even harsher declaring: “Puccoon is, as we have shown, in vulgar phrase, a humbugging pretence. Chloride of zinc, therefore, must be the operating virtue in Dr. Fell’s paste.” So confident was he that the sanguinaria was inert that he stated: “we may fairly opine that a handful of ligneous particles from the nearest sawpit would, mixed with potential chloride of zinc, work on cancer as efficaciously as Dr. Fell’s paste”.<sup>105</sup>

There was also dispute as to whether Fell’s method of application was entirely original. One commentator in the *Medical Times and Gazette* pointed out that a similar technique had been described in 1780 by John Justamond, a surgeon working at the Westminster Hospital.<sup>106</sup> As to Fell’s procedure actually curing cancer, this was simply not proved, “if in two years”, the writer declared, “there is no return of the disease these cases may be cited with some authority”.<sup>107</sup> However, the writer did concede that Fell’s procedure might be useful in situations where no prudent surgeon would use the knife, a view also expressed in the *British Medical Journal*, which accepted that there was “a soul of good in Dr. Fell’s method” and that it might “prolong life, when used in cases of deep cancerous ulcerations and when the disease has attacked parts where the knife can neither follow nor embrace the whole of the cancer growth”.<sup>108</sup> This writer also accepted that Fell had, while at the Middlesex, “operated with an unexpected degree of success in cases which Hospital surgeons had refused to touch”.<sup>109</sup>

<sup>100</sup> *Ibid.*, p. 546.

<sup>101</sup> *Med. Times Gaz.*, 1857, pp. 573–5.

<sup>102</sup> See the *Lancet*, 1857, i: 606.

<sup>103</sup> *Med. Times Gaz.*, 1857, pp. 573–5, on p. 575.

<sup>104</sup> *Lancet*, 1857, i: 606–7.

<sup>105</sup> *Br. med. J.*, 1857, p. 546. It is now known that sanguinaria contains a mixture of alkaloids, see R. H. F. Manske, ‘ $\alpha$ -Naphtha-phenanthridine alkaloids’, in R. H. F. Manske, and H. L. Holmes (eds), *The alkaloids*, vol. 4, New York, Academic Press, 1954, pp. 253–63, on p. 255. The most abundant is sanguinarine, a benzophenanthridine alkaloid that has been shown to have anti-tumour properties as a consequence of its interaction with DNA, see: M. Maiti, R. Nandi, and K. Chandhuri, ‘Sanguinarine: a monofunctional intercalating alkaloid’, *Febs Letters*, 1982, 142: 280–4.

<sup>106</sup> John Obadiah Justamond, *An account of the methods pursued in the treatment of cancerous and schirrhous disorders, and other indurations*, London, T. Cadell, 1780.

<sup>107</sup> *Med. Times Gaz.*, 1857, pp. 573–5.

<sup>108</sup> See *Br. med. J.*, 1857, pp. 545–6, on p. 546.

<sup>109</sup> *Ibid.*

*The Middlesex Hospital Report*

In October 1857, the surgical staff of the Middlesex Hospital, Alex Shaw, Campbell de Morgan, Charles H. Moore, and Mitchell Henry, submitted their report to the Weekly Board and Governors.<sup>110</sup> Its main conclusion, based on 21 cases of breast cancer treated by Fell, was that his procedure, although not superior to conventional surgery, was nonetheless not inferior.<sup>111</sup> Thus of the 21 cases, 7 were still under study, and of the remaining 14, in only 4 had there been a recurrence. The report admitted, however, that patients had suffered during treatment, but, despite this, the authors were still prepared to give Fell the benefit of the doubt. This outcome is somewhat remarkable considering that several months earlier an editorial in the *American Medical Monthly* had declared: "New York may well blush for Dr. Fell, but London will have to put on a deeper hue for the surgeons of the Middlesex Hospital who have been so humbugged by him."<sup>112</sup>

With regard to the therapeutic agent, the Middlesex Report declared that it was a "powerful remedy" and recommended that there should be much more extended observations of its effects. "Tumours", they reported, "shrank with great rapidity . . . Masses of this disease very formidable in point of size and rapidity of growth, diminished in depth and bulk during the steady percolation of the remedy into them".<sup>113</sup> In contrast, the *American Medical Monthly* recommended its readers to "pause a moment and take something to strengthen them", before reading that Dr Fell's remedy was "——puccoon!!" The fact that the origin of Fell's treatment lay with the Cherokee Indians enhanced disbelief: "In sooth, if all the wonderful remedies ascribed to the Lake Superior Indians had been discovered by them, it would be abundant evidence that they were a most industrious set of men in the study of remedies."<sup>114</sup> No doubt the American writer was more familiar with the frequent adoption of the Indian theme in patent medicine promotion than his English counterpart.<sup>115</sup>

*Fell's Success as a Medical Entrepreneur*

During this time Fell attracted widespread attention and began to claim he was "the authority on cancer in London",<sup>116</sup> so much so, that the *British Medical Journal* reported that "young and old from far and near afflicted with cancer were rushing to his hands".<sup>117</sup> By becoming a "specialist" in this way Fell was following a common route in the mid-nineteenth century, whereby an ambitious physician who lacked the necessary establishment contacts could attract patients and so build up a lucrative and successful practice.<sup>118</sup> For Fell it proved particularly rewarding. Indeed, the fact that, as an American, he rose so rapidly to prominence and wealth is remarkable.

<sup>110</sup> Shaw, Moore, de Morgan and Henry, op. cit., note 68 above. It was published by order of the Quarterly Court.

<sup>111</sup> *Ibid.*, p. 45.

<sup>112</sup> *Am. med. mon.*, 1857 (July), pp. 57–9, on p. 59.

<sup>113</sup> Shaw, Moore, de Morgan and Henry, op. cit., note 68 above, p. 22.

<sup>114</sup> *Am. med. mon.*, 1857 (July), pp. 57–9, on p. 58.

<sup>115</sup> For an account of how the Indian theme was used to promote patent medicines in North America at this time see James Harvey Young, *The toadstool millionaires: a social history of patent medicines in America before Federal regulation*, Princeton University Press, 1961, pp. 176–9.

<sup>116</sup> Montagu and Musick, op. cit., note 53 above, p. 224.

<sup>117</sup> See *Br. med. J.*, 1857, pp. 416–17.

<sup>118</sup> M. Jeanne Peterson, *The medical profession in mid-Victorian London*, Berkeley, Los Angeles, and London, University of California Press, c. 1978, p. 272.

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To some extent Fell’s climb up the social ladder is seen in his change of residence. He began his practice in Pimlico, in an area described by Edmund Gosse as “gloomy . . . we looked from a second storey upon a dull small street”.<sup>119</sup> His first surgery and patients were recalled by Anna Shipton, who described his waiting room, in 1856, as “filled with the very poor—who were ill able to afford the expense . . .”, and on another occasion: “we entered the woeful waiting room and encountered the band of pale sufferers that crowded the chamber”.<sup>120</sup> However, Fell quickly attracted middle-class patients who could afford to pay what Edmund Gosse referred to as the “heavy fees of the practitioner” which “made severe drains upon the family finances”.<sup>121</sup> This enabled Fell to move, in December 1856, to more lavish premises at 70 Warwick Square. It was about this time that he became attached to the Middlesex Hospital, an association that would have been seen as an important endorsement of and launching pad for his professional career.<sup>122</sup> In the light of the public attention he had generated, it is difficult to see how the Board of Governors of the Middlesex Hospital could have resisted Fell’s approaches, particularly as they were custodians of the 1791 Samuel Whitbread endowment, which was specifically intended for the encouragement of new treatments for cancer.<sup>123</sup> Consequently, Fell was soon able to gain entrance into the highest echelons of English society; to his friend in Pennsylvania he confided, “I have met many of the aristocracy and have visited a number at their residences”.<sup>124</sup> To further these ambitions, in the summer of 1858, he took up residence in a Richmond palace that had previously been the home of Princess Helena of Mecklenberg.<sup>125</sup> It had 27 bedrooms, a library, and lawns down to the river,<sup>126</sup> and a household that included five female servants, two gardeners, a coachman, and footman. Here Fell held society gatherings and entertained celebrities, such as Jenny Lind and Phineus Barnum.<sup>127</sup> Fell had clearly succeeded in creating a lucrative medical practice and in so doing had demonstrated that he was a remarkable medical entrepreneur.

#### CONCLUSION

To what extent Fell’s medical profiteering bordered on deception and quackery is extremely difficult to unravel. Certainly, in the London of the mid-Victorian period there were many medical businessmen, like Fell, who set themselves up in competition with professional men. Usually they adopted the *modus operandi* of the quack practitioner, a secret remedy.<sup>128</sup> Indeed, it was because Fell had introduced himself to the medical

<sup>119</sup> Gosse, *op. cit.*, note 1 above, p. 72.

<sup>120</sup> Shipton, *op. cit.*, note 10 above, p. 58.

<sup>121</sup> Gosse, *op. cit.*, note 6 above, p. 266.

<sup>122</sup> Peterson, *op. cit.*, note 118 above, p. 152.

<sup>123</sup> See ‘Middlesex Hospital report of cancer’, *Living Age*, 1858, 20: 30–1, p. 30.

<sup>124</sup> Montagu and Musick, *op. cit.*, note 53 above, p. 219.

<sup>125</sup> Princess Helena of Mecklenberg was the Duchess of Orleans, the widow of Ferdinand Louis Philippe Charles Henri (1810–42), who died in May 1858, aged 44 (see article ‘Orleans, dukes of’, in *Encyclopaedia Britannica*, 9th ed., 24 vols., Edinburgh, Adam and Charles Black, 1875, vol. 17, p. 852).

<sup>126</sup> The property, which is now demolished, has been identified as Northumberland House, an illustration of which is to be found in *The Illustrated News of the World*, 29 May 1858, p. 260. I thank Miss Jane Baxter, Local Studies Librarian, Richmond, for help in this identification.

<sup>127</sup> Montagu and Musick, *op. cit.*, note 53 above, p. 224.

<sup>128</sup> For a review, see Eric Jameson, *The natural history of quackery*, London, Michael Joseph, 1961, and Roy Porter, *Health for sale: quackery in England, 1660–1850*, Manchester University Press, 1989. Very little is

establishment in London as the possessor of a secret remedy that he met with such vehemence. Yet despite this, Fell's critics were forced to admit that there was some truth in his claims, one declaring that: "There were *proofs* that Dr. Fell had eradicated tumours in a novel way; that he had operated with an unexpected degree of success in cases which hospital surgeons had refused to touch."<sup>129</sup> Clearly none of his cures was permanent, as was later admitted by the Middlesex surgeon Charles Moore, but neither could conventional surgery cure breast cancer at this time.<sup>130</sup>

Although he had initially marketed his cure as a "secret", he nonetheless did reveal its content to the physicians at the Middlesex Hospital, and later to the general public. Yet he was clearly out to make financial gain. But he was not the usual medical con-man, and, unlike W. H. Hartley ("Sequah") who several decades later also marketed a secret remedy based on North American Indian medical folklore, there is no reason to believe that Fell's remedies did not contain the ingredients he claimed.<sup>131</sup>

What is most extraordinary about the whole story was P. H. Gosse's response. When one considers how he had seen the treatment fail to cure his wife, and indeed he admitted it had "aggravated my beloved's sufferings and hastened her death",<sup>132</sup> nevertheless he could still express gratitude to Fell: "Of Dr. F's personal kindness and attention to my beloved sufferer, I would speak most gratefully; he did all he could for her . . .".<sup>133</sup> Clearly Fell possessed extraordinary personal charisma. What is also interesting, bearing in mind the suffering he had witnessed, was Gosse's conclusion that there was *some* truth in Fell's claims to have cured cancer: "I do not hesitate to affirm that he is in possession of a very important discovery; but its value in cases of real cancer, I feel assured has been overrated."<sup>134</sup> In the light of this, one wonders how Gosse, one of the leading zoologists of the day, could have been influenced by the offer of a "secret remedy", which was the trademark of the quack practitioner.

It is possible that Gosse was attracted to Fell's treatment on account of its origin being with the Cherokee Indians, for he is known to have held the North American Indian culture in high regard.<sup>135</sup> However, it is more likely that it was his religious and metaphysical outlook that drew him to Fell.<sup>136</sup> An integral part of Gosse's natural theology was the

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known of Fell after the Middlesex Hospital trial. It is thought that he must have returned to America in the early 1860s. Then in 1871, he returned to London and resided at Campbell House, Tollington Park, Holloway, where he continued in medical practice until 1889 (see Farrow, *op. cit.*, note 54 above, p. 119). His name appears on the membership lists of the British Medical Association for 1885 (I thank Simon Fenwick, Archivist of the BMA for this information) however, he is thought to have returned shortly afterwards to America, where he died in 1890.

<sup>129</sup> *Br. med. J.*, 1857, pp. 888–9, on p. 888. It is interesting to note that Fell's technique and sanguinaria have been used more recently in the management of certain tumours, see: John T. Phelan, Halina Milgrom, Howard Stoll, and Herbert Traenkle, 'The use of Mohs' chemosurgery technique in the management of superficial cancers', *Surg., Gynaec. Obstet.*, 1962, 114: 25–30.

<sup>130</sup> Wyndham E. B. Lloyd, *A hundred years of medicine*, London, Gerald Duckworth, 1968, p. 194.

<sup>131</sup> W. Schubach, 'Sequah: an English "American medicine"-man in 1890', *Med. Hist.*, 1985, 29: 272–317.

<sup>132</sup> Gosse, *op. cit.*, note 7 above, p. 10.

<sup>133</sup> *Ibid.*, p. 46.

<sup>134</sup> *Ibid.*

<sup>135</sup> See P. H. Gosse, *The Canadian naturalist*, London, J. van Voorst, 1840.

<sup>136</sup> Unorthodox medicine did have a special appeal to religious dissenters, see Irvine Loudon, 'The vile race of quacks with which this country is infested', in W. F. Bynum and Roy Porter (eds), *Medical fringe and medical orthodoxy 1750–1850*, London, Croom Helm, 1987, pp. 106–28, on p. 117.



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belief in an “equilibrium of nature” imposed upon the world by the Creator,<sup>137</sup> this includes the concept that God had provided in the natural world treatments for all diseases.<sup>138</sup> Such a belief was quite distinct from the teachings of the Brethren sect, at this time, and it is possible that this divergence of view might have been responsible for the decision Gosse made, shortly after his wife’s death, to leave this religious body.<sup>139</sup>

<sup>137</sup> See P. H. Gosse, *The romance of natural history* (second series), London, James Nisbet, 1860, p. 250.

<sup>138</sup> See P. H. Gosse, *Life in its lower, intermediate and higher forms*, London, James Nisbet, 1857, p. 143, and P. H. Gosse, *Evenings at the microscope*, London, S.P.C.K., 1859, p. 324.

<sup>139</sup> Following his wife’s death Gosse left London in the September of 1857 to settle in St Marychurch, Devon. At this time he also left the Brethren movement, but he continued in his faith, albeit dissociated from all churches and sects, see unpublished letter P. H. Gosse to Mr F. Boyce (3 November 1883), West Yorkshire Record Office, Leeds (Symington Papers, Box 15).