

## The Death of General Ulysses S. Grant, a Landmark in America's Longstanding Fear of Cancer

John D. Ehrhardt, Jr., J. Patrick O'Leary, MD, FACS

Herbert Wertheim College of Medicine, Florida International University, Miami, FL, USA

Corresponding Author: J. Patrick O'Leary, MD, FACS [olearyp@fiu.edu](mailto:olearyp@fiu.edu)

Cancer has affected the lives of so many Americans that it has shaped the culture of the United States. The malignant disease has permeated everything from pedigrees to politics. Unfortunately, America's second leading cause of death has a rich history that has gripped societies worldwide for thousands of years. In early times, women afflicted by malignant breast disease often kept their cancer a secret not only because the mysterious disease affected their health, but also because it had lasting psychosocial effects on their identity as women. This de-gendering shame felt by women perpetuated a silence that followed cancer wherever it went. The public discussion of cancer in daily mainstream media has been a relatively new development in the two-thousand-year history that has unfolded since Hippocrates first described the difference between malignant and benign masses<sup>1</sup>.

The nineteenth century American public was largely afraid of cancer—a disease for which they did not yet have a precise definition, cause, or treatment. Throughout this period, Americans looked to the medical profession in search of solace from the dreadful disease. A series of developments in anesthesia and pathology during this period opened the doors to methods that would become foundational to the early surgical treatment of malignancies. In 1849, Dr. Crawford Long published his successful accounts using ether anesthesia that would later transform the world of surgery and aid in the removal of cancer<sup>2</sup>. By 1855, German physician Rudolf Virchow revolutionized the field of surgical pathology by correctly describing how cancer cells could arise from quiescent tissues through his ability to visualize neoplasms under a light microscope. These developments provided a microscopic definition of cancer, but physicians remained divided on the possible risk factors that predisposed people to cancer and on how to approach treatment options.

Samuel Gross, M.D., arguably the finest surgeon in the United States during the mid- nineteenth century, made some humbling conclusions regarding cancer. In his 1853 publication *On the Results of Surgical Operations in Malignant Diseases*, he admitted, "All we know, with any degree of certainty, is, that we know nothing"<sup>3</sup>. This update to the medical community on the clinical reality of cancer did little to add to the public's faith that

the medical profession was any closer to curing the mysterious disease. Although medical advances were imminent, it would take several decades for these medical technologies to assist in the orchestration of effective surgical treatment.

Progress in cancer treatment was slow-coming. In 1881, the Boston Medical & Surgical Journal, now the New England Journal of Medicine, ran an essay contest that called for physicians nationwide to submit their ideas regarding how to cure cancer. The "Cure for Malignant Disease" call for papers received three submissions<sup>4</sup>. The editors were baffled by this and chose to extend the next year's deadline to allow for more participation. When this essay contest closed in 1882, the journal had received no viable submissions. They released a statement that blamed the "comparative barrenness of American researchers in the field of medical science."

During the nineteenth century, it was widely believed that the incidence of cancer was increasing, particularly neoplasms of the head and neck. Medical professionals were still largely unsure why this was the case. Cigar smoking had become widely popularized in the nineteenth century by prominent figures, including the celebrated General Ulysses S. Grant. The General consumed as many as ten cigars per day and could hardly be separated from his trademark image as a masculine warrior who enjoyed cigars. The thriving Cuban cigar industry moved onto United States soil in 1869, and by 1883 the New York Times reported that cigar-making employed almost eight thousand people who produced hand-rolled cigars from family-run operations inside their New York apartments<sup>5</sup>. Even still, the American public and the medical profession did not understand that a correlation existed between cigar smoking and the rise in cancer.

The hope that Americans held in medical advancements for the treatment of cancer was crushed on March 1, 1885 when the New York Times broke the news that General Grant was dying of this insidious disease. General Grant had become America's most beloved hero after gaining national stardom for his work in defeating the Confederacy as Commanding General of the Union Army in the Civil War. All details released surrounding ex-President Grant's diagnosis with esophageal epithelioma and his course of

treatment reflected the fear and denial people felt around the reality of cancer. The nation sat and watched in disbelief as their strongest, most revered leader was defeated by a debilitating cancer.

Mrs. Grant sent her husband to see his physician after his persistent difficulty swallowing food never resolved, despite the General insisting that he was fine. Grant started noticing problems in the spring of 1884 but did not seek care until that summer. His personal physician, Dr. Fordyce Baker, was away in Europe and would not return to New York until the middle of October. The etiquette of the time demanded that the patient wait for his doctor to return as a sign of respect. Meanwhile, the cancer continued to grow unabated in Grant's throat for another twelve weeks. When Dr. Baker returned to the United States, he examined the General and referred him to Dr. John Hancock Douglas, the nation's foremost specialist on diseases of the throat. Dr. Douglas's focused esophageal examination showed a "dark, deep congestive hue, a scaly squamous inflammation, strongly suggestive of serious epithelial trouble." Grant boldly asked, "Is it cancer?" Dr. Douglas carefully skirted around the question by replying, "General, the disease is serious, epithelial in character, and sometimes capable of being cured"<sup>6</sup>. This interaction reflected the denial and avoidance shared by Americans confronted with the thought of cancer.

Slowly but surely, rumors began to trickle down that General Grant was ill with oral cancer. When confronted by the media in January 1885, Dr. Douglas deliberately lied to reporters by blaming Grant's illness on "a bothersome tooth" that had been extracted. He remarked that "the improvement in his condition since then is marvelous"<sup>7</sup>. Behind the scenes, Grant's health had deteriorated over the winter and his tumor began to spread from the right base of his tongue to his soft palate, palatine tonsils, and esophagus. It then metastasized to deep tissues of the neck. His physicians reconvened for a house visit to examine General Grant on February 19, 1885 and privately documented that "the disease was an epithelioma, or epithelial cancer of the malignant type, that was sure to end fatally." Dr. Douglas's colleague, a surgeon named Dr. George Shrady, concluded that the neoplasm was now too advanced to be removed. All subsequent medical care would prove to be palliative. They had no choice but to admit to one of the most influential men of the century that his disease would soon kill him. The March 1, 1885 front page headlines of the New York Times read:

SINKING INTO THE GRAVE/GEN. GRANT'S FRIENDS GIVE UP HOPE: DYING SLOWLY FROM CANCER—WORKING CALMLY ON HIS BOOK IN SPITE OF PAIN—SYMPATHY FROM EVERY SIDE<sup>7</sup>.

The media's dramatic rhetoric played into the fears of the American public. Many people were unaccustomed to open discussion on terminal illness, and now the national spotlight

was focused on the sharply declining health of an American war hero and former United States President. Sensational newspaper articles began popping up everywhere. One notable article described one night in which Grant's coughing became so severe that Dr. Shrady was summoned for "a case of life or death." Shrady rode a horse that "broke into a wild gallop and, urged by voice and whip, dashed through Madison Avenue and into 66<sup>th</sup> Street at a racing gait. Reeking with sweat, the horse was almost thrown upon its haunches by the sudden stop... in front of Gen. Grant's residence"<sup>7</sup>. As the news coverage grew more theatrical, it almost resembled fiction.

Disappointingly, Grant's physicians still disagreed on the cause of his cancer. Mark Twain later recalled one visit to Grant during his illness in his autobiography, writing that "the physician present was Doctor Douglas, and upon Clemens assuming that the General's trouble was probably due to smoking, ... Doctor Douglas said that General Grant's affliction could not be attributed altogether to smoking, but far more to the distress of his mind, his year-long depression of spirit, the grief of his financial disaster"<sup>8</sup>. Grant's dentist, Dr. Frank Abbott, took a different stance, commenting that the oral cancer originated from the "rough and ragged surfaces of a broken tooth" and that "tobacco probably had little or nothing to do with the origin of the tumor"<sup>9</sup>.

Despite the onslaught of media coverage, General Ulysses S. Grant remained poised and took his deteriorating condition in stride. He was focused on finishing his autobiography, which ultimately became a best-seller, published by his good friend Mark Twain. Grant's autobiography is still in print today as *The Personal Memoirs of Ulysses S. Grant*. His palliative care was managed by Dr. Douglas through doses of codeine, morphine, and, probably most effectively, cocaine. Grant was moved to a cabin on Mount McGregor in upstate New York to make him more comfortable in a dryer, cooler climate. Ulysses S. Grant, a man who was probably more comfortable on a horse than in the White House, died on July 23, 1885. Dr. Douglas was greatly affected emotionally by the death of Grant, who he had known personally for over twenty years.

Americans became more keenly aware than ever of the sobering reality that cancer does not discriminate and can kill anybody, even "Unconditional Surrender" Grant.

## References

1. Hajdu, SI. Greco-Roman Thought about Cancer. *Cancer*, 2004, 100(10): 2048-2051.
2. Ehrlich, T.B. and O'Leary, J.P.: Crawford Williamson Long and the Use of Ether Anesthesia. *Am Surg*, 1994, 60(2): 155-156.

3. Gross, SD. On the Results of Surgical Operations in Malignant Diseases. Philadelphia: T.K. and P.G. Collins, Printers; 1853. p 13-17.
4. Patterson, JT. The Dread Disease: Cancer and Modern American Culture. Cambridge, Massachusetts: Harvard University Press; 1987. p 22.
5. "Tenement Cigar Making." The New York Times, 30 January, 1884.
6. Algeo, M. The President is a Sick Man: Wherein the Supposedly Virtuous Grover Cleveland Survives a Secret Surgery at Sea and Vilifies the Courageous Newspaperman Who Dared Expose the Truth. Chicago: Chicago Review Press; 2011. p 39-43.
7. Patterson, JT. The Dread Disease: Cancer and Modern American Culture. Cambridge, Massachusetts: Harvard University Press; 1987. p 1-5.
8. Green, H. General Grant's Last Stand: A Biography. New York: Scribner's; 1936. p 282-293.
9. Algeo, M. The President is a Sick Man: Wherein the Supposedly Virtuous Grover Cleveland Survives a Secret Surgery at Sea and Vilifies the Courageous Newspaperman Who Dared Expose the Truth. Chicago: Chicago Review Press; 2011. p 41.