

**Identities ascertained, or, An illustration of Mr. Ware's opinion respecting the sameness of infection in venereal gonorrhoea and the ophthalmia of Egypt : with an examination of affinity between antient leprosy and lues.**

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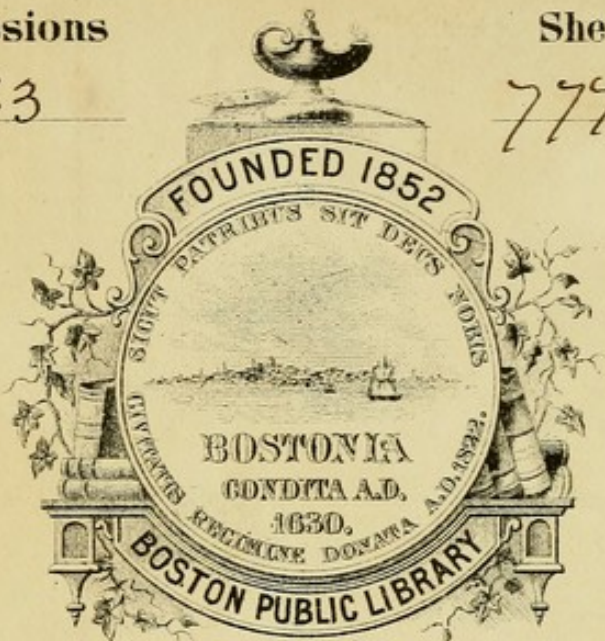
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OR,

AN ILLUSTRATION

OF

MR. WARE'S OPINION

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THE SAMENESS OF INFECTION IN

VENEREAL GONORRHŒA,

AND

THE OPHTHALMIA OF EGYPT:

WITH

AN EXAMINATION OF AFFINITY

BETWEEN

ANTIEN<sup>T</sup> LEPROSY AND LUES.

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IDENTITY ASCERTAINED

AN ILLUSTRATION

MR. WARE'S OPINION

1856

THE SILENCE OF EVIDENCE IN  
THE CASE OF THE  
GENERAL GOVERNMENT

THE OFFICIALS OF THE  
GOVERNMENT

140 63

1856

W. Channing



## PREFACE.

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THE subjects that are discussed in the following tract must be acknowledged to be interesting to every individual. Egyptian Ophthalmia was a disease, from the terrors of which no person could feel secure. If the principles that are maintained be correct, it is a disease, from which few, above the common class of society, can have any thing to apprehend.

The inquiry respecting Leprosy and Lues may not be very important in the present day, when the admission of identity cannot confer any improvement on the practical management, than which, nothing in medicine has been brought nearer to per-



fection: yet every thing that is curious must be intitled to attention. The antiquarian, at least, will feel an interest in such an investigation.

In commenting on the relations, or distinctions, of these several complaints, the question of sameness or separation, in the infections of gonorrhœa and lues unavoidably arises. Considering the frequency of those diseases, it is a matter of astonishment, that the contention, in which the first authorities have been divided, should have continued for such a length of time—a contention by no means unimportant in circumstances with which it may often be implicated. Cases frequently occur, in which, for the satisfaction of individuals, and the exposition of the sources of venereal injury, it may be very essential to identify or distinguish the species of poison. The dispute must be for ever at



rest, if the sameness of contagion in gonorrhœa and Egyptian ophthalmia be admitted. The latter infection is never productive of primary venereal ulcers—it cannot therefore be the infection of lues.

The author does not lay claim to much originality. He has endeavoured to illustrate and explain, by combination of principles which had been separately supported by others, opinions that were not easily comprehended without such connection. He thinks, however, he has brought forward a new idea in the circumstance, on which is grounded his elucidation of the distinction that had been conceived between leprosy and lues. He has not asserted any new facts that should require the responsibility of a name; but has sustained, by admitted positions, and probable conjectures, a chain of argument, for which he requests an indulgent perusal.



He is aware that his effort is a mere sketch, which the avocations of a laborious profession cannot permit him to extend.

The author does not lay claim to much originality. He has endeavoured to illustrate and explain, by combination of principles which had been separately supported by others, opinions that were not easily comprehended without such connection. He thinks, however, he has brought forward a new idea in the circumstance, on which is grounded his conclusion of the distinction that had been conceived between leprosy and lues. He has not asserted any new facts that should require the responsibility of a name; but has ascertained, by admitted positions, and probable conjectures, a chain of argument, for which he requests an indulgent perusal.



## IDENTITIES ASCERTAINED,

*&c. &c. &c.*

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**I**N this age of society, the occurrence of a new disease in any country, is a phenomenon, which may be classed among the rarest. Whenever it is supposed to happen, the attention of medical men will be earnestly directed towards it. Were the disease even of little importance, particular curiosity would be attracted by it; and almost equal interest will be excited concerning any disease, which, although not new in the world, has, by accident, been transplanted to a country, where it was supposed to be unknown. But when a suspected addition to the infirmities of human



nature is added to the overloaded catalogue, under a form most terrific, in respect both to the risk of its being contracted, and the horrible malignity of its symptoms, the spirit of anxious enquiry, and serious investigation, will be roused in an extraordinary degree. Such a disease is that disorder of the eyes, which has been prevalent in this country for some years, and is now distinguished by the names of Egyptian or Purulent Ophthalmia. It is ascribed to the communication that was established with Egypt, in our successful efforts to expel the French from that territory. It is very different from common inflammation of the eyes, and accords, in its symptoms, progress, and termination, with the disorder that had been long considered endemic in Egypt, and to the ruinous ravages of which, every traveller in that extraordinary country has borne testimony.



The ophthalmia of Egypt has often been attributed to the arid state of the atmosphere, where softening rains are seldom known; and to the abrasion of the external tunic of the eye, by the piercing particles of subtile sand, forcibly impelled upon the organ by scorching winds. But a more intimate acquaintance with its appearances, and with the circumstances under which it is most apt to be conveyed, were convincing to the observant practitioners of our army, that the disease did not originate from local peculiarities of air, but was propagated by contagion. It was a disease, which might easily be avoided in Egypt, under every exposure to atmosphere alone—it is a disease, which unfortunately continued to display itself among our victorious troops, after their return to a different climate, and has extended its ravages, by infection, to whole regiments in Great Britain—a disease, that from the



military has been transmitted to private life, and is regarded with universal apprehension.

The attention of several men of capacity and observation, has been directed to this complaint, and valuable tracts have been written upon it. Dr. Vetch and Mr. Ware in particular, have done much towards investigating its nature, and recommending means for mitigating its symptoms. The former, in his account of "The Ophthalmia which has appeared in England since the return of the Army from Egypt," furnishes a specimen of clear and unaffected description, nice discrimination, and judicious management. The latter, in his treatise on "Purulent Ophthalmia," has given to the world another specimen of that professional ingenuity, and sound judgment, with which it was well acquainted. Dr. Vetch is of opinion that the disease pro-



ceeds, in every instance, from the contact of infectious matter—Mr. Ware is convinced, that infectious matter is the general cause of it. They are agreed in thinking, that it is a disease, which, in all instances, yields a matter infectious to the eyes of other people. Dr. Vetch takes notice of the similarity, in some respects, between the disease and that disorder in the urethra, which is produced by the matter of virulent gonorrhœa—Mr. Ware carries the connection to a greater length, and has endeavoured to establish the complete identity of the two infections: he has given body to a suspicion, which must be regarded with great respect, from deference to the high authority by which it is promulgated; but ought, at the same time, to be weighed with jealous distrust, from reflection on the important conclusions in theory and practice to which it would lead, and the imputation on the



moral conduct of many individuals, that would result from it. The question is entitled to most cautious consideration.

It may be laid down as a fixed position, that if the disease is capable of being communicated by infection, it is incapable of originating in any individual without infection. Of local contagious diseases, there are none which can arise, where the specific poison has not been applied. If it be ascertained, that this ophthalmia can be diffused by contagious matter around an entire corps, while another regiment under similar circumstances of situation, with respect to air, water, provisions, and soil, shall remain perfectly free from it; it surely will not be denied, that the disease is a disease of contagion only, and unsusceptible of being produced by other means. The fact appears to be clearly ascertained by gentlemen, whose line of prac-



tice afforded them the greatest opportunities of being conversant with it. As well then might it be suspected that the small pock, the chicken or the vaccine pock, the measles, the scarlet fever, the lues, or the itch, should originate without the application of their particular poisons. It may be doubted, whether any disease whatever that is contagious, can arise from any other cause than the specific contagion. There might be a dispute about some conditions of general fever, of which the contagion has been supposed to be generated under certain circumstances; but the argument would not be relevant to the present purpose. Respecting these diseases, that display themselves by irruptions and other local affections, no doubt can be entertained. If then the ophthalmia of Egypt be a disease of infection, and that infection the same as the matter of virulent gonorrhœa, how does it happen that the disorder



does not display itself more commonly in conjunction with gonorrhœa? And in what manner shall it be accounted for in cases, where there has been no manifest exposure to the matter of ophthalmia, and where a suspicion of gonorrhœa could not enter into the mind?

Mr. Ware is of opinion, that in numerous instances of patients who have come under his care for purulent ophthalmia, he has been able to trace the existence of corresponding disease in the urethra, or vagina; and he has ascribed the infection of the eyes in such cases, to the accidental conveyance of matter from the other parts, by the finger, or other means. But if the communication of the disease, by such conveyance, could in any instance take place, it would inevitably be taking place so very often, that the ophthalmia could not have been considered as a new disease. It



must have been frequent at all periods since the gonorrhœa was known. From the effect in regiments, where the communication of ophthalmic matter is made, by washing in the same water, reposing on the same pillow, or using the same towel, the eyes appear to be as readily susceptible of that infection, as the urethra, or vagina are of the infection of gonorrhœa. If then the matters be the same, and contamination from the eyes could take place, as Mr. Ware has suspected, by conveyance from the other parts, there is no person having gonorrhœa could be secure from the translation of the disease, during the many weeks, and often months, of gonorrhœa continuing in a virulent condition, yielding a very profuse discharge. Who, even for a night could be secure against putting an infected finger to the eye? With the greatest attention to cleanliness, the communication would be very frequent, even



among the better orders of society: but when the filth and carelessness of the lower descriptions of people, and especially of that unfortunate class of females who live in the habits of low prostitution, are considered, it will appear impossible, that a single instance could pass over among such orders of individuals, without the diseases in the urinary canal and the eye becoming conjoined. Before a disease of such extraordinary length as gonorrhœa could extend itself, the ophthalmic affection must be contracted by all. In like manner every ophthalmia would extend itself to the urethra, and the two diseases would invariably go together. The Egyptian disease could not have been considered as one, with which we were unacquainted in this country.

There is, however, much similarity between these diseases, Dr. Vetch, without



intimating any suspicion of the infection being the same, has commented on their resemblance. Both are attended, from the beginning, with a discharge of purulent matter. They commence by small degrees, and increase in a few days to a violence of symptoms, which are of the same description in each, and only differ from difference in the parts affected. An excessive condition of local inflammation is equally manifest, in the inner surface of the urethra, and on that coat that lines the eyelid, and externally covers the eye. Both diseases run on to a period of long duration, and when they have so much abated as almost to have disappeared, are alike capable of being renewed by accident or indiscretion, so as to regain their former malignity. In both, infection towards other people appears to remain, when the symptoms have so much subsided as to be no longer an inconvenience to the indivi-



dual affected. Mr. Ware maintains their general identity to the full extent, and was chiefly led to that opinion, by the similarity between the Egyptian disease and the ophthalmia of infants, contracted at the time of birth, when the mother had been unsound. All these are strong grounds of presumption, and amount almost to complete evidence. Yet how are we to acquiesce in the identity, unless some principle is laid down, which shall be sufficient to explain the reason of the diseases appearing so seldom together in one subject?

Such a principle there is, to which the world has not paid sufficient attention. It was ascertained and established some years ago by Mr. Jesse Foot, a gentleman of great professional acuteness, in whose wide variety of works, there are many parts from which a multitude of his readers will dissent; but in all, there are testimonies



of learning, penetration, depth of mind, and practical knowledge, to which every man must accede. It is a principle of extensive influence, which will obviate every difficulty, and contribute to illustrate the means of propagation in both affections.

The principle to which allusion is now made, was disclosed by Mr. Foot, in a short publication, under the title of his *newly discovered Fact*, some years ago; and consisted in this position, that the matters of gonorrhœa or chancre are not capable of producing any effect on any other part of the body *of that individual from whom they are derived*. The animal body cannot contract, in a new situation, these poisons, from matter yielded by itself. When there are profuse discharges from virulent gonorrhœa or corroding chancres, the application of matter must be made, in almost every instance, to various parts of the



body, and even to surfaces as susceptible of being acted upon, as these of the *pudenda* of either sex. The *tunica conjunctiva* of the eyes is equally susceptible—the lips are susceptible—the nipples of a woman are susceptible—the anus is susceptible. But these diseases are never communicated to these parts from any persons own body. A chancre in the glans penis is never communicated to the præpuce, where there is a perpetual point of contact. It was supposed that contiguity of situation rendered parts unsusceptible. This was endeavouring to account, in a very superficial way, for what could not be comprehended: for it had never been presumed, that every part of the identical body was equally unsusceptible as parts in the neighbourhood. It was a limited assent to that principle, which is general over the body—an acknowledgment extorted from observation of matter being in constant application to the neigh-



bouring parts, without any effect being produced upon them. The inability, however, of receiving impression from the poison, does not depend on contiguity or remoteness, but is universal over the surface. When this is admitted, there will be no difficulty in conceiving the matters of gonorrhœa and of purulent ophthalmia to be the same, although they are so seldom known to have occurred together in the same subject.

Let the poison of purulent ophthalmia and of virulent gonorrhœa be considered the same, and that every secreting surface of the body is capable of being affected by the matter of these different forms of disease, from the body of another person. The customary seat of that matter in Europe, has been the secreting surfaces that appertain to the organs of generation in men and women, and from its inability



to affect other parts of the same body, it has been confined to these organs. The communication of infection has been by the intercourse of these organs in the act of copulation; as even among the most filthy and depraved, the risk of contamination to the eyes of one individual from the matter of another persons gonorrhœa, could not be very frequent. The contagion would come at last to be regarded as having relation to the urinary canal, and incapable of sustaining itself in any other part. Such has been the case with respect to gonorrhœa.

But let it also be supposed, that in another country this infection has, from its origin, had general footing, not in the urinary canal, but in the *conjunctiva* of the eyes as its customary seat. In that case, the communication of infection would take place, not by the intercourse of the sexes,



as happens to gonorrhœal matter, but from a promiscuous use of towels or handkerchiefs, from washing in the same water, or laying the head upon the same bolster—from these, and similar habits, which are very common among the lower classes in every country, but among soldiers in particular. Such a disease once implanted in the eyes of a dirty multitude, would be as likely to be propagated in that situation, as in the genitals of another people: and such appears to be the condition of ophthalmia in Egypt.

It is as easy to conceive the poison of gonorrhœa attached to the eyes, as to the urinary organs. It is as much connected with the eyes in Egypt, as with the urethra or vagina in Europe. From communication with the military, who had contracted the disorder in Egypt, it has got a certain degree of footing in the eyes in this coun-



try. It has gained possession of ground, from which it will not be easily expelled. Yet as its nature is now understood, and, unlike to common gonorrhœa, it cannot be kept concealed, but is always in view displaying a *caveto* in front; much may be done towards the accomplishment of that desirable object.

While Mr. Ware has acknowledged his decided opinion, that purulent ophthalmia, in general, proceeds from actual application of a particular poison, which he believes to be the same as the poison of gonorrhœa, he does not mean to attribute every ophthalmia of that description to such a cause. He is aware, "that it has sometimes occurred, and in the most violent degree, where no such circumstance could be suspected: but in the far greater number of adults whom he has seen affected by it, if the disorder had not been



produced by the application of morbid matter from a diseased eye, he has been able to trace a connection between the ophthalmia and some degree of morbid affection in the urinary canal."

Surely a man of Mr. Ware's customary accuracy and general information cannot seriously maintain, that a disease which proceeds from the poison of virulent gonorrhœa, should ever be discovered to have arisen, either in the urinary canal or in the eyes, from any other cause, than the positive application of the specific contagion. The idea would be inconsistent with every conclusion, that has at any time been drawn from the most attentive investigation of morbid infections. The admission may be intended as a salvo to the unphilosophic delicacy of silly fashionables, who might not relish the imputation of having a clap in the eye—an imputation



that might be still less acceptable, from being connected with a suspicion of something amiss in the lower regions.

There would indeed, to weak minds, be something awkward in asking advice under such circumstances. The patient, with trembling apprehension, might say, "I hope, Mr. Oculist, my complaint is not an ophthalmy?" The oculist, with becoming candour, would reply, "Indeed, madam, it is of that kind." "Dear sir, you alarm me very much." "I cannot help it, madam,—humanity to your ladyship requires me to speak out. Your disorder is a true ophthalmy, which must have had its source in *another* quarter—Take the advice of a surgeon." "I have no other complaint." "You must be mistaken, madam. Disorders may be latent and scarcely perceptible, but there is no effect without a cause—Take the advice of



a surgeon." From this unpleasant dilemma, both patients and oculists are secure, if the principle that has been maintained be correct, of the eye being unsusceptible of infection from another part of the same body—The patient would be rescued from the suspicion of a foul and filthy concomitant disease, most commonly the result of immoral conduct.

It will probably be advanced, that cases of purulent ophthalmia have occurred to men in extensive practice, where there was not a possibility of tracing connection with any source from which the disease had been derived by infection; and that in such cases the disorder must have proceeded from some other cause.

It is to be remembered that the disease is almost a new one in this country, and that its characteristic distinctions are only



beginning to be ascertained. Different inflammations in the eyes have considerable resemblance to each other, and a purulent discharge may take place in many instances of common irritation. Inflammatory discharges from the urethra, which the nicest discrimination can scarcely distinguish from virulent gonorrhœa, are not uncommon. There is a natural horror of a new disease, especially when its symptoms are of a terrific kind, which is apt, before its specific distinctions are clearly made out, to draw under the class of that disease, every thing that approaches to the nature of it. Much has been said about this complaint, where it had no existence; and common inflammation of the eyes has often been confounded with it. To mistake a less serious ailment, for a consuming pestilence of which every body is afraid, is an error on the safe side. Within the last year there has been an epidemic inflamma-



tion of the eyes, which in many cases was of great severity, and often treated as a slighter degree of the Egyptian ophthalmia—every thing has been ophthalmia. Men will be more cautious in applying that denomination, when it is generally understood that the disease can proceed from infection only—and infection of such a kind. If it could in any case have arisen from common causes of irritation, it must have been as often produced by such causes before the expedition to Egypt, as subsequently to that period, and could not have been regarded as a new disease.

The disease is, in fact, not absolutely a new one even in this country. Long before our intercourse with Egypt, a disease, which was happily a very rare one, had been described under the title of the gonorrhœa of the eye. That disorder was never considered a disease of common irri-



tation, but connected with gonorrhœa, and is now known to have been the same as purulent ophthalmia. It was equally violent in its symptoms, and destructive in its consequences. It was frequently supposed to proceed, not from the positive application of gonorrhœal matter to the eye, but from a rare sympathy called *metastasis*, or translation of action from the urethra to the eye. This wild hypothesis probably proceeded from the rareness of the complaint, which few practitioners had any opportunity of seeing. It might naturally be concluded, that if it had happened from contact of matter from the urethra, the cause would be occurring so often, that the instances must be very numerous. It could not have been the disease of one in a thousand only that had gonorrhœa; but the odds would have been much against the chance of any individual, under that complaint, escaping it.



The supporters of that hypothesis were not aware, that the matter, to take effect, must be derived from the gonorrhœa of another individual: and the application of infection from the urethra of one to the eyes of another, was an accident that could not often be committed. Sometimes, however, in the intercourse between man and woman it might happen, and from that cause, before Egyptian ophthalmia was imported, proceeded a disease which was a terrible infliction on its unfortunate victims. It was not a disease that had been translated from the urethra, but a disease proceeding from gonorrhœal matter, of which the application had been made by accident to the eye, at the same time as to the urinary canal; and sometimes it might occur when that canal had escaped. Every contact does not make impression. The pre-existence of the disease under such circumstances, supplies a strong corroboration.



ration of the identities which are now maintained.

In Egypt the contagion of purulent ophthalmia has long had possession of the eyes, which probably were its original seat, from which it had been transplanted to the urinary canal. It appears to have existed in the eyes before it was known in the urinary canal, therefore the first may be fairly considered as its primary residence. When it came to be distinguished in its new situation, under the name of gonorrhœa, it was very generally considered to proceed from the same kind of infection as that which causes *lues venerea*, and both were comprehended under the denomination of the venereal disease. Every body knows that the primary symptom of lues, in most cases, is a corroding ulcer, called chancre; and that in every instance, there is an absorption of virus which contami-



nates the system, and produces what has been called a confirmed pox. Now it may be asked—If purulent ophthalmia be the same kind of affection as gonorrhœa, and the contagion of gonorrhœa the same as that of lues, whence comes it, that the matter of ophthalmia never operates to produce chancres about the eye, or any other affection that would be followed by a contamination of the general system? Before this most important question is answered, it will be proper to consider, whether or not gonorrhœa and lues are in reality different conditions of the same disease.

These diseases had for a length of time been uniformly considered the same. They are equally loathsome and offensive—contracted by the same means, and sometimes blended in the same subject. Yet in many respects they are so essentially different, that doubts of the identity began at last



to arise among men of observation, which, in spite of prejudice and preconceived opinion, have continued to gain ground, till in the present day, the prevalence of sentiment is against the sameness of the infections. It is not intended to enumerate the arguments on either side, but merely to bring forward such obvious grounds of difference as furnish testimony that cannot be controverted, and carry conviction to the mind.

It will be universally admitted that they appear very different diseases in their symptoms, progress, and termination. If they originated in the same manner, and were different forms of the same disease, they might be expected to run frequently into each other, and to require for their cure the operation of the same remedy. But, on the contrary, gonorrhœa is in no instance followed by general contamination,



—while chancre would be so followed in every instance. The system has, within itself, in all cases, a power of extinguishing gonorrhœa—while chancre, left to itself, would for ever be in a state of increase. Gonorrhœa is not known but as a local disease, which expires after a natural progress without any remedy having been employed—while the other, from a primary local affection poisons the whole habit, and leads to inevitable destruction, unless the specific remedy be applied.

These distinctions, so strongly marked, have been endeavoured to be accounted for by the difference of the parts affected: but that must seem a very incompetent reason to an enquiring mind. There is nothing in our knowledge of the operation of morbid poisons that can warrant the conclusion. The discrimination between the action of the matter on a secreting



surface, and on the skin of other parts, is very unsatisfactory. No man will doubt that the matter of a virulent chancre from the *frænum* of one man, applied to the surface of a sound ulcer on any part of the body of another man, would convert that ulcer into a venereal sore—yet an ulcer is a secreting surface—every part of the surface of the skin is in a greater or less degree a secreting surface—the lining of the præpuce is surely a secreting surface. If the argument had gone to the probability of particular surfaces, where, from the want of evaporation, and from a more profuse secretion than on the general surface, perpetual moisture is kept up, having frequently the means of throwing off an infectious matter, so as to prevent it from acting on the animal fibre, such a quality might have been admitted. But that the action, when it cannot be prevented by the natural defence of such sur-



faces, should be so different in every respect from venereal action in every other part, is not to be conceived. The greater irritability of parts where cuticle is wanting, and which on that account come nearer to the condition of an actual sore, might be expected to increase the susceptibility of inveterate virulence.

If the two diseases were capable of proceeding from the same matter, it is impossible that they should not more frequently happen together. But the coincidence of gonorrhœa and chancre is very rare. It does not occur, from the same act of intercourse, in one of twenty cases; and when occurring, may be supposed to proceed from the individual, by whom the diseases were communicated, having been infected with both. It is well known how easily infection is conveyed; and that a sound person has very little chance of



escaping, in the performance of the venereal act with another that is unsound, whether the affection be gonorrhœa or chancre. How then should it happen, that a poison of such activity, if it were the same in both, but capable of producing different impressions on different parts, should give testimony of its virulence, in the great multitude of cases, by one affection only, when on all occasions it must be equally applied to surfaces that are susceptible of the other kind of affection? No previous disease can here be adduced to account for the unsusceptibility of contiguous parts. An acrid venom springing from another body, and applied in the same moment to both descriptions of surface, could not fail to become the source of both affections in almost every instance, if both could originate in the same contagion.



It is also to be recollected that the diseases did not originally become known at the same time. There is no mention of gonorrhœa for many years after numerous volumes had been written on lues. Is it possible that a form of the disease, at least in equal degree likely to be noticed, from the extreme acrimony of its nature and even greater frequency of occurrence, should have remained unattended to for fifty or sixty years, during a condition of universal consternation respecting a new disease of which it formed a part? Or can any body be so credulous as to think that the specific poison, although the same, did not shew itself in gonorrhœa for half a century after lues had become common? Is it to be believed, either that gonorrhœa did not occur during such a length of time, or that if it did occur, a disorder so loathsome, so tedious, so painful, and so infectious, should have



remained, during that period, unheeded and undescribed? Easy of faith indeed must be any man who can answer these questions in the affirmative.

But the sticklers for the identity of the matters of infection have contended, that instances have come within their own knowledge, of gonorrhœa or chancre contracted from the other affection in the opposite sex. This is a kind of argument to which it is difficult to reply, for if you do not accede to it, you charge the employer of it with an untruth. Yet it is an argument to be much suspected in medical discussion. It is a screen to which disputants are apt to fly when they are hard pushed. The parties maintaining it are so convinced of the fact they are labouring to support, that they are not conscious of any intended fraud. They have permitted themselves to be deceived, and become active in deceiving others. In like



manner, it too often happens, that medical case-makers frame their reports to some particular theory they have adopted, and are seldom aware of the perversions of truth to which they frequently give circulation. With respect to the subject under discussion, that examination, on which alone an assertion should be founded, cannot easily be made in a manner that would be completely satisfactory. It must be correct with regard both to a man and woman. Towards the latter at least, it is attended with an indelicacy against which the mind revolts, and which will generally occasion it to be performed in a superficial manner. The most correct examination of which the parts are capable, may not always be sufficient to ascertain the truth. After having obtained what might be deemed the best information, you have but the assurance of the parties themselves, of their having had connection



only with each other. The mystery that envelopes these transactions has raised much difficulty to the inquiry. A woman may have the opposite disease, or neither, and a man may have received his malady from matter she had recently contracted by a previous connection. Among even the most prostituted class, there is a systematic disinclination to avow the naked truth.

To sum up the difficulties respecting this kind of proof, it may be stated, that those most conversant with the practical examination of venereal cases, have disagreed in their opinions respecting the sameness of the matters. There has been examination against examination, and assertion against assertion. Each party has been equally positive.

Mr. Hunter adopted the idea of the in-



fections being the same, and has supported his opinion with that ingenuity and originality of argument peculiar to himself. He has drawn his conclusions, chiefly, from the manner in which the venereal disease had been communicated to the inhabitants of the islands in the South Sea; and the basis of his reasoning is rested upon an idea, that gonorrhœa must have been the form of disease first introduced at Otaheite by Bougainville, because chancre would have destroyed the penis itself, in the interval of passage between the last land the circumnavigator had quitted, and his arrival in the island—an interval of five months. But he has not recollected that there might be women on board, through whom a successive propagation of the infection might have taken place in the voyage—nor has he taken into account the probability of the virus being conveyed, during a much greater interval



of time, by means of a bubo. "It is mentioned," he observes, "in Cook's Voyages, that the people of Otaheite who had the disease, went into the country and got cured; but when it turned into a pox, it was then incurable. This shews that the disease which they had must have been a gonorrhœa, for we know that it is only a gonorrhœa that can be cured by simple means; and further, if it had been a chancre, and they had been acquainted with the means of curing it, they could also have cured the lues venerea." The deduction seems plausible, but what was considered a cure, might be only the superficial healing of a primary ulcer, which might have been effected in the woods by some caustic application—perhaps by the juices of astringent and corrosive fruits. There is no testimony that a pox did not ensue, when the poor wretch might be considered to have got a cure in the



first instance. Mr. Hunter acknowledges that no mention is made by Cook of gonorrhœa, while chancre was regarded to be the only primary affection in the island. Here was the strongest grounds of presumption for the infections of these diseases being different; because, as happened three centuries before in Europe, the one had been diffused while the other was unknown. Yet, for the reasons that have been quoted, the illustrious physiologist was determined to think, that gonorrhœa must have been the original affection, from which the cases of chancre had been derived. It has been said, that before his death he had wavered in his opinion with respect to the sameness of these diseases. That is a point to which no man could give evidence with so much certainty, as his very accurate relative—the faithful repository of his principles, and not less eminent successor to his practice.



There is really no substantial argument, for the infections of gonorrhœa and lues being the same, but the opinion, that has been controverted, of the same kind of matter being supposed capable of producing either; and that opinion was derived, from sameness in situation, and sameness in the mode of communication, rendering discrimination very difficult. If then the contagions are admitted to be different, it makes not against the identity of the infection of purulent ophthalmia and gonorrhœa, that the former is never displayed under the shape of chancres about the eye that would lead to a venereal contamination of the system. The matter of gonorrhœa cannot occasion chancres. There are frequently ulcerations attending ophthalmia, but of a harmless kind, like the excoriations that often accompany gonorrhœa itself.



But while gonorrhœa and lues are ascertained to be not merely different *genera* of the same *species*, but different diseases proceeding from different kinds of contagion, it may be thought not improbable, that the latter, in like manner as the former, may have had existence under another denomination and shape, before it was distinguished by the present name. Many have been inclined to think that leprosy had been the same disease. The subject has been earnestly discussed by numerous writers; but the idea of sameness has been rejected by the most profound in their researches, on grounds that appeared convincing. Leprosy had never been a disease of the generative organs in particular, or communicated by the act of copulation alone. The infection was seldom even suspected to have been transmitted by that act, which has been almost the entire means of circulation to the other. It is



well known that the venereal disease was first discovered as a contagion of the urinary parts, and speedily diffused over Europe, about the end of the fifteenth century. The writers of that period, and during the sixteenth century, were well acquainted with leprosy, but never suspected lues to be the same. The novelty of the symptoms of the latter, and the rapidity with which it was extended, excited in every country an unparalleled sensation, and caused the disorder to be regarded as an imported pestilence of the most malignant kind. The recent discovery of the new continent, from which some of the first adventurers had arrived, gave plausibility to this conjecture. It is probable, however, that the supposed differences between these diseases may be reconciled, by reference to the different conditions of that other disease, concerning which, so much has already been said. It will not be dif-



difficult to conceive, that the primary symptoms of lues, like the disease of gonorrhœal matter when confined to the eye under another name, may have had a previous existence in some other part of the human body, under the denomination of leprosy; and that after the manner of ophthalmia, which became gonorrhœa at a later period, these primary symptoms were communicated to the parts of generation at that time, which has been considered the *æra* of lues in Europe.

The leprosy was acknowledged to be infectious in the highest degree. By what means of communication was that infection transmitted from one individual to another?

There is reason to think, that the transmission was chiefly made by the communication of lips, that takes place in the or-



dinary habits of life, between people living together. The primary, and most hideous symptoms, were about the face, where dreadful ravages were committed. The most apprehended danger of contracting the disease, was from the salutation of kissing, and the gratifications of the table. There was an extreme horror of eating out of the same dish, or drinking out of the same cup with a leprous person. The most strict regulations were enjoined for preventing these common intercourses of society, between lepers and other people: the most rigid ordinances, under severe penalties, were enacted to that intent.

The lips are admitted to be not less susceptible of venereal chancre, than the parts where it now occurs. There is much analogy between their surface, and that of the *glans penis*, or *labia pudendi*. If the primary affections of lues were to get pos-



session of the lips, the communication of contagion would take place by the same means as in leprosy—by the contact of lips in the approximation of lovers or friends —by the unwary application to the face of foul linen, or of domestic utensils that had been infected by a venereal mouth. In this situation, the primary disease may have pre-existed for ages before it was transferred to the organs of generation. That it did so exist, after the manner of gonorrhœal matter in the eye, there are, the most cogent reasons for presuming; and that the disease, under that condition, was actual leprosy.

The leprosy was a disease that has been supposed to have ceased. It has been considered as having disappeared within a century after the breaking out of the venereal disease.



Can it be supposed probable, that a disease so universally diffused, and so easily communicated, should ever come to a termination? Does any man seriously think that the small pox can ever cease? Unless the universality of vaccine inoculation should not leave it ground to rest upon. Can the measles ever cease? Can gonorrhœa or lues venerea ever cease? In the annals of time, is there a single instance of any other disease, such as leprosy, so generally spread, so long recorded, and so readily contracted, having ever ceased? If by art and assiduity, with improved success, in the management of the complaint, the only means by which any contagion can be eradicated, the extinction of its infection could have been accomplished in any one country, it is not within the compass of credibility, that, on that account, a disease of such description should have disappeared in every other country—



the thing is not to be imagined. But it is easy to conceive, that the leprosy may have sunk into the venereal disease; while the translation of primary symptoms from the face to the organs of generation, has caused the identification to be lost.

The laborious Astruc has contended, with his customary industry, against the venereal disease and leprosy being the same; and his arguments have been adopted by almost all who have maintained that side of the question. They have all admitted, that in many recorded symptoms of leprosy, there was much resemblance to secondary venereal symptoms; but the primary tests of venereal infection about the parts of generation and the groin, have not been enumerated among the loathsome concomitants of the leprous disease. To maintain, that affections so distressing and calamitous, could



not have passed unnoticed, was a most forcible argument. But those who employed it were not aware, that the seat of primary affection, at that time, was another part of the body—they were not aware that gonorrhœa, which is one of the symptoms, on the absence of which, in leprosy, they lay much stress, is no part of venereal lues.

It had not entered into the mind of authors, who have taken that side of the question, that the venereal disease could exist in its primary state, independent of the venereal organs. Yet there is no difficulty in supposing, that primary affections may have had footing about the lips or nostrils, so as to be as much confined to the face, as they are in the present day to the genitals. From the principle that has been established, of one part of a body being unsusceptible of infection from



another part of the same body, a chancre on the præpuce, or the *labia pudendi*, would at that time be as rare, as the same occurrence at present upon the lips, the nose, or any other part remote from the parts of generation. The accident, however, might sometimes happen, by communication from other individuals, in the multiplied intercourses of society; as it now happens, that chancres occasionally occur in various parts of the body. But when the occurrence took place as a rare incident, it would be confined to the individual to whom it happened, unless that person was in habits of intercourse with variety of the other sex. Even under the supposition of such habits, the terror of a new and uncomprehended disease, which must be rapidly increasing from the want of any known remedy, would be such a baulk to sensual gratification, as to counteract every excitement of desire, and would operate



with much greater effect on the mind, than in modern times, when the complaint is so well understood as often to be too lightly considered; and not always to be made an obstacle to the practices of lust and prostitution, by which the dissemination of it is continued. The speedy alleviation too of its symptoms, by the operation of the infallible specific that is now employed, renews the capability of venereal intercourse, before infection is extinguished: while in former ages, the augmenting horror of a most painfully acrimonious and corroding ulcer, would speedily destroy, not only the inclination, but the power of connection; and the miserable object would be consigned to the same wretched doom as the detested leper.

Such would be the general consequence, of the rare accident of infection being communicated to the private parts, in



these days. The case would be considered as an unusual form of leprosy, and such cases have actually been described. In some fatal hour, however, as subsequently happened with respect to the ophthalmic disease, the contagion had been contracted in the obscene organs, by some depraved individual, whom it could not restrain from promiscuous venery. It happened within the precincts of a camp, than which no situation could be more lamentably appropriate for the disease being given round. From the siege of Naples, where soldiers had been assembled from all parts of Europe, it speedily extended itself all over the old continent. Since then, it has attached itself to the parts of generation as its proper theatre. There it has held its foul dominion, till the existence and circulation of it have been supposed inseparably connected with the act of copulation.



It may be said, that if the diseases had been the same, the fact could not have escaped the observation of those conversant with leprosy, at the time when the venereal infection was first discovered. Let it be recollected, that the translation of primary affection to parts that had not been used to participate in the leprous malady, might well give the idea of a perfectly new disease. A train of symptoms, irreconcilable to all former experience, and a channel of communication, so different from that by which the contagion of leprosy had been diffused, might have impressed a conviction of novelty in more enlightened times.

Mr. William Becket, a surgeon in London, at an early period of the last century, without any knowledge of the distinction that is now made, respecting the different seats of primary symptoms, as constituting



the essential difference between the two kinds of affection, contended, with singular ingenuity and force, for the sameness of leprosy and the venereal disease. His dissertations may be found in the Philosophical Transactions of the time when he lived, and want nothing but an acquaintance with that distinction to be incontrovertible arguments. The grand reply to all the reasoning he has furnished, and all the authorities he has adduced, may be comprehended, as has been already stated, in genital affection not having been described, as the primary sign, and invariable concomitant of leprosy. There rested the sum total of every difficulty that could not be surmounted. But difficulty from that cause can no longer be said to exist. There is double testimony of diseases having changed their situation. What shall be deemed true with respect to the contagion



of ophthalmia, cannot be deemed improbable in regard to the infection of lues.

Mr. Becket establishes a point of great importance to the present consideration—viz. that mercury was employed for the cure of leprosy. It had been asserted by authors in his day, that mercury was not a remedy for that disease, which, therefore, could not be the venereal disease. With just discrimination he observes, that mercury would not always cure the disease, which at that time *was called* leprosy—a disease not infectious, nor carrying much injury along with it—but a disorder of particular habits merely, in which there was an aggravated condition of that scaly state of the skin, which has commonly been termed scorbutic. For disease of this kind, mercury is not a certain specific, and therefore leprosy, of which this was considered to



be a remnant, could not be the venereal disease. Such was the conclusion. It is truly astonishing that an ailment, which does not travel from the individual on whom it is found, and to him is little worse than an inconvenience, should have been confounded with a complaint so contagious and destructive as antient leprosy—yet the same confusion has continued to the present hour!

Mr. Becket has remarked that his contemporary, the learned Pitcairn—the ancestor of a name, which, by succession, stands among the most distinguished in medical pre-eminence at this time—had distinctly ascertained, that mercury was the principal remedy for leprosy. It is probable, that from the custom of employing it in that complaint, originated the introduction of it in the cure of what was considered the new disease, even within



the first year after its supposed appearance. The first applications of it were external, from which it may be presumed, it had been used in leprous ulcers as a local remedy. There is reason, however, for concluding, that leprosy was not often effectually cured by mercury. The administration of that extraordinary medicine was not sufficiently understood for the perfection of any cure. The age of leprosy was a dark and ignorant period, when literature and science had made very little progress, and the art of medicine was in rude condition.

Leprosy too was a very rare disease, comparatively with what venereal affection has been since that time. The primary affections were not, as in the other disease, obscured from the eyes of man. It did not distribute its baneful venom in the dark, converting the symbol of joy to



a rod of affliction—the source of delight to a fountain of misery. The leper could not conceal his malady, nor mingle in the functions of life, without his condition being suspected. He carried about his face, mangled by hideous ulcers, a warning against communication. For these reasons the disease was not very common even when it was most prevalent: and if it had been more common, perhaps it would not have been better described or understood at that time, when every thing in medical statement was vague, obscure, and unintelligible. Those affected by it were chiefly of the lower orders, who being from necessity much crowded together, were most exposed to infection. Their insignificance and poverty would not much rouse the exertions of professional men to discover means of relief; as those exertions in every age will bear some proportion to the expected recom-



penance. But when, by the accidental transfer of the primary symptoms to the venereal organs, the disease appeared a new pestilence hovering over the community, and drawing within its vortex the highest classes of society, ingenuity was at the stretch to find out new remedies, or to render more effectual the administration of the old ones; and, by degrees, the extraordinary operation of mercury became better known. This happened too just in the dawn of literature, a period particularly favourable to research and improvement.

From the time that the treatment of venereal symptoms became properly comprehended, it might be expected that the primary affections of leprosy would be on the decline. From the greater frequency of the venereal disease, which would often occur in the same habit, the secondary



symptoms, being the same, would be put down to venereal account; while the first order of symptoms about the face, that had been characteristic of leprosy, would be in regular diminution under the influence of a never-failing specific, till the very name would be lost. Under such circumstances it cannot be considered matter of surprize, that a disease which no man could conceal, and which every man was vigilant in avoiding, should in process of time disappear under the coercion of such a remedy. It must sink into the other clandestine shape, of which the perpetual propagation is secured, by its secret residence and private means of infection. The consequence was unavoidable.

It may perhaps be said, that although the venereal disease does not often shew itself by primary affections on the lips,



venereal ulcers of a secondary kind are very common in the throat, from which infection might be communicated, so as still to give frequent specimens of leprosy about the lips, if the diseases were the same.

Mr. Hunter, who very much surpassed all competition in his clear distinctions and discriminations of venereal symptoms, was decidedly of opinion that the matter of secondary ulcers carries no infection. Authorities of respectability have been of a different opinion, and have supposed that the common fluids of a venereal habit were capable of communicating infection. They appear to have permitted fiction and fear to predominate over observation and judgment. All experience is in opposition to their conceit. There is nothing more common than for a man and woman to be cohabiting for many weeks, with a con-



firmed lues, even spreading ulcers about the throat, on *one* side, while the *other* party remains without a vestige of contamination. Cases are not rare, of children sustaining no injury from nurses in the secondary state of the venereal disease— In fact, if a venereal sore throat could contaminate, chancres must be almost as common about the lips as on the private organs. Either there is no power of contamination in secondary affections, or it is so feeble as scarcely ever to take effect. The objection therefore cannot be of weight.

In recent times, the primary affections of the venereal disease were in possession of the mouth in some parts of the world, and the communication of infection the same as in leprosy of old. An ingenious pamphlet was published about thirty years ago, respecting such a condition of the dis-



ease in Paul's Head Bay, on the Northern coast of America. The name of the author does not now recur to the mind. A disease under similar shape, has been long known in Scotland among people of the lowest condition, under the denomination of *Sibbens*. Mr. Benjamin Bell has made particular mention of it in his treatise on the venereal disease. There is not a doubt that these diseases were, in both instances, the true venereal malady, with all that acrimony of contagion which distinguishes a primary venereal ulcer wherever it may be found. They were genuine leprosy, of which the circulation did not take place by venereal intercourse, but from other opportunities of contact in the common concerns of life; and if the aid of mercury was not cultivated, would have proceeded to as dreadful extremity as leprosy in any age. They have been considered a different kind of the venereal disease,



The only difference is in the primary symptoms, which alone can convey infection, being in a different situation. Upon the surface of a spoon, or the edge of a drinking cup, their matter would communicate the most malignant venom to the lips or *fauces* of another person, while perfectly innocent to every other part of the surface of the body by which it was produced.

But in recurring to the very important principle of the unsusceptibility of the body to infection from itself, it is necessary to take notice of an argument that may be advanced on the other side. Chancres have been mentioned as leading to a contamination of the system, and the source of that contamination is the absorption of matter from the ulcer. Here then is the system inwardly and univer-



sally affected by contagion locally springing from the same body.

The objection appears plausible, but is founded on error, which has been detected by Mr. Foot. In confirmed lues the system is infected, not by matter which the chancre produces, but by absorption of the original matter, which was left upon the surface and produced the chancre. The first act of that matter is to produce ulceration in the very mouth of the absorbent vessel by which it is taken up; and that ulceration is chancre. The matter does not pause within the absorbent, but is conveyed into the circulation with such rapidity, that if a chancre were to be destroyed within an hour after the smallest perceptible irritation has commenced, it is probable, that a confirmed pox would nevertheless take place in every instance. The same matter, in passing through the



groin, sometimes stimulates the lymphatic glands to the production of a bubo. Chancre and bubo are merely the first consequences of the application and transmission of foreign poison—not the prime sources of the infection that terminates in general lues. They are the beginnings of that ruinous ferment, which it raises over the whole habit.

Not unfrequently it happens, that absorption takes place unattended by either chancre or bubo, and secondary symptoms, on the skin or in the throat, afford the first testimony of the habit being contaminated—a confirmed lues is discovered without any alarm having been sounded by primary affection. More commonly still, there is venereal bubo without chancre. In such instances the contamination could only proceed from the original matter, that had been applied during the



venereal act. The conclusion then is unavoidable, that it proceeds from the same in every instance.

In the order and progress of the secondary symptoms of lues, there is something that sustains, in singular degree, the idea of the whole having been derived from the first impression of the original matter that was absorbed. It is well known that these symptoms come forward in different stages, after very different periods of time; and that one set may be cured by a superficial course of mercury, while more remote affections, that had not become perceptible, shall afterwards be displayed. In such cases there is no recurrence of the first order of symptoms—the ulcers in the throat, or the blotches on the skin. Once completely extinguished, they are seen no more. Mr. Hunter has ably commented upon the



fact, and draws from it a conclusion "That most parts, if not all, that are affected in the lues venerea, are affected with the venereal irritation at the same time." If the system could be infected by its own contagion, it might be expected that every symptom would be renewed after an interval, while there remained a contaminated spot: but that is not the case. While the throat continues clean, and the skin retains its polish, the organ of hearing shall fall into the foulest condition of caries, and the nose shall be lost.

But it may be said, there has been too much recurrence to the same principle—too frequent repetition of the same turn of expression. It is a position, which was necessary to be clearly comprehended, for illustrating the whole argument. Without a knowledge of it, it could not be



conceived, that two such diseases, as Gonorrhœa and the Venereal Lues, had long existed under other names and shapes, without being communicated to the organs where they are now displayed. With a complete admission of it, the difficulty is now at an end. To demonstrate that they did exist in that manner has been the object of the present discussion. With what portion of success the attempt has been conducted, the intelligent and candid reader must decide.

THE END.



