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Concepts of Contagion in Gideon Harvey's Great Venus Unmasked

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Gideon Harvey, *Great Venus Unmasked; or a more exact discovery of the venereal evil, or french disease, The second edition* (London: Printed by B.G. for Nath. Brook, 1672).

Houghton Library, Harvard University (GEN Med 1759.3.70*).

Gideon Harvey's *Great Venus Unmasked* (1672) set out to provide readers with practical information about venereal disease, also known as the "great pox." Chapters focus on signs and symptoms of the disease, causes, progression, transmission, as well as "most practical cures." Handwritten notes inside Houghton Library's copy of the book suggest that at least some readers used *Great Venus Unmasked* as intended. There is a medical guide of sorts that includes a list of terms with corresponding definitions. Across from the word "schorous," for example, is written, "thine." The term "purulent" is defined as "indifferently thicke & mattery," and so on.[1] While the book covers many debated ideas about the pox in early modern England, the discussion that follows looks at Harvey's take on contagion.

To fully understand what Harvey has to say about contagion requires contextualizing venereal disease within early modern medical thought. In this period, disease was not believed to stem from specific pathogens that afflicted all bodies the same way. Rather than universal, fixed biological entities, diseases were seen as unique, transmutable clusters of symptoms. This view was informed by humoralism, the prevailing medical theory of the era. Bodies were made up of four fluids, or humors, whose unique balance, composition, and flow determined health. Each person's unique constitution, environment, and lifestyle determined the quality and

consistency of their humors, which had ramifications for health. Immoderate or inappropriate diet or sleep, for instance, could lead to congested or corrupt humors that, in turn, caused illness. The four humors, as well as the medical remedies that counteracted humoral fluxes, imbalances, and decay, were characterized by two of four qualities: hot, cold, wet, and dry. Consuming a drug with wet, cold properties, for instance, could offset an overabundance of dry, hot humors. The recipe inscribed on the flyleaf of Houghton's *Great Venus Unmasked* reflects these ideas. After the word "plantain," it reads, "cold dry." Whoever made these notes was still learning the intricacies of the humoral system.[2]

Because ill health was attributed to individual lifestyles and unique humoral make-ups, there were few disease categories in early modern England as we think of them. Everyday complaints, such as coughs, headaches, fevers, and colds, were considered to be ailments in their own right, not just symptoms of other underlying disorders. Patients and healers defined diseases as clusters of symptoms that could move, and in some instances transform altogether. Pain and fevers, for example, were presumed to roam the body and settle in specific parts, like a foot or eye.

The pox was one of a few definitive disease categories within this medical system. The early stage of the disease, known as a "clap" or gonorrhea, was marked by symptoms ranging from burning sensations while urinating to ulcers, inflammations, and genital excretions or "runnings." If improperly treated or neglected, these symptoms could develop into a more serious disorder that corrupted the entire body, known as a "confirmed" or "thorow-pox." [3] Healers tended to view this process as a slow spread of the disease from the genitals inward by means of the blood. The more severe form of the disease was associated with pain, pustules, ulcers, itching, and scabs. Eventually the poison seeped into the nerves and bones. At this point, a patient might develop paralysis, a fallen palate, or sunken nose.

Medical writers used "venereal disease" as an umbrella term to refer to all of these related symptoms. Yet writers were not of one mind when it came to characterizing the pox. Symptoms varied and healers and patients alike commonly confused them with other ailments. Likewise, a common reproductive disorder known as "the whites" caused discharges that resembled venereal "claps." Treatments, too, were the source of much disagreement among venereal specialists. Anti-venereal remedies more or less included the same handful of ingredients, and yet practitioners debated fiercely how those ingredients were best consumed, processed, and combined with other interventions. There was a long-standing and quite heated debate, for example, about whether mercury should be ingested in pills or applied topically to the skin. China root and sassafras, two common anti-venereal ingredients, are included in the recipe inscribed inside Houghton's copy of *Great Venus Unmasked*. [4]

There also were multiple and complex theories about how the disease spread. Gideon Harvey, like most of his contemporaries, believed that the pox was contagious and that it was transmitted by means of sexual contact. Titling his book “Great Venus Unmasked” clearly points to such a view. Yet the disease was also known to spread in non-sexual ways. Patients in 16th-century Germany attributed venereal disease to shifts in weather. And English clergyman, healer, and astrologer Richard Napier recorded cases from the 1600s that linked the onset of the pox to spraining an ankle and getting struck by a stone.[5] Mild venereal symptoms were also thought to develop from sources as varied as cold baths, hard drinking, and a more general “ill Habit of Body.” One practitioner’s account book from the early 1700s mentions a man who endured “Gonorrhoea pain” after falling off a horse.[6] How did early modern medical writers reconcile these multiple modes of contagion?

Harvey describes the mechanics of infection, which entailed infinitesimally small elements he calls “pestilent Seminaries.” He explains that these tiny particles could be visible under a microscope and could travel through the air or as passengers on wool, linen, or straw. He describes how these “Pocky Miasms” had “slender and sharp needle shapes” that made them especially infectious.[7] This description may seem like a proto-version of germs, but Harvey was writing hundreds of years before the development of germ theories of disease. He also was referring to infectious matter, not immaterial vapors. Harvey’s notion that corrupt particles were a source of sickness was far from the late 19th-century finding that specific living microorganisms caused specific diseases.

How and where these “pocky miasms” spread could determine the severity of the resulting venereal infection. Milder, more localized forms of venereal disease, called “claps,” were thought to develop from touching an infected person “where ever the pox bursts out.” Pestilent matter passed from one external body part to another. As Harvey writes, “the mouth that’s infected by Kissing, or sucking a thorow pockified whores Te[a]t, is capable immediately of infecting anothers Lips by kissing, or any other part by sucking it, because the pocky Miasms are near.” This form of transmission also explains how the disease spread in non-sexual ways. Pocky matter, after all, could travel on shared drinks, a “warm pocky Glove,” a recently used bathroom seat, or even a common bed (presumably through sweat). I found one instance in which someone allegedly contracted the pox “by sprinkling themselves with Holy-Water, which some Pocky Persons had polluted”—a claim that may say more about anti-Catholic sentiment among the English at the time than about notions of contagion.[8]

Confusingly, mild venereal-like symptoms were also thought to develop from incidents that did not involve the transmission of pestilent matter at all, such as

getting kicked by a horse, physical strain, or “excess of amours.” In these cases, the disease seemed to develop as a result of friction, force, and heat, though I have not been able to find a satisfactory explanation of the particularities of this process. While resulting symptoms were venereal in nature (inflammations, genital “runnings,” and pain), they differed from mild forms of venereal disease in two key ways: these cases were not considered to be contagious and they were not able to develop into more severe stages of the disease.[9]

Those more serious stages, known collectively as a “confirmed pox,” spread throughout the body by means of corrupt blood. While some medical writers attributed this advanced phase of venereal disease to long-standing or improperly treated claps, others thought that it developed as a result of pocky matter that spread in particular places and ways. According to Harvey, more serious venereal cases tended to involve the spread of virulent matter transmitted via the genitals. The most intimate parts of the body were sources of the “durablest” and “most malignant contagion,” he explained.[10] Others attributed “confirmed poxes” to pestilent matter spread internally, be it through penetrative sex or breastfeeding. As one apothecary explained in his testimony as a medical expert at London’s central criminal court, extreme cases of the pox could not develop from mere touch or “contraction of the parts without penetration.” Likewise, some severe cases of the pox were thought to result from wet-nurses who allegedly infected their innocent nurslings by means of their breast milk.[11]

These distinctions—however subtle and confusing they may seem to us—could be crucial in the court of law. Numerous women and young girls who prosecuted rape in 18th-century London had allegedly contracted venereal disease from their abusers.[12] Distinguishing a mild clap from a confirmed pox was central to these cases, as those two different forms of the disease were presumed to result from two different modes of transmission. Securing a rape conviction could hinge, in part, on proving that a woman had a “confirmed pox” resulting from penetrative sex. Convicting an assault, on the other hand, could center on proving that a venereal infection was a mild clap contracted externally through touch. Parsing the subtleties of these two forms of venereal disease required connecting intimate and sometimes ambiguous bodily marks to varied sources of contagion—no easy feat—and yet such assessments could have life or death consequences. Rape was a felony punishable by death, while assault with attempt to rape was only a misdemeanor. When it came to the pox, theories of contagion were far from simple and far from insignificant.

Notes

[1] Gideon Harvey, *Great Venus Unmasked; or a more exact discovery of the venereal evil, or french disease, The second edition* (London: Printed by B.G. for Nath. Brook, 1672), flyleaf. For a helpful overview of the pox in early modern Europe, see Kevin Siena, “The Venereal Disease, 1500–1800,” in *The Routledge History of Sex and the Body: 1500 to the Present*, ed., Sarah Toulalan and Kate Fisher (London: Routledge, 2013), 463–78.

[2] Harvey, *Great Venus Unmasked*, flyleaf.

[3] Harvey, *Great Venus Unmasked*, 54. For this definition, see Joseph Cam, *A Short Account of the Venereal Disease* (London: Printed for, and sold by G. Strahan against the Royal Exchange, 1719), 9–10.

[4] Harvey, *Great Venus Unmasked*, flyleaf. On debates about mercury, see for example, John Sintelaer, *The Scourge of Venus and Mercury* (London: printed for, and sold by G. Harris. R. Gosling. J. Helmes. W. Carter. J. Philips. H. Ribetteau. B. Picard. And J. Harding, 1709); François Chicoyneau, *The Practice of Salivating Shewn to be of no Use or Efficacy in the Cure of Venereal Disease* (London: Printed for J. Roberts, near the Oxford Arms in Warwick-Lane, 1723). For scholarship on venereal disease and early modern medical practice, see Kevin Siena, *Venereal Disease, Hospitals, and the Urban Poor: London’s “Foul Wards,” 1600–1800* (Rochester: University of Rochester Press, 2004); Claudia Stein, “The Meaning of Signs: Diagnosing the French Pox in Early Modern Augsburg,” *Bulletin of the History of Medicine* 80, no. 4 (2006): 617–48; Olivia Weisser, “Treating the Secret Disease: Sex, Sin, and Authority in Eighteenth-Century Venereal Cases,” *Bulletin of the History of Medicine* 91, no. 4 (2017): 685–712; Cristian Berco, “The Great Pox, Symptoms, and Social Bodies in Early Modern Spain,” *Social History of Medicine* 28, no. 2 (2015): 225–44.

[5] Claudia Stein, *Negotiating the French Pox in Early Modern Germany* (Farnham: Ashgate, 2009), 140; Lauren Kassell, Michael Hawkins, Robert Ralley, John Young, Joanne Edge, Janet Yvonne Martin-Portugues, and Natalie Kaoukji, eds., “The casebooks of Simon Forman and Richard Napier, 1596–1634: a digital edition,” <https://casebooks.lib.cam.ac.uk/cases/CASE14392>, accessed 30 September 2020; CASE29160, accessed 5 October 2020.

[6] Wellcome Library, London, MS.MSL.113, Medical Lectures, 18th century, fol. 150r; Thomas Garlick, *A Mechanical Account of the Cause and cure of a Virulent Gonorrhoea* (London: printed for Tho. Warner, 1727), 51. Quotes are from Old Bailey Proceedings Online (www.oldbaileyonline.org, version 8.0, 13 May 2019), hereafter cited as OBPO, “July 1715, trial of William Cash” (t17150713-54); British Library, London, Add. MS 45670, Joshua Firth, *Accompt-book* (1727–1738), unpaginated.

[7] Harvey, *Great Venus Unmasked*, 47, 49, 50.

[8] Harvey, *Great Venus Unmasked*, 58, 59; Wellcome Library, London, MS.3631, Alexander Morgan, *Medical case-book*, fols. 43–44; John Marten, *A Treatise of all the degrees and symptoms of the venereal disease, The fifth edition corrected* (London: Printed for, and sold by S. Crouch in Cornhil, N. Crouch in the poultry, 1707), 21.

[9] Harvey, *Great Venus Unmasked*, 68.

[10] Harvey, *Great Venus Unmasked*, 57. For other explanations of confirmed poxes, see Charles Peter, *Observations on the venereal disease with the true way of curing the same* (London: Printed by D. Mallet and are to be sold by the author, 1686), 58; Cam, *A Short Account*, 9–10.

[11] OBPO, “July 1750, trial of Anthony Barnes” (t17500711-33); also OBPO, “Oct. 1744, trial of Francis Moulcer” (t17441017-25); Gideon Harvey, *Little Venus unmask’d, or, a perfect discovery of the french pox, The second edition* (London: Printed for William Thackeray, 1670), 33–4.

[12] This paragraph is based on Olivia Weisser, “Poxed and Ravished: Venereal Disease in Early Modern Rape Trials,” *History Workshop Journal* 91 (forthcoming, 2021).