Hunter’s Chancre: Did the Surgeon Give Himself Syphilis?

Sir—The article by John Ross [1], in which he argues that Shakespeare had syphilis, was an enjoyable and thought-provoking read. However, I have a small but important bone to pick with his historiography. Given that his article was printed in a journal that holds its medical research to the highest standard, I believe that same standard should be applied to its historical studies.

Dr. Ross argues, quite rightly, that diseases we now see as separate entities, namely syphilis, gonorrhea, and herpes simplex, were less distinct in Shakespeare’s time. To support that argument, he describes the “misbegotten experiment” in which the 18th century British surgeon John Hunter, in attempting to acquire (for study purposes) gonorrhea, “inoculated himself with gonorrheal pus from a patient” [1, p. 402]. However, because the source patient was coinfected, the recipient of the inoculation (Hunter, according to Ross) ended up with syphilis, in addition to the intended gonorrhea. Ross cites Sherwin Nuland’s Doctors: The Biography of Medicine [2] as his source of knowledge about the incident.

Therein lies the weakness with Dr. Ross’s historiography. He cites a reference, Nuland’s book [2], that itself has no footnotes or citations. Furthermore, one of the better biographies of Hunter, a work by George Qvist [3], makes a compelling argument that the story of Hunter’s alleged self-inoculation with gonorrhea and syphilis originated in an “irresponsible misinterpretation” by D’Arcy Power in the latter’s Hunterian Oration of 1925. By reviewing examples of other medical experiments in Hunter’s time, examining Hunter’s writing style, and evaluating Hunter’s use of human subjects within the context of late 18th century moral theory about experimentation, Qvist claims that Hunter inoculated another man and not himself [3]. Furthermore, Qvist’s work was published 8 years before Nuland’s, so, had Nuland cited his sources, he would have been able to make reference to it. But that is a criticism of Nuland’s scholarship, for which Dr. Ross can bear no blame.

The point I am trying to make is that the sources we refer to in medicine or in history must themselves be well-grounded in citable fact. Otherwise, we run the risk of perpetuating myths.

Acknowledgments

Potential conflicts of interest. J.G.: no conflicts.

Jay Gladstein
University of California at Los Angeles–Affiliated Program in Infectious Diseases, Los Angeles, California

References


Reprints or correspondence: Dr. Jay Gladstein, Div. of Infectious Diseases, Cedars-Sinai Medical Center, 8700 Beverly Blvd., Ste. B-220, Los Angeles, CA 90048 (jay.gladstein@chs.org).

Clinical Infectious Diseases 2005; 41:128
© 2005 by the Infectious Diseases Society of America. All rights reserved. 1058-4838/2005/4101-0027$15.00

Reply to Gladstein

Sir—I thank Dr. Gladstein [1] for his kind words. His point is well taken. Although informed speculation in the writing of history is unavoidable, I should have more carefully distinguished between fact and conjecture. In fairness to Dr. Nuland, he does acknowledge the existence of controversy on this subject: “although a few scholars question whether [John] Hunter was indeed the anonymous subject to whom he refers in his writings, it is otherwise generally agreed that this is an auto-experiment” [2].

It is a tribute to the genius and divisive personality of this turbulent Scot that his life and career engender passionate controversy >2 centuries later. The first reference to Hunter’s inoculation as an auto-experiment came from G. G. Babington, an editor of The Surgical Works of John Hunter, published in 1835, 42 years after Hunter’s death [3, 4]. In a footnote, Babington wrote “the author (J. H.) inoculated himself with the matter of gonorrhea, and the consequence was the production of chancres, followed by bubo, and by secondary symptoms.” It is not known on what basis Babington made this assertion. D’Arcy Power speculated on the possibility of a syphilitic Hunter in a “particularly malicious” Hunterian Oration in 1925 [4].

This tale had become so entrenched by 1960 that a major biography of Hunter blandly described the auto-experiment as an unchallenged fact: “John resolved to infect himself, to delay treatment, and to chart in his own body the day by day progress of the disease” [5]. The auto-experiment interpretation was convenient for biographers. Relapsing syphilis that required mercury treatment provided an additional reason for Hunter’s long betrothal before his marriage. In addition, an auto-experiment was a simple explanation of the prolonged and intimate relationship between Hunter and his test subject. It also avoided the embarrassing need to invoke some hapless household servant, acquaintance, or patient as Hunter’s unfortunate guinea pig.

Qvist convincingly refuted the charge by D’Arcy Power that Hunter had syphilitic dementia and coronary arthritis. Some of Qvist’s arguments I find to be less persuasive. Qvist notes that nowhere in Treatise on Venereal Disease does Hunter state that he inoculated himself [6]. However, if Hunter, an intensely ambitious man with a lucrative private practice, had inadvertently infected himself with syphilis, he is unlikely to have publicized this mishap.

Ironically, the defenders of Hunter who would absolve him of the stigma of syphilis would necessarily incriminate him of the worse offence of unethical human experimentation. Significantly, Hunter is known to have performed inoculation experiments on other subjects. Even one of Hunter’s staunch supporters notes that he