

**ELEPHANTIASIS
GRÆCORUM, OR, TRUE
LEPROSY; PP. 2-150**

Published @ 2017 Trieste Publishing Pty Ltd

ISBN 9780649572564

Elephantiasis Græcorum, or, True leprosy; pp. 2-150 by Robert Liveing

Except for use in any review, the reproduction or utilisation of this work in whole or in part in any form by any electronic, mechanical or other means, now known or hereafter invented, including xerography, photocopying and recording, or in any information storage or retrieval system, is forbidden without the permission of the publisher, Trieste Publishing Pty Ltd, PO Box 1576 Collingwood, Victoria 3066 Australia.

All rights reserved.

Edited by Trieste Publishing Pty Ltd.
Cover @ 2017

This book is sold subject to the condition that it shall not, by way of trade or otherwise, be lent, re-sold, hired out, or otherwise circulated without the publisher's prior consent in any form or binding or cover other than that in which it is published and without a similar condition including this condition being imposed on the subsequent purchaser.

www.triestepublishing.com

ROBERT LIVEING

**ELEPHANTIASIS
GRÆCORUM, OR, TRUE
LEPROSY; PP. 2-150**

The *third* form, or Tuberculated Leprosy, is constitutionally the most severe, and is characterised by a bronzing and tuberculated thickening of the skin, especially of the face, ears, hands, and feet, followed by similar changes in the mucous membranes of the upper part of the alimentary and respiratory tracts, ending fatally in from two to fifteen years, by intercurrent disease in some vital organ.

In dealing with the subject of Leprosy, which is very extensive, I shall not attempt to do more than to give a slight sketch of the History, Geographical distribution, Etiology and Pathology of the disease.

The first chapter will be chiefly devoted to the history of the disease in Europe during the Middle Ages, with a very brief notice of Jewish leprosy. In the second I shall discuss the geographical distribution of the disease at the present day in particular countries, with reference especially to the external circumstances of climate, soil, and the occupations of the inhabitants. The third chapter will be devoted to the etiology of the disease. Lastly, in the fourth I propose to give a sketch of the clinical features and morbid anatomy of the malady.

The nomenclature of leprosy, or elephantiasis, and the confusion of names which arose from combining the Arabian and Greek literature, has often been explained. I shall therefore touch upon it but very slightly.

Hippocrates and the old Greek writers employed the name *lepra* (in the plural) to designate patches on the skin covered with white rough scales, exactly corresponding to our psoriasis. True leprosy was at that time unknown in Greece, and, therefore, it did not attract much attention; it was to the early Greek writers only a matter of hearsay. In the time of Aretæus, however, leprosy had appeared in South-Eastern Europe, and was accurately described by him as a disease with which he was personally acquainted under the name of *leontiasis*. Lucretius and Celsus use the term *elephantiasis* to designate the same disease, and the latter introduces it in the following terms: 'Ignotus autem pene in Italia, frequentissimus in quibusdam regionibus is morbus est, quem *ἑλεφαντίαςιν* Græci vocant.' Thus we have the terms *Lepora Græcorum*, signifying our Psoriasis, and *Elephantiasis* or *Leontiasis Græcorum*, signifying true Leprosy. So far, all was clear. But unfortunately the Latin translators of the Arabian writers chose to render 'Dal-Fil,' or elephant leg, by the word *elephantiasis*, a disease which was evidently our Barbadoes leg, and was probably unknown to the Greeks. Hence we have 'elephantiasis' applied to two distinct diseases, which we are obliged to distinguish from each other by the names *Elephantiasis Græcorum* and *Elephantiasis Arabum*. Again, the same translators employed the term *Lepora*, not in the sense in which it was used by the early

Greeks (*i.e.* psoriasis), but to designate true leprosy; in which sense it is also used in the Septuagint.

Constantinus Africanus, in the eleventh century, appears to have introduced a modified form of the Arabian teaching into the school at Salerno, and the authors of that school divide true leprosy into four varieties—Elephantiasis, Leonina, Alopecia, and Tyria. With them ‘lepra’ is the general term for a disease of which elephantiasis is only one particular form. We can understand, then, how in the fourteenth century, when the old Greek and Latin authors were re-introduced, great confusion arose, in consequence of the same names being applied to very different diseases, and this confusion has hardly disappeared even in the present day.

To state the matter in a concise form, we have

- 1st. Elephantiasis Græcorum, equivalent to lepra Arabum, or true leprosy;
- 2nd. Elephantiasis Arabum, or the Barbadoes leg, unknown to the early Greeks;
- 3rd. Lepra Græcorum, answering to our psoriasis.¹

Whoever reads carefully the account of leprosy (Zaraath) given in Leviticus, must arrive at the conclusion that several distinct diseases are included under one and the same name. One reason for this

¹ A full account of this part of the subject will be found in ‘The Study of Medicine,’ by Mason Good (1822), vol. ii. p. 851, and vol. iv. p. 574, from which Hebra’s account appears to have been in part taken.

belief, which is alone almost conclusive, is that the recovery of some of those afflicted with leprosy is evidently assumed as a possible if not a likely occurrence, and provision is made for their re-admission into the camp. Now if there is one thing certain about leprosy in the present day, it is its incurability; indeed, we should look upon any curable malady as essentially distinct from leprosy. Once a leper—always a leper, is painfully true. It is highly probable, however, that true leprosy, together with many other diseases of the skin, such as eczema, psoriasis, scabies, and possibly syphilis, existed among the Jews in the time of Moses, but they were not distinguished from each other in the early stages of development.

Those who are acquainted with the insidious way in which leprosy sometimes begins, will not be surprised that the Jewish priests should have had some difficulty in making a correct diagnosis. The error of our translators has evidently been that of rendering the *generic* term *Zaraath* by the *specific* name *leprosy*.

Whatever diseases were included under this term (*Zaraath*), it is quite evident that some, at least, were believed to be contagious, and that the exclusion of the leper was not, as has been often stated, simply a religious rite. This is indicated by the directions given to burn the clothes supposed to be infected, and by the repeated washings and shavings

of the head, beard, and even eyebrows of the cured leper. The requirement that he should sleep in the open air instead of in his tent for seven days after he was pronounced clean, points also to the fact that practical rules were mixed up with religious observances, which is in perfect harmony with the double capacity in which the Jewish priests acted.

It is highly probable that the leprosy of Naaman and Gehazi, mentioned in 2 Kings, chap. v., was, as has been often suggested, an hereditary form of Leucoderma, now very common in the East, especially in India, and known as 'white leprosy.' Some account of this disease will be found in Chapter IV., under the head of 'Allied Diseases.'

It is not my purpose to enter into an antiquarian account of leprosy during the Middle Ages. A complete history of the kind, though very interesting, would be far beyond the scope of these lectures. In dealing, therefore, with this part of the subject, I shall confine my observations to those historical facts which appear to have some bearing on the origin, prevalence, and final subsidence of the disease in Europe. I shall refer briefly to the supposed causes of its rapid increase, and to the vigorous and systematic attempts which were made to stamp it out, by the complete exclusion of lepers from legal rights and social intercourse with the rest of mankind. And I shall endeavour to show that erroneous views have been entertained by many historians with re-

ference to the origin of the disease in Europe, and also with regard to the effect of exclusion as a means of exterminating it. The method adopted had, no doubt, an effect ; not, as has been supposed, by preventing contagion, but by destroying the race of lepers. It exposed them to many hardships, it deprived them of their civil rights, and precluded them by oath from propagating their species. Even amongst the wealthy and powerful, who were less under the tyranny of the priests, the horror with which the disease was regarded and its known hereditary tendency had a marked effect in checking marriages.

History records the fact that leper hospitals existed in Palestine at a very early period of the Christian era. In the seventh century the merchants of Amalfi had already established at Jerusalem the Hospital of St. John, where they maintained certain persons, afterwards called Johannites, to attend upon the sick. A little later the remarkable society of the Knights of St. Lazarus was founded, in order that lepers among the higher classes might not be deprived of their knightly honours and fame. These knights were employed in superintending the leper hospitals and providing for the wants of the inmates. They not only admitted leprous persons into their order, but during the early period of their history were bound to elect a leper as Grand Master ; this rule was, however, revoked at a later date by Pope Inno-

cent IV., and the Lazarites gradually ceased to fulfil the functions for which they were originally celebrated. St. Louis brought twelve of these knights into France for the express purpose of instructing others in the management of the leper hospitals of that kingdom.

The introduction of leprosy into Western Europe has often been attributed to the Crusades; the disease, however, was known in Spain, Germany, France, and even England, long before that time. Both Pepin and Charles the Great made laws regarding it, and the former in 757 (at Compiègne) enacted that the appearance of the malady in either husband or wife was a sufficient cause for divorce. In Germany we have good reason to believe that it prevailed as early as the fifth century. A leper house was founded in the eighth century, by Abbot Othmar, at St. Gallen, near the Lake of Constance.

In England several leper houses were founded before the first Crusade, in the reign of William the Conqueror; two of which were in the neighbourhood of Canterbury, and one in Northampton. And a century later leprosy was becoming very prevalent, as may be inferred from some of the regulations which are mentioned by Stow. He says: 'It is to be observed that leprous persons were always, for avoiding the danger of infection, to be separated from the sound, God Himself commanding to put out of the host every leper, &c. Whereupon I read