SEXUALLY TRANSMITTED DISEASES IN ANCIENT EGYPT

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It gives me special pleasure to present these thoughts, which I believe are new to the literature of Egyptology, in a volume honoring my friend Jack Josephson. Jack has contributed much to support the work of other scholars while generously sharing his own extensive insights into ancient Egyptian art.

Recent advances in medicine now permit identification of three previously unrecognized sexually transmitted diseases (STDs) in ancient Egypt. The trio are Genital Herpes, Human Papilloma Virus (HPV), and Chlamydia trachomatis. Older Egyptological literature centers on Gonorrhea and Syphilis, neither of which existed there prior to Columbus’s discovery of the New World.

Sexually transmitted diseases (STDs) probably evolved along with the human species. Evidence for them in ancient Egypt has been scant and relies on interpretations of depictions, descriptions in papyri, and the study of human remains. Most STDs affect only the soft tissues and do not leave good clues in human remains. Until recently, study of the latter has been confined to analysis of bones and thus sheds little information.

The early promise of DNA testing has been disappointing, as we have found that DNA deteriorates with time. Nevertheless, there is still hope that newer techniques that isolate DNA fragments to prevent inaccurate recombination may still yield some results.

A virus is essentially a single protein molecule with the ability to enter a cell and induce that cell to replicate it. Viral diseases are thus less-evolved structures than bacteria and probably arose much earlier. We will consider them first.

The Ebers Papyrus case #813 describes treatment for a woman in whom there is “eating” on her uterus and in whose vagina ulcers have appeared. Case #817 similarly provides a remedy for the woman in whom disease has arisen in the lips of her vulva.

Case #818 treats the “kmj.t” disease in the uterus, painful ulcers having appeared in her vagina. The hieroglyphic depiction of a knife is used as a determinative to indicate the nature of the cutting pain experienced. I believe these cases describe Genital Herpes, and that Herpes equates with the “kmj.t” disease. When herpetic ulcerations occur inside the vagina or on the cervix, there is some discharge, but little or no discomfort. However, women who have experienced the lacerating pain of vulvar and labial herpes can readily attest to the discomfort fitting that description. Other ulcerative genital diseases are much less painful or even painless.

Furthermore, nine more treatments for the “kmj.t” disease follow in Ebers prescriptions #819-827. When there are ten treatments for the same disease, it is reasonable to conclude that no one of them is very good. Each of these prescriptions contains from two to six ingredients blended and applied locally to the afflicted area. Some of the ingredients defy accurate identification, and none that we can identify would be likely to do more than buy time for the outbreak to run its natural course. This plethora of therapies further implies that the “kmj.t” disease is not only painful enough to demand attention, but also is fairly common or recurrent or both. Significantly, these are characteristics of Genital Herpes that are not shared by any other disease of the vulva, whether or not sexually transmitted. Therefore, it is reasonable to feel secure in identifying the “kmj.t” disease as Genital Herpes.

Uterine cancer probably occurred in ancient Egypt and would fit the description of disease “eating” the uterus, as in Ebers case #813. It could also fit Kahun Papyrus #2 for the unidentified disease.

1 P. Ghalioungui, The Ebers Papyrus (Cairo, 1987).
“nemsu” disease, which is characterized by the body’s smell of roast meat, presumably from the genital area. This is compatible with the odor of the bloody discharge experienced by women with invasive genital cancer. If indeed these women had genital cancer, the odds are overwhelming that it would be a carcinoma of the cervix. All the other uterine cancers occur in women of more advanced ages than the typical life span of about 35 years in ancient Egypt. The term “nemsu” is not found in any other medical papyrus, which leaves the interpretation somewhat in doubt, but as Nunn observed, “one could hardly deny that ‘eating’ is not a graphic description of advanced malignancy.”

Today, cervical cancer is recognized as an STD caused by the Human Papilloma Virus (HPV). This virus also can be carried with no symptoms and is readily transmitted by sexual contact. Immune response is quite variable. Most young women acquire the virus early in their coital experience, but the majority will develop an enduring immunity. In those who fail to develop an immune response, the virus causes dysplasia. This abnormal transformation of the cells can progress to invasive cancer. This is readily transmitted by sexual contact and induces cancer at an early age in women who fail to develop immunity. Certain strains of HPV are more likely to cause warts on the genitalia or skin of other body parts. In addition, HPV is now also recognized as a cause of anal, vulvar, penile, and oral-pharyngeal carcinomas. I have been unable to identify a description of warts in the ancient texts, but Dr. A.T. Sandison did identify a typical papilloma wart on a mummy that he autopsied, and he published the histologic section to confirm it (fig. 1). Dr. Sandison died suddenly in 1982. His records and the skeletal material, consisting of two dismembered mummies, tissue specimens, and slides from his office, went to The Burrell Collection in Glasgow. However, there was little documentation. A search of these items failed to find the papilloma or the slide or even an image of it.

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4 Ibid.
5 ACOG, 2007 Compendium, 1101-1114.