

ON THE AMERICAN ORIGIN OF SYPHILIS: FALLACIES AND ERRORS

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The first, and most severe, syphilis epidemic in history broke out in the Italian city of Naples between March and April of 1495. Most physicians of that period believed that this was a new disease. But those familiar with the history of medicine, including Leonicens¹, López de Villalobos², and others, were convinced that though this particular outbreak was characterized by a spectacular and aggressive virulence previously unheard of, they were, in fact, dealing with a disease that had been around for a long time.

BACKGROUND

In the autumn of 1494, King Charles VIII of France decided to exercise his claim over the kingdom of Naples. To that end, he organized an army that included a large number of mercenaries from France, Germany, Flanders, Poland, England, Austria, Switzerland, and other nations. With a fighting force of thirty thousand men, he set out from Lyon en route for Italy. The king's army crossed the Alps in October of that year and, soon after, reached the Duchy of Milan. For a variety of reasons, and as foreseen by Charles, the invading force encountered little or no resistance on its march, and entered Rome in triumph on December 31. The king organized a grand military parade through the city. In some neighborhoods of Rome the troops were even applauded. Pope Alexander VI (Rodrigo Borgia), fearing that he might be

taken prisoner or fall prey to some other indignity at the hands of the invaders, took refuge in the castle of San Angel.

After negotiations with the pope, the unpopular Neapolitan king, Alfonso II, stepped down in favor of his young son who was unable to defend the city. Then, during the last days of January, 1495, the invading troops resumed their march to Naples. On February 22, Charles VIII led his men in triumph into that city. Subsequently, as was the custom among members of invading armies, they turned to pillage, theft, and rape.

THE BEGINNING OF THE EPIDEMIC

According to a number of famous Italian physicians of that period, especially Leoniceno¹ and Di Vigo³, a number of cases of venereal disease had been recorded both in Naples and in Rome prior to the arrival of the invading force.

In March and April of 1495, Charles VIII's men became seriously ill with a contagious disease characterized by fever, hard ulcerations on the penis, buboes in the groin area, and varied and fetid skin ulcerations on other parts of the body, especially the face. The soldiers of the French army called the disease morbus napolitanus (the Naples, or Neapolitan, disease), whereas the Neapolitans, who believed that the illness had been brought by the French, called it the morbus gallicus (the French disease).

We know, from historical documents, that central Italy,

and, especially, Naples and the surrounding areas, had long been infamous for the corruption and licentiousness of its inhabitants. This was especially true during the time of the emperors. In one of his works, Marcus Tullius Cicero⁴ described the profligate customs of residents of the province of Campania and, above all, of the city of Capua, near Naples, calling the site a domicilium impudicitiae, that is, the home of shamelessness.

The poet Horace⁵, celebrating the triumph of Augustus in one of his odes, invites his listeners to raise a cup of wine in honor of the emperor who "has saved Rome, whereas that queen (Cleopatra) was intent upon the ruin of the capital and the death of the empire by means of the spread of a fetid disease by members of a vile and shameful army." The same poet, in a reference to the face of Mestrius, disfigured by scars, called the sickness the disease of Campania.

Another famous poet, Ovid⁶, speaks, in one of his verses, about the licentiousness of Rome in these words: "a mortal lues has contaminated the air of Lacio."

In Italy and, especially, Naples, prostitution was not only tolerated but even, in some ways, encouraged; thus, in cities like Naples, Rome, Venice, and so on, the number of prostitutes was on the rise⁷.

Charles VIII's army was accompanied by servants as well as hundreds of prostitutes, as many as 500, according to some authors⁸.

A mercenary army has little in common with modern, well-

disciplined troops trained in the arts of war. One can imagine the havoc wreaked by more than thirty thousand men who have taken over a city where licentious and sex-for-sale are thought to be acceptable. During this period in Naples, the conditions were ideal for a venereal outbreak of epidemic proportions: over-crowding, promiscuity, prostitution. Even if, under such conditions, only a handful of soldiers carried the disease at the beginning, these would have passed it to the prostitutes who, in turn, would have spread the disease to a host of others since, no matter how many women were available, they were servicing an army of thirty thousand and, thus, each most certainly had multiple contacts.

Because the disease was so virulent, it was fatal for some soldiers -exact figures are not available- and even more returned home carrying the disease with them.

THE SPREAD OF THE EPIDEMIC

As a result of the large number of soldiers affected, as well as for tactical reasons, Charles VIII decided to return to France immediately. The retreat began on May 22. On reaching Lyon, the troops were demobilized and the mercenaries returned to their countries of origin.

The return march of the invading army left a trail of syphilis from Naples to the north of Italy. On July 6, Italian troops offered their first show of resistance, which led to the only battle of the campaign; the Italians were easily defeated. Physician Marcellus Cumanus⁹ wrote that,

among the defeated troops in Fornobo, he treated patients affected by morbus napolitanus; this indicates that the Italian population, both military and civil, was infected and involved in the spread of the contagious disease.

From the end of 1495 to the beginning of 1496, a venereal disease called morbus gallicus spread to Germany, Holland, England, Austria, Switzerland, Spain, and, later, to Hungary, the Scandinavian countries, Russia, and, finally, to Asia, including India, China, and Japan. Much has been written about the spread of syphilis throughout the world^{10,11} and thus this information need not be repeated in detail here.

It is worth noting that the spread of the disease was so rapid and alarming that authorities in a number of cities were obliged to take preventive measures and, in some cases, impose drastic sanctions. For example, the Parliament of Paris ordered all those who suffered from a venereal disease to abandon the city immediately or be thrown into the river. Holcomb¹⁰ mentions this edict, and states that it was issued in March, 1493 whereas Allen-Pusey and others state that it was issued in 1496; the latter date is most certainly the correct one. In 1496, the authorities of the French city of Aix dictated ordinances that included preventive measures. These forbade barbers from shaving the sick in order to prevent the spread of the disease. In that same year, on August 7, the Diet of Worms promulgated the edictus in blasphemus, and Emperor Maximilian ordered that preventive

measures be taken against what he called "demoniacal pustules." Between 1496 and 1497, the cities of Nuremberg and Aberdeen (Scotland), also approved dispositions similar to the ones already mentioned.

THE FIRST PUBLISHED WORK DESCRIBING SYPHILIS

It appears that the first "treatise" dealing with this "new" disease is a work by Joseph Grünpeck¹², published during the final months of 1496. The work, published in Ausburg in two editions, was entitled Ein hubscher Tractat von dem ursprung des Bosen Franzos, in German and, Tractatus de Origine pestilentiali Scorra sive Mala de Franzos (Treatise on the Origins of a Plague Known as the French Disease), in Latin.

Two brief works that appeared in the same year merit mention. In his work, Theodorico Ulsenio, a physician from Nuremberg, claimed that the disease had been caused by the conjunction of Jupiter, Saturn, and Mars. His pamphlet included an excellent drawing by the famous artist Albrecht Durer, of a patient with skin lesions. Konrad Schelling (see Holcomb¹⁰) published a short study in which he referred to this new disease as "pustules" (In pustulis malas morbum quem malun de Francia vulgatus appellat. quae sunt de genere formicarum, 1496). The following year, Hans Widemann wrote De pustulis et morbo qui vulgo mal de franzos appellatur.

Among the many names invented to identify the disease, syphilis was the one that finally prevailed. Though the term

was coined by Fracastoro in 1530, it didn't become popular until 1717, thanks to a work by Daniel Turner titled Syphilis.

Grünpeck first studied for the priesthood and was ordained and, later, he obtained a degree in medicine. In the latter field he earned a good deal of prestige. In addition, he was secretary to Emperor Maximilian I.

Though it was popularly believed that the French disease was contracted through sexual intercourse, Grünpeck, under the sway of astrology, a popular field of study at the time, stated in his work that the disease was caused by the influence of the conjunction of the sun and a number of planets. He was to pay dearly for his credulity, along with his skeptical attitude toward the possibility of sexual transmission: he, like other members of the clergy, came down with syphilis. After suffering for three years with the illness, he described in great detail both the characteristics and evolution of his cutaneous lesions. In a later work, Libellus...de mentulagra morbo rabido et incognito (Small Book...on the Fierce and Unknown Mentulagra disease), he used the word mentulagra, a word derived from the Latin mentula, or virile member, to describe what he had previously called the French disease. The title demonstrates that, in the end, Grünpeck came to see the relationship between the Gallic disease, the male member, and sexual relations.

After the publication of Grünpeck's study, a number of

other writers, especially those from Italy, published works on morbo gallico, including Bartolomeo Steber¹³, Nicolás Leoniceno¹, Johannes Widmann¹⁴, Antonio Benivieni¹⁵, and many others^{16,17}.

THE FIRST WORKS FROM SPAIN

Only later did the theory of the American origin of syphilis come into being. According to this argument, it was Columbus' men who contracted the disease on the first or second voyage and then introduced it into Europe. The theory is certainly groundless and, for that very reason, early works on the subject written by Spanish authors merit discussion.

The first Spanish author to write about morbo gallico was a bishop and a physician from Valencia, Gaspar Torella¹⁸, who was also a relative of Rodrigo Borgia, the man who, as Alexander VI, sat on the throne of St. Peter in Rome. In view of the alarming spread of the French disease, the pope charged Torella with treating those affected, both within and beyond the Vatican walls. The fruit of his astute observations and fine clinical criteria is a work entitled Tractatus cum consiliis contra pudendagram sive morbum gallicum (Treatise and Advice on the Pudendagra or Morbo Gallico). Torella attempted to come up with a better name to replace morbo gallico; the result was pudendagra, from the Latin pudendus, or shameful, dishonest, disgraceful, a word used to refer to private parts of the human organism, also

called the "shameful parts." This work was published in Rome in 1497. The author reports that in the Vatican alone he had treated seventeen patients suffering from the disease in only two months, a figure that reveals as much about the sexual activities of venerable members of the Vatican as it does about the contagious nature of the disease. In the appendix of the work, he includes a summary of the clinical histories of five patients he treated. Subsequently, he published a number of additional works describing the pain and the ulcerations brought on by pudendagra and other diseases.

Torella mentions that the illness appeared in Auvernia (a province of central France) and, from there, spread to other places, including Spain.

In 1498, Spanish physician Francisco López de Villalobos² published one of the most important works dealing with the subject, titled Sumario de la Medicina con Tratado sobre las Pestíferas Buvas (Summary of the Field of Medicine with a Treatise on the Pestiferous Buboes). Following a tradition popular at the time, even when dealing with scientific subjects, the author wrote his book in verse. López de Villalobos, an expert in clinical matters, described early symptoms and signs of the disease, as well as its evolution as manifested in the changing colors of lesions, the buboes, the gummata, the encordios, and even neurological problems caused by the disease in later stages. He sustained that the "sinful" disease was the fruit of licentious behavior. The fact that he describes lesions which would

later be called "tertiary" reveals that during those early years the disease progressed rapidly in some patients, with a very short or no period of latency, evolving quickly to the tertiary phase.

López de Villalobos proposed the name "Egyptian scabies" as "it is a disease that existed in Egypt, which God visited upon the pharaoh in his 'nature' (that is, his procreative organ), as related in Genesis, chapter XI."

In 1500 in Rome, Spanish physician Pedro Pintor¹⁹, who at that time was already Alexander VI's physician, published a work titled De morbo foetido et occulto his temporibus affligente (Fetid and Hidden Disease Which, at the Same Time, Torments). Pintor was widely famed in Rome and treated a growing number of syphilitics, both within and beyond the walls of the Vatican. Like his fellow countryman, he came up with a new name, morbo foetido, due to the repugnant odor of the ulcers. He stated that, prior to arriving in Rome, he had observed similar cases in Spain. He mentions -something unheard of- the names and surnames of personages attached to the Roman court who suffered from the French disease.

Juan Almenar²⁰, lord of Godella and Rocafort, originally from Valencia, published his work in Venice in 1502. It was titled Libellus de morbo gallico, quem ita perfecte eradicare ostendit, ut nunquam revertatur... Due to its literary and scientific merit, the book came out in edition after edition and was translated into many languages. Almenar was the first to observe the ptyalism produced by mercury treatment;

he recommended that it be administered in smaller doses and in conjunction with medicinal plants. In the face of the polemic surrounding the manner of contagion, he came up with a Solomonic solution: he stated that the sun, along with bad air, was the cause of the disease when contracted by priests, whereas in others it was due to kissing and sinful sexual relations.

In later years, news reached Spain that the natives of the islands of the West Indies (Caribbean), especially those living in present-day Haiti and the Dominican Republic, cured skin lesions with extracts from the bark of a tree called the guayacán (*lignum vitae*).

In 1517, Nicolás Poll²¹, an outstanding university professor and physician to Charles V, published a work entitled De cura morbi gallici per lignum guayacani libellus (Small Work on the Cure of the Gallic Disease with the Wood of the Guayacán). A new edition appeared in Venice in 1535.

It was as a result of the curative properties, real or imagined, of the guayacán, or guayaco, that it was later named palo santo, or holy wood, and the sale of the wood, by decree of Charles V, became a monopoly of the Plugger brothers who had financed the monarch's ascension to the throne. They profited from the sale of the holy wood for many years and their fortune grew significantly as a result.

SYPHILIS: AN AMERICAN DISEASE?

Until 1526 it didn't occur to anyone, either in Spain or

any other European country, to suspect, must less assert, that the French disease had come from America. In that year, Gonzalo Fernández de Oviedo²² published a work titled De la Natural Historia de las Indias, better known as the Sumario. In this history, he describes a number of medicinal plants found in the New World, and in the chapter on lignum vitae, he says, "The principal virtue of this wood is its ability to cure buboes (thus did he refer to the disease which, in Spain, was better known as bubas)... that disease that came from the Indies, and is very common among the Indians, but is not as dangerous in those parts as in these, since the Indians of the islands cure themselves easily with this wood."

The same author, in 1535, published his Historia general y natural de las Indias, islas y tierra firme del mar océano (General and Natural History of the Indies, Islands and Mainland of the Ocean Sea). In this work, Fernández de Oviedo once again insists that buboes originated in America, and adds, "Many times, when in Italy, I laughed when I heard the Italians talking about the French disease and the French calling it the Neapolitan disease; when in truth, they would have been correct in calling it the Indian disease. And that this is true will be understood in this chapter and due to the vast experience with holy wood and lignum vitae, with which this terrible disease of buboes, more than with any other medicine, is cured, because so great is divine forgiveness that wherever possible, He, in His mercy,

provides the remedies to heal our guilt, our trials, our sins, wherever these are found."

Was it this ancient maxim, that "wherever God sends punishment or disease, there He also sends the cure," that led Fernández de Oviedo to claim that syphilis was American in origin?

But who is this individual who so arrogantly laughed at Italians and French and countless physicians, many of them highly respected, who spoke and wrote about the Gallic disease? What value have the opinions and affirmations of a layman who, long after they have published their works, decides to contradict the most learned physicians and surgeons of all Europe?

The future "Chronicler of the Indies" was, for a time, a page at the royal court. Later he was a scribe in Madrid. Finally, he found a job as inspector in the gold mines of Darien (present-day Colombia).

In that capacity, he traveled to the West Indies, twenty years after the outbreak of the first major syphilis epidemic, and approximately ten years after the introduction of the first black African slaves into the islands of the Caribbean.

In the first place, though he mentions that many Indians suffer from buboes, nowhere in his history does he suggest that he has actually seen anyone with the disease, nor does he attempt to describe these buboes. And, in the second place, the treponematoses most widely spread through the

known world, prior to Columbus' voyage, was yaws which, in the Caribbean, was called pián. As black Africans suffered from yaws, and the matter has yet to be sufficiently studied, it is impossible to state whether they introduced the disease into America, as was the case with malaria and yellow fever, or if yaws was already there, having been introduced by the first human beings in the New World who migrated through the Bering Strait -at the time a land bridge- and from there spread throughout North and South America in the course of several thousand years.

Yaws is a skin disease found in tropical areas, one which affects children, in particular. Its course is benign. The information that leads Fernández de Oviedo to conclude that what he called buboes was present in America was more likely a reference to yaws rather than syphilis.

Fernández de Oviedo asserts that the Spanish who accompanied Columbus on his voyages were responsible for taking buboes to Spain, and that from there it spread to Italy and eventually the rest of Europe.

Twenty or thirty years after the publication of the first works on the Gallic disease, the majority had been forgotten, as most of those editions were very small and available to very few.

The history of Fernández de Oviedo marks the beginning of a new period in historical interpretations based on his erroneous affirmations. Because he was an eye witness, and lived for twenty years in the New World, his words carried

added weight and were subsequently cited as articles of faith by authors who were at times less than scrupulous in checking their facts.

This is true of other early works on the history of the Americas, such as those by Fray Ramón Pané²⁴, Fray Bartolomé de las Casas²⁵, Pedro Martir de Anglería²⁶, and Pedro Cieza de León²⁷. These writers, basing their statements at times on their own observations and at times on references made by other, the latter being the case of Anglería, mention buboes as a disease carried by the aboriginal population. They describe a skin disease that temporarily disfigures the face, or they mention it in conjunction with descriptions of medicinal plants, like the sarsaparilla, used by the native in the treatment of skin diseases. The single individual who not only saw persons affected by the disease but also came down with buboes was the young Italian Girolamo Benzoni²⁸, but that happened almost eighty years after the outbreak of the syphilis epidemic in Naples and, in any event, his illness was not syphilis. The categorical affirmations of Fernández de Oviedo and, possibly, corroborating statements by the other chroniclers mentioned above, became the evidence physicians used, beginning in 1525, to pronounce America the cradle of the French disease.

Among these physicians is Ruy Díaz de Isla²⁹ who, in 1539, published his *Tratado sobre el mal serpentino que vulgarmente en España se llama buyas...* (Treatise on the Serpentine Disease. Popularly Known as Buboes in Spain...).

The author was a respectable seventy-seven years of age when he published the book, and perhaps due to the natural deterioration of his memory, the work contains serious historical errors and lies which invalidate much of its contents. His work was forgotten until, in the eighteenth century, Jean Astruc³⁰, in his bibliographic searches, came across it and made it the incontrovertible basis for his assertion that syphilis came from America.

Among other errors and fallacies, the author states that "Finding himself in Barcelona (in reference to the arrival of Columbus, in March 1493), he offered his services to numerous sailors attacked by this disease, who were on board the same ship commanded by Christopher Columbus." Columbus did not sail to Barcelona; he went by land. He was not accompanied by numerous sailors but, rather, by a handful of officers and seven Indians. And not one of them suffered from any disease, much less one causing the very visible lesions that accompany syphilis. In addition, he affirms that he has been treating patients suffering from the "serpentine disease" for more than forty years, which would indicate that he was seeing syphilitics even before Columbus' first voyage and, of course, before the outbreak of the syphilis epidemic in Naples.

It is curious that now, when all of Europe is talking of the French disease, this physician from the All Saints Hospital of Lisbon, decides to propose a new name, the serpentine disease.

Another physician frequently cited by authors beginning in the seventeenth century is Nicolás Monardes³¹, who, in 1565, published *De las cosas que nos vienen de nuestras Indias occidentales y que sirven para el arte de curar* (On the Things that Come From Our West Indies and that Serve the Curative Arts). The work of this physician from Seville has true merit, except when he wanders into the realms of fantasy and myth, inspired by certain travelers and correspondents.

Monardes was dedicated to collecting information about the uses and properties of medicinal plants brought back by Spaniards who had traveled to the New World, especially those who had been to the Caribbean and, later, to New Spain (present-day Mexico) and South America. He experimented with the plants he received and thus became the first clinical pharmacologist of the Renaissance.

As for syphilis, he did not, unfortunately, question the historical accuracy of Fernández de Oviedo's account but, instead, accepted and repeated it, almost word for word. In effect, he wrote, "Buboes came from the Indies. Perhaps it was Lord, Who sent the buboes disease, Who also provided the remedy. Because buboes came from the Indies, the first cases from Santo Domingo. Buboes are common among the Indians, and familiar to them, just as small pox is among us, and almost all the Indians, men and women, have them, since among them it is widespread, and the disease came in this way."

THE FOUR HUNDRED YEAR OLD CONTROVERSY

The works of the chroniclers of the Indies mentioned above, especially those of Pané, Fernández de Oviedo, and the physicians Ruy Díaz de Isla and Monardes, became the "solid bases" for theories of the American origin of syphilis. As a result, there arose a controversy between those who accepted the gratuitous affirmations of Fernández de Oviedo and those who maintained that syphilis did not originate in America but, rather, was a disease that had long existed in the Old World.

In a recently published work, Crosby³² asks, "Where did syphilis come from? If the answer is America, we can be almost certain that it happened in 1493 or shortly after." He goes on to say that "In 1513 he (Fernández de Oviedo) traveled to the Indies where he spent most of the remainder of his life. No one can doubt that he had plenty of opportunity to learn as much as possible about the alleged American origin of this disease." Finally, he adds, "The third well-known member of this school of thought was a physician, Ruy Díaz de Isla, who, in a book published for the first time in 1539, maintains that he treated some of Columbus' men who had contracted syphilis in America in 1492 and that he observed the rapid spread of the disease in Barcelona." After offering this information, he concludes, without much conviction, that syphilis probably did originate in America. Nevertheless, it is important to remember that Fernández de Oviedo did not come to America in order to do

research about anything, much less to investigate the French disease, and that his reference to the illness is circumstantial and bereft of historical context.

No one denies that an epidemic of syphilis began in Naples in March and April of 1495, or that the disease was carried to France by members of Charles VIII's army who had been infected in Italy, or that, on returning to their countries of origin, they spread the disease, and syphilis thus turned into a pandemic, the worst pandemic of syphilis experienced to date.

The problem lies in establishing, without a shadow of a doubt, whether it was that small group of men who accompanied Columbus on his return from his first and second voyages, who came back from America carrying the disease.

The first conundrum, for which there can be no satisfactory explanation, is as follows: Columbus returned from the West Indies at the beginning of 1493, that is, he arrived at Puerto de Palos on March 15 of that year. The epidemic began, as we have stated several times, during March and April of 1495, in other words, two years after his return.

A part of the fleet that made the second voyage returned to Spain in February 1494. Of the 1,500 men on this voyage, with few exceptions the only returnees were the crew members of the twelve small ships that made up the fleet. These men arrived somewhat more than a year before the epidemic broke out in Naples.

Had the Spaniards who went with Columbus on his first and second voyages returned infected with syphilis, it seems logical that the disease would have broken out in the Spanish cities of Puerto de Palos and Seville, in the region of Andalusia, to which they returned, and that it would have broken out with a virulence similar to that with which it manifested itself later in Naples. And from those cities, it would then have spread to the rest of Spain. But history reports nothing of the kind.

Table I is a brief chronological summary of the most important dates related to Columbus' first voyages and the syphilis epidemic. As the information in the table makes clear, there is no cause and effect relationship between said voyages and the outbreak of syphilis in Naples.

The second point to be discussed is the physical condition of the Spaniards and Indians who arrived in Spain. As for the second, Columbus, in his diary³³, relates the following: "This people should be very useful and of lively intelligence, as I have observed that they learn quickly all that is said to them... All have wide foreheads, wider than those of any other peoples I have seen to date. They have large and beautiful eyes... In general, they have no fat on their bellies but, rather, graceful figures. All were as naked as the day their mothers brought them into this world, even the women, though I saw only one very young woman. All were of good build and had beautiful bodies. All I saw were young, not one of them being more than thirty years old."

The Indians Columbus presented to the king and queen of Spain were wearing only a loin cloth and thus their physical beauty was on display, as well as the fact that not one suffered a skin lesion that might be attributed to syphilis. The Spanish crew members who returned were likewise free of lesions that could be attributed to the disease.

It is true that the captain of the Pinta, Martín Alonso Pinzón, returned ill and died a few weeks later, but it was of a "common illness," not the disease that first appeared two years later in Italy. What's more, had the disease been syphilis, he should have infected at least his wife, and the same would have been true for other crew members.

As for the second voyage, Hernández-Morejón³⁴, commenting on the lack of logic and factual data to support an argument for the American origin of syphilis, states that "Diego Alvarez de Chanca was the physician who, on the king's orders, accompanied Christopher Columbus on his second voyage. He describes with extraordinary care and a wealth of detail that is almost annoying, the events of the trip and the customs of the aborigines, as well as the illnesses of the members of the Spanish expedition. Can one possibly believe that a physician who reports so scrupulously on matters that have nothing to do with his field would have forgotten to mention an illness whose cutaneous manifestations are evident to even the most superficial of observers? This is even more inconceivable given that he does describe all the other illnesses that afflicted members

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of the crew during the crossing."

The third problem that requires explanation is why Spanish physicians like López de Villalobos who, beginning in 1497, were publishing works on syphilis, never so much as mention the hypothesis which holds that the disease originated in America. All of these early authors, during the three decades subsequent to the outbreak in Naples, give the disease various names and refer to a variety of possibilities, such as Egypt and, later and more concretely, France, as the site of the disease's origin.

How are we to explain, then, that a layman, a former mine inspector, a self-appointed historian -for which he must be given credit- comes up with the key to the mystery, affirming, as he does, that syphilis originated in America? How credible is such an affirmation, overlooking, as it does, studies and research findings by dozens of physicians, some of them very learned, not one of whom ever entertained a thought of said origin?

Another important point must be considered in relation to the Spaniards in the New World. The chronicles and histories of America were begun one or two decades after Columbus's first voyage. The authors of these works mention that some Spaniards contracted buboes -almost certainly pián, an illness that, all agree, developed in benign fashion. If, in Europe, syphilis affected its victims with such virulence, the same should have happened to the Spaniards in America. However, nowhere in the histories or chronicles of this

period is any event of the kind noted.

What is more, the social structure of peoples in the Americas did not create conditions favorable for the development of prostitution and the diseases associated with that practice. Leaders or chiefs could have as many wives as they wished; the rest of the population married early. All shared the fruits of agriculture, fishing, and other activities providing sustenance to members of each culture; no one was obliged to prostitute herself as a result of want.

In Europe, several decades after the outbreak of syphilis in Naples, physicians began to describe cases of inherited syphilis. In America, the chroniclers or historians provide extremely precise information on epidemics, such as small pox, measles, and others that were brought from the Old World to the New. However, neither these writers, nor physicians who arrived later in America, mention a single case of inherited syphilis, with the exception of those cases that originated in Europe and were brought to America.

As the theory of the American origin of syphilis is based almost exclusively on historical references, we have limited this discussion to that aspect of the debate.

Nevertheless, it is clear that a broader, more complete study must taken into account other facets of this issue, including the biological, ethnological, genetic, and immunological. For example, a study on the origin of spirochetes of the genus *Treponema* which, according to Cockburn³⁵ and Hackett³⁶,

come from tropical Africa, has aroused tremendous interest.

In conclusion, we have an irrefutable historical fact, that of a violent outbreak of syphilis in Naples in 1495, a phenomenon which coincided with the presence of an invading force consisting of more than 30,000 soldiers led by French king Charles VIII. The invasion took place two years after Columbus returned from his first voyage and one year after he and a portion of his crew members turned from the second voyage. Further, we know that when members of Charles' army returned to France or, in the case of the mercenaries, to their countries of origin, these soldiers spread the disease throughout Italy and a good part of the rest of Europe.

In Naples there arose epidemiological conditions appropriate to the transformation into a violent epidemic of a disease that heretofore seems to have been benign in character and sporadic in appearance.

In view of the above, it is evident that the theory of the American origins of syphilis is based on historical errors that have been repeated by authors past and present, as though these errors were proven facts.

CHRONOLOGICAL SUMMARY:
COLUMBUS' EARLY VOYAGES
AND THE OUTBREAK OF SYPHILIS IN EUROPE

DATE COLUMBIAN CHRONOLOGY CHRONOLOGY OF AN EPIDEMIC

1492

August

- 3 Columbus leaves from the
 port of Palos de Nogue
 to explore a new route
 to the Indies.

October

- 12 He arrived at the Island
 of Guanahani, which he names
 El Salvador.

1493

January

- 9 Columbus and 44 men depart
 from the Island of Hispaniola
 (today, Haiti and the Domini-
 can Republic) for Spain.

March

- 15 After a difficult and dangerous
 crossing, Columbus arrives at
 the port of Palos and sends an
 urgent message to the king and
 queen of Spain, who are in
 Barcelona.

April

- 10 At the king's behest, Columbus
 leaves Seville, accompanied
 by a few officers and seven
 American Indians. The party is
 greeted enthusiastically by
 people in the towns of southern
 Spain.
- 16 Columbus enters Barcelona in
 triumph. He is received by
 the king, the queen, members
 of the court, and a crowd of
 onlookers.

- 30 Columbus returns to Seville to prepare for his second voyage.

September

- 25 Second voyage begins, with a fleet of 17 ships and more than 1,500 men.

No cases of the venereal disease that will later be known as syphilis reported in Spain.

December

Columbus arrives at Hispaniola. A severe epidemic of flu or measles breaks out among the Spaniards and is spread to the native population, resulting in a high mortality rate among the latter.

1494

February

Twelve of the seventeen ships begin the return to Spain, each with only the necessary crew members.

April

- 15 The expeditionary fleets arrives.

Spaniards and Indians arriving in Spain on both voyages are in good health, showing no evidence of skin lesions.

FRENCH INVASION OF ITALY

Summer

On orders from Charles VIII, King of France, a large army, including regular French troops and mercenaries from France, Germany, Poland, Austria, Switzerland, and other countries, is organized.

Autumn

The army, consisting of more than 30,000 men, leaves from Lyon, France, for Italy.

October

Charles and his troops cross the Alps and advance rapidly into the region of Milan.

According to Leoniceno, the first cases of venereal disease appear around this time in Naples. The disease will later be called morbus napolitanus.

December

- 31 Charles enters Rome in triumph. A grand parade is organized. The pope takes refuge in the Castle of Saint Angel.

1495

January

- 31 The Pope and Charles negotiate an agreement according to which the latter will respect the integrity of the Papal States if the former will encourage the king of Naples to resign. The army leaves Rome, enroute for Naples.

February

- 22 Another triumphal entry, this time into Naples. Soldiers turn to pillage, theft, and rape.

March and April

Many soldiers fall victim to venereal disease and fever. Morbus napolitanus becomes a violent epidemic.

May

- 20 For strategic reasons, and because so many of his soldiers are sick, Charles VIII begins his retreat.

July

- 6 Battle of Fornovo (the only battle produced in the course of the invasion). Italian troops routed. Italian soldiers reportedly infected with morbus napolitanus.

October

Army reaches France where the troops are demobilized. Mercenaries return to countries of origin.

Epidemic of venereal disease in Lyon, Paris, and other French cities. The disease is called morbus gallicus. It spreads to Germany, Poland, Flanders, Austria, and the rest of Europe. According to Torella, the disease travels from Auvernia, France to Spain, where it is called St. Clement's disease.

1496

April

- 22 Parliament in Paris passes an edict to prevent the spread of the disease.

During 1496, morbus gallicus spreads to Hungary, the Balkans, Russia, Greece, and, in the following years, to India, China, and Japan.

Final months of 1496

Publication of the first papers on morbus gallicus.

(Translated by Mary Ellen Fieweger)

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March 8, 1994

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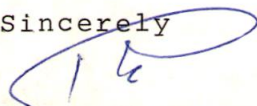
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