Sassafras in the New World and The Syphilis Exchange
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**The Syphilis Exchange**

Syphilis and its rapid blazing spread through the Old World in the late 15th century is controversial, riddled with claims and counter-claims of how, when, and where it originated. Three theories of thought have been proffered and all have enough convincing evidence not to be discarded.

**The Columbian Theory** has gained the most credible following theme of its origin, and places the sexually-transmitted *Treponemia pallidum*---the spirochete that causes venereal syphilis---with the Arwak Indians of Espanola. It was reported in the *Relation of Fray Ramon Concerning the Antiquities of the Indians*, that “they had shared their hands with the illness as far back as their memory would go”\(^1\). The Italian physicians Niccolo Leoniceno and Niccolo Massa were the defenders of this theory\(^2\).

Many accounts place the illness, dubbed “The French Pox”, on the sailors that came back from the New World with Columbus\(^3\). However, another theory, **the Unitarian Theory**, postulates that the organism which causes treponematosis mutated into several forms, and became a sexually-transmitted venereal disease only after being transported from Africa into colder climates\(^4\).

Supporting the above summary is that the three treponemal organisms (all spirochetes) most widely reported cannot be differentiated under a microscope\(^5\). In addition, if an immunity to one form of the microorganism is attained, the immunity also applies to the other manifested treponemal forms, including *pallidum*. 
The Pre-Columbian Hypothesis states that treponemal disease, which includes syphilis, existed before 1492—in the old world—but was confused diagnostically with other illnesses, particularly leprosy\textsuperscript{6}.

An alternant theory is that syphilis is the same spirochete bacteria pathogen as expressed as yaws, pinta and bejel, and slightly mutates as temperature vectors change\textsuperscript{7}. The spirochetes are structurally the most complex of bacteria.

The new syphilitic malady was new and no known cure was at hand. The illness staged into periods of latency, and then aggression of symptoms, causing many to believe they had found a cure with a remedy they were experimenting with. A decoction of guaiacum (boiling in water 5 parts of guaiacum to 100 parts of water, making a medicinal broth) caused the patient to perspire freely\textsuperscript{8}. Historians completely miss how world health events were just as important as invading armies, and that the biological element (specifically the transference of spirochete-bearing body fluids) shaped global propagation\textsuperscript{9}.

The 16\textsuperscript{th} century produced two ‘remedies’ that became popular (and also desperate): mercury and guaiacum. Mercury was a successful cure---but only if it did not kill the victim itself (see addenda, p. 12, for picture). It became the standard treatment for the illness, but it is still unclear if it really did cure, as syphilis sometimes cleared up on its own spontaneously, and of course went into periods of dormancy. Regardless, the use of mercury continued into the 20\textsuperscript{th} century\textsuperscript{10}. Guaiacum (*Ligma vita*, or Ironwood) did not prove to be an effective cure, but the importation (and profits) from it and sassafras, and other
wood product cures, lasted for fifty years\(^\text{11}\).

The chief importers in Europe were from the greatest banking family of Europe if not the world, the Fuggers of Augsburg, who attained great riches from the New World commodity\(^\text{12}\). Fifty years before Thomas Harriot, Sir Walter Raleigh and his investors became interested in sassafras as a cure for syphilis, and made large investments in procuring it (which included the Lost Colony). Raleigh’s marketing tool for his New World adventures was Thomas Harriot, and he studied the past use of sassafras and was aware of the earlier Spanish discovery of it.
Raleigh and his investors profited from the export/import of the sassafras with voyages between 1590 and 1603\textsuperscript{13}. Harriot referred to a secret commodity in a secret location which could only be sassafras\textsuperscript{14}. According to Harriot:

“Sassafras, called by the inhabitants Winauk, a kind of wood of most pleasant and sweet smell; and of most rare virtues in physic for the cure of many diseases. It is found by experience to be far better and of more uses than the wood which is called \textit{Guaiacum}, or \textit{Lignum vita}. For the description, the manner of using and the manifold virtues thereof, I refer you to the book of Monardes, translated and entitled in English, \textit{The Joyful News from the West Indies}.”\textsuperscript{15}

As proffered above, an early account of the benefits of sassafras was documented by Nicolás (sic Nikolas) Monardes between 1565 and 1574. His most significant and well-known work was \textit{Historia medicinal de las cosas que se traen de nuestras Indias Occidentales}, published in three parts under varying titles (in 1565, 1569, and completed in 1574; unchanged reprint in 1580). This was translated into Latin by Charles de l’Écluse and into English by John Frampton with the title “Joyfull News out of the New Found World” (see addenda, p. 13, for title page)\textsuperscript{16}. 
Nicolas Monardes at the age of 57

Nicolás Bautista Monardes (1493 – 10 October 1588) was a Spanish physician and botanist. The genus *Monarda* was named for him. Monardes published several books of varying importance. In *Diálogo llamado pharmacodilosis* (1536), he examines humanism and suggests studying several classical authors, principally Pedanius Dioscorides. He discusses the importance of Greek and Arab medicine in *De Secanda Vena in pleuriti Inter Grecos et Arabes Concordia* (1539). *De Rosa et partibus eius* (1540) is about roses and citrus fruits.
Monardes claims he was given the sassafras roots from a French man who found out about it from the Indians in Florida:

“The Spaniards dug up the root and cut it into very thin pieces and cast it in water, and boil it till it comes to a good color, and they drink it in the morning, during the day, and at dinner. The trees grow to be large and the rind from the root has a sweet smell like to the smell of fennel.

“The roots are slender and are near the surface and are easy to dig up. The root is the best of all the tree. Water soddened with the root is much sweeter than all the rest of the tree and the Spaniards believe it works better in curing than any other part. The tree grows near to the sea. The water made from this root is just as strong as cinnamon. The best is the root, next are the boughs and then the wood. The rind is the best of all, and just as good. The Indians call this pauanæ and the French call it sassafrax. The Indians put a piece of the wood in water and seethe it as long as they think best. A gentle woman, it cured them of fevers.”

Nees, Sassafras
(Sassafras albidum Nutt.)
By the mid-1560’s it was universally accepted that the syphilis origin was the Americas, and considering its origin, that a remedy would also be found there. Two original sources were thought to be guiac, guayacan or palo-santo (guaiacum officinal)—a type of wood that is very dense and heavy—and sassafras, first reported in a book called *Joyful News Out of the Newfound World*, translated by John Frampton. The wood became a fad for the cure of many maladies, and the cost rose to in-explicable heights. By 1530, the lack of success was realized and the zeal for it died down somewhat. Europeans switched back to china root, sassafras, prayer and mercury for relief.

**The Just Rewards of Unbridled Lust: Syphilis in Early Modern Europe**

Syphilis became a rampant disease shortly after 1492, manifesting as horrifying acorn-sized pustules which erupted on the face, genitals and hands. Whatever part of the body came into contact with the pathogen is where the first expression developed (see addenda, pgs 14 and 15). Ulrich von Hutten (1488-1523), a German knight, wrote a popular book about the trials and tribulations as he was personally struggling with syphilis:

“From the boils there emitted a foul, dark-green pus. This secretion was so vile (von Hutten affirmed), that even the burning pains of the boils troubled the sick less than their horror at the sight of their own bodies. Yet this was only the beginning. People’s flesh and skin filled with water; their bladders developed sores; their stomachs were eaten away.”

Girolamo Fracastoro, a professor at the University of Padua:

“The symptoms progressively got worse: the syphilis pustules developed into ulcers that dissolved skin, muscle, bone, palate, and tonsils—even lips, noses, eyes, and genital organs. Rubbery tumors, filled with a white, sticky mucus, grew to the size of rolls of bread. And many of the people died.”
The poor souls who contracted syphilis were reviled in their own time because people believed they brought the illness on themselves for dipping into places of lust, debauchery, and sin. Unbridled fornication was the root of this outbreak and the people were getting their just deserts. Prostitutes and soldiers were the first to succumb to it, and that the sores were causing eruptions and disfigurement seen on the genital organs; it was taken as a sign that it came rightfully so to sinful souls who dabbled in the forbidden treats of sexual inhibition.

Von Hutten reported that physicians were so terrified that they would not treat their patients, even though the patients with the terrible malady desperately sought treatment and psychological support. The idea of infection began to be taken far more seriously than it ever had before. They castigated and persecuted the sick. As infection spread, so did fear; and where fear went, blame followed close behind.

William Clowes (1540-1604), who counted Queen Elizabeth among his patients, announced:

“That syphilis was "loathsome and odious, yea troublesome and dangerous, a notable testimony of the just wrath of God."”

A century later, a French physician, M. Flamand, summed up this point, that:

“Venereal diseases were "the just rewards of unbridled lust." Disease commonly invited theological speculation, but in the case of syphilis people felt that little speculation was necessary. Just as fornication opened the door to the pox, so the pox opened the door to chastisement and blame.”
Hospitals did not know how to handle the new illness. They could not deal with the social expungement, physical deformities and mental insanity that syphilis sufferers were confronted with. Institutions that had always treated the sick started turning away syphilis patients. The most famous of them, the Paris Hôtel-Dieu, prided itself with one single exception, on the breadth of its generosity. This hospital boasted that it "receives, feeds, and tends all poor sufferers, wherever they come from and whatever ailment they may have, even plague victims—though not if they have the pox." The Hôtel-Dieu expelled its syphilitic patients in 1496, and, after relenting briefly, did so again in 1508.27

Despite the cruelties fear produced (see addenda, p. 16, for pictures), some doctors did at least try to help. According to Peter Lewis Allen, in his book *The Wages of Sin, Sex and Disease, Past and Present*:

“Doctors warned of the dangers of promiscuous sex, particularly with prostitutes; some even proposed safer sex techniques for preventing the pox, such as washing the genitals, before or after intercourse, in hot vinegar or white wine. It probably took physicians a while to realize that these mild remedies, while doing no harm, did little good, either. Syphilis was new, after all, and nobody knew at first that the disease passed through primary, secondary, and tertiary stages, each with distinct symptoms and with quiescent periods in between.”28

Penicillin eventually did become the ultimate cure for this pathogen, but the spirochetal pathogen still exists today with millions of new cases each year.29 Over 500 years later, and we’re still paying the price for our ancestors’ follies. At least this time, in our time, we know now how to fight it correctly.
Footnotes


3 Crosby: 122-140

4 Crosby: 142

5 Crosby: 144; see electron photomicrograph of the spirochete *Treponema pallidum* on p. 129

6 Cambridge: 167

7 Cambridge: 167

8 Crosby: 154


10 Mercury: http://corrosion-doctors.org/Elements-Toxic/Mercury-medical.htm

11 Crosby: 151-155

12 Crosby: 156


14 Harriot: 12; and Quinn: 314, 318, 337, 388


18 Monardes, Wikipedia

19 The Cambridge Encyclopedia: 167

20 Monardes, Sabin Americana, 1500-1926

21 Crosby: 155

22 An excerpt from *The Wages of Sin, Sex and Disease, Past and Present* by Peter Lewis Allen, http://www.press.uchicago.edu/Misc/Chicago/014606.html

23 Allen

24 Allen

25 Allen

26 Allen

27 Allen

28 Allen

29 Mercury
Addenda

Engraving of Mercury Treatment Process for Syphilis
One form of *Treponemia* only affects soft tissues of nasal passages

The Leager Ladies (women attached to the camp) had no sooner lost their Spanish Dons, but found themselves as well-entertained by the French, whose camp they traded in, giving the monsieurs as large a share of the "pocky spoils" within their own lines as the Spanish had (Lawson, 1967: 26).

We being well enough assured that the Pox bandits first rose in the New World, it being caught of the Indian women, by the Spanish soldiers that followed Columbus in one of his American expeditions, who after their arrival in Old Spain were hastened to relieve Naples, at the time besieged by the French (Lawson: 25-6).

The Indians have a distemper which is similar to the pox, but not associated with gonorrhoeas. This affliction is often expressed in their noses. For a cure they use the juice of the tulip tree. Many that have this affliction became Indian doctors Lawson accounted for there as "no-nosed doctors" (Lawson: 231).

From the Spanish, who brought the pocky pox in their britches from America were deployed to Naples where the courtesans gave it to the French, who were then deployed to Flanders (now Belgium and Northern France) where the disease spread quickly (Lawson: 26) and crowded into every part of the world.
Another form of Treponemia is expressed in skin lesions & only pass by skin contact

Another Example of Skin-Expressed Treponemia
Treatment Methods for Syphilis

Trepan (tool for drilling holes in the skull)

*The Wages of Sin, Sex and Disease, Past and Present* by Peter Lewis Allen,
http://www.press.uchicago.edu/Misc/Chicago/014606.html

Cautery Irons

*The Wages of Sin, Sex and Disease, Past and Present* by Peter Lewis Allen,
http://www.press.uchicago.edu/Misc/Chicago/014606.html

Illustrations from “The Works of That Famous Chirurgion Ambrose Parey”,
Bibliography


Bradlaw, R.V. “The Dental Stigmata of Prenatal Syphilis”. *Oral Pathology* 6, 1953

Brailsford, J.F. *The Radiology of the Bones and Joints, 3rd ed.*. Baltimore:
Williams and Wilkins, 1945


Brothwell, D.R. “Possible Evidence of the Parasitisation of Early Mexican Communities by the Micro-organism *Treponema*”. *Bulletin of the Institute of Archaeology 15*, 1978


Buckley, H.R., and N.G. Tayles. “Skeletal Pathology in a Prehistoric Pacific Is-


Chaplin, J.E. “Natural Philosophy and an Early Racial Idiom in North America: Comparing English and Indian Bodies”. *William and Mary Quarterly* 54 (1), 1997


Csonka, G.W. “Clinical Aspects of Bejel”. *British Journal of Venereal Diseases* 29, 1953


Engelstein, L.  “Syphilis, Historical and Actual: Cultural Geography of a Disease”.  *Review of Infectious Diseases 8*, 2003


Fournier, A.  “Syphilitic Teeth”.  *Dental Cosmos 26*, 1884


Guerra, F. “The Dispute over Syphilis: Europe versus America”. *Clio Medica* 13, 1978


Guthe, T. “Clinical, Serological, and Epidemiological Features of *Framboesia tropica* (Yaws) and its Control in Rural Communities”. *Acta Dermatology and Venerology* 49, 1969


Hackett, C.J. *Diagnostic Criteria of Syphilis, Yaws, and Treponarid (Trepon-
matoses) and of Some Other Diseases in Dry Bones (for use in osteo-archaeology). Berlin: Springer-Verlag, 1976


Holcomb, R.C. “Pinta, A Treponematosis”. U.S. Naval Medical Bulletin 40, 1942


Hudson, E.H. *Non-Venereal Syphilis, A Sociological and Medical Study of Bejel*. Endinburg: E.S. Livingstone, 1958


Hutchinson, J. “Heredito-Syphilitic Strauma: And on the Teeth as a Means of Diagnosis”. *British Medical Journal* 1, 1861


Jones, J. “Explorations of the Aboriginal Remains of Tennessee”. *Smithsonian Contributions to Knowledge, No. 22 (259)*. Washington, DC: Smithsonian Institution Press, 1876


Litchenstein, L. *Disease of Bones and Joints*. St. Louis: C.V. Mosby, 1970


Merbs, C.F. “A New World of Infectious Diseases”. *Yearbook of Physical Anthropology 35*, 1992


Monardes, Nikolas. *Joyful News Out of the Newfound World*. Translated by John Frampton, London: Printed by E. Aide by the assign of Bonham Norton, 1596. Sabin Americana, 1500-1926: [http://galenet.galegroup.com/servlet/Sabin?dd=0&locID=ncliveecu&d1=SABCA05995900&srchtp=b&c=1&df=f&d2=4&docNum=CY3800479932&b0=Monardes&h2=1&l0=1596&vrsn=1.0&b1=0X&d6=4&d3=4&ste=10&stp=DateAscend&d4=0.33&n=10&d5=d6](http://galenet.galegroup.com/servlet/Sabin?dd=0&locID=ncliveecu&d1=SABCA05995900&srchtp=b&c=1&df=f&d2=4&docNum=CY3800479932&b0=Monardes&h2=1&l0=1596&vrsn=1.0&b1=0X&d6=4&d3=4&ste=10&stp=DateAscend&d4=0.33&n=10&d5=d6)


Moore, J.E. *The Modern Treatment of Syphilis, 2nd edt*. Springfield, IL: C.C. Thomas, 1941


Munger, R.S. “Guaiacum, the Holy Wood from the New World”. *Journal of the History of Medicine and Allied Sciences 4*, 1949


Oosthizen, S.F. “Yaws”. *British Journal of Radiology* 22 (23), 1949


Pollack, J.S.M. “Sibbens or Sivvens, the Scottish Yaws”. *Transactions of the Royal Society of Tropical Medicine and Hygiene* 47, 1953

Powell, M.L. *Status and Health in Prehistory, a Case Study of the Moundville Chiefdom*. Washington, DC: Smithsonian Institution Press, 1988

Pusey, W.A. *The History and Epidemiology of Syphilis*. Springfield, IL: C.C. Thomas, 1933


Disease Division, 1947


Schmid, G.P. “Epidemiology and Clinical Similarities of Human Spirochetal Diseases”. *Reviews of Infectious Diseases* **11** (suppl. 6), 1989


Soloman, S.G. “The Soviet-German Syphilis Expedition to Buriat Mongolia, 1928:


Steinbock, R.T. *Paleopathological Diagnosis and Interpretation: Bone Diseases in Ancient Human Populations*. Springfield, IL: C.C. Thomas, 1976
Stokes, J.H. “Modern Clinical Syphology: Diagnosis---Treatment---Case Studies.” Philadelphia: W.B. Saunders, 1928

Stokes, J.H. Modern Clinical Syphology, 3rd ed. Philadelphia: W.B. Saunders, 1944


Virchow, R. “Über die Naturmder Constitutionell-Syphilitischen Affectionen.” Virchows Archiv für Pathologische Anatomie und Physiologie und für klinische Medizin 15, 1858

Virchow, R. “Beiträge zur Geschichete der Lues”. Dermatologische Zeitschrift


Wicher, K., V. Wicher, F. Abbruscato, and R.E. Baughn.  “*Treponema pallidum subsp. pertenue* Displays Pathogenic Properties Different from those of *T. pallidum subsp. pallidum*”.  *Infection and Immunity* 68, 2000

Wilcocks, C., and P.C.E. Manson-Bahr.  *Manson’s Tropical Diseases*, 17th edt.  Baltimore:  Williams and Wilkins


Williams, H.U.  “The Origin and Antiquity of Syphilis: The Evidence from Diseased Bones: A Review with Some New Material from America”.  *Archives of Pathology* 13, 1932


Williams, H.U., J.P. Rice, and J.R. Lacayo.  “The American Origin of Syphilis, with Citations from Early Spanish Authors”.  *Archives of Dermatology and Syphilology* 16(6), 1927

Wilson, P.W.  “Incidence of Yaws and Syphilis in Five Rural Villages, Republic of Panama”.  *U.S. Naval Medical Bulletin* 32, 1934