

## LEPROSY IN SPAIN

by

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When Europe was invaded by leprosy, Spain suffered consequences analogous to those suffered by neighboring countries and defended herself by similar measures. More than twenty thousand lazarets were created in Europe, and a multitude grew up in Spain some idea of which may be gained from the following incomplete list:

9th Century — Marssell House (Santa Margarita) founded in Barcelona.

- Year 1067, El Hospital del Cid, Palencia.
- 1074, Santa Maria de la Silva, Oviedo.
- 1187, Hospital de San Lazaro, Santiago.
- 1200, Lazareto de Vivero, Vivero (Lugo).
- 1213, San Lazaro de Rivadavia, Oviedo.
- 1213, San Lazaro de Lugo, Lugo.
- 1225, San Lazaro de Sevilla, Sevilla.
- 1248, San Lazaro de Corro (Casa de los Alas), Aviles, Oviedo.
- 1255, San Lazaro de Valencia, in Valencia.
- 1256, Malateria de Salamanca (Leprosarium), Salamanca.
- 1256, Ladreria de Monforte de Lemos, Lugo.
- 1260, Ladreria de Cesures, Coruña.
- 1270, San Lazaro de Córdoba, Córdoba.
- 1295, San Lazaro de Villafria, Pravia, Oviedo.
- 1299, San Lazaro de Orense, Orense.
- 1300, San Lazaro de Vallobal, Piloña, Oviedo.
- 1331, San Lazaro de Revollada, Lena, Oviedo.
- 1331, San Lazaro de Paranza, Proaza, Oviedo.
- 1331, San Lazaro de Mono, Caso, Oviedo.
- 1331, San Lazaro de Ruedes, Gijón, Oviedo.
- 1331, San Lazaro de Valdevenero, Aller, Oviedo.
- 1331, San Lazaro de Paniceres, Oviedo.
- 1331, San Lazaro de Cervielles, Oviedo.
- 1331, Santa Cruz del Marcenado, Oviedo.
- 1331, Malateria de Ayardo, Cabranes, Oviedo.
- 1331, San Lazaro de Mirayo, Cangas de Tineo, Oviedo.
- 1405, Nuestra Senora de Bazar, Salas, Oviedo.
- 1405, San Lazaro de la Espina, Salas, Oviedo.

- 1519, San Lazaro de Cabruñana, Grado, Oviedo.
- 1524, San Lazaro de Retuertas, Corias, Oviedo.
- 1583, San Lazaro de Entrecaminos, Oviedo.
- 1594, San Lazaro de Pradaira, Grandas de Salime, Oviedo.
- 1649, San Lazaro de Baryo, Cangas de Tineo, Oviedo.
- 1679, San Lazaro Llende la Faya, Oviedo.
- 1692, San Lazaro de Colmeira, Laviana, Oviedo.
- 1694, San Lazaro de Cecos, Cangas de Tineo, Oviedo.
- 1719, San Lazaro de Corros, Candamos, Oviedo.
- 1750, San Lazaro de Linares, Proaza, Oviedo.
- 1751, San Lazaro de Cañamal, Villaviciosa, Oviedo.
- 1771, San Lazaro de Ferradal, Castropol, Oviedo.
- 1776, San Lazaro de Lloraza, Villaviciosa, Oviedo.
- 1781, San Lazaro del Valle de Ardisana, Llanes, Oviedo.

On reading the list it will be noted that from the 11th to the 18th century the principal focus was in the northwest. The creation of all these small lazarets may have served to halt the spread of the disease. This is the conclusion one might draw from reading the early reports, later gathered together with greater exactness by Gil Casares, San Pelayo, and Goyanes Cedron.

The beneficial effect of the construction of lazarets in those early years was not restricted to Spain. The Spaniards created a large number of leprosariums in many parts of the world, as, for example, St. Lazarus Hospital at Havana, founded in 1667, during the reign of Philip IV, by a Spanish priest, P. Alegre S. J.; the leprosariums at Bungo and Kyoto, founded by the Spanish Jesuit, St. Francis Xavier and his disciple Yasugiro, and St. Lazarus Hospital at Manila, founded in 1784 by Spanish Franciscans. Also Souza Araujo tells us that the present model leprosarium at Carville, Louisiana, had its origin in an institution which was built at Iberville in 1785 by Spanish missionaries. This list could be very greatly extended.

About the end of the last century a recrudescence of leprosy occurred in Spain which did not affect the old focal points in the north-west but instead extended principally along the eastern coast from Catalonia to the eastern part of Andalusia. This recrudescence has been reported by a large number of authors. Special mention should be made of the communication of Professor Tello to the Second International Conference on Leprosy in 1909. To meet this new situation, P. Carlos Ferris S. J. constructed in the center of the eastern focus, at Fontilles (Alicante), the St. Francisco de Borja

Sanatorium-Colony, which very quickly had a beneficial effect, especially in the districts immediately surrounding.

It is possible to gain some idea of the evolution of leprosy since 1909 by noting the number of publications relating to the disease appearing in the *Dermosyphological Proceedings* founded in that year. In 1909 two works appeared; from 1911 to 1914 inclusive, none; in 1915, one; from 1916 to 1918, none; in 1921, one; in 1922, two; in 1923, one; in 1924, none; in 1925; two; from 1926 to 1928, one; in 1929, three; in 1930, one, and in 1931, two. From 1932 on there is evidence of a new increase in morbidity. Case reports, diagnostic and therapeutic notes increased in number each year, reaching 23 in 1936.

This new diffusion of leprosy which began in 1931 and reached its maximum in 1936 affected chiefly Andalusia and Estremadura which had no leprosariums like that at Fontilles in the east, nor even like that at Santiago del Compostela. This was also the zone chiefly affected by the war, in which there occurred forced displacement of great masses of population. Leprosy patients passed through healthy regions. Healthy persons were lodged in houses with the leprosy. The arrival of African troops and of mercenaries from the most easterly parts of Europe and of Asiatics would be expected to and did introduce leprosy, many reports of which have appeared in the transactions of the Dermatological Academy during the period from 1940 to 1945. In 1946, at the First Spanish-Portuguese Congress of Dermatology, twenty-three communications on leprosy were presented, clearly indicating a notable increase in these last years.

The foregoing exposition seems to us more demonstrative than the official statistics which are unrealistic. At present a census of patients is being taken, with the collaboration of all the leprosy institutions and of the dermatologists which will place us in a much better position to extend the campaign for eradication. But even before the completion of this census a fairly close estimate of the number of patients can be made.

At present we have in Spain the following numbers of patients in leprosariums and hospitals:

Sanatorium—Colony San Francisco de Borja, Fontilles..	270
National Leprological Institute, Trillo .....	90
St. Lazarus Hospital, Granada .....	35
St. Lazarus Hospital, Santiago de Compostela.....	32
"Masdeu," Horta, Barcelona .....	29
San Juan de Dios Hospital, Madrid .....	12
St. Lazarus Hospital, Seville .....	9
Santa Cruz and San Pablo Hospital, Barcelona.....	5
Total.....	<hr/> 482

Official data have been published regarding non-institutionalized patients by Berjillos del Rio in his report entitled "An Epidemiological Map of Leprosy, Prophylaxis, and Treatment" presented at the recent Spanish-Portuguese Congress on Dermatology. In this report the number is given as 1575 which includes all patients registered by the provincial health departments. Many patients, however, are known not to be reported even though they are under treatment by competent specialists. Probably if only the initials were required on the report card it would be easy to obtain a complete census. Such a census would probably show about four thousand patients under treatment by physicians. If duplicates were eliminated it is very possible that this number would be diminished considerably.

Spain, including the Balearic Islands, has an area of 505,720 sq. kilometers and a population of approximately 25,000,000 inhabitants. If we estimate a maximum of four thousand cases, the leprosy prevalence rate would fall between 3.2 and 1.6 per 10,000 inhabitants.

The patients are distributed chiefly along the coastal areas. At present the most important focus, and one which is on the increase, is in the south. The eastern Mediterranean region and Galicia continue to be endemic zones, but the disease is considered to be decreasing.

Apart from the peninsula, we know that in the Canary Islands with 680,000 inhabitants, there are some 650 patients, a prevalence rate of 9.6 per 10,000 population. In the Spanish Colonies of Guinea with 167,000 inhabitants there are estimated to be 8,000 patients, or 47 per 10,000.

The data for Spanish Morocco are very inexact and we know

So much for the problem! But what of the organization which can be used in the fight against the disease.

only that there is considerable leprosy there.

There are in Spain many organizations interested in leprosy. There is need for a central leprosy service under the National Health Department with a competent leprologist at the head, who would have under his direction all governmental antileprosy activities. He would naturally cooperate with the private charitable institutions and would utilize to the best advantage the services of the professors of dermatology and other specialists.

Including the leprosariums now in use, plus those under construction, we shall soon have at our disposal 2000 beds, sufficient to isolate only the most dangerous cases. The remainder could be kept under supervision and treated in dispensaries which should be increased in number in the eastern area. By extending our vigilance to those who live with the patients a complete prophylactic program might be instituted.