The San Lazaro Hospital of Seville, Spain, had its origin in the times of the re-capture of the city of Seville by the Christian army, which began in the year 1248 with the arrival of Fernando III “El Santo” to the city. Among the men of his army, there were some who had contracted leprosy and were placed in a shelter outside of the city in the suburb of the Macarena.

Even though their care was supported by King Fernando III, it was his son, Alfonso X “El Sabio,” who made it possible for the San Lazaro Hospital to be built and for it to have a permanent status, with specific rules that would characterize its good performance. He proclaimed the first ordinances that through the next centuries would be upheld and expanded by the successors to his throne.

In these ordinances it was established that the hospital would be under the direction of the Crown. The director of the hospital was appointed by the King and was called “mayoral.” There were two assistants, usually patients, who helped the mayoral. The finances were controlled by one person who was chosen by the mayoral. Religious guidance was given by a priest (“capellan”) who said mass daily. They also had a notary (“escribano”) who wrote all of the documents pertaining to the administration and management of the hospital. Other individuals named by the “mayoral” were the “bacinadores” who were in charge of collecting donations from the people of the city in support of the hospital. The aforementioned ordinances also regulated the lifestyle and responsibilities of the patients, as well as the requirements needed to be admitted to the hospital.

The hospital, which nowadays still functions as a general hospital, provided treatment for leprosy patients until the 1930s, continuing therefore to be a “lazaretto” for almost seven centuries. The assistance provided in this particular hospital, from its creation during the Middle Ages until the 20th century, was crucial in the first centuries in containing the spread of the illness, and starting in the 18th century provided medications for the treatment of leprosy.

The hospital was for many centuries the most important lazaretto in Spain, as well as one of the most well known in Europe. This was due to the economic support and privileges lent to this hospital by the Spanish Crown. The hospital’s mark is evidenced by the great influence that it had on other lazarettos which were created with the same characteristics. It served as a model for other hospitals in Andalucía as well as in the Americas. In this paper we will discuss these lazarettos created in the Americas that follow the format of the hospital in Seville.

MATERIALS AND METHODS

The research for this paper was done based on a bibliography available on this topic and with the study of original documents preserved in the Archive of Indies (AGI) of Seville, particularly the sections of Santo Domingo and Mexico, as well as the Departments of Justice, Royal Patronage and the Council of Indies.

RESULTS AND DISCUSSION

As mentioned, the San Lazaro Hospital of Seville, due to its fame and success, was
the model for the creation of several lazarettos in the Americas. This was a consequence of two principal factors: First, its location. Seville at the time was the capital of the Crown of Castilla, and later, in the 16th century also the principal port for commercial traffic to America. Second, the interest shown by the monarchies of the time in this illness, making it a priority to stop its spread, and then bestowing privileges to and rules for the hospital that would be imitated by the American lazarettos. There are six lazaretto hospitals in the Americas for which we have documentation that were created under the same rules as the hospital of Seville.

**San Lazaro Hospital of Santo Domingo.** Located in the city of Santo Domingo on the island of Hispaniola, the San Lazaro Hospital of Santo Domingo was created during the second decade of the 1500s, and it was completed by 1520. It was the first American lazaretto.

Lack of hygiene in Santo Domingo and the transitory nature of the population in this city, whose port served as a hub for other American expeditions, led to an increase in the incidence of leprosy and the need to construct the new hospital. In the Archive of Indies we have documentation regarding the endowment of an army post to the San Lazaro Hospital of Santo Domingo by Viceroy Martin Enriquez. Its association with the lazaretto of Seville is related to the fact that the Spanish Crown granted it the same privileges as those enjoyed by the hospital in Seville. This was declared by the mayoral of Seville, Alcocer, in 1650. This hospital existed until 1741, when it was destroyed by a tremendous earthquake.

**San Lazaro Hospital of Tlaxpana in Mexico City.** This lazaretto was built in a suburb of Mexico City, Mexico, called Tlaxpana. It was founded by Hernan Cortes, between 1521–1524 or between 1526–1528, since during these years he was in charge of the government of the “Nueva España.” The old hospital had walls made of clay with a wooden roof. Its operation was short lived because in 1529 during the absence of Hernan Cortes, Nuño Beltran de Guzman destroyed the hospital to build his residence. For this act he was sent to prison in 1538. During the period between 1529 and 1560 patients with leprosy, and probably other illnesses, such as frambesia (yaws), were treated in isolated houses.

There were several attempts to reconstruct the hospital from 1530 to 1533, but it was not until 1560 when Dr. Pedro Lopez obtained a royal decree, in which it was ordered that he follow and implement the rules and privileges of the San Lazaro Hospital of Seville in the new Mexican lazaretto, that reconstruction began. After obtaining a permanent permit from Viceroy Martin Enriquez, it started to function in 1572. The regulations, initially copied from Seville, were summarized in 16 rules with some partial modifications. The guidelines of this document establish as essential that the lazaretto prevent leprosy patients from roaming about the city.

The functions of the mayoral, capellan, escribano and bacinadores, as well as the other regulations that were present at the lazaretto of Seville, were explained. Some new rules were added, for example, the distribution of the patients in three wings: one for Spanish and mestizos patients, another for Indians and a third one for blacks and mulattos. The number of patients was between 40 and 80, and their support depended on the patrons who funded the hospital and also on the government of the Vir-
reynato who sent leprosy patients there for care. From 1721 until 1784 the administration was managed by the order of San Juan de Dios. They were expelled in 1784 by Viceroy Matías de Galvez, but returned to take charge of the hospital from 1815 until the year 1821, when the Spanish Courts rescinded this order. The function of the lazaretto continued under the management of the Mexican government until 1862 when all of its possessions were seized by the government.16

San Lazaro Hospital of Lima. This hospital was founded in the city of Los Reyes (Lima), Peru, in 1563 by the Spaniard Anton Sanchez. It was located on a large piece of land owned by its founder near the Rimac River.17 He asked the Spanish Crown in 1565 for the ordinances and privileges of the hospital of Seville,18 which were given to him 2 years later, making this hospital a replica of the one in Seville.19 The building consisted of a church with a large wing to each side where they admitted patients of both sexes. After the death of its founder, the clergyman Cristobal Lopez Bote continued the administration of the hospital. The first few years for this hospital were very difficult because of the earthquakes that caused great damage to the physical structure, especially the earthquake of 1586 that disrupted its functioning until 1606.20 In that year, a group of neighbors from Lima reorganized the lazaretto, making it functional by creating a Fraternity of San Lazaro with ordinances very similar to those of Seville.21 However, the distribution of the afflicted was different. They had an area for white men, one area for white women, and a third area for black men and women. Also, they regulated the functions of all employees of the hospital, including those of the physician, surgeon and apothecary.

The hospital had great importance in the city because the incidence of leprosy had increased. San Lazaro of Lima had more troubles in 1678 and 1746 due to earthquakes that destroyed important parts of the hospital.22 In 1804, a dispute occurred between Dr. Baltasar Villalobos and the hospital administration. He wished to employ a new method with which he had successfully treated 12 patients. The process of discovering the cure for leprosy actually gave fodder to a great deal of documentation in the 5 years that this process lasted. The incidents started when Villalobos was named director of the hospital in 1804. He was named by the King without consulting the Fraternity of San Lazaro. The method employed by Villalobos seems to have been successful, as demonstrated in the records of Drs. Miguel Taful and Jose Vergara, as well as the reports by the surgeon Pedro Belomo. Even though we do not have documentation on the exact procedures employed, we can deduce that he combined an oral therapy with mercury, arsenic, antimony and laxatives, and an external therapy based on ointments, plasters and oils. A few years later the hospital was closed.

San Lazaro Hospital of Cartagena de Indias. On the Caribbean Coast in the Colombian city of Cartagena de Indias, a lazaretto was founded at the end of the 16th century (1592) which had characteristics very similar to the one in Seville.23 The city had a very important port where fleets arrived, and it also served as a crossroads between South, Central and North America. Once again, a highly transient population and the many problems with hygiene created an increase in the number of people with leprosy and the need for a lazaretto in the zone of Getsemani. A few years later, in the 17th century, it was moved to a new location which at the time was called “Cerro de San Lazaro.” During these years the hospital was composed of

16 Guerra, F.: op. cit., page 264.
18 A.G.I.; Secc. Justicia, Leg. 437, No 1, Year 1565.
19 A.G.I.; Secc. Patronato Real, Leg. 189, Year 1567. Antonio Velez de Alcocer, the mayor of Seville, had the opinion one should not ask for charity for patients of illnesses other than leprosy. His argument was that in Peru there was no leprosy, instead there were other illnesses with similar symptoms such as frambesia and syphilis.
small huts made of clay and reeds with a total of 12 beds. During the first half of the 17th century it went through great difficulties and adversity. For this reason the Spanish Crown, in 1651, bestowed the same privileges to this hospital as that of the one in Seville. Among them was a permit to have bacincadores in the Archdiocese of the new kingdom and in the Archdiocese of Santa Marta with similar exemptions but with less power than those of the hospital in Seville. During the 18th century the increase in the number of leprosy patients in the area was tremendous, reaching by the end of the second third of the century more than 100 patients. The Sevillian Dr. Bonifacio Ximenez de Lorite, in a dissertation read in 1765 in the “Regia Sociedad de Medicina de Sevilla,” noted the following characteristics about the hospital of Cartagena de Indias based on the information obtained from Ulloa:

“Los naturales, y vecinos de Cartagena... son muy propensos a padecer lepra o mal de San Lazaro. El número de los que están infectados por esta enfermedad es muy crecido. Algunos médicos atribuyen la abundancia, que hay en él, a la carne de puerco... Para estorbar, que se comuniquen esta enfermedad hay un hospital, que tiene el nombre de San Lazaro, situado lejos de la ciudad y no lejos del Cerro... pero allí dentro se aumenta el mal entre ellos mismos porque les permiten que se casen unos con otros, y les permiten que salgan a pedir limosna a la ciudad, con lo que nunca disminuye el número.”

In 1784 the building was destroyed and the patients were transferred to a new location in the “Caño del Loro.” Care for the patients continued there well into the 19th century.

San Lazaro Hospital of La Habana. In 1617 the then Governor Hernandez asked the municipality of La Habana, Cuba, to relocate the afflicted to a hospital of the island. However, the patients were never transferred and the number of patients suffering from leprosy increased on the island. One contributing factor to this increase was the pervasive belief that leprosy could be cured by using the blood of turtles. In a desperate search for a treatment, many Spaniards afflicted with leprosy came to the island. Due to these circumstances a refuge was created for these patients in 1681. This primitive hospital was created under the advocacy of San Lazaro. However, its existence was curtailed because the hospital was destroyed by a hurricane on October 1, 1712. In 1714 a new hospital was built in the city under the same privileges accorded to the hospital in Cartagena de Indias, which were the same as those in Seville. This hospital was subjected to the same trials as the other hospitals of the region. In particular, there were problems with the layout and maintenance of the structure. San Lazaro Hospital of Mérida (Yucatan). The great distance that separated the cities of Mérida and Mexico forced the country to establish a new hospital in Mérida at the end of the 18th century. This hospital cared for a large number of leprosy patients. Documentation exists indicating that by 1791 the construction of the building was begun. The municipality of Mérida requested from the city of Mexico the ordinances necessary to establish the hospital. It was also modeled after the one in Seville. Moreover, they had the support of other lazarettos, such as those in Caracas, Guatemala, Cuzco, etc. While no documentation exists of these hospitals being modeled after that of the one in Seville, we can assume they functioned under the same rules. Special recognition should be given to the Governor of Louisiana, Antonio Ulloa, for his cooperation in the foundation of the hospital in New Orleans.

SUMMARY

The San Lazaro Hospital of Seville that was established in the middle of the 13th century...
century was one of the most important in Spain and Europe throughout nearly eight centuries in terms of caring for leprosy patients. In the 1930s the exclusive treatment of leprosy patients ceased and San Lazaro became a general hospital. The Spanish Crown (Alfonso X) accorded certain privileges and rules to the hospital which also were conferred by subsequent monarchs. These rules and ordinances contributed to the establishment and functioning of many lazarettos throughout the Americas of which we have documentation, notably those of Santo Domingo, Tlaxplana (Mexico City), Lima, Cartagena de Incias, La Habana, and Yucatan.

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