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HISTORY AND HUMANITIES IN DERMATOLOGY

[Translated article] Dr Juan de Azúa's Health Advisory Pamphlets: Health Requires as Much Care as Disease



Los avisos sanitarios del Dr. Juan de Azúa: la salud necesita tanto cuidado como la enfermedad

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A physician's aim is to preserve health and cure illness, as we have seen during the SARS-CoV-2 pandemic.

In 1880, it was sexually transmitted infections (STIs) that wreaked havoc in communities, and available treatments were ineffective. Mercury was the only recourse, and it was not always well tolerated.

Dr Juan de Azúa y Suárez (Madrid, 1858–1922), a dermatologist and the first full professor of dermatology and syphilology on the medical faculty of the University of Madrid,¹ approached his work from the standpoint of public health, or hygiene, in an effort to control STI transmission. He described himself as an "interventionist in this and all questions of health."²

Endowed with an extraordinary gift of observation as well as acumen, Azúa approached the Royal Health Council in 1904 with a proposal to regulate public hygiene with regard to prostitution (Reglamento de la Sección de Higiene de la Prostitución).² His plan centered around 11 points through

which he argued in favor of innovations such as the creation of a health police force and the employment of public health physicians. In an epilog to the proposal, he laid out what he called his "health advisories" (*avisos sanitarios*) in 2 appendices.

Azúa had previously presented the advisories at an international medical conference in Rome in 1894. They described the prophylactic treatments being used for various skin infections and STIs in patients at Hospital de San Juan de Dios in Madrid.^{2,3}

The importance of Azúa's approach lay in his effective outreach to the general public to convey information about health and hygiene on a topic toward which attitudes had progressed little and which would have been considered a "moral" issue at the time.

The advisories were meant to be printed. They gave information about syphilis and the blennorrhagias, or mucous discharges, of gonorrhea and other infectious diseases such as leprosy and forms of ringworm. Details referred to the mechanisms of contagion and precautions to take to avoid catching these diseases.

Azúa wrote the material himself and covered the cost of printing it, demonstrating conscientiousness and dedication to the fight against STIs.

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This advisory has 2 parts: The first deals with the disease that you have, patient number, and the second discusses other diseases that are also contagious and that it would be useful for you to read about for other occasions.

Part 1: On syphilis

- You have syphilis (one of the diseases commonly called French or venereal diseases). You should never forget the following:
- Syphilis is a long-lasting disease (recurring as long as 10, 20, or 50 years after it starts). It makes its appearance in flare-ups separated by shorter or longer periods of time.
- This means that it is a very bad idea for a person with syphilis to stop treatment when signs and symptoms disappear because worse harm can follow.
- To cure syphilis, you must follow your doctor's instructions for 3 or 4 years or even longer.
- Only 2 medicines are truly effective against syphilis: they are preparations with mercury and preparations with iodide.
- A person becomes infected with syphilis through contact with the open sores, ulcers, chancres, pimples, scrapes and scratches, or scabs of someone who has the disease. It is also transmitted through blood in the first phase and through saliva if there are open sores or ulcers in the mouth or on the lips or tongue.
- Touching syphilitic sores with your fingers and then inserting the fingers into parts of the body, or scratching the skin with them, is very dangerous.
- If you make contact with a syphilitic lesion, wash your hands immediately. And if you have any areas of broken skin (scratches, wounds, ulcers) that have touched a syphilitic lesion, the area should be cauterized by a doctor immediately.
- Syphilis can also be caught by touching objects (pipes, straws, mouthpieces, glasses, handkerchiefs, hats, clothing, combs, hairbrushes, and toothbrushes, etc.) if they are soiled by pus or moisture from syphilitic lesions.
- When a person has had syphilis for a long time, from 3 to 10 years or more, there is much less danger of contagion.
- The children of people with syphilis will often inherit the infection if they are born during the early years after the parent caught the disease. Women with syphilis often miscarry, give birth prematurely, or have infants who weigh very little. If the mother, the father, or both are treated and cured, they can have healthy children.
- A child with syphilis should be nursed by its mother, or if that is impossible, by another woman who has syphilis, or fed with a bottle, or by a goat.

Figure 1 The first part of Appendix I to Dr Azúa's public health proposals, in which he gives advice on syphilis. (Translator's note: The translated instructions are of transcriptions of the versions in Del Río de la Torre's thesis on the origins of the Madrid school of dermatology.³).

The advisories in the 2 appendices are shown in Figs. 1–3. Appendix I, with 2 parts (Figs. 1 and 2), contained texts addressing patients at his hospital's clinic. The first part covered the prevention of syphilis and the second treated the topic of mucous discharges in gonorrhoea and other diseases. Appendix II (Fig. 3) addressed the clients of so-called houses of tolerance or anyone coming into contact with prostitutes.

The advice is written in plain language for the layperson (*para el vulgo*³) and includes examples as well as explicit instructions delivered unceremoniously.³ The information was intended to be intelligible, practical, and instructive. By way of example, consider the following excerpt:

“These advisories serve

- “To make clear to readers the harms that contagious (or catching) diseases cause.
- “To help readers keep from catching contagious diseases most of the time, by means of understanding when and how they are transmitted.”³

The advisory information had also been presented at the Ninth International Conference of Public Health and Demography (Congreso Internacional de Higiene y Demografía) held in Madrid in 1898.³

Azúa's provision of these health advisories represents a historical milestone in Spanish dermatology. By designing informative leaflets focused on preventing STIs, he displayed great insight into and commitment to the health of individuals and the community. To his disappointment,

- Anyone who has an abnormal discharge or pus coming from genital organs or irritations in that area may be contagious, no matter how little or how much there is, no matter whether there is pain or not, and no matter the color.
- Anyone with these symptoms should not touch their eyes without first washing their hands.
- You can infect another person if you have blennorrhagias (known commonly as discharges, or mucous flow, etc.) even if the flow is not apparent or is very slight, or even if it is clear and has been coming for a long time.
- A discharge that does not infect another person on one occasion may do so on another if the person has skin irritations or if alcohol is being abused. Only a doctor can tell you if your discharge (or military flow or the like) can infect another person.
- Men or women who are marrying, confident that any discharge they have will not be contagious because they have had it for a long time or because it doesn't bother them, will often be mistaken in those beliefs.
- As long as someone has a discharge, they should never touch their eyes without first washing their hands.
- Women who give birth while they have a discharge often infect the eyes of their newborn infant, who may become blind in one or both eyes. To prevent that, no time should be lost in having an eye doctor examine a newborn infant with infected eyes.
- The belief that discharges can be cured by forcing a healthy woman or girl and doing violence upon her is barbaric. Nothing will be achieved other than to infect or otherwise harm the girl or woman. Another shocking belief is that discharges can be cured by drunkenness.
- Discharges are generally never fully cured and can easily become chronic conditions. They may create problems in the testicles, bladder, or kidneys, or cause joint inflammation similar to rheumatism, and lead to other diseases. The urinary canal often becomes narrower.
- The womb can become infected, with serious, long-lasting consequences.
- Curing discharges properly requires persistence and, above all, understanding that achieving the disappearance or fading of symptoms is one thing but curing the disease is another. Treatments should continue, therefore, for as long as the doctor says. Discharges can only be considered cured once there is none at all, neither a little nor a lot, and not until a doctor confirms that there is nothing suspicious in your urine.

Figure 2 The advisories in the second part of Appendix I to Dr Azúa's public health proposals. This section covered the management of mucous discharges (blennorrhagias). (Translator's note: The translated instructions are of transcriptions of the versions in Del Río de la Torre's thesis on the origins of the Madrid school of dermatology.³).

however, they failed to carry weight in society because of the widespread illiteracy of his day. Nonetheless, his efforts were not entirely in vain. In 1910 a royal decree was issued to create a department to regulate hygiene in prostitution (Servicio de Higiene de la Prostitución) under the jurisdiction of the provincial health services. Yet another royal decree 8 years later empowered the Ministry of the Interior (Gobernación) to establish regulations aimed at preventing syphilis and other STIs in Spain. In 1925, municipal health

- To be sure that discharges, syphilis, chancres, venereal sores or scabies are not contagious, ask the woman to show you her health card with her picture fixed to it. If the picture is of a different woman or she does not wish to show you her card, the woman will be a bad risk. A star above the doctor's most recent signature means that the woman can infect you with something.
- As a precaution, you should give your skin a good wash with water, and if you know how to use corrosive sublimate, do so if you have some with you.
- Pass water, and when you arrive home inject the following solution into the urinary tract with a syringe: (Provide a prescription for a formula that can be used.) Hold the solution inside the urinary tract for 2 minutes.

Figure 3 The advisories in Appendix II to Dr Azúa's public health proposals. This appendix contained information related to contact with prostitutes working in so-called houses of tolerance. (Translator's note: The translated instructions are of transcriptions of the versions in Del Río de la Torre's thesis on the origins of the Madrid school of dermatology.³ “Corrosive sublimate” is an archaic name for mercuric chloride, HgCl₂).

regulation 63 obliged the creation of outpatient clinics dedicated to these infections. In 1928, the act of infecting others was criminalized in article 538 of the penal code.² Among the dermatologists who followed in Azúa's footsteps, maintaining his approach to public health education and the care of patients with STIs, were Gaspar Bravo de Sobremonte, José Sánchez-Covisa, and Álvarez Sainz de Aja.^{3,4}

Sainz de Aja published 4 of his own health advisories in the journal *Ecos Españoles de Dermatología y Sifiliografía* in 1929. They addressed the needs of patients with syphilis, mucous discharges, venereal chancres, and scabies.^{2,3}

Over time, the old advisory pamphlets would be replaced by new means of communication, such as conferences, posters, and films. However, progress has not erased the evident value of these early efforts to raise public awareness.^{3,4}

Conflicts of Interest

The authors declare that they have no conflicts of interest.

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