

## Historical Critique of Spanish Venereology

L. Olmos

Emeritus Professor, Complutense University, Madrid, Spain

Notas contributivas al estudio clínico é histológico de la terapéutica general y local de la sífilis

POB EL

DOCTOR PEYRI

PRIMERA COMUNICACIÓN

**Nuestro proceder.— Los métodos abortivos.**

Nos ha sido permitido ensayar el valor de los tratamientos llamados abortivos, la condición de haber tenido entre los enfermos que se han confiado á nosotros, buen número de estudiantes de Medicina y médicos, que se han observado atentamente, los cuales nos han consultado generalmente en fecha muy reciente de la aparición de la esclerosis inicial y en gran parte de la primera semana antes de dicha fecha.

Año III

Octubre-Noviembre 1911

Núm. 1

### ACTAS DERMO-SIFILIOGRAFICAS

#### Sumario:

**COVISA:** Un caso de sífilis d'emblée.—**MANZANEQUE:** Acción local de las aguas sulfurosas en el eczema.—**J. NONEL y M. SERRANO:** Un caso de lupus eritematoso discoide y simétrico, tratado con la nieve de ácido carbónico.—**PEYRI:** Un caso de cálculo precucial.—**M. SERRANO y E. ALVAREZ SÁINZ DE AJA:** Las inyecciones de mercurio metálico purísimo en el tratamiento de la sífilis.—**COVISA:** Sífilis hereditaria; lesiones gomosas dérmicas.—**M. SERRANO y ALVAREZ SÁINZ DE AJA:** La anestesia local intrasanguinea en las operaciones sobre el pene.—**PEYRI:** Notas contributivas al estudio clínico é histológico, de la terapéutica general y local en la sífilis.—**LEDO:** Chancro duro cuero cabelludo.— VII Congreso de Dermatología.

**Abstract.** The journal's centenary this year provides a good chance to analyze the changes that have taken place in Spanish dermatovenereology. At such an important milestone, the tendency is to highlight major scientific achievements while neglecting the many more mundane years. This historical critique aims to explain the merit of our mentors—given the adverse and unstable scientific, economic, and social situation—in merely aiming to copy the best of other more stable countries to create dermatology structures and programs from which we have all since benefited. Likewise, a more recent period and one about which less has been written—the 1980s—is evoked.

**Key words:** sexually transmitted diseases, health, teaching.

### CRÍTICA HISTÓRICA DE LA VENEREOLÓGIA ESPAÑOLA

**Resumen.** La suerte de celebrar este año el centenario de esta Revista permite analizar la evolución histórica de la Dermato-venereología española. En aniversarios tan importantes como este es clásico tratar de ensalzar los grandes logros científicos, olvidando que son muchos años para que los acontecimientos sean uniformes. En esta crítica histórica se trata de explicar el mérito de nuestros maestros ante unas condiciones científicas, económicas y sociales tan adversas y agitadas que, con gran inteligencia, sólo pudieron copiar lo mejor de países más estables para crear estructuras y programas dermatológicos de los que después nos hemos beneficiado. Igualmente se evoca una época más reciente, la de los años ochenta, de la que no hay referencias escritas en nuestra Academia.

**Palabras clave:** ETS/ITS, sanidad, docencia.

---

Two months ago Dr. Daudén, the editor-in-chief of *Actas Dermo-Sifiliográficas*, the official publication of the Spanish Academy of Dermatology and Venereology (AEDV), was kind enough to ask me to write an article for the 100th anniversary of our association on a historical aspect of venereology, now more often known as the study of sexually transmitted diseases (STDs).

I have always hesitated to talk about the past, and would like to apologize for my reticence, knowing as I do how difficult it is for editors to fill their pages within their deadlines. In any case, if it helps to clarify matters, I think that my concerns may be influenced by the importance I assign to past events, all of which deserve consideration, but in each case their value is different.

In search of a subject, I reviewed the articles published in our journal from its inception to 1949 on syphilis, for a number of reasons: it was the paradigmatic disease in venereology; the discovery of the etiologic agent was recent and authors were eager to contribute new knowledge; specific treatment did not yet exist; 3 wars intervened (2 world wars and the Spanish Civil War); and penicillin was used for the first time in 1941.

Although there are some interesting articles such as the one published by Dr. Peyrí<sup>1</sup> in 1910 entitled “Notes toward a clinical and histological study of systemic and local treatment of syphilis,” most of the articles deal with advances in serology and treatment arriving from France and Germany, and detailed descriptions of the tremendous clinical variety the same disease produces in different persons.

Most of all, what caught my attention was less the original contributions made by the 687 publications I reviewed than the considerable irregularity in the number of articles published per year. There is no explanation for why 21 studies were published in 1912 but in 1913 only 5 appeared, or why the numbers stabilized between 14 and 18 articles per year during World War I and then dropped again for no apparent reason to 6 publications in 1922, rose to 41 in 1928 and fell again to 2 in 1931. This irregular pattern continued until 1948, when the number of articles dropped to 4, which makes sense because of the use of penicillin.

I believe that what explains this history is our history, one characterized by structural instability. As a result, the rhythm of work is irregular, which makes the effort to continue all the more heroic, but less productive. For this reason I want to participate in honoring the founding fathers of Spanish dermatology during this centenary year, not so much for their scientific contributions, which were honest and well-intentioned, as for their enthusiasm and willingness to push Sisyphus' rock up the mountain again and again.

It is not easy to accept as a consulting room “a sort of coal cellar (ceiling height 1.70 m) with an anteroom consisting of a urinal,” to quote Azúa.<sup>2</sup> Olavide removed the large mirror from his own drawing room and brought it to the Histological and Micrographic Laboratory because there was no money to buy a table with a mirrored surface, which was necessary for special preparations. Indeed, funds were so lacking that Dr. Mendoza worked

on these preparations without pay. In the history of every department of dermatology there are similar stories, including my own, when I was beginning my career in Cadiz in the 1960s with Professor Cabré, who had just arrived from Germany: all of dermatology was limited to a single consulting room which it shared with urology. Little by little, since Olavide's time, each service has been improved, but even in the 1970s, when the best ones were trying to establish a research agenda, they could not match the conditions that prevailed in the developed countries of Europe. And I am not sure that things have improved since the 1980s.

The instability characteristic of the Hispanic world, then, obliges us to work hard while condemning us to produce little. Without underestimating the important milestones attained in patient care in each successive period, I would like to recall the structural successes achieved through the extraordinary generosity and dedication of a significant number of dermatologists who, in the 1980s, founded and developed the Spanish Research Group for the Study of Sexually Transmitted Diseases (in Spanish, Grupo Español para la Investigación de las Enfermedades de Transmisión Sexual, GEIETS) under the auspices of the Spanish Academy of Dermatology. They began to push Sisyphus's rock back up the mountain, a task in which we are still engaged.

On April 15, 1983, on the occasion of a conference in Istanbul, Drs. Camacho, Capdevila, Vilata and I founded a working group to establish objectives, methods, and strategies for controlling STDs. Despite the availability of antibiotics, the disease was not properly controlled and, possibly out of a sense of responsibility to our specialty and a desire not to abandon concerns officially pertaining to it, we thought it necessary to do something to alter the generalized passivity surrounding the control of STDs. The minutes of this first meeting are very interesting because the 10 agenda items approved reflect the enthusiasm and farsightedness that reigned. The first item established the need to know the real incidence of STDs; the second made admission to membership in the group contingent on knowledge of and responsibilities in venereology regardless of medical specialty or even field of study. The third, fourth, and fifth items sought to establish professional connections with researchers, journals, and organizations of international renown. The sixth and seventh items sought to establish a connection with this journal and with eminent Spanish dermatologists who would form the core of the working group. The eighth established the sites for the first two scientific meetings: Valencia (at the request of Dr. Vilata) and Seville (Dr. Camacho). The ninth determined governance of the group, pending formalization of bylaws and regulations, by three officers: a general secretary (Dr. Vilata), a coordinator (Dr. Camacho), and a treasurer (Dr. Capdevila). The tenth

requested permission from the president of the AEDV (Professor García Pérez) to use the name of the Academy on a provisional basis in all correspondence.

The working group received formal recognition by the Spanish Academy of Dermatology that same month, at the general assembly held during the XIII National Dermatology Conference in Valencia. The Academy's recognition was confirmed by the president of the Academy in a letter dated June 29, and by the general assembly of the XIV National Conference held in Tenerife the following year.

That first meeting of these 4 people was followed by feverish activity, always, however, rigorously methodical and respectful of the rules even in minor matters, which paid off in efficiency. At all meetings, colloquia, and conferences, everyone who wished to speak could be certain of a hearing, and everything was recorded in the minutes, which I can now consult to refresh my memory. On July 2 of the same year, in Barcelona, the number of founding members was increased to 12, all of whom were hardworking, altruistic, and enthusiastic, as soon became apparent. This second meeting added new ideas to those initially proposed. These included the creation of a newsletter to inform members of the group's activities; the final choice of a name and logo for the group; the formulation of bylaws through a process of dialogue; encouraging all dermatologists to report new cases of STD in order to produce reliable statistics; acceptance of new members, including a few professors of microbiology although the majority were dermatologists; and the establishment of uniform clinical protocols for STDs. At the end there was a lively discussion of scientific meetings, with Dr. Vilata talking about attending the Bahía conference in Brazil and organizing a STD course in Valencia in November 1984. Dr. Camacho organized another in Seville on March 22 of the same year, a third was organized in Lérida by Dr. Bou, and so on. This level of activity was sufficient to support at least one yearly scientific meeting. The candidates for hosting them included Valencia, Tenerife, Seville, Madrid, and Salamanca.

This is how the foundations of GEIETS were laid, but the important thing is that these plans were brought to fruition. Absolutely everything proposed was accomplished without delay. On the very same day of the Barcelona meeting, Dr. Camacho sent a letter to the president of the Academy of Dermatology asking him to make dermatologists aware that the new group was open to the participation of all. On October 2 of that year, in Valencia, plans for unified protocols and a draft of the bylaws were discussed; on December 17, also in Valencia, during the group's scientific meetings, the constituent general assembly approved the clinical protocols, the bylaws, the newsletter, the panel that would participate in

the dermatology conference in Tenerife, a questionnaire for developing statistics, the unification of treatment criteria, and the membership. The list of founding members consisted of Drs. Bou, Camacho, Capdevila, Hernández Aguado, Lloret, Noguera, Olmos, Pino, Rodríguez Pichardo, Sánchez Carazo, Vidal and Vilata. Drs. Catalán (Paris) and Stolz (Rotterdam) were admitted as honorary members, and Drs. Mascaró, Armijo, and Aliaga, among others, as the first new members. All decisions were communicated immediately to the interested parties. On February 23, 1984, application was made to the Ministry of the Interior for registration of the bylaws, and on July 11, 1984 they were entered in the national registry with the number 55 687 and in the provincial registry with the number 6066.

Inheriting something already in existence is easy and confers no special merit, but creating something new is another matter. The hardest part was done, and done well, and it was to be expected that with enthusiasm and constancy rapid progress would be made. Since then, GEIETS has organized a national conference every year; participated in most STD-related conferences; organized courses, symposia, and regional, national and international round tables; published monographs, treatment guidelines, and books; created the *Revista Ibero-Latinoamericana de ETS (Iberian and Latin American Journal of Sexually Transmitted Diseases)*; and awarded prizes and grants. Most importantly, it has continued to do so on a regular basis with a long-term vision rather than improvising and taking advantage of circumstances on an ad-hoc basis. Although all of GEIETS' activities are important, I would like to single out 3 that, in my opinion, have served as models not only for individual physicians but for all health programs: the STD continuing education course for primary care physicians, the STD continuing education course for residents (in Spanish, MIR, *médicos internos residentes*), and the abovementioned journal.

The first of these was the fruit of cooperation, for the first time in Spain, between the foundations of 2 multinational corporations, the Pfizer Office of Human Resources and the Wellcome Education Center-Spain, and the unstinting efforts of the GEIETS directors over more than 4 years, the first 2 devoted to planning and the second 2 to making the course a reality.<sup>4</sup> These courses were designed bring more than 10 000 primary care physicians up to date on STDs. The participants came from all over Spain, representing 33 of the 50 provinces. A book was distributed to the participants free of charge, designed in such a way that even those who did not have time to read it from cover to cover could benefit from the color photographs and legends summarizing the text. Subsequently, every 3 months the participants attended a lecture based on the illustrations in the book, followed by questions and discussion of clinical cases. There was no

other program in existence, whether sponsored by medical institutions or by professional organizations, that not only offered physicians training through dialogue and self-evaluation, but also established a network of exchange and consultation between individual physicians and tertiary care hospitals, through the intermediary figure of the provincial delegate. The program was organized in such a way that it could also collect data on STDs.

The second initiative, a yearly continuing education course on STDs for residents also sponsored by Wellcome-Spain, began in 1990 with a visit by the president of the Academy of Dermatology to Ezcaray (province of Logroño). The 2-day course consisted of presentations on the most recent advances by the most highly regarded experts; the pathologies clinicians are most likely to encounter in day-to-day practice, presented by selected residents; and the most appropriate and novel treatments advocated by researchers representing a wide variety of specialties. As is evident, the course was designed around participation by clinicians, residents, and experts alike, in the interest of effective learning. No distinctions were made on the basis of specialty, and continuity of the program was an important consideration, among other reasons because a new group of residents arrives every year and, at least in STDs, many other specialties are involved: gynecology, microbiology, urology, etc. In the program's first year, a little over 40 residents attended, but in the second year (no longer sponsored by Wellcome-Spain, which was sponsoring a similar course in Granada with the Academy of Dermatology), in El Escorial (close to Madrid), GEIETS brought together more than 140 residents, and in the third year, in Covadonga (province of Oviedo), about 80 residents participated. After this, because of the competing program organized by the Academy of Dermatology starting the previous year, GEIETS held no more such courses for residents.

Finally, the *Revista Ibero-Latinoamericana de ETS*, as the medium of expression both of GEIETS and of the Latin American Union Against Sexually Transmitted Diseases (in Spanish, *Unión Latinoamericana contra las ETS*, ULACETS), has been publishing regularly for 10 years, and has become "required and highly useful reading."<sup>5</sup> It circulates throughout Latin America and Spain, reaching not only all dermatologists but also most microbiologists and many gynecologists, urologists, epidemiologists, and other interested specialists. Although its 2 official languages are Spanish and Portuguese, it also accepts manuscripts in English and French.<sup>6</sup> It soon became apparent that the GEIETS Newsletter lacked space to publish all the articles submitted, and its transformation into a journal led to an expansion of GEIETS' activities. The initially planned 4 issues per year quickly increased to 6. The journal received increasing interest and support from organizations in Brazil, Argentina, other Latin American countries, and

in North America as well, dedicated to the prevention of STDs, especially AIDS. It came to be considered 1 of the 2 most important journals publishing on this disease, and it is the only one in Spanish. It is always said that the greatest challenge for any new journal is to survive its first 2 years, and the *Revista Ibero-Latinoamericana de ETS* had already passed this critical point. Once again, however, the Academy of Dermatology failed to understand the value of what it possessed.

If I have chosen to write about the recent history of venereology and included perhaps too much explanatory detail, it is because, in my opinion, the time has come to bring to light actions by the Academy of Dermatology that reveal a certain closed-mindedness regarding new approaches and aims, not only because of the external reactions generated by all processes of expansion, but especially because of recurrent internal tendencies that are defensive, favoring complacency and routine, the 2 greatest enemies of progress. I invite my colleagues and the AEDV leadership to reflect on this and urge them, at least, to preserve what remains of this legacy, and to promote the same disinterested enthusiasm shown by the founders of GEIETS, because STDs, including AIDS and other infections, hardly figure among the Academy's interests.

The proof of this is that at the 37th National Conference of Dermatology and Venereology that has just ended, there was only 1 paper on STDs, from Salamanca, and 7 poster presentations, of which 5 came from remaining GEIETS centers, only 3 of which were departments of dermatology: Alicante, Malaga, and Madrid.

## References

1. Peyrí i Rocamora J. Notas contributivas al estudio clínico e histológico, de la terapéutica general y local en la sífilis. *Actas Dermo-Sifiliogr.* 1910;3:24-38.
2. Del Río E. La figura y la obra dermatológica de Juan de Azúa. In: Juan de Azúa y su tiempo. Madrid: Ed. SANED; 1999.
3. Calap Calatayud J, Padrón Lleó JJ, Castilla Romero A. Un maestro de la dermatología española. José Eugenio de Olavide. Cádiz: Ed. Servicio de Publicaciones de la Universidad de Cádiz; 1995.
4. Olmos L. Las enfermedades de transmisión sexual en España y su importancia en la medicina de atención primaria. *Rev Ibero-Latinoam ETS.* 1988;2:186-98.
5. García Pérez A. Enfermedades de Transmisión Sexual. Madrid: Ed. Eudema SA; 1992.
6. Olmos L. La multidisciplinaridad de las ETS. *Rev Ibero-Latinoam ETS.* 1989;3:314-5.