History of Latin American Dermatology

Under the leadership of

Ricardo Galimberti
Adrián Martín Pierini
Andrea Bettina Cervini
History of Latin American Dermatology
Under the leadership of Ricardo Galimberti, Adrián Martín Pierini and Andrea Bettina Cervini.

This book has been created through the initiative of the Organizing Committee of the Twenty-First World Congress of Dermatology. Written by 73 authors who represent the dermatological community in Latin America, this book constitutes the official gift of the Twenty-First World Congress of Dermatology, held in the city of Buenos Aires on October 1st through 5th, 2007.

History of Dermatology in Latin America is published thanks to an unrestricted educational grant of the Pierre Fabre Dermo-Cosmétique Laboratories.

Editorial Coordination: Andrea Bettina Cervini
Revision of contents: Andrea Bettina Cervini, Amelia Marta Laterza and Adrián Martín Pierini
Technical editor: Margarita Pierini
Inside-page design: Petits Papiers, in Toulouse (France)
Typesetting, page setup and proofreading: Rafael Centeno
Cover design: Mariana Nemitz
Translation into English: Nicolás Meyer

© 2007, Éditions Privat
10, rue des Arts
BP 38028
31080 Toulouse Cedex 6

ISBN: 978-2-7089-5865-4

Mandatory deposit: April 2007

On the cover: Pre-Hispanic statuettes showing skin lesions
Under the leadership of
RICARDO GALIMBERTI, ADRIÁN MARTÍN PIERINI,
AND ANDREA BETTINA CERVINI

HISTORY OF
LATIN AMERICAN
DERMATOLOGY

ÉDITIONS
Privat

LABORATOIRES PIERRE FABRE
AUTHORS OF THE BOOK HISTORY OF LATIN AMERICAN DERMATOLOGY PARTICIPATING IN THE COCKTAIL PARTY HELD ON NOVEMBER 17, 2005, IN CARTAGENA, COLOMBIA, IN THE FRAMEWORK OF THE FOURTEENTH CONGRESO IBERO-LATIN AMERICAN OF DERMATOLOGY (CILAD)

Alfredo Abreu Daniel (Cuba); Gilberto Adame Miranda (Mexico); Danielle Alencar-Ponte (Colombia); Claudio Arias Argudo (Ecuador); Ma. Isabel Arias Gómez (Mexico); Eduardo Bahos (El Salvador); Antonio Barrera Arenales (Colombia); Zuño Burstein Alva (Peru); Andrea Bettina Cervini (Argentina); Mauricio Coello Uriguen (Ecuador); Paulo R. Cunha (Brazil); Luis Flores-Cevallos (Peru); Elbio Flores-Cevallos (Peru); Ricardo Galimberti (Argentina); Pedro García Zubillaga (Argentina); Jaime Gil Jaramillo (Colombia); Flavio Gómez Vargas (Colombia); Rubén Guarda Tatin (Chile); Enrique Hernández Pérez (El Salvador); Alfredo Lander Marcano (Venezuela); Franklin Madero Izaguirre (Ecuador); Fernando Magill (Peru); Graciela Manzur (Argentina); Aldo Edgar Martínez Campos (Nicaragua); José A. Mássimo (Argentina); Jairo Mesa Cock (Colombia); Martha Miniño (Dominican Republic); Isaac Neira Cuadra (Nicaragua); León Neumann Scheffer (Mexico); Yolanda Ortiz (Mexico); Adrián Martín Pierini (Argentina); Jaime Piñero Martín (Venezuela); Leana Quintanilla (El Salvador); Roberto Rampoldi (Uruguay); Antonio Rondón Lugo (Venezuela); Amado Sául (Mexico); Eduardo Silva-Lizama (Guatemala); César Iván Varela Hernández (Colombia); Mirta Vázquez (Argentina); Alberto Woscoff (Argentina)
ABREU DANIEL, ALFREDO (Cuba). Consulting Professor. President of the Cuban Society of Dermatology. Head of the National Dermatology Group of the Cuban Ministry of Public Health.


ALMODÓVAR, PABLO I. (Puerto Rico). Associate Lecturer, Department of Dermatology of the University of Puerto Rico’s Medical School.


ARIAS ARGUDO, CLAUDIO (Ecuador). President of the Ecuadorian Academy of Medicine. Former Professor of the Chairs of Internal Medicine and Dermatology of the University of Cuenca and of the Catholic University.

ARIAS GÓMEZ, MA. ISABEL (Mexico). Dermatologist. Private Practice.

BAÑOS, JULIO EDUARDO (El Salvador). President, Dermatological Association of El Salvador.

BARRERA ARENALES, ANTONIO (Colombia). President of the Colombian Association of Dermatology and Dermatological Surgery. Former President of the Colombian Association of Pediatric Dermatology. Former President of the Colombian Association of Dermatopathology.

BORES, AMALIA M. (Argentina). Medical dermatologist. Pedagogical Lecturer in Health Sciences and Teaching Studies, Specialization in Dermatology and History of Medicine.

BORES, INÉS A. (Argentina). Medical dermatologist. Pedagogical Lecturer in Health Sciences and Teaching Studies, Specialization in Dermatology and History of Medicine.

BURSTEIN, ZUÑO (Peru). Emeritus Professor of the National Higher University of St. Mark (UNMSM), Lima (Dermatology and Tropical Medicine). Standing Member of the National Academy of Medicine, Peru. Permanent Researcher of the Daniel M. Carrión Institute of Tropical Medicine, UNMSM, Lima (Sanitary Dermatology).


CAMPOS MACÍAS, PABLO (Mexico). Dept. of Dermatology, Aranda de la Parra Hospital, León, Guanajuato, Medical School, University of Guanajuato.

CÁRDENAS UZQUiano, FERNANDO (Bolivia) (✝). Emeritus Professor, Higher University of St. Andrew.

CERVINI, ANDREA BETTINA (Argentina). Medical dermatologist. Assistant dermatologist of the
LIST OF AUTHORS

Dermatology Service of the Prof. Dr. Juan P. Garrahan Children’s Hospital, Buenos Aires, Argentina. Adjoint lecturer. Specialization in Dermatology. University of Buenos Aires.


CORREA, JULIO (Paraguay). Medical Dermatologist. Standing member of the Paraguayan Society of Dermatology.

CUNHA, PAULO R. (Brazil). Autonomous Professor of the University of São Paulo University Medical School. Full Professor of Dermatology of the Jundiai Medical School. Post-Doctorate at The New York University.

DE LEÓN G, SUZZETTE (Guatemala). Head, Teaching Unit, Institute of Dermatology and Skin Surgery.

DÍAZ ALMEIDA, JOSÉ G. (Cuba). Emeritus Professor. Doctor in Medical Sciences. Head of the Chair of Dermatology of the General Calixto García Medical School.

DIEZ DE MEDINA, JUAN CARLOS (Bolivia). Head of teaching and research of the Skin Foundation, Bolivia.

FAIZAL GEAGEA, MICHEL (Colombia). Coordinator, Dermatology Unit. National University of Colombia. Associate Professor. Dermatology Unit. National University of Colombia. Director of the Internal Medicine Department of the National University of Colombia.


FLORES-Cevallos, ELEBIO (Peru). Professor of Human Head and Neck Surgery of the St. Ferdinand Medical School of the National Higher University of St. Mark, Lima. Founder and former Head of the Teaching and Treatment Service on Head and Neck Surgery of the Dos de Mayo National General Hospital, Lima.

FLORES-Cevallos, LUIS (Peru). Professor of Dermatology of the St. Ferdinand Medical School of the National Higher University of St. Mark, Lima. Founder and former Head of the Dermatology Treatment and Teaching Service, Edgardo Rebagliati Martins Hospital.

GALIMBERTI, RICARDO (Argentina). Head of the Dermatology Service of the Italian Hospital of Buenos Aires. Permanent Adjoint Professor of the National University of Buenos Aires. Adjoint Professor of the Medical School of the Italian Hospital of Buenos Aires.

GARCÍA ZUBILLAGA, PEDRO (Argentina). University Pediatrician-Dermatologist. Adjoint Professor of Dermatology. UBA Medical School. Pediatric Dermatologist of the Ricardo Gutierrez Children’s Hospital.


GÓMEZ VARGAS, FLAVIO (Colombia). Former President of the Colombian Association of Dermatology and Dermatological Surgery. Former Full Professor. Dermatology Service. University of Antioquia.

GONZÁLEZ ROJAS, CARLOS HORACIO (Colombia). Former President of the Colombian Association of Dermatology and Dermatological Surgery. Former President of the Colombian Association of Pediatric Dermatology. Former President of the Ibero-American Cryosurgery Association.

GREENBERG CORDERO, PETER A. (Guatemala). Medical Director of the Institute of Dermatology and Skin Surgery. Member of the Guatemalan Academy of Dermatology.

GUARDA TATÍN, RUBÉN (Chile). Former President of the Chilean Society of Dermatology and Venereology (1986-1990). Former Associate Professor of the University of Chile Medical School.

Gutiérrez Aldana, Guillermo (Colombia). Former Head, Former Full Professor and Emeritus Professor of the Dermatology Service of the National University of Colombia. Former President of the Colombian Association of Dermatology and Dermatological Surgery. Halfpenny, Evelyn (Colombia). Head of the Pediatric Dermatology section of the Santa Fe
History of Latin American Dermatology

Foundations of Bogotá. Medical dermatologist of the University of Antioquia and Pediatric Dermatologist of the DIF National Pediatries Institute of Mexico.
Hernández Pérez, Enrique (El Salvador). Head of the Dermatology and Cosmetic Surgery Center of San Salvador. President of the Mesoamerican Academy of Cosmetic Surgery and Member of the Dermatological Therapeutic Developments Group.
Isa Isa, Rafael (Dominican Republic). Medical Dermatologist, Epidemiologist and Mycologist. General Director of the IDCP – DHBD, Vice-president of CILAD.
Madero Izaguirre, Franklin (Ecuador). Medical Dermatologist. Professor of Graduate Dermatology Studies, University of Guayaquil. Head of the Pediatric Dermatology Service, Dr. Francisco de Ycaza Bustamante Children’s Hospital. Pediatric Dermatologist, Dr. Roberto Gilbert E. Children’s Hospital.
Madero Izaguirre, Mauro (Ecuador). Principal Professor of History of Medicine, Basic Immunology and Clinical Immunology. Catholic University of Santiago de Guayaquil. Professor of Graduate Dermatology Studies. University of Guayaquil. Head of the Allergy Service of the Dr. Teodoro Maldonado Carbo Hospital. I.E.S.S. Guayaquil.
Martínez Campos, Aldo Edgar (Nicaragua). Medical Dermatologist. Full Professor of the Chair of Dermatology, Medical School. American University.
Mesa Cock, Jairo (Colombia). Former Head of the Service and Full Professor of Dermatology. Dermatology Service of the University of Caldas. Director of the Web page of the Colombian Association of Dermatology and Dermatological Surgery.
Mensiño, Martha (Dominican Republic). Medical Pathologist, Dermatologist and Dermatopathologist. Editor of the Dominican Journal of Dermatology and at the IDCP / DHBD.
Montenegro López, Galo (Ecuador). Medical Dermatologist. Dermatology Service, Carlos Andrade Marín Hospital, Quito.
Neira Cuadra, Jorge Isaac (Nicaragua). Medical Dermatologist. Auxiliary Professor of the Chair of Dermatology. American University Medical School. Auxiliary Professor of the Graduate Chair of Dermatology of the Medical School. Autonomous National University of Nicaragua, Managua.
Neumann Scheffer, León (Mexico). Former President, Mexican Society of Dermatological and Oncological Surgery.
Ortiz, Yolanda (Mexico). Professor of Dermatology, I.P.N. Head of the Service of the Juárez Hospital of Mexico.
Pierini, Adrián Martín (Argentina). Head of the Dermatology Service of the Prof. Dr. Juan P. Garrahan Children’s Hospital. Adjoint Professor of Dermatology, University of Buenos Aires Medical School.
Piqueró Martín, Jaime (Venezuela). Head of the Dermatology Service of the Vargas Hospital of Caracas. Instituto of Biomedicine.
LIST OF AUTHORS

QUIÑONES, CESAR (Puerto Rico). Ad-Honorem Associate Lecturer, Department of Dermatology, University of Puerto Rico Medical School.

RAMPOLDI BESTARD, ROBERTO (Uruguay). Medical Dermatologist.

REYES FLORES, OSCAR (Venezuela). Honorary Member of the Venezuelan Society of Dermatology and Dermatological Surgery.

RONDON LUGO, ANTONIO (Venezuela). Head of the Chair of Dermatology of the Jose M. Vargas Medical School, UCV.

RUIZ MALDONADO, RAMON (Mexico). Full Professor of Dermatology and Pediatric Dermatology, Autonomous National University of Mexico. National Researcher, Level III, of the National System of Researchers, “F” Researcher in Medical Sciences at the National Institutes of Health.


SILVA-LIZAMA, EDUARDO (Guatemala). Head of the Dermatology Unit, Military Medical Center, Guatemala. Coordinator of the Chair of Dermatology. Mariano Gálvez University Medical School. Regional editor For Central American Activities, International Journal of Dermatology. Member of the Editorial Board of Ibero-Latin American Skin Medicine. Member of the Guatemalan Association of Dermatology, Central American Society of Dermatology, CILAD, International Society of Dermatology and American Academy of Dermatology.

TRUJILLO REINA, BENJAMIN (Venezuela). Vice-President of the Venezuelan Society of Dermatology and Dermatological Surgery.

URQUIZU DÁVILA, PABLO HUMBERTO (Guatemala). Head of the Dermatology Unit, Military Medical Center, Guatemala. Coordinator of the Chair of Dermatology. Mariano Gálvez University Medical School. Regional editor For Central American Activities, International Journal of Dermatology. Member of the Editorial Board of Ibero-Latin American Skin Medicine. Member of the Guatemalan Association of Dermatology, Central American Society of Dermatology, CILAD, International Society of Dermatology and American Academy of Dermatology.

VARGAS MONTIEL, HERNAN (Venezuela). Head of the Dermatology Service of the Hospital of Maracaibo.

VÁZQUEZ, MIRTA (Argentina). Medical pediatrician of the Pediatrics Service of the Pirovano Hospital.

VELÁSQUEZ BERRUECOS, JUAN PEDRO (Colombia). Former President of the Colombian Association of Dermatology and Dermatological Surgery. Former Head of the Dermatology Service of the University of Antioquia. Former Full Professor of Dermatology of the University of Antioquia.


WOSCOFF, ALBERTO (Argentina). Standing Consultant Professor, University of Buenos Aires.
# GENERAL INDEX

## Preface: The Beginning of a Road
(Ricardo Galimberti, Adrián Martín Pierini, Andrea Bettina Cervini)

### Contents
- Introduction .......................................................................................................................... 19
- The Indian groups: medical botany, medical geography, pathologies ................................. 20
- Brazilío-Guaraní and Chaco Littoral group ........................................................................... 20
- Groups of the Northwest ....................................................................................................... 26
- The group of the Andes and Central Hills ........................................................................... 27
- Pampa, Querandi and Puelche .............................................................................................. 28
- Patagón or Tehuelche ........................................................................................................... 28
- Extreme Magallanic south .................................................................................................... 29
- Epilogue .................................................................................................................................. 29
- Conclusions ............................................................................................................................ 30
- References ............................................................................................................................. 30

## History of Argentine Dermatology
(Pablo A. Viglioglia, Alberto Woscoff)

### Contents
- The colonial period .................................................................................................................. 31
- The dawn of Argentine Dermatology ................................................................................... 31
- The era of Baliña and Greco .................................................................................................. 32
- The era of Pierini and Quiroga ............................................................................................. 33
- Beginnings of the current era ............................................................................................... 35
- The federalization of Argentine Dermatology ....................................................................... 38
- International activity ............................................................................................................. 41
- The diverse subfields ............................................................................................................. 43
- Journals on the field .............................................................................................................. 45
- Books on the field .................................................................................................................. 46
- References ............................................................................................................................. 47

## Dermatology — Art and Culture
(Amalia M. Bores, Inés A. Bores, Lidia E. Valle)

### Contents
- Dermatology in literature ......................................................................................................... 49
- Popular medicine. Medicine men and magic ......................................................................... 50
- Wax molds. Photography ........................................................................................................ 53
- References ............................................................................................................................. 54
HISTORY OF THE ARGENTINE ASSOCIATION OF PEDIATRIC DERMATOLOGY (JOSÉ ANTONIO MÁSSIMO, PEDRO GARCÍA ZUBILLAGA, GRACIELA MANZUR, MIRTA VÁZQUEZ) .......................... 55
A bit about our history .......................................................... 55

HISTORICAL OUTLINE OF THE BOLIVIAN DERMATOLOGICAL SOCIETY (FERNANDO CÁRDENAS UZQUIANO, JUAN CARLOS DIEZ DE MEDINA) ...................... 63
Prior to its foundation ............................................................ 63
From its foundation to 1985 .................................................... 64
From 1986 to the present ....................................................... 66

DERMATOLOGY AND DERMATOLOGISTS IN BRAZIL (PAULO R. CUNHA) ................. 69
Brazil and Dermatology .......................................................... 69
First stage: the blessings of the payès ...................................... 69
The pre-scientific stage ............................................................ 69
The scientific stage ............................................................... 73
Historical personalities ........................................................... 77
Dermatology in the states ....................................................... 84
The Brazilian Society of Dermatology (BSD) ............................. 107
The history of RADLA ............................................................ 107
Some diseases and their treatment .......................................... 109
Dermatology's challenges in the new millennium ....................... 110
References ............................................................................. 110

HISTORY OF DERMATOLOGY IN COLOMBIA (CÉSAR IVÁN VARELA HERNÁNDEZ)
(COLLABORATORS: DANIELLE ALENCAR-PONTE, ANTONIO BARRERA ARENALES, MICHEL FAIZAL GEAGEA, JAIME GIL JARAMILLO, FLAVIO GÓMEZ VARGAS, CARLOS HORACIO GONZÁLEZ ROJAS, GUILLERMO GUTIÉRREZ ALDANA, JAIRO MESA COCK, JUAN PEDRO VELÁSQUEZ BERRUECOS) ...................... 111
Pre-Columbian Dermatology ............................................... 111
Dermatology from the Discovery of America to the Colony. The influence of the Conquest and the new diseases ............................................. 115
Dermatology from the Colony to the present time ...................... 116
History of research, infectology and the subfields ...................... 124
Dermatological institutions .................................................... 130
Scientific publications ............................................................ 135
Scientific activities ............................................................... 136
Teaching Dermatology: Dermatology schools-services .............. 137
Dermatology, art and culture ................................................... 142
References ............................................................................. 147

HISTORICAL OUTLINE OF DERMATOLOGY IN CUBA (JOSÉ G. DÍAZ ALMEIDA, ALFREDO ABREU DANIEL) .......................................................... 151
Colonial period (1509-1902) ..................................................... 151
Period of the Bourgeois Liberal Republic (1902-1958) .................. 152
Period of the Socialist Revolution (since 1959) .......................... 156
References ............................................................................. 161

HISTORICAL SKETCH OF CHILEAN DERMATOLOGY (RUBÉN GUARDA TATÍN) ........ 163
Dermatology as a specialized field in Chile ............................... 163
The teaching of Dermatology in Chile ...................................... 168
Overviews of some dermatological disciplines ........................... 175
History of the Chilean Society of Dermatology and Venereology .................................................. 178
Dermatological journals in Chile .............................................. 183
History of Latin American Dermatology

National Scientific gatherings .................................................. 183
Chilean Dermatology in the international concert ....................... 184
References ............................................................................. 186

HISTORY OF ECUADORIAN DERMATOLOGY (Mauro Madero Izaguirre, Franklin Madero Izaguirre, Galo Montenegro López, Mauricio Coello Uriguen, Claudio Arias Argudo) .................................................. 187

I. Dermatology in the coastal region ......................................... 187
   Historical aspects: Pre-Hispanic times, The Conquest, Colonial period, Independence (1820-1830), Republican period (1830-1900), The Twentieth century (1900-1950), Dermatology as a Specialized Field (1950-2005). Founding of the Ecuadorian Society of Dermatology; Ecuadorian Dermatology at the present time; Great Ecuadorian dermatologists; References

II. Dermatology in Quito .......................................................... 199

III. Dermatology in Azuay ....................................................... 202
   Dermatology in pre-Hispanic times. Hispanic and pre-Republican era. Dermatology during the Republic. Official founding of the University of Cuenca. Historical profile of the Ecuadorian Society of Dermatology-Azuay Nucleus. References

DERMATOLOGY IN EL SALVADOR (Julio Eduardo Baños, Enrique Hernández Pérez, Leana Quintanilla Sánchez) .......................................................... 217

HISTORY OF DERMATOLOGY IN GUATEMALA (Eduardo Silva-Lizama, Pablo Humberto Urquiza Dávila, Peter Greenberg Cordero, Suzette de León G.) ......................... 223

Pre-Columbian Dermatology ................................................... 223
Dermatology during the Conquest ............................................ 231
Dermatology from the Colony to this day .................................. 232
Dermatological societies .......................................................... 239
The teaching of Dermatology .................................................. 240
The Institute of Dermatology and Skin Surgery (INDERMA) ........ 243
Dermatology in literature, popular Dermatology, medicine men, magic .................................................. 245
References ............................................................................. 254

HISTORY OF DERMATOLOGY IN MEXICO (Gilberto Adame Miranda, Maria Isabel Arias Gómez, Roberto Arenas, Pablo Campos Macías, León Neumann Scheffer, Yolanda Ortiz, Ramón Ruiz Maldonado, Amado Saul) .................................................. 257

Pre-Hispanic or pre-Columbian period ..................................... 257
Colonial period ...................................................................... 260
Independent period .................................................................. 263
Contemporary period .............................................................. 264
Conclusion ............................................................................. 266
References ............................................................................. 266

HISTORY OF PEDIATRIC DERMATOLOGY IN MEXICO (Ramón Ruiz Maldonado) .................................................. 269

HISTORY OF NICARAGUAN DERMATOLOGY (Aldo Edgar Martínez Campos, Jorge Isaac Neira Cuadra) .................................................. 273

Development of the specialized field ........................................ 273
Outstanding personalities ....................................................... 273
The Nicaraguan Association of Dermatology ......................... 279
The Dr. Francisco José Gómez Urcuyo National Center Dermatology .................................................. 279
### GENERAL INDEX

<table>
<thead>
<tr>
<th>Title</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dermatology teaching activities in Nicaragua</td>
<td>280</td>
</tr>
<tr>
<td>References</td>
<td>282</td>
</tr>
<tr>
<td>NOTES ON THE HISTORY OF DERMATOLOGY IN PARAGUAY</td>
<td>283</td>
</tr>
<tr>
<td>(JULIO CORREA)</td>
<td></td>
</tr>
<tr>
<td>By way of preface</td>
<td>283</td>
</tr>
<tr>
<td>The population of the Americas. The American man</td>
<td>284</td>
</tr>
<tr>
<td>Paraguayan territory. Discovery. Colony. Independence. War of the Triple Alliance (1865-1870)</td>
<td>286</td>
</tr>
<tr>
<td>The Guaraní: empirical medicine and its applications to general and skin diseases</td>
<td>288</td>
</tr>
<tr>
<td>Historical aspects of medicine in Paraguay. Relationship with Dermatology</td>
<td>294</td>
</tr>
<tr>
<td>Historical summary of the Paraguayan Society of Dermatology</td>
<td>296</td>
</tr>
<tr>
<td>References</td>
<td>299</td>
</tr>
<tr>
<td>HISTORY OF DERMATOLOGY IN PERU (ELBIO FLORES-Cevallos, LUIS FLORES-Cevallos, ZUNO BURSTEIN)</td>
<td>301</td>
</tr>
<tr>
<td>Introduction</td>
<td>301</td>
</tr>
<tr>
<td>Part I</td>
<td></td>
</tr>
<tr>
<td>Dermatology in pre-Columbian times</td>
<td>302</td>
</tr>
<tr>
<td>Dermatology during the Conquest and Viceroyalty</td>
<td>307</td>
</tr>
<tr>
<td>Dermatology during the first hundred years of the Republic</td>
<td>309</td>
</tr>
<tr>
<td>Part II</td>
<td></td>
</tr>
<tr>
<td>History of dermatological institutions in Peru</td>
<td>311</td>
</tr>
<tr>
<td>History of dermatological scientific publications in Peru</td>
<td>314</td>
</tr>
<tr>
<td>Some forerunners of Dermatology in Peru</td>
<td>315</td>
</tr>
<tr>
<td>History of the teaching of Dermatology in Peru</td>
<td>316</td>
</tr>
<tr>
<td>Prof. Aizic Cotlear's Dermatology School at the Dos de Mayo Hospital</td>
<td>328</td>
</tr>
<tr>
<td>References (parts I, II)</td>
<td>330</td>
</tr>
<tr>
<td>Part III</td>
<td></td>
</tr>
<tr>
<td>History of the legal standing of the specialization in Dermatology in Peru</td>
<td>330</td>
</tr>
<tr>
<td>The first University Program for Specialization in Dermatology in Peru</td>
<td>333</td>
</tr>
<tr>
<td>Historical aspects of Tropical Medicine Institutes and of Scientific Research in Dermatology in Peru</td>
<td>336</td>
</tr>
<tr>
<td>Brief history of some diseases: Tegumentary leishmaniasis in Peru</td>
<td>338</td>
</tr>
<tr>
<td>Carrión’s disease (Peruvian wart)</td>
<td>345</td>
</tr>
<tr>
<td>Leprosy and its control in Peru</td>
<td>347</td>
</tr>
<tr>
<td>Peruvian legislation for the control of STDs. History of the current rules</td>
<td>351</td>
</tr>
<tr>
<td>References (part III)</td>
<td>354</td>
</tr>
<tr>
<td>NOTES ON THE HISTORY OF PERUVIAN DERMATOLOGY</td>
<td>357</td>
</tr>
<tr>
<td>(LUIS VALDIVIA BLONDET)</td>
<td></td>
</tr>
<tr>
<td>Pre-Columbian period</td>
<td>357</td>
</tr>
<tr>
<td>Conquest, Viceroyalty and first years of the Republic</td>
<td>358</td>
</tr>
<tr>
<td>The teaching of Dermatology in the Republic since 1856</td>
<td>359</td>
</tr>
<tr>
<td>The scientific societies of the specialized field</td>
<td>364</td>
</tr>
<tr>
<td>References</td>
<td>368</td>
</tr>
<tr>
<td>HISTORY OF DERMATOLOGY IN PUERTO RICO (CÉSAR QUIÑONES, PABLO ALMODÓVAR)</td>
<td>371</td>
</tr>
<tr>
<td>Pre-Columbian medicine</td>
<td>371</td>
</tr>
<tr>
<td>From the arrival of Columbus to the change in sovereignty</td>
<td>372</td>
</tr>
<tr>
<td>Academic Dermatology</td>
<td>373</td>
</tr>
</tbody>
</table>
History of Latin American Dermatology

Scientific research .................................................. 375
Leprosy in Puerto Rico .................................................. 375
Associations of dermatologists .................................. 376
Communications ....................................................... 376

HISTORY OF DERMATOLOGY IN THE DOMINICAN REPUBLIC (MARTHA MINIÑO, RAFAEL ISA ISA) .................................................. 377
Pre-Columbian Dermatology ...................................... 377
Dermatology in colonial times ..................................... 378
Dermatology under the Republic .................................... 379
The 20th century ....................................................... 380
Development of subfields specialized in Dermatology ........... 381
Publications ............................................................. 383
The teaching of Dermatology ...................................... 384
Ending the 20th century and entering the 21st .................. 385
Dermatology and art ................................................. 386
Dermatology and magic ............................................. 386
References ............................................................. 387

THE INDIANS OF URUGUAY AND THEIR RELATIONSHIP WITH DERMATOLOGY (ROBERTO RAMPOLDI BESTARD) .................................. 389
Introduction ............................................................ 389
The voyages to the Paranaquazú (River Plate) ................. 392
Indigenous Uruguay .................................................... 393
General and dermatological healing practices .................... 395
References ............................................................. 397

HISTORY OF DERMATOLOGY IN URUGUAY (RAÚL VIGNALE) (COLLABORATOR: FRANCISCO AMOR GARCÍA) .................................. 403
Preface ................................................................. 403
The first Hospital Service in the city of Montevideo ............. 404
Biographical sketches of the most outstanding figures in Uruguayan Dermatology .................................................. 405
Nineteenth and twentieth centuries ................................ 405
Hospitals with Dermatology services .............................. 409
Hospitals dependent from the Ministry of Public Health that have dermatological polyclinics .............................. 409
Hospitals not depending from the Ministry of Public Health or the Medical School ................................................ 411
History of dermatological journals in the nineteenth and twentieth centuries .................................................. 412
Congresses, symposia and sessions ................................ 414
The Uruguayan Society of Dermatology ............................ 415
History and evolution of the struggle against sexually transmitted diseases in Uruguay ........................................... 416
References ............................................................. 418

HISTORY OF DERMATOLOGY IN VENEZUELA (ALFREDO LANDER MARCANO, JAIME PIQUERO-MARTÍN, ANTONIO RONDÓN LUGO, OSCAR REYES FLORES, BENJAMÍN TRUJILLO REINA, HERNÁN VARGAS MONTIEL) ............................................. 419
First stage. From Indian times to 1904. Conception ............... 419
Second stage. 1905 to 1946. Birth .................................. 422
Third stage. From 1946 to this day. Development ............... 425
Subfields ............................................................... 426
<table>
<thead>
<tr>
<th>Topic</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>History of the Venezuelan Society of Dermatology and Dermatological Surgery</td>
<td>427</td>
</tr>
<tr>
<td>History of Dermatology in the interior</td>
<td>430</td>
</tr>
<tr>
<td>References</td>
<td>432</td>
</tr>
<tr>
<td>THE IBERO-LATIN AMERICAN DERMATOLOGY ASSOCIATION (CILAD)</td>
<td>433</td>
</tr>
<tr>
<td>(ROBERTO ARENAS)</td>
<td></td>
</tr>
<tr>
<td>ANNUAL GATHERING OF LATIN AMERICAN DERMATOLOGISTS (RADLA)</td>
<td>437</td>
</tr>
<tr>
<td>(FERNANDO MAGILL)</td>
<td></td>
</tr>
<tr>
<td>DEVELOPMENT OF PEDIATRIC DERMATOLOGY IN LATIN AMERICA</td>
<td>441</td>
</tr>
<tr>
<td>(ÉVELYNE HALPERT, RAMÓN RUIZ MALDONADO, HÉCTOR CÁCERES)</td>
<td></td>
</tr>
<tr>
<td>THE FUTURE OF DERMATOLOGY IN LATIN AMERICA (RAFAEL FALABELLA)</td>
<td>443</td>
</tr>
<tr>
<td>EPILOGUE (THE EDITORS)</td>
<td>449</td>
</tr>
<tr>
<td>INDEX OF NAMES</td>
<td>451</td>
</tr>
</tbody>
</table>
We returned from Paris in July 2002 and in our bags, in our minds and in our hearts we brought with us not only the memory of what we had learned at the Congress but also the enormous joy and responsibility of being in charge of organizing the Twenty-First World Congress of Dermatology in Buenos Aires.

For the first time, a South American country would host the most important event in World Dermatology. The dream of our teachers was becoming a reality.

In order to achieve this, we had enjoyed the support of the Societies of Dermatology of Latin America, which continues and is heightened day by day.

The splendid *History of French Dermatology* impressed us and in it we glimpsed the beginning of a road.

From the very outset, Pierre Fabre Dermo Cosmétique backed the creation of this book which we present today: *History of Latin American Dermatology*.

This work would not have been possible without the commitment of the Societies of Dermatology of Latin America. Moreover, it is our duty to stress, because it has been invaluable, the enthusiasm and the speed of the response of all the co-authors, who undoubtedly not only made our task easier but also increased our responsibility in the face of such participation.

We speak of the beginning of a road because we believe that the *History of Latin American Dermatology* is — by this demonstration of collaborative spirit without meanness or prejudice — the inaugural event of our most prized goal as dermatologists in this continent: namely, the unity of Latin American Dermatology, respecting our differences which, far from bringing us apart, bring us together, to learn from one another.

We can count on two facts that act in favor of that unity:

1. Our passion for Dermatology, for the study and care of the organ of expression par excellence, not only of the events of our body, but also, and particularly, of our quality of life.

2. Our common origins, since we all share the same Latin roots, which eases our understanding of our problems, our research, and our goals.

Latin America has a very rich history ever since the pre-Columbian era, in the Indian cultures whose traces still endure in the customs of our people. Colonization brought change, not always favoring people’s welfare, but ultimately enriching the health of our population.

Virtually all the Latin American Societies of Dermatology express themselves in this
History, recalling their roots, their researchers and teachers, in an effort which future
generations will find of value.

We would like for this book to be the start on the road to Latin American unity.

Let us not lose our way.

Let us join efforts to delve deeper into the knowledge our regional pathologies.

Let us bring our wills together to carry out shared scientific activities that will pro-
mote participation by all and increase the cost-efficiency of performing them.

Let us join capabilities in pursuit of goals that improve the health of our population
and lead to a comprehensive optimization of its quality of life.

Thanks go to all direct and indirect collaborators and thanks to Pierre Fabre Dermo
Cosmétique Laboratories, and in particular to Mr. Jacques Fabre, to Ms. Colette Arrighi and
to Mr. Philippe Constant, for their sensitivity and generosity in support of this project.
To the memory of my father, Luis E. Pierini, who was pleased that my specialized field was related to the ectoderm.

**Introduction**

«The empires of the future will be based on knowledge.» Albert Einstein

«The book is the most surprising among man’s many instruments. The others are extensions of his body. The microscope, the telescope, are extensions of his sight; the telephone, an extension of his voice; but the book is something else – the book is an extension of memory and of the imagination. It is one of the possibilities for happiness that is open to us humans.» Jorge Luis Borges

Argentine dermatology begins to emerge with the arrival of the Spanish conquerors. They infect others with their illnesses, bring in sick slaves and, in turn, develop endemic cutaneous diseases.

Indigenous medicine, with its lights and shadows, met the needs of large population groups. Employing magic, religion and empiricism, they created systems of assistance that helped against illnesses and chronic epidemics.

The Spaniards expressed admiration for certain techniques and methods employed by the Indians, often making use of the therapeutic properties of valuable vegetable species which they later sent to Spain. In this regard, the work carried out by Nicolás Monardes is held in high regard. Monardes classified plants with pharmacological applications which were used very successfully in Europe after the colonial venture.

Nicolás V. Greco and Marcial Ignacio Quiroga are regarded as the first historians of Argentine dermatology. Both promoted knowledge regarding this field, its teachings, its practitioners, as well as the study of leprosy in our country.

In his universal critical analysis of 1944, Nicolás V. Greco describes the vicissitudes of
this dermatology, which began when Baldomero Sommer presented his doctoral thesis, in 1884. It should be pointed out that Sommer was the first professor to teach skin diseases in Argentina, starting in 1892.

Marcial Ignacio Quiroga, gifted with a many-faceted personality, and a member of the Medicine and History academies, described the evolution of leprosy in Argentina in a profoundly mature manner.

■ The Indian groups: medical botany, medical geography, pathologies

The word aboriginal comes from the Latin aborigines, composed of ab, meaning from, and origo, origins, the latter in turn from oriri, to be born. Hence, “from the origins.” The word “aboriginals” is applied to the people originally inhabiting a region.

The flood of immigration unleashed terrible epidemics in the midst of these original groupings. One of the first diseases to spread in epidemic fashion was smallpox. The Indians called it the Spaniards’ illness or malady, since according to their traditions, possibly not unfounded, smallpox was unknown to them until the Spaniards arrived in America. “The horror these Indians feel for it is indescribable, and rightly so, because when it enters their tents, so many die that their settlements are wiped out,” a chronicler wrote.

Like smallpox, leprosy and tuberculosis were – according to oral traditions – diseases unknown before the conquest.

Following Antonio Fiz Fernández, with small modifications on our part, we place the Indians of these lands under the following headings:

I. Brazilio-Guaraní and the Chaco Littoral group, members of the Guaraní family. It includes, in addition to the Guaraní themselves, the Guaycurú (Toba, Mocobí or Mocoví, Abipone, Plíaga), Mataco, Wichi and Charrúa, these latter linked to the Pampa (Indians, not plains).

II. Groups of the Northwest: these encompass the Omahauca, the Apatama of the Puna and the Calchaquí Diaguita, with a powerful Inca influence.

III. The group of the Andes and Central Hills is formed by the Pehuenche, the Huarpe, the Comechingón of Córdoba, the Sanavirón of the Río Dulce or the Río Negro, the Tono-cóte of Santiago del Estero, the Lule and Vilela of Tucumán and the Peri of the mountain range, all of them under Inca cultural sway.

IV. Pampas: including the Querandí, Pampa and Puelche.

V. Patagón or Tehuelche.

VI. Extreme Magellanic south: Ona, Yaghan and Alacaluf.

Great naturalists and excellent empiricists, guided by recognized herbalists, these Indians applied botany, which was part of the landscape, to the needs of their time. In the following pages we shall set forth, in a summarized fashion, the features of these groups.

■ Brazilio-Guaraní and Chaco Littoral group

These constituted the most populous Indian group in the country. The historian Pedro de Angelis believes that Guaraní comes from Gua, painting, Ra, stained, and Ni, a plural marker. In other words, they were those stained with paint, i.e. those who paint themselves. He writes: “They cover their bodies with black, red and yellow paint, to protect themselves from the rigors of the sun, akin to the current sun filters and blocks.”

The wildness of their habitat prevented Spain from even knowing of the existence of some of these tribes which were spread through the immense virgin forest. Therefore the
almost total extermination of many of them was not due so much to the work of the “con-
quest” but to the disastrous consequences of the epidemics they suffered from the arrival
of the Europeans.

Let us recall that the etymology of the word Chaco refers to the multitude of nations
populating that region.

1. Guarani

These Indians practiced tattooing*, not only as ornament, but for healing purposes for
patients with specific ailments, through incisions in the back and buttocks. When they
were carried out for the relief of fatigue, after strenuous marches, such tattooing were
described as “hygienic.”

Many tribes practiced this ancestral rite. Pertinent in this respect are the statements
of the anthropologist Rubén Palavecino, who in regard to the Chaco Indians says, “The
tattooing of the face is an extremely widespread custom, which begins at puberty and in-
creases with age. The procedure is almost always practiced by the tribe’s older women,
who trace a guiding drawing. The puncturing of the skin is carried out with cactus or fish
spines, or with needles made from bone, followed by the introduction of coloring matter
through energetic rubbing.”

The male adornment par excellence was the tembetá, exhibiting diverse forms and
materials, such as lead with incrustations of turquoise or with the wood of the palo bor-
racho (silk floss tree). It signified valor, courage, aggressiveness, and was the distinctive
sign of young warriors and hunters.

MEDICAL BOTANY

The rich tropical and subtropical phytogeographic reservoir was employed in the
healing of ailments, their application being subordinated to the flora’s magical proper-
ties or to the theurgic conception of the illness.

*Copaiba (Copaifera officinalis) (balsam of copaiba): it provides an oleoresin that was
employed on wounds and ulcerations and later for venereal diseases. It is considered one
of the New World’s most ancient medicines.

*Zarzaparrilla (Zarzaparrilla smilax) (sarsaparrilla): cooked or in a solution – macer-
ated in wine – it enjoyed therapeutic prestige in skin ailments, such as scabies and vene-
real diseases spread by the Spaniards. It also had sudorific properties.

*Salvia (sage): applied to the surface of the skin, it served to drive insects away.

*Mangle (Conocarpus erecta or bucia erecta) (buttonwood): its root, roasted, was used
for people stung by rays.

*Carqueja (Yaguareté Caá) (Baccaris chispa) (Carqueja): indicated even today in a tea-
like brew to alleviate biliar dyskinesia, it was applied to venereal ulcers and to patients
infected with leprosy.

*Anguay, copal or benjuí (Styrax leprosus) (snowbell): a tree with incorruptible and non-
rotting wood, employed in the construction of primitive churches. A balsam was extracted
from it with allegedly healing properties, applied to wounds, ulcerations and bone injuries.

*Payé sorcerers adopted its aromatic resin to perfume the site of their rituals as if with
incense; hence the name iberá payé, a Guaraní expression literally meaning the “sor-
cerers’ tree.”

*Contrahierba (Dorstenia contrajerva) (torus herb): it was used for lukewarm baths
and as an incense, in the rehabilitation of forms of paralysis. It was employed in the

* The word “tattoo” originated in the islands of the Pacific, from the Polynesian Kanaka. Tatahu is derived from
to, drawing, and designates in a general manner the markings and signs made on the body.
treatment of measles and smallpox. Its leaves and roots were ground, and applied to heal torpid ulcerations and snakebites.

Ceibo, “chop” (*Erythrina crista-galli*) (common coral tree): very common along the banks of the Paraná River and its tributaries; the natives employed its bark, shoots and sprouts to prepare broths and balsams, which were applied to injuries caused by the claws or fangs of the *yaquareté* mountain cats.

**Urucú** (*Bixia orellana*) (annatto): a 2- to 5-meter-tall tree found from Mexico to the Chaco, always to the east of the mountain range. A species with colorful flowers, its seeds contain two coloring matters: one yellow, *orellina*, and another red, *cinabrio*. The latter was used to protect the skin, as the ointment mitigated ultraviolet rays. *Urukuization* consisted in anointing oneself daily with that substance to remain free of the proteiform insect stings. Being insoluble, it resisted the action of bathing and perspiration.

Moisés Bertoni indicates in his memoirs that the entire body and face of the Indians exhibited a special reddish tint, pale and lustrous, which gave them a strange aspect but one that was not disagreeable to the eye or the touch, because every mark or scar was erased, leaving a satiny skin. The red color they exhibited gave rise to the erroneous conception of the existence of the red race among South American Indians.

The Yagua Indians and the Xikriu warriors, inhabitants of the great Amazon basin, continue to employ annatto, as their ancestors did, to ward off insects and dye their clothing.

**Tobacco** (*Nicotiana tabacum*): this botanical species is the first to be mentioned in European literary references immediately following the Discovery, namely Christopher Columbus’ travel logs.

At the outset of the New World, tobacco was used for smoking and inhaled in the form of snuff. Drinking its juice was commonplace, as was drinking the water of its macerated leaves. There was a clear relationship between religion and medicine, because before certain ceremonies, such as the initiation of adolescents, tobacco juice was drunk and tobacco inhaled through the nose. Its use is also mentioned in the form of an aspersion and as a dyeing solution for skin decoration.

In the pre-Columbian era, it was also employed as an active ingredient for pains and stings, scabies and erysipelas. The available data do not allow us to state whether it was cultivated in that period in what is now Argentine territory.

Tobacco is the only harmful plant we have inherited from our aboriginal inhabitants.

**MEDICAL GEOGRAPHY**

Juan Carlos Boudin would say that man isn’t born, doesn’t live, suffer or die in the same way in different parts of the world. Conception, birth, life, illness and death vary according to the climate and the soil, according to the seasons and months, race and nationality.

The chronicles record an incidence of tropical and subtropical pathologies among Guaraní Indians. Enteritis, enterocolitis, ankylostomiasis, dysentery, malaria, necatoriasis and other forms of parasitosis constitute the range of these infestations with worms, nemathelminthes and platyhelminthes. Poisonous arthropods, such as myriapods, scorpions and spiders, caused not a few accidents with their venom. Likewise, the insects transmitting and acting as vectors of disease, such as flies, mosquitoes, fleas and lice, contributed to maintain a significant level of morbidity.

We must additionally recall that imported diseases, such as tuberculosis, smallpox and, according to some theories, syphilis, among others, were the causes of countless deaths.

2. **Guaycurú**

The Guaycurú constitute a large family which according to Salvador Canals Frau was of Patagonian origin and was formed by the Toba, Mocoví, Abipone, Pilagá, Payagua and Mbay. The two latter groups had already disappeared many years before.
As a general feature the men, instead of wearing clothing, painted their bodies.

A) TOBA

The traditional native medicine of the Toba offers a many-faceted pharmacopoeia applied to injuries, broken bones, sprains, ulcerations, bites and parasitosis. Diverse substances belonging to the two kingdoms of nature enrich the vast pharmacological array of these primitive populations, in which rituals, chanting, the monotony of the drums, tobacco smoke, incantations and invocations to supernatural agents, dramatized by the witch-doctor, created the appropriate therapeutic context for the social structures of the community.

B) MOCORÍ OR MOCOVÍ

According to one chronicler, “they cured injuries simply by tying them up, as they also did with broken bones. Their flesh was so healthy it quickly grew together and swelled little. They have even told of an Indian, scratched by a tiger, whose claws are poisonous, healing from this wound without generating any swelling.”

Tattoos, adornment

Like their territorial neighbors, the Abipone devoted themselves to the art of tattooing. In the case of young girls, engravings were made on their chest. According to the description of Father Manuel Canelas, this operation was carried out with certain thorns smeared with diverse colors, particularly black and blue. “The pain and swelling which they experienced, locked up, for around a month, suffering to the point of looking monstrous, was in order to appear, in their eyes alone, beautiful.” Other spots preferentially chosen were the lacrimal areas, the outside angles of the eyes and the space between the eyebrows.

Medicine

Although children, owing to the fact that they went around naked, were accustomed to the local dangers, they could not avoid insect bites, particularly by mosquitoes, even though their elders ingeniously strove to diminish them. To this end they resorted to rhea or fish fat, which, mixed with resins, was rubbed over the entire surface of the body.

They were also tortured by the pique (“itch”), vulgar name given in Argentina and Paraguay to the nigua (sarcopsylla penetrans) (chigger). This agent is a flea of tropical and subtropical America that attacks man, penetrating beneath the epidermis of the feet, particularly the nails. Their minute eggs are yellowish in color, do not emerge into the open, and develop at subtegumentary levels. They form tiny abscesses, which on occasion require surgical draining. This painful ailment, accompanied by pruritus and other dermatoses, was treated with ointments employing, as a vehicle, fat and Cantharin powder.

Skin mycosis, syphilis, dermatological reactions of probably allergic origin and leishmaniasis were treated with phosphorilated fat, like yacaré (local alligator) musk.

In the historical testimony corresponding to diverse periods of Mocoví nomadism and sedentarism, the first descriptions agree in stating that because of natural selection, there were few diseases other than epidemic ones. When the latter pathologies spread, the Indians fled. No greater calamity had been known since the mother or father would leave, leaving the affected children in utter defenselessness. They only left a jar of water, roast meat and wild fruit at the head of the bed.

In the year 1745, a ravaging epidemic hit 30 settlements in Paraguay and surroundings, killing 72,000 Indians of all ages. In 1760, at the San Javier Indian reservation, in the province of Santa Fe, there was an epidemic which slaughtered 800 Indians.

As regards medications – Edward Jenner’s smallpox inoculation would be used as a prophylactic measure as of 1796 – the pharmacological resources of that era consisted in providing barley or linseed water, water sweetened with watermelon or melon seeds as a refreshing drink, and ground calabash.
Herbal treatments

We shall mention some ingredients.

**Mistol (Mistol jujube):** also known to other ethnic groups, this tree of beautiful aspect is very common in Santa Fe and Santiago del Estero forests. It has a sweet, red fruit, used for making aloja; its leaves are employed for the treatment of wounds.

**Cebil (yopo):** belongs to the mimosa family; its macerated leaves and bark were often applied as poultices in the mutilating lesions of leprosy.

**Guayacán (Soap-bush):** in addition to alleviating rheumatic illnesses and the pain of gout, its resin was employed to neutralize the complications of the third stage of syphilis. Our Indians drank a brew of its leaves and bark as a general tonic.

**Pindo palm tree or large palm tree (Coco Romango flianum):** a species much appreciated for roofing huts, also employed in the manufacture of numerous utensils, and its shoots are used for nourishment.

This variety of palm houses a white worm the size of a finger, which the aboriginal people call tombú. Dr. Esteban Laureano Maradona states that this worm (verme espeluznante), when placed on the fire, segregates an oil which the Indians employ to treat their injuries. Its body, fried or on a spit, is also edible, like a strip of fried dried meat.

**Ortica dioca** (Ortiga mayor) (urtica dioica) (nettle): in popular and aboriginal medicine, it is indicated for almost all systems. It was praised for its galactogogic and diuretic effects, as well as for acting on hair follicles.

**Solimán or snake fang:** it was employed against snakebite. The areas inhabited by Indians correspond to a vast habitat for ophidians, populated with coral snakes (*Elapsericorrallino*) (*micrurus*), rattlesnakes (*Crotalus terrificus*) and the yarará (*Lachesis alternatus*), whose bites can be lethal.

**Mastuerzo (lesser swinecress):** it was employed in brews to neutralize skin ailments, scurvy and diverse forms of pulmonary tuberculosis.

C) ABIPONE

**Herbal treatments**

The many-colored botanical wealth allowed the original inhabitants of the Greater Chaco to create a kind of pharmacopoeia, which brought together empirical knowledge and shamanic sorcery. We shall mention some varieties.

**Abariguay:** it was used to prepare a balm employed to heal injuries. They believed that applying it inside the mouth halted hemorrhages and coughing.

**Ambay** (ambay pumpwood): it has been mentioned as an anti-venereal treatment and as a frictional element for the obtainment of fire.

**Quinoa** (quinoa): legume which in addition to serving as food was applied as a poultice on the injured or traumatized wound.

**Zarzaparrilla** (sarsaparrilla): used against the bites and stings of poisonous animals.

**Pathology**

Despite the Abipone’s exceptional physique, the illnesses ensuing from the region’s ecology, the insects and parasites, the internal and external wars, together with the diseases transmitted by the white man, led to the almost complete extinction of this race. Epidemics also made their effects felt; in 1734, smallpox killed 30,000 inhabitants, including adults and children.

Another plague we find mentioned was the pique (itch), hicho de pie (foot bug) or agrani, an Abipone word meaning “gag.”

These groups recognized the hematophagous action of the vinchuca (cone-nosed bug), which they called “winged leech,” as well as the consequences derived from wasp, spider and scorpion stings.
**Symbols of beauty**

Ear piercing was carried out with fragments of bone, splinters or deer horn, afterwards introducing a palm leaf which by expansion enlarged the orifice, the ear lobe being liable to reach as far as the shoulder.

Tattooing, widespread among the cultures of the Americas, exhibited a refined expression among the Abipone, who scarified the skin of the face, chest and arms. The primitive chisel was a rigid thorn which affixed vegetable dyes, soot and ashes within the dermis. The filigrees of this indelible seal constituted a banner for tribal differentiation.

Almost all peoples of Paracuariai* tattooed themselves. The Abipone gave this art the term likinranala. Asked about the meaning or cause of this barbarous custom, the natives would reply that they had inherited it from their ancestors. This ordeal lasted five days, during which the teenage girl remained locked up in her hut, covered by an animal skin, and deprived of some food such as meat and fish. The numerous sessions in close succession bloated the face, with edema and tumefaction. From an early age, girls plucked their eyebrows and lashes, partially shaving their scalp as an element of tribal identification.

**D) PILAGÁ**

**Adornment**

These Indians combed their very abundant hair with combs made of slender pieces of wood and wore earrings of the same material. We shall particularly consider ear piercing: these partial mutilations were practiced on both sexes, introducing wooden buttons or rolled-up palm leaves. The orifice was expanded until it allowed the wearing of a disk with a 4 or 5-centimeter diameter.

They practiced the removal of body hair and painted their skin as decoration. They were almost always barefoot.

**Tattooing**

Inlaying was very widespread among the Pilagá along the Pilcomayo River. This magical and difficult art was practiced with cardón (elephant cactus) thorns, rubbing diverse substances, soot among them, over the punctured skin. Children were tattooed with drawings representing geometrical figures: ovals, circles and rhombuses, divided by diameters, diagonal or rectangular.

The answers they gave regarding the motives for the diverse tattoos were: “it’s a Pilagá mark,” or “so they won’t catch the plague,” or “to acquire immunity.”

**3. Mataco**

**MEDICAL BOTANY**

The naturalists who ventured into the intimacy of the Amazonian growth or reached the banks of its rivers gathered exceptional phytological observations. We shall mention a few species:

**Palo santo (or palo bendito or guayacán) (holy wood):** employed for diverse ailments by all tribes of the northeast. The Jesuit brother Pedro de Montenegro, an acknowledged surgeon and herbalist of Paraguay, summarized all the applications of this tree species in his Materia Medica, written in the early eighteenth century. Known in Europe as a major cure-all, it was employed in the treatment of syphilis, in arthropathies and in circulation disorders. Their preparations employed the resin from the bark and it was held

---

* A widespread area of South America, where the Jesuit missions were located; its capital was Córdoba del Tucumán.
to have diuretic, diaphoretic and cathartic properties. The resin, mixed with rhea or fish fat and applied to the skin, drove mosquitoes away. Nowadays, palo santo is employed for the same purpose in the composition of insecticide spirals.

**Ceibo or seibo** (coral tree): the ground-up bark was employed as a poultice on animal bites; boiled, it still persists in popular concoctions for the treatment of ulcers, rectal inflammation, hemorrhoids and vaginitis.

**Yetibay or jalapa** (clavillia): the juice from its flower, freshly pressed, was employed in child otitis and in herpetic eruptions.

**Ayuy or laurel**: a tree with a resistant wood, its fruit was employed against children’s digestive disorders and scrofulosis; ground together with honey, it was applied on chronic ulcerations. As a liniment it was prescribed for rheumatic phlogosis, neuralgias and the itch of scabies.

**Oruzuz** (licorice): in addition to employing the infusion in situations of catarrh and aphonias, it was employed for erysipelas in the manner of a sinapism or as a paste.

**Canchalagua** (centaury): it was administered in the form of an infusion, as well as serving to mitigate rheumatic pain and additionally for carriers of venereal diseases.

**Tusca** (mesquite): it was drunk as a concoction, after toasting and boiling its fruit. Its ingestion was indicated on an empty stomach and it was recommended for gonococcal infections.

**Tobacco**: Dr. Esteban Laureano Maradona, an outstanding physician in Formosa and researcher into the flora of the central Chaco, says in his book *A través de la selva* (Through the Jungle) that, in case of snakebite, the Indians suck on the affected area like suction cups, after chewing tobacco leaves. In addition, diverse parts of the plant, such as roots and seeds, with or without resin and with or without valve powder, are often employed for a variety of conditions.

### 4. Wichi or Wichí and Charrúa

The word *wichi* means “true men” or “men with a full life,” meaning that they interact with plants, trees, fish and birds.

The Spaniards incorrectly called them “Mataco,” a word which in old Spanish meant “animal of no consequence” or “unimportant animal.” The first they met, toward 1623, they called Mataguayo.

They may be described as one of the world’s most ancient communities. Even today, isolated in northern Argentina, they struggle to subsist in the modern world.

The ills that decimated these communities were tuberculosis, malnutrition, Chagas disease, venereal diseases, cholera and brucelosis, all of which was worsened by an unbalanced diet, based mainly on corn, pumpkin, goat meat, fish and fruit, but few vegetables.

#### Groups of the Northwest

This grouping was aware of hot springs. The presence of lakes, favorable temperatures, the tapestry of meadows and riparian habitats and the proliferation of trees, such as *molle* (Brazilian peppertree), created a bucolic landscape in which the life of the native families flowed without the distress and sudden scares of other ethnic groups.

The indigenous Americas took into account the universal myth of the fountain of youth and at various times its protohistorical inhabitants were aware of, and prized, the therapeutic effects of the waters of the *Pachamama* (Mother Earth). They frequented the
hot springs, with boiling fumaroles, warm sources, the sulfur-rich effluvia that gave rise to warm and life-endowing bodies of water.

During the pre-Inca period the inhabitants were already familiar, in the Cuyo region, with the Uyurmire and Inca baths, in the temple of Wiracocha (or Viracocha).

Another spring close to Indian devotion, because of its legendary bounty and the virtue of its sources, is that which arises in the locality of La Laja. According to Indian mythology, the Huarpe lover Yahue, after killing the sweet Tahue and her seducer, died on the stony grounds of San Juan to redeem that tragedy; after his death, three miraculous springs were to arise like a source of hope.

Other natives of our territory likewise frequented diverse baths and springs. The Araucanians visited Copahue and Futalauquen and also knew Cullu-co (acid waters) and Laguen-co (hot waters). The Indians who traveled through the province of Buenos Aires were familiar with the Epecuén lagoon. According to Tomás Falkner, from time immemorial Indian chiefains and their families came to this place of tonic waters. The local traditions hold that the Puelche chief Carhué (Pure Heart), an Epecuén enthusiast, was cured of a strange paralysis when he submerged himself in the great lake formed by the tears of his beautiful beloved.

The Diaguita of Talacasto also left their Indian travails behind through the sun-scorched lands of their ancestors a water source that arose from the ceaseless weeping of a handsome buck who saw his beloved die by cause of the atavistic hate toward the Inca invaders. Inti-Yacu (waters of the sun) was the name given by the natives of central Argentina to the current area of Río Hondo (Santiago del Estero), whose emergent courses sprang up to give life to springs. The inhabitants linked the virtues of Yacurupay (hot waters) to the flaming rays of the sun, which they worshipped.

Alonso Ovalle, in a book published in Rome in 1646, makes reference to the heat, healthiness and mineralization of the waters of Puente del Inca, without giving us its scientific explanation. His text is a description of the landscape related to this monument found in the Andean foothills, with the author highly praising that curious natural form.

According to Michel Horst von Brand, the first analysis of Argentine thermal water was carried out by the physicist and chemist Michael Faraday, in 1827, on samples taken from that spot.

Villavicencio, according to travelers’ testimony, was visited by the celebrated naturalist Charles Darwin in 1839. The residents and neighbors of Mendoza had begun to go there as far back as 1800 in search of its beneficial qualities.

---

The group of the Andes and Central Hills

This is constituted by the Pehuenche, the Huarpe and the Comechingón Indians of Córdoba, the Sanavirón of the Río Dulce or Río Negro, the Tonocoté of Santiago del Estero, the Lule and Vilela of Tucumán and the Araucanian Indians of the Andean foothills, all of them under Inca cultural influence.

Medical botany

Canelo (*Drymis winteri*) (winter-bark tree): this belongs to the Magnoliaceae family. It is around 8 meters tall and usually grows on damp ground. It was introduced in Europe by John Winter, physician to the English pirate Francis Drake; hence its technical denomination. The bark of this tree was used in infusions and also for external applications. A sacred tree of the Mapuche, it was employed against ailments of the digestive systems, parasitoses (scabies) and rheumatism. “The cinders flower” from this tree, mixed with fat as an excipient, was also used to remove body hair; for this reason,
Mapuche youths were erroneously reported to be lacking in the latter. Its effects, through a sympathetic influx, was essential in all magical-evocative ceremonies. In the forest, the Machi looked after a favorite winter-bark tree and, according to the Araucanian belief described by Ramón Pardal, if someone discovered and cut this plant, the Machi languished and died.

Lafo (*Rumex romasa*) (romasa): Polygonaceae. Much used by the Chilean Araucanians, it was regarded as one of the most prized herbs. Because of its multiple pharmacological qualities it enjoyed great prestige in the healing of injuries, torpid ulcerations, otitis and “leprosies appearing on children, leaving a clean helmet.”

Ñincuil (*Helianthus thurifera*): according to Martín Gusinde it was recognized as a marvel of the field, and an antiluetic action was attributed to it.

Jarilla (Bahama baybean): among other applications, it was employed as a poultice, to cure abscesses and phlegmons.

On concluding the present botanical selection we express recognition for the invaluable merit of Prof. Juan A. Domínguez, who carried out major analytical studies of the composition of vegetable drugs, managing to unravel the pharmacological-dynamic synthesis of the Araucanian herbarium.

Pampa, Querandi and Puelche

The name Pampa is given to a human conglomeration of mixed origin, which Sebastián Cabot came across at the mouth of the Carcarañá River, and which he gave the name of Querandi (men with grease).

Faced with smallpox, lesions cases of anthrax or abscesses, these natives brought the lesion to maturity by applying poultices of very hot dung. “When the lesion is ready they extract the germ by means of a folded horsehair, and quickly eat it between two mouthfuls of raw meat, thus believing they ward off any relapse.”

The Guenakén Puelche, who lived in the northern part of Patagonia, were, according to the statement by José Sánchez Labrador, “of extremely strong physique and in such condition that without any medicine they often recover from illnesses and injuries that for others would be deadly.”

Herbal remedies

Great naturalists and excellent empiricists, guided by acknowledged herbalists, they applied the botany that formed part of the landscape to the needs of their period.

Little information is available on the natural elements which the natives of this ethnic group employed for dermatological ailments; it is only known that they used a variety of yang, which they applied on ulcerations and oral aphthae.

Patagón or Tehuelche

The area to the south of the Colorado River, the natural boundary of the provinces of La Pampa and Río Negro – the southernmost plains of the Americas – is internationally known by the name of Patagonia, which alludes to the mythical “Patagón giants” described in 1520 by Antonio Pigafetta, chronicler of Ferdinand Magellan’s circumnavigation of the globe.
**Birth and rearing**

Shortly after being delivered, the newborn were lathered with damp gypsum. According to Ludwig Karsten (1926), this procedure had the aim of protecting the child against evil spirits. The same author mentions other practices such as the application of red paint, smearing with oil and fumigation with tobacco, carried out for the same purpose.

After their fourth birthday, there followed the ceremony of the piercing of one or two earlobes, according to gender, introducing horsehair fibers in the incisions, to prevent healing.

They were aware of the epidemic nature of diseases, although the latter were nameless, and attempted to neutralize their infectious character by spreading out their huts over the areas they inhabited.

In general, the Patagón enjoyed good health, their injuries healing rapidly. The witch doctor, by means of the ceremonies described, indicated the preparation of brews with medical-healing properties. They knew the practice of bloodletting and knew how to open a vein with a piece of seashell or flint.

**Ectoparasitosis**

Children and adults were carriers of fleas and lice, owing to the employment of guanaco wool and rhea feathers in their clothing and domestic utensils.

**Extreme Magellanic south**

Venereal diseases sealed a horizon of hopelessness both for the Alacaluf and for the Ona and Yaghan. It is believed they were unaware of herbs and of animal and mineral byproducts for the healing of diseases.

Transculturation was another negative factor for the survival of these ethnic groups, as was the pitiless exhibition to which they were subjected in the nineteenth century in diverse European cities.

**Epilogue**

The author agrees with the outstanding genealogists Diego Herrera Vegas and Carlos Jáuregui Rueda in that the foundational trunk of our country is derived from three ethnic...
sources: the aboriginal, the African and that of the Spanish colonist. These ethnic groups came together over the course of two generations and were rounded out a hundred and fifty years ago through immigration.


Conclusions

The treasures of nature were offered with all the bounty of the mother earth, and the Indians’ intuitive spirit made use of them to overcome their ailments. For this paper we have selected, in a brief summary, some of the elements of their botanical arsenal. ■

September 2005


References


Centro educativo para mapuches. La Nación. 30 jun 2002; Sec. Opinión, p.20.


García Terán M. Acercan la salud y la educación a los aborígenes del Chaco. La Nación. 5 ag 2001; Información general, p.21.


Juárez FN. Recorridos de un naturalista inquieto. La Nación. 9 dic 2001; Supl. Enfoques.


Pastrana CF. Los indígenas americanos piden espacio para sus prácticas tradicionales. Primer Congreso de Aborígenes del Mercosur. La Nación. 3 ag 2001; Supl. Ciencia y Salud, p.10.


In 1780, shortly after the creation of the Viceroyalty of the River Plate, a Royal Decree was proclaimed: “Having been informed of the disorderly ways and abuses in the exercise of Medicine, Surgery, Pharmacy and Phlebotomy connected with them, particularly in the provinces at a distance from this capital, I have decided, for the time being, to create a Port Tribunal, such as exist in the cities of Lima and Mexico, with the same powers, prerogatives and exceptions, so that by this means, which thus conforms to the law, the disorder will be corrected and rooted out. I have decided to choose and appoint Dr. Miguel O’Gorman, who gathers the parts and processes qualities necessary to be Protomédico (exercising judicial oversight over physicians) and Alcalde mayor (with executive power) over all the respective professors...” As of that moment we had the first physician and rector in what was to be become Argentina.

In 1803 “a decree against medicine men” was issued and in December of that year the posts of physicians and surgeons certified to exercise the profession were awarded.

Three decades later, in 1835, Dr. Tiburcio Fonseca published a thesis on “Structure, role and link with general pathology and therapeutics of the cutaneous organ.” In its 35 pages he dealt with skin diseases in a scientific way, with this, Argentina became a pioneer among Latin American countries in this regard.

In 1874, the Academy of Medicine which oversaw the Medical School included some specialized areas among its curriculum, among them “Clinical medicine of skin diseases and syphilis,” and in 1875 appointed Drs. Leopoldo Montes de Oca and L. Meléndez as full and associate professors; afterwards, when these latter were appointed to other subjects, the field continued to form part of Anatomic Pathology.

At the Hospital de Clínicas in Buenos Aires, where all teaching activity was concentrated, a Syphilis and Dermatology Service was established. In March 18, 1892, the rector of the Medical School, M. González Catán, founded the chair of Venereal and Skin Diseases, which was to be taught in the 4th year of medical studies. The first professor was Baldomero Sommer (Figure 1), who set up the chair at the San Roque Hospital...
(currently Ramos Mejía) and continued his work as a teacher up to his death in 1918. Sommer, inspired by the Viennese school of Von Hebra (1816-1880) and influenced by French dermatologists of the standing of Gaucher, Fournier, Darier, Gougerot and Civatte, taught with patients and moulages of the Wax Molds Museum, the only one of its type in Latin America in those years. Among Sommer’s disciples were the brilliant physicians Aberastury (Figure 2), Greco, Baliña, Ragusin, Jonquières, Uriburu and Fidanza (Figure 3).

As an anecdote we recall an old lady who showed up weekly at the Dermatology office at the Hospital de Clínicas and remained a few minutes in front of Sommer’s portrait. Upon being asked, in the year 2000, about her identity, she surprised us with her answer: “I am Sommer’s granddaughter. Before, I used to come with my mother.”

This was a golden era in Argentine Dermatology, and included syphilis and other venereal diseases and likewise leprosy. All of this bore fruit in 1907, with the founding of what was then called the Argentine Dermatological Society, with headquarters at the San Roque Hospital. The first president was Sommer, accompanied by the other founding members: M. Aberastury, P. Díaz, P. Baliña, Cisneros, Greco, Seminario, J. Uriburu, A. Giménez, Loche, E. Polito, M. Moyano, J. Farín, F. Mario, J. Arce y Almanza and N. Ragusin.

In 1908, publication began of the Society’s organ of dissemination, the Revista Argentina de Dermatología, later Revista de la Asociación Argentina de Dermatología y Sifilografía, the first dermatology publication in Latin America.

Sommer was succeeded in the chair by Pacífico Díaz and Maximiliano Aberastury, the latter the author of the Argentine law to fight leprosy that bears his name (1926). In 1927 the Society changed its name to that of the Argentine Association of Dermatology and Syphilography; its president was Prof. Pedro Baliña, later replaced by Neocle Ragusin.

In 1934, a group of dermatologists headed by Nicolás Greco, a disciple of Sommer’s, decided to found a new entity which was called Society of Dermatology, Syphilography and Venereology and that was part of the Argentine Medical Association. The historical facts are skimpy with regard to the reasons that led to this split — in fact, it is contradictory — but there is no doubt, given the moral and scientific ranking of the leaders and members of both dermatological groupings, that principles and conceptions held primacy over personal wishes.

Other founding members of this new Society were C. Oriol Arias, M. A. Mazzini (secretary), A. A. Fernández, A. Bigatti, S. Rosner, D. Biagini, L. Trepát, A. Muschietti, R. Wernicke, E. Otañz, C. Bancalari, J. R. Houlé, A. Schneidewind, S. Sovín, O. Camaño, J. Capurro, E. Corteletti, F. de Biase, E. Solari, S. Ponce de León and E. del Vecchio. Later it was called Argentine Society of Dermatology.

Since then (1934) there have been two societies representing Argentina: the Argentine Association of Dermatology, with its official organ, Revista Argentina de Dermatología (founded in 1908) and the Argentine Society of Dermatology (which left the Argentine Medical Association), with its official organ, Dermatología Argentina (founded in 1995). Both groupings have branch associations, sections and members in all provinces.

The era of Baliña and Greco

The split between the dermatology groupings generated a scientific rivalry, leading to the training of brilliant dermatologists in each of them who left their mark on noteworthy periods within Argentine Dermatology.

The Argentine Association of Dermatology, set up at the Chair of Dermatosyphilography of the University of Buenos Aires, with headquarters at Ramos Mejía Hospital, was
led by Prof. Pedro Baliña, full professor between the years 1925 and 1946. Future full professors were trained there such as Luis E. Pierini (Figure 4), Marcial Quiroga (figure 5), Enrique Fidanza and Miguel A. Mazzini (Figure 6), as well as José M. Puente, Juan Pessano, Ceferino Orol Arias, Emilio Fernández Blanco, José L. Carrera, Ludovico Facio, Guillermo Basombrio, Fernando Noussitou and Aarón Kaminsky (Figure 7). The majority were chiefs of the most outstanding dermatology services of the period.

A subsidiary was set up in Rosario in 1934, followed by Córdoba (1938) and Mendoza (1952).

The Argentine Society of Dermatology, with headquarters at the Argentine Medical Association, was headed by Nicolás Greco, full professor of Dermatology at the University of La Plata and associate and later honorary professor at the University of Buenos Aires (1943).

That period was characterized by the centralism of Buenos Aires and by a marked numerical difference between the members of the two associations.

![History of Argentine Dermatology](image)

**The era of Pierini and Quiroga**

With the passing of Baliña and Greco there emerged two disciples of the former, who marked three decades of Argentine Dermatology and projected it onto the international sphere: Marcial I. Quiroga and Luis E. Pierini. In 1946 they had published their book *Introduction to the Study of Dermatosyphilology*, whose semiotics and description of elementary lesions continue to be current. The work exhibits the marked influence of European schools, particularly the French, where the dermatologists who sought further studies went abroad.

**Marcial I. Quiroga** exhibited an aristocratic and charismatic personality. A descendant of distinguished families in Argentine society, he spoke easily and entertainingly. He handled French well and traveled almost every year to Europe, particularly France. He was awarded the main awards. On the international level, he was the first Argentine appointed as a member of the International Committee of Dermatology; he was also an honorary member of numerous Dermatological Societies, and, on the domestic level, President and Honorary President of the National Academy of Medicine.

At the dermatological level, he was full professor of the First Chair of Dermatology and head of the Dermatology Service at the Ramos Mejía Hospital, where his headquarters were located. The visits to his department were a magnet for dermatologists in the provinces and foreign visitors. His academic quality was rendered evident in several books and scientific works.

Quiroga’s disciples were the teachers of the following generation including: Alejandro A. Cordero (Figure 8) and Pedro H. Magnin (Figure 9). Also outstanding professors were Luis Ambrosetti, Enrique Jonquières, Arturo Mom, Rodolfo Corti, E. Molina Leguízamón, Narciso Vivot, Gisella Dhum, Carlos F. Guillot, H. J. Sánchez Caballero, Manuel Seoane, Luis Curia, Oscar Bonafina, Nélida Franco, Antonio Raimondo, E. Blasi, Hans Botrich.
Manuel Olchansky and Natan Gotlib among others. Most of them headed diverse and prestigious Dermatology services in Buenos Aires.

The Argentine Association of Dermatology continued the publication of its *Revista Argentina de Dermatología*, while at the same time annually organizing national congresses and maintaining its dermatological library, the country’s oldest. The Association was presided by M. A. Mazzini, G. Basombrío, F. Noussitou, R. Garzón (Córdoba), A. Cordero, A. Kaminsky, J. L. Carrera, F. Ambrosetti, E. Jonquières, R. N. Corti, P. Viglioglia, M. Seoane, P. Magnin, J. E. Cardama (Figure 10) N. Sánchez Caballero, L. M. Balíña and C. Parra (Mendoza), M. Marini, L. Valle and J. L. Iribas.

**Luis E. Pierini** was the teacher *par excellence*. Simple, humble in action, respectful, his was a dazzling personality by virtue of his dermatological knowledge and general culture. Italian by birth, he was unable, for that reason, to become president of the first Chair. His thinking was fully expressed in his article “Fifty Years of Dermatology” (*Arch Argent Dermatol*. 1973; 23: 19), which answered a common query among the new generations: why do we choose Dermatology?

Pierini worked at the Fernández and Muñiz hospitals (where he prepared his doctoral thesis on “Treatment of Leprosy” and described the classic test with histamine that bears his name), and the Casa Cuna children’s hospital (currently Pedro de Elizalde). He was head of service at the Fiorito and Italian hospitals and lastly, as of 1949, at the Rawson Hospital, where he reached the rank of full professor of the Second Chair. It should be mentioned that he worked for twenty years with Prof. Pedro Balíña who appointed him Chief Teaching Assistant at the Ramos Mejía Hospital. The chair he headed was a seeding ground for major specialists who prided themselves in being disciples of Master Pierini.

The first among them being Julio Martín Borda (Figure 11), a man of extraordinary scientific, moral and human merits, who added his work to Pierini’s in the study of many dermatopathies. His Private Skin Hospital was the venue of monthly athenaeums attended by many young dermatologists, particularly from the provinces. At that institution, as well as at the Rawson Hospital, a large number of Latin American specialists were trained. Standouts at the national level were Abraham Man, José Casas, Raúl Rodeiro, Augusto Casalá, Santiago Mosto, Alberto Carvalho, Raúl Mazzini, Ismael Pomposiello, Gregorio Álvarez, Luis Trepat, Pacífico Díaz and Eduardo Lacentre, some of them already departed, and others who deserve separate mention. Borda’s sagacity allowed him to pose hypotheses and relate clinical conditions which are currently accepted worldwide.

David Grinspan distinguished himself among his peers. An exceptional semiotician, with a vast knowledge of dermatology, he chose an orientation towards the hitherto poorly studied stomatology. He founded and led the Rawson Hospital’s Center for Skin Tumors and Stomatology, a pioneer in Latin America, bequeathing his teachings in his *Treatise on Stomatology* which consists of six hefty volumes and is a classic in its area.

Jorge Abulafia devotes himself to dermopathology. He collaborates with the main works
In addition to the holders of professorial rank there arose other personalities who established milestones in this history.

Aarón Kaminsky is the father of Argentine cosmiatrics. Full of anecdotes, unique, with an overwhelming personality, he enjoyed an extraordinary popular prestige. Head of the Dermatology services of the Israelite and Alvear hospitals, he gathered around him a large number of physicians and a legion of patients. His special orientation was toward the therapeutic aspect, becoming a master of the art of the customized prescription. He trained disciples of great standing including his son Carlos, Ana Kaminsky and León Jaimovich, all three of whom were to be full professors, in addition to J. Kriner, P. Bumaschyn, S. Braunstein, H. y A. Kaplan, B. Sevinsky and A. Aufgang.

Alfredo Chouela had a notable career at the Society of Dermatology. Standing out in dermatological surgery was A. Segers and in dermatological allergy M. Asrilant.

Pablo Viglioglia, trained in this school, attained the leadership of the Álvarez hospital and the rank of full professor. Enjoying the privilege of linking his vast clinical knowledge to the ability to read and diagnose histopathological preparations, his thorough erudition was reflected in numerous books and articles. He gave his classes simply and with scientific authority, imbuing them with a cordial and affectionate atmosphere, reaching an easy integration with his listeners.*

Enrique Jonquières, noted for his versatility in leprology, worked at his side.

Miguel A. Mazzini was another major dermatologist of this period. He too was a full professor. Elegant, with an innate air of gentlemanliness, modest and affable, he was head of the Fernández Hospital before taking on the chair at the Ramos Mejía. His Clinical Dermatology, written in its first version with Fernández Blanco and later exclusively authored by himself (1977), was the essential study and reference work for the dermatologists of that entire period.

Diverse circumstances came about at that time which would forge paths in the future of Argentine Dermatology.

Dr. Raúl Fleischmajer, a disciple of Kaminsky’s, moved to the United States and began an exceptional career leading to the attainment of a professorship and head of Dermatology at Mount Sinai Hospital in New York. His contributions to the physiopathology of collagen and in particular scleroderma are of international importance. He visited Argentina virtually every year and spread his knowledge there. In the United States he shared activities with Dr. León Jaimovich — a disciple of Kaminsky’s and later of Pierini’s — who, upon returning to Argentina, began a brilliant career which took him to the rank of full professor.

Arturo Mom also traveled to the United States where he began his dermatological research; another assiduous traveler was Prof. Alejandro Cordero. Thus began the stage of

* This paragraph has been written by Dr. A. Woscoff.
“Americanization” of Argentine Dermatology which, without losing its French influence, adopted broader paths, particularly in pathophysiology and therapeutics.

Pedro Horacio Magnin remained for a time in the United States collaborating in research with the pioneer Stephen Rothman. On his return to Argentina he started out on an outstanding career: he succeeded Quiroga and Mazzini as full professor, was president for several periods of the Argentine Association of Dermatology and for decades edited the *Revista Argentina de Dermatología*. A passionate scholar, his days began at dawn; he wrote books and articles, researched diverse subjects, among them porphyrias and skin cancer. He organized athenaeums, sessions and congresses and formed a closed nucleus of disciples who continued his work. Head of the British and Ramos Mejía hospitals — the latter continuing as Chair — he possessed a singular personality, severe and demanding. He imparted his knowledge with the aid of an exceptional memory, but also demanded virtually total devotion from those who shared his work. He succeeded Marcial Quiroga at the National Academy of Medicine.

Alejandro A. Cordero continued the series of brilliant teachers. He worked with Quiroga, of whose chair he was associate professor, and was later head of the service of the Tornú, Rawson and Hospital de Clínicas, reaching the post of full professor at the latter two. Cordero was an exceptional person and scientist. Modest, affable, protective, he was the teacher of a large number of dermatologists*. He was continually travelling to diverse countries of the world, accompanied by his cultured wife. In the mornings he would tour hospital centers, in the afternoons he would visit the city and its museums and at night would share dinner with the country’s main dermatologists ... while continuing to talk about Dermatology. At congresses, like a conscientious student, he would write down all he saw and heard in a little notebook, which on his return he would with great generosity share with his classes. The principal dermatological societies of the world appointed him an honorary member. Like Quiroga, he was a member of the International League of Dermatological Societies. His memory is perpetuated by all of us who knew him.

### The Chairs

In the years stretching between Pierini y Quiroga no competitions were held. The already appointed associate professors filled the post of full professor for one year; this was the reason that notable dermatologists were unable to compete for the post of full professor.

The situation returning to normal after more than a decade, Cordero and Magnin were appointed full professors. On retiring for age reasons (at the University of Buenos Aires’ Medical School the bar is set at age 65) they were succeeded by Viglioglia and Jaimovich for a brief period. The number of chairs was expanded to four and the post were taken by Alberto Woscoff, Ana Kaminsky, Hugo Cabrera and Carlos Kaminsky — the latter dying prematurely.

Ana Kaminsky, with a noted international career, was appointed, as Quiroga and Cordero had earlier been, a member of the International League of Dermatological Societies, with which Argentina had its representative; she has been invited by numerous countries to give conferences and is an Honorary Member of the league.

Hugo Cabrera, trained with Gatti and Cardama, held the position of chief at the Posadas Policlinic and later at the Hospital de Clínicas where he set up his teaching chair. Possessing an extremely wide dermatological knowledge, he has published numerous works, in many of which he has described pathologies previously unknown in the country. His book *Nevos (Nevi)*, written in collaboration with Sandra García, is a standout and a necessary reference work in its field.

Alberto Woscoff, full professor and chief at the Hospital de Clínicas, in addition to consulting professor of the Argentine Navy and head of the service at the Pedro Mallo Naval Hospital. He previously was chief at the Durand Hospital. Worthy of mention among his
abundant scientific output is *Orientación Dermatológica en Medicina Interna* (Dermatological Orientation in Internal Medicine), a reference and study text for undergraduate and newly graduate students (with Drs. A. Kaminsky, M. Marini and M. Allevato) and *Principios de Inmunodermatología* (Principles of Immunodermatology, with Drs. P. Troielli and M. Label), a full work within this genre in Spanish. He founded and, for a decade, edited *Argentine Dermatology*, the ASD’s official organ.

The time of their retirement having arrived, the University of Buenos Aires appointed Drs. Viglioglia and Cordero Emeritus Professors and Drs. Alberto Woscoff y Ana Kaminsky Full Consulting Professors.

At the current time (2004) Dr. Cabrera continues as full professor. At the four chairs, the post of full professor is filled by rigorous competition, leading to the appointments of Mercedes Hassan at the Ramos Mejía Hospital, Edgardo Chouela at the Argerich and Mario Marini at the British Hospital. All three exhibit outstanding backgrounds and their zeal and intelligence allow the prediction that they will preserve and increase the prestige of Argentine Dermatology.

**Argentine Association of Dermatology (AAD)**

This association gathers the majority of the members of the Buenos Aires hospital services, with an intense scientific and organizational activity, reflected in the *Revista Argentina de Dermatología*. It holds meetings that generate a large turnout from the provinces and abroad. It annually organizes the Argentine Congress of Dermatology at diverse provinces of the interior. During Magnin’s presidency it shifted from its traditional headquarters at the Ramos Mejía Hospital to a venue of its own, with a library and conference room.


**Argentine Society of Dermatology (ASD)**

Until 1973, it carried out monthly theoretical sessions for graduates at the headquarters of the Argentine Medical Association. Its members were not many in number and the presidency was rotated among only a few physicians. It mostly brought together the disciples of Kaminsky and Pierini.


Its congresses are held every two years in different cities in the provinces and in Buenos Aires. During Ana Kaminsky’s presidency the ASD separated from the Argentine Medical Association. Currently it has headquarters in different of its own. In 1995 it began to publish its official organ, *Argentine Dermatology*, edited by Alberto Woscoff (currently Honorary Editor) and, since 2004, by Liliana Olivares.

For some years the AAD and the ASD worked together, holding joint meetings. The most
significant integration was the Mixed Commission for the Teaching of Dermatology (COMEDE). Previously, there existed four graduate courses specializing in dermatology with dissimilar content and demands; they were led by León Jaimovich (for the Society), Pedro Magnin (for the Association), Fernando Stengel and Hugo Cabrera. All four resigned their courses in favor of COMEDE, launched under the presidency of Mario Marini at the Association and Alberto Woscoff at the Society, and with Luis Ferreira as rector of the Medical School. The course, certified by the University of Buenos Aires, lasted three years and offered the title of University Specialist in Dermatology. Its leadership alternated annually between a representative of the AAD and one of the ASD. After ten years the AAD left the COMEDE, creating its own course. But the experience of cooperation between the two organizations bequeathed the longing for a sole grouping, particularly among younger dermatologists.

The federalization of Argentine Dermatology

When dermatological practice started out in Argentina, the majority of dermatologists worked in the city of Buenos Aires. However, over time an intense and fruitful scientific activity has developed in the provinces, with high-ranking centers generally with important chairs of this specialized field.

Dermatology in Córdoba

Its beginnings date back to the nineteenth century. In 1889 the first chair of this special field in Argentina was created (prior to the one in Buenos Aires), with headquarters at the Hospital de Clínicas. Its first professor was Hugo Stemphelman, followed by Manuel Freyre, Tomás Garzón, Rafael Garzón, senior, Ramón Argüello (on an interim basis), Luis Argüello Pitt, Enrique Tello and Rafael Garzón, junior.

The work of Dr. Garzón, Jr., appointed in 1983, is of great value, as well as his publications and scientific contributions to congresses and courses, in which he has conferred a high standing to dermatological surgery. He published several undergraduate texts, as well as writing articles and books of great significance for the history of Argentine Dermatology.

In 1975, the second chair was created, with headquarters at the Córdoba Hospital; its professors were Ignacio Segundo Toledo and Augusto Magnani. The third chair, created the same year at the San Roque Hospital, had Pedro Guillot and later Dr. Belia de Oviedo as professors.

The Catholic University of Córdoba was led by Ignacio Toledo and later by Carlos Consigli. It constitutes one of the country’s most prestigious private centers. Both Carlos Consigli and his brother Javier are notable dermatologists and leprologists who have made major contributions to the field.

Córdoba stands out particularly in two areas: leprosy and endemic regional chronic hydroarsenicism (ERCH). In the former case, the existence must be mentioned of a leprosarium as far back as 1621; another was founded in 1884. In 1939, in San Francisco del Chañar, the J. J. Puente sanitarium and the Prof. Guillermo Basombrio dispensary — models of their type — were inaugurated. Luis Argüello Pitt y Carlos Consigli stood out in this field.

ERCH was meticulously described by Ramón Argüello and Enrique Tello. The latter is the author of the book *ERCH (HACER)*, an essential reference work on the subjects. These studies were continued in Salta by Biagini, who precisely established its epidemiology and its link to visceral carcinoma.

The Córdoba Dermatological Gathering has been in existence for more than half a century and has been presided by the most renowned dermatologists of the province.

Currently standing out are Miguel A. Orozco, Luis Flores González and Alejandro Ruiz Lascano.
**Dermatology in Rosario (Santa Fe)**

In the year 1922, the chair of Dermatology was created at the National Littoral University; its first professor was Enrique Fidanza, only 38 years old but with wide experience acquired in Buenos Aires and Europe. He began his activities at the Italian Hospital and then transferred the chair to the traditional Centennial Hospital at the National Littoral University. He trained, among others, José María Fernández, Salomón Schujman, Alberto Nudenberg, Francisco Carrillo and Amadeo Campos. He was succeeded in the chair by J. M. Fernández, E. Carboni, V. Pecoraro and B. Nudenberg.

Rosario’s Dermatology included physicians of international standing.

José María Fernández left his mark in world Dermatology as the author of the leprosy reaction that bears his name, as well as by his decisive participation in the South American classification of leprosy (Havana, 1948) and employment of the BCG vaccine in the prophylaxis of the disease.

Salomón Schujman accompanied J. M. Fernández in his research in leprosy. He provided the foundations for the polar tuberculoid form and was, as the Brazilian Rabello put it, “the first to describe the disease’s pathophysiology.” His fame transcended borders; as an example, suffice it to say that in 1957 he was invited for a year to teach courses in leprology in China, where he trained disciples who follow his concepts.

Alberto Nudenberg, who carried out advanced studies in France and Germany, devoted himself intensively to venereology. On his return from his studies, he led and legislated on the subject, with unceasing and unalterable dedication despite the powerful interests deployed behind prostitution. When the National Law on anti-venereal prophylaxis was adopted, it was established that “Rosario was the best-prepared city in the country thanks to his knowledge of these social plagues.”

Vicente Pecoraro, like J. M. Barman and I. Astore, stood out for his research on hair, an annex that had hitherto been studied little. The first-named invented an original microscope and developed the technique of the tricogram, currently employed worldwide. The painstaking care of his observations remains unalterable.

Bernardo Nudenberg, a full professor since 1983, gave his chair a new orientation, aimed at integrating Dermatology as an important chapter of medical clinical practice. He published studied on sclerodermia and mucinosis. He was an important guest at all national congresses and visits and actively participated in the main international gatherings. Possessed of a fine sensibility, he wrote stories and poetry in books which have been praised by literary critics.

Ramón Fernández Bussy, who carried out advanced studies in Europe, stands out for his studies on immunology. He is a major presence in the dermatological societies of Buenos Aires and Rosario and is the author of diverse works and organizer of numerous courses. He heads the course for specialists in Dermatology at the National University of Rosario. Other outstanding figures are Augusto Mercau, Fernando Feijóo, Sebastián González del Cerro, Carlos Lurati, Ricardo Arpini, and in dermopathology, Augusto Serial and Juan Monti. The Dermatological Association, a subsidiary of the Argentine Association of Dermatology, was created in 1935 and presided among others by Edgard Romano Boix. It is currently a Section of the Argentine Society of Dermatology.

**Dermatology in Mendoza**

The first dermatologists who practiced in Mendoza in the 1930s were Everardo Godoy and León Boaknin, who were joined in 1939 by Prof. Gerónimo López González. Services were provided at the Central and Luís Lagomaggiore hospitals.

The year 1950 saw the founding of Mendoza’s Medical School, a dependency of the National University of Cuyo, and Joao Ferreyra Márquez, of Portugal, was hired as full
professor of Dermatology. In 1965 he was succeeded by Gerónimo López González and later by Sebastián Pons, Alberto Torres Cortijo (in an interim capacity) and, in 1987, by Cristóbal Parra. The Mendoza school has stood out thanks to the importance of its contributions and the prestige of its members.

Gerónimo López González identified solar prurigo. Sebastián Pons was, in addition to full professor, rector of the National University of Cuyo Medical School; among his prolific outlook one may mention the work “Cutaneous Manifestations of Chagas’ Disease.”

Alberto Torres Cortijo, who studied in Spain with Gómez Orbaneja and in Buenos Aires with Pierini and Borda, devoted himself with zeal to cryosurgery. Especially significant was his work “Ulcero-mutilating acropathy of Bureau and Barrière. Study of one hundred and fifty cases. Its association with pellagra.”

In 1986 Dr. Cristóbal Parra was appointed full professor. His trajectory stood out for the amount and quality of original works, published by the most prestigious United States and European journals. He introduced the knowledge of Argentine Dermatology in Germany, the country were he carried out advanced studies. Several of his works were published in German, a language he perfectly spoke and wrote.

Other standouts in this school were Elías Bittar, Olga Bocanegra, José F. Leonforte, Emílce Rivarola, Narciso Driban and two brilliant dermatologists members of the Parra family: Nélida Pizzi de Parra, who distinguished herself in Pediatric Dermatology, and Viviana Parra de Cantú.

Histopathology was under the leadership of Aníbal Ortiz Medina, a disciple of Abufla’s and co-authored several national and international publications.

In addition to the National University of Cuyo, founded in 1950, there are two private medical schools: the School of Health Sciences of the University of Mendoza, founded in 1998, and the School of Medical Sciences of the Aconcagua, founded in 1997.

The local dermatological associations are the Cuyo branch of the Argentine Association of Dermatology (1958), the first section of the Argentine Society of Dermatology and the Professor Joao Ferreira Marques Athenaeum of Dermatology (1966).

**Dermatology in La Plata (Province of Buenos Aires)**

It began in 1918 with Dr. Emilio Cortelezzi who was the first full professor of the chair of Dermatology, created in 1930. He was followed by Nicolás Greco, Ernesto L. Othaz and Alcides Conti, among others. Later named full professors were Jorge Cueto, Juan Fuertes (on an interim basis), Flora Stoichevich and Raúl E. Balsa, who possessed an encyclopedic knowledge and bequeathed a voluminous *Handbook of Clinical Dermatology* (1998) to posterity.

Roberto Castelletto was an anatomopathologist with an outstanding career.

The Society of Dermatology of La Plata was founded in 1973. Later a subsidiary of the Argentine Society of Dermatology, was presided by L. T. Mirande, Stella Maris Ingrata and Luis H. Pedemonte.

**Dermatology in Tucumán**

Norberto Olmos Castro and Pascual B. Arcuri brought into leprology the reading of the leprominoreaction that bears their name. At the Medical School, Luis Vallejo y Vallejo was full professor, to be succeeded by Eudoro H. de los Ríos — whose school harbors most Tucumán dermatologists, and who contributed interesting insights into deep mycoses.

Ana Maria Lorenz, N. Cartagena, L. Iturre de Aguirre and Ben Ami Alperovich have stood out in the study of regional pathologies. Existing since the year 1970 is the Dermatological Group of Tucumán — a subsidiary of the Argentine Association of Dermatology — and the subsidiary of the Argentine Society of Dermatology.
**Dermatology in the Northeast**

Manuel Giménez, senior, worked arduously and uninterruptedly in the field of leprosy in the Chaco. His passionate struggle against the epidemics is reflected in the institutions and dispensaries created at his initiative.

Manuel Iglesias and Félix Scappini were full professors. When the National University of the Northeast was created, Manuel Giménez, junior, was appointed, and he endowed his chair with incessant research and study activities that caused him to stand out among professors of recent generations.

**Other significant dermatological centers**

In Salta, Andrés Cornejo and later Roberto Biagini were important dermatologists; the latter contributed to significant epidemiological and clinical knowledge regarding the study and dissemination of ERCH and cutaneous tuberculosis.

In Entre Ríos, the first dermatologist was José María Roque D’Angelo (1943). In 1985 Abraham Man became the most notable personality in the Dermatology of the Littoral area and trained specialists in Entre Ríos, site of the Hospital where he served as chief, Corrientes and Misiones. He is one of the most outstanding representatives of Borda’s school. Over diverse periods he held major posts at the Argentine Society of Dermatology in Buenos Aires. The Teaching Unit of Paraná, a dependency of the National University of Rosario, began to operate in 1991, with Dr. Abraham F. Man being appointed as leading professor and Drs. Rubén Ruberto y Diana Mauro as chief teaching assistants.

The Association of Dermatology of the Center of the Littoral was founded in December 1978, with the presidency of Dr. Ricardo Cusanelli and the participation of physicians of Santa Fe, eastern Córdoba and Entre Ríos. Under the presidency of Dr. Alejandro Campos Carlés this Association joined the Argentine Society of Dermatology.

Among the numerous scientific encounters held in the region, special mention has to be made of the annual “Prof. Dr. José M. Fernández” gathering, which included Entre Ríos, Rosario and Córdoba. The Fourth International Sessions of Pediatric Dermatology, with venue in Paraná, were headed by Susana Block, Diana Mauro, Analía Svartz and Carlos Cargniel.

In Mar del Plata, where the field is closely linked to Dermatology in the city of Buenos Aires, standouts included Raúl Rodeiro, Juan F. Caino, Carlos Cancio and Carlos de Natate. At the present time, Carlota Jaimovich, Jorge Brusco, Alfredo Amdur and Jorge Clara stand as points of reference.

The Regional Hospital of Mar del Plata exhibits a high academic level and the city is frequently the site of national and international congresses.

**International activity**

For many years, the Dermatology Sessions of the River Plate were classics; they annually brought together dermatologists of Argentina and Uruguay, the two countries alternating as the venue. They were carried out under the impulse provided by Bartolomé Vignale in Uruguay and of Quiroga, Mazzini, Pierini and Grinspan in Argentina.

In 1963 the Ibero-Latin American Dermatology Association (CILAD) held the Fifth International Congress, with the presidency of Luis Pierini and David Grinspan as general secretary. The event brought together all Argentine and Ibero-Latin American Dermatology (Figures 15, 16, 17, 18).

In 2003 Buenos Aires was the venue of CILAD’s Fifteenth Congress, and on this occasion Ana Kaminsky was president and Miguel A. Allevato secretary general. Over 3,000
dermatologists took part, who agreed that it was the most brilliant and fruitful congress of all those held up to that time.

In 1973 Sebastiao Sampaio, Pablo Viglioglia, Juan Carlos Gatti and Osvaldo Mángano founded the Annual Gathering of Latin American Dermatologists of the Southern Cone (RADLA); initially and until the Eighth Congress Argentina and Brazil alternated as the venue of the annual meeting. Since then the venues expanded to the other countries, turning RADLA into the most significant of regional congress, both for the quality of its scientific work and for the number of participants. In 2005, at the meeting in Buenos Aires, the president was Dr. Edgardo Chouela, under whose decisive and arduous handling the spectrum of participating countries was expanded to Colombia, Venezuela, Ecuador and Mexico; the addition of the Spanish-speaking community of the United States is to be integrated soon.

International gatherings on leprology were also carried out under the leadership of Gatti and Cardama; the World Congress on Skin Cancer with the presidency of Léon Jaimovich and Fernando Stengel as secretary was also a great success. Periodically, international gatherings are held on Pediatric Dermatology.

These significant precedents justify and preannounce the brilliance of the World Congress of Dermatology which, under the presidency of Ricardo Galimberti and with Adrián M. Pierini as secretary, will be held in Buenos Aires in the year 2007.

The Argentine Association of Dermatology and the Argentine Society of Dermatology are representative institutions of Argentina as a whole.

At the outset dermatological work was centralized in Buenos Aires; later, with the recognition of the capability and prestige of the dermatologists of the diverse provinces, subsidiaries and sections began to be established. The sections of the Argentine Society of Dermatology which gathers over 2,500 dermatologists are those of Bahía Blanca, Province of Buenos Aires, Comahue, Córdoba, Corrientes, Chaco, Chubut, Jujuy, La Plata, Litoral, Mar del Plata, Mendoza, Misiones, Rosario, Salta, San Juan, Santiago del Estero and Tucumán, Catamarca, San Luis, Santa Cruz and Tierra del Fuego are delegations. The Argentine Society of Leprology also forms part of the ASD.
The diverse subfields

**Dermatopathology.** Initially practiced solely by Pablo Box and Eugenio Forman. The number of specialists expanded due to the work of Jorge Abulafia, the teacher of future generations. José G. Casas, a specialist of international renown, is full professor of Pathology at the Buenos Aires Medical School and president of the International Academy of Pathology, American region. Other highly regarded pathologists are Roberto G. Schroh, Oscar Bianchi, Ignacio Calb, María Cristina Kien, Gabriela Magariños, Graciela Sánchez, Eduardo Lacentre, Alicia Kowalcuk, Javier Anaya, Alberto Carril and Oscar Sanguinetti. In Rosario, Jorge Monti and Adriana Bergero; in La Plata, Roberto Castelleto and Jorge Cueto, junior. In Mendoza, Aníbal Ortiz Medina. In Salta, Susana Romero.

The Argentine Society of Dermopathology (SADEPA) provides courses and periodical meetings to which it invites dermopathologists from abroad. The Argentine Society of Dermatology offers the Twice-Yearly Course on Basic Optical Dermatology, under the leadership of Oscar Bianchi and Roberto Schroh.

**Pediatric Dermatology.** Some outstanding figures: Prof. Héctor Crespi, of high earnestness and prestige; Dagoberto O. Pierini (Figure 19), Master of this field; Adrián M. Pierini, President of the Seventh International Congress of Pediatric Dermatology; Margarita Larralde de Luna (president elect of the Latin American Congress of Pediatric Dermatology); Ríta García Díaz, José A. Massimo; Silvia Pueyo, Zulema Piccone, Nélida Pizzi de Parra, Jorge Laffargue, among others.

The Argentine Society of Pediatric Dermatology was founded in December 1989 and later the Argentine Association of Pediatric Dermatology (ASADEPE), under the presidency Dr. José A. Mássimo, which carries out Congresses and Sessions in diverse cities.

At the present time a University Course on Pediatric Dermatology is being taught, offering the respective degree, under the leadership of José A. Mássimo, M. Larralde, A. M. Pierini y L. Valle.

**Dermatological surgery.** It gained considerable momentum under Prof. Norberto Grinspan Bozza, founder the Society of Dermatological Surgery. It’s membership includes competent dermatological surgeons like Abel González (expert in Mohs surgery), Rafael Garzón, Horacio Costa Córdova, Daniel Ballesteros, Gilberto González Restegno. The Annual Course of Dermatological and Esthetic Surgery of the Argentine Society of Dermatology is headed by Horacio Costa Córdoba, Eduardo De Carli and Lidia Inés Villalba.

**Stomatolgy.** As has already been pointed out, it was launched by David Grinspan, whose monumental treatise covers all facets of the field. His successors are José Kriner, Samuel Blaustein, Julio Díaz, S. Belin, E. Mc. Adden, Graciela Fernández Blanco and Silvina González.

**Cosmetology.** Launched in Argentina at the prompting of Prof. Aarón Kaminsky, it acquired an international standing. Frequent courses on this field are held in the country with the assistance of a large number of Latin American dermatologists. Among its notable figures are Alejandro Cordero, junior, Ana Kaminsky, Graciela Cuomo, Rosa Flom. In each Dermatology service there is a dermatocosmetic section headed by an attending dermatologist and staffed with technicians in cosmiatrics (previously cosmeticians). There are societies within this field that monitor and improve the ethical aspects of this practice. The books *Cosmetologia Dermatológica*, by M. I. Quiroga and C. F. Guillot (1973), and *Cosmiatría* by P. Viglioglia and J. Rubin, are classics.

**Leprology.** Its history runs parallel to that of Dermatology. According to some theories, leprosy was introduced in America by the discoverers and first conquerors, who probably signed up some diseased persons as soldiers and navigators. Another factor that contributed to the expansion of this disease on the continent was the trade of black slaves brought from Africa since the early sixteenth century. In Argentina the arrival of slaves was more limited, for this reason it is likely that the ailment entered the country from neighboring areas, like Paraguay, Brazil and Peru.
In 1760 the first patients were recognized in Buenos Aires; they were removed from the city and sent to Lima. In 1792 the *protomédico* (medical overseer) Manuel Rodríguez carried out the first recognition of a focus of four leprosy patients in Santa Fe. Owing to the wars of Independence the focuses spread toward the northeast, northwest and pampas regions. In 1883 the Isolation House was founded (currently Muñiz Hospital) where that same year the first leprosy patient was hospitalized. Treatment of these patients was handled by Prof. Aberastury and Dr. Farini. In 1903 the first National Conference on Leprosy was carried out. In 1926 Congress adopted the Anti-leprosy Prophylaxis Law which had been drawn up by Prof. Aberastury and perseveringly defended by Prof. P. Baliña. Between 1927 and 1929 the first census of leprosy patients was carried out, revealing a total of 2,300 patients. In 1930, at the Muñiz Hospital, the Board (*Patronato*) of the Leprosy Patients of Argentina was founded. In the following years a series of sanatoriums-colonies were founded in Posadas (Misiones), Cerrito Island (Corrientes) and San Francisco del Chañar (Córdoba). In 1941 a sanatorium-colony was created in General Rodríguez and in 1948 another in Diamante (Entre Ríos). In 1929 Prof. Fidanza with his disciples J. Fernández and S. Schujman organized the Leprology service in Rosario which in 1946, during the Second Pan-American Conference on Leprosy carried out in Rio de Janeiro, was in charge of preparing the standard lepromine. At a later time Eduardo Carboni and Augusto Mercau stood out as important contributors.

In August 1954 an Assembly was held at the headquarters of the Argentine Medical Association — in the city of Buenos Aires — by a group of 41 physicians interested in leprosy, to found the Argentine Society of Leprosy (SAL). The first Governing Board, presided by J. M. Fernández, was formed by L. Llano, E. Capurro, G. Basombrio, F. Wilkinson, S. Schujman and L. Argüello Pitt. Among the founders were illustrious leprologists like P. Arcuri, L. M. Baliña, E. Carboni, J. E. Cardama, C. Consigli, J. C. Gatti, M. Giménez, E. Jonquières, R. Manzi, A. Mercau, H. Sánchez Caballero, J. Scappini, A. Serrai and E. Tello, among others.

The official organ of the society was the journal *Leprología*, founded in January 1956 and published for twenty years. Afterwards its publication was interrupted for economic reasons. As of May 1988, by a decision of a Special Meeting, the ASL was turned into a section of the Argentine Society of Dermatology.

Professors J. C. Gatti and J. E. Cardama published a *Tratado de Leprología* and L. M. Baliña the book *Temas de Leprología*.

R. Valdez, G. Pizzariello, L. Olivares, A. M. San Martín and N. Vaquero currently stand out in this field.

**Mycology.** Studied initially by Pablo Negroni, who published several books on the field, it was brilliantly succeeded by Ricardo Negroni, an international source of reference. Other mycologists with a solid training are Ricardo Galimberti, whose contributions are published in foreign journals, Vicente Madeo, Susana Carabelli and Leonardo Amante.

**Cryosurgery.** It had outstanding practitioners like E. Turjansky and G. Stolar, who wrote a book of essential reference. Other pioneers were Alberto Torres Cortijo, Carlos Kaminsky and at the present time Luis Sevinsky and Eduardo Rodríguez. The Argentine Society of Cryosurgery holds periodic meetings at the headquarters of the Argentine Medical Association.

**Sexually Transmitted Infections (STI).** For more than twenty years, Latin American countries were members of the Latin American Union of Sexually Transmitted Diseases (ULACETS), founded in Brazil and Argentina, which carried out intensive work in the control of diverse linked dermatoses. Among its presidents were the Argentineans Alberto Woscoff, Juan Carlos Flichman and Mario Ambrona. At the present time the Argentine Union Against STI (UACETS) is formed by Ricardo Casco, Alcira Bermejo, Mario Oxilia and Luis Belli. UACETS promoted the recognition by the Pan American Health Organization of congenital syphilis as one of the pathologies demanding priority in the
Americas. The essential books on the subject are *Tratado de Venereología*, by Viglioglia and collaborators, *ETS y SIDA*, by P. Viglioglia and A. Woscoff and *Las ETS en tiempos del SIDA* by M. Marini and M. Oxilia.

At present, STI continue to be a serious sanitary problem in the provinces, which have physicians and services devoted to the problem.

**Phototherapy.** Numerous services include PUVA and UVB apparatus among their therapeutical equipment. Among the outstanding pioneers and teachers of the technique are Edgardo Chouela, Fernando Stengel, J. Ubogui and Luis Sevinsky.

It is impossible, without running the risk of an unforgivable omission, to mention all the physicians who study and stand out in the diverse pathologies. We shall mention a few like Horacio Cabo, in diabetes and the skin, Esteban Saraceno in Internal Medicine and Skin, and Sergio and Osvaldo Stringa, Patricia Troielli, María Bibiana Leroux and Cristina Pascutto in collagenopathies.

The Argentine Society of Dermatology and the Skin and Cancer Foundation, presided by Fernando Stengel, organize annual national campaigns for the control of the disease, the results of which are analyzed and serve as guidance in other countries that undertake the same task.

### Journals on the field

There are four journals which are published periodically in our country (Figures 20-23):

- **Revista Argentina de Dermatología** (Argentine Journal of Dermatology), the official organ of the Argentine Association of Dermatology, dates from 1908; its latest editors are P. Magnin, A. Palacios, J. Abulafia, L. Valle, N. Gotlib and A. Palacios.

- **Archivos Argentinos de Dermatología** (Argentine Archives of Dermatology), launched in 1951 and edited successively by Luis Pierini, Dagoberto Pierini, Santiago Mosto, Adrián Pierini, Fernando Stengel and Andrés Politi.

- **Dermatología Argentina** (Argentine Dermatology), official organ of the Argentine Society of Dermatology, founded in 1994 and edited by Alberto Woscoff (Honorary Editor) and Liliana Olivares.

- **Actualizaciones terapéuticas dermatológicas** (Dermatological Therapeutical Updates), edited and published by León Jaimovich and Miguel Allevato; it enjoys great prestige in Latin America and covers the therapeutical aspect of the field with an up-to-date criticism.
Books on the field

- Dermatomiositis. P. Negroni, 1942.
- Introducción al estudio de la dermatosifilología. L. E. Pierini y M. Quiroga, 1946.
- Úlceras de pierna. R. Garzón (h), 1969.
- Temas de Dermatología. Ts. I a V. P. H. Magnin y col.

Some books of the last decade

- Citogenética en el pregrado. R Garzón (h), Savia, Bornetto, 1996.
History of Argentine Dermatology

• Dermatología infantil en la clínica pediátrica. S. Pueyo and J. A. Mássimo, 1999.
• Dermatoscopia H. A. Cabo.
• Temas de Dermatología. P. y M. Viglioglia.
• Dermatología en el pregrado. P. Magnin and coll. (Several editions.)
• Manual básico de Dermatología. R. Garzón (4 volumes).

Masters of Argentine Dermatology (ASD)

The following physicians were named “Masters of Argentine Dermatology” by the Argentine Society of Dermatology: Alejandro A. Cordero, Miguel Ángel Mazzini, David Grinspan, Pablo A. Viglioglia, Enrique D. Jonquière, Enrique E. Tello, León Jaimovich, Jorge Abulafia, Vicente Pecoraro, Sergio Stringa, Carlos Consigli, Augusto Casalá, Gerónimo López González, Osvaldo Mangano, Bernardo Nudemberg, Roberto Biagini, Alberto Carvalho, Alberto Woscoff.

September 2005.

References


Man A. Referencias dermatológicas en el Litoral [personal communication].


Olivares L. Historia de la lepra [personal communication].

Parra C, Pizzi de Parra N. Referencias dermatológicas en Mendoza [personal communication].
We thank Prof. Dr. Federico Pérgola for overseeing the present paper

The concept of culture is very vast and allows for diverse interpretations. If we go by the definition of Gordon Childe, it is the set of material and non-material elements with which man handles himself within society. Each human group is characterized by a unique set of guidelines of its own.

An essential constituent in the training of a physician is the culture of spiritual freedom that will give pride of place to anthropological ethical values and will give primacy to being. The medical humanities (History of Medicine, Medical Linguistics, Medical Anthropology, Medical Sociology, Medical Ethics, Medical Epistemology, Medical Communication, Medical Esthetics) allow the concept of man to be placed within the social and cultural framework. It is through them that it becomes possible to generate a critical spirit, an attitude of methodical and rational doubt. This anti-dogmatism will free us from negative features such as the dehumanization of medicine and biological reductionism.

In his work *Philosophy and Medicine*, Loudet states, “It is not inappropriate to speak of clinical medicine and philosophy. The great physicians of all periods and of all schools were doctors and philosophers of their science. They didn’t only contemplate the effects, but also sought the causes; they did not get lost in the shifting seas of symptoms and sought their intimate explanation; they weren’t impressionistic prescribers, but experienced practitioners; they never ceased to respect the healing action of nature itself and did not disturb it with therapeutic impertinence; they were prudent clinical doctors before they were bold innovators.”

Dermatology in literature

Art may be understood as the human production that, employing diverse materials, symbolically expresses an aspect of reality, apprehended esthetically.

There are numerous examples of dermatologists whose sensibility led them to cultivate the arts (music, painting, literature, sculpture). They did not limit themselves to the routine practice of their profession; rather, in order to fully understand the human condition, they devoted themselves to achieving a comprehensive knowledge. Among their number, we will draw attention to Carlos Federico Guillot and Marcial Quiroga.

Carlos Federico Guillot (1917-1984), a brilliant dermatologist, was a founding member
of the Ibero-American College of Dermatology and of the Argentine Societies of Gerontology and Geriatrics, of Anthropology and History.

In Marcial Quiroga (1899-1993) we find another example of many-sided personality. An outstanding dermatologist, he was full professor of the Chair of Dermatosyphilographic Clinical Medicine at the Ramos Mejía Hospital (1947-1965). He earned appointments as member of the National Academies of Medicine and of History and honoris causa doctorates from the Madrid and Complutensian Universities; he was named Extraordinary Teacher of Dermatology by Buenos Aires City Hall in 1965 and Professor Emeritus of the University of Buenos Aires in 1977.

As a medical historian we will stress, among his output, Historia de la lepra en la Argentina; La lepra. Pasado, Presente; Manuel Moreno, biografía; La Academia Nacional de Medicina de Buenos Aires. We will also mention his book Paremiología Médica y otros refranes en la Argentina and the vast miscellany, Un libro y seis lectores.

In recent decades there has been an increase in the use of computers in daily life; this allows interactive worldwide exchanges lacking in physical limits, easing the handling of time and space. As is pointed out by Marcelo Sosa Ludicissa, in the virtual world of the Internet information can be accessed concurrently by diverse means. Thus, for example, when seeing an article written by an author, additional information may be accessed; this interaction generates a greater capacity to associate ideas, allowing a multiplication of one’s learning capacity. According the Berlim, at the present time “information is spherical, dynamic, with multiple access and linkage points, and basically each person constructs his own information. Paper is replaced by electronic images transmitted by telecommunication.”

The development of a computerized society will allow the construction of new cultural patterns.

### Popular medicine. Medicine men and magic

Says Pérghola: “It is not known whether the word magic originates in the name of one of the Mede tribes known as Magi or whether – as seems etymologically likely – it comes from old Latin words whose meaning is linked to spiritual superiority.” The author lists three types of magic: theurgy, of a secret and religious nature; white magic, applied to good, and black magic, which receives the help of the devil.

It is interpreted as the belief that every natural phenomenon, such as disease, is determined by invisible higher entities or forces, which can to some extent by controlled via ceremonies or rites carried out by the sorcerer, magician or shaman (white magic).

The shaman is a person with the capacity to fall into an ecstatic trance (magical flight or voyage of the soul). He is a seer, medicine man and life teacher.

The forms of the rite include incantations, spells, enchantments, gestures and dance. It is carried out in special places with difficult access, such as sources, islands, mountain peaks, chasms.

To the magical mind, the medical drug works by virtue of the rite with which it is applied, of the personal power of the sorcerer and of the place where it is administered. This idea of medicine is characteristic of natural peoples, that is to say, of those social units or tribes of limited technical resources. According to their interpretation of reality there are five mechanisms of nosogenesis: the harmful spell, the violation of a taboo, the magical penetration of an object into the body, possession by an evil spirit and the loss of the soul.

---

* Incantation: superstitious form of healing with magical words and empirical drugs; spell: medicine men’s imprecation or sortilege; bewitchment: effect of bewitching, operating marvels by supernatural means.
Many natural peoples have disappeared owing to epidemics triggered by the clash with another civilization, famines, emigration and transculturation*.

In our country, the Mataco inhabited the territory of the Chaco, where some groups still survive. Their witch-doctors employed suction of the diseased area and pretended to vomit out stones, thorns, insects, arrowheads hidden in their mouths. They meanwhile engaged in song and dance. Among herbs they employed the Yetabay or Jalapa (bindweed); the juice obtained from its flowers was prescribed for herpetic ailments and other dermatoses.

The Guaraní, part of the Tupí Guarani group, inhabited the islands on the Paraná River and their habitat extended as far as the Amazon. They employed the Ita oyster, a bivalve shell which, in powdered or ground form, was sprinkled on wounds or abscesses to speed up healing.

The skin of the raven (urubu) was applied to wounds. For venereal ailments they had the resin of the copaiba (Copaifera officinalis or Jesuit’s balsam); zarzaparrilla (Zarzaparrilla smilaxisfilitica), as a concoction or macerated in wine, which has the property of stimulating perspiration, was also used against scabies.

For the same purpose they also employed zarza blanca (Byttneria or Punttneria cartagenesis) while sage (Salvia officinalis) was indicated for the re-epithelialization of ulcers. The employment of annatto or urucú (Bixa orellana) was very interesting; the seeds of this tree contain two coloring matters: one of them yellow, called orellina, the other cinnabar red, called bixina. The latter, which is insoluble in water, was applied by the Indians on the skin in combination with fats, resins and waxes to repel insects and temper the effect of ultraviolet rays. Urucuization was resistant to baths and perspiration.

In the pre-Columbian period, tobacco (Nicotiana tabacum) was employed against scabiosis, erysipelas and bites.

The Mocoví lived from the Bermejo River and the borders of Tucumán down to Santa Fe. They used cebil – belonging to the Mimosa family – as a paste for the mutilating lesions of leprosy.

Inhabiting the area between southern Mendoza, Santa Fe, San Luis, Córdoba and northwestern Buenos Aires were the Pampa, who employed the yang to treat aphthas in the mouth13.

The skin of the raven (urubu) was applied to wounds. For venereal ailments they had the resin of the copaiba (Copaifera officinalis or Jesuit’s balsam); zarzaparrilla (Zarzaparrilla smilaxisfilitica), as a concoction or macerated in wine, which has the property of stimulating perspiration, was also used against scabies.

For the same purpose they also employed zarza blanca (Byttneria or Punttneria cartagenesis) while sage (Salvia officinalis) was indicated for the re-epithelialization of ulcers. The employment of annatto or urucú (Bixa orellana) was very interesting; the seeds of this tree contain two coloring matters: one of them yellow, called orellina, the other cinnabar red, called bixina. The latter, which is insoluble in water, was applied by the Indians on the skin in combination with fats, resins and waxes to repel insects and temper the effect of ultraviolet rays. Urucuization was resistant to baths and perspiration.

In the pre-Columbian period, tobacco (Nicotiana tabacum) was employed against scabiosis, erysipelas and bites.

The Mocoví lived from the Bermejo River and the borders of Tucumán down to Santa Fe. They used cebil – belonging to the Mimosa family – as a paste for the mutilating lesions of leprosy.

Inhabiting the area between southern Mendoza, Santa Fe, San Luis, Córdoba and northwestern Buenos Aires were the Pampa, who employed the yang to treat aphthas in the mouth13.

The pre-technical forms of medicine have bequeathed us some practices which were incorporated into folk medicine.

Empiricism (that is to say, resorting to a medicine or practice because it has been beneficial in similar cases) and magic came together in the employment of some drugs which have passed from the primitive or natural world to the “civilized” one. Examples of this are quinia, opium and belladonna, among others11.

The method employed by the medicine men to promote healing is suggestion14. The shaman occupies an outstanding position in the social sphere; he is respected by his ethnic group, which believes him to know the mystery of life and death and to possess the capacity to heal and, at will, to cause an illness.

Medicine is art (tekne) when the person exercising it knows rationally what the disease is and what is the remedy that is employed in each case. This double knowledge refers to the likewise rational knowledge of the “nature” of the disease and of the cure.

The change in paradigm is due to the genius of Greek physicians, expressed in a text by Alcmæon of Croton towards the year 500 B.C.11.

Following the discovery of America there arrived European physicians who took up residence in the major population centers and proved insufficient to meet the needs of the inhabitants, who often turned to medicine men.

* Transculturation: process of dissemination or influence of cultural features of a society, when it comes into contact with another that is considerably less developed.
That was one of the reasons that led Miguel O’Gorman, a protomédico, to petition Viceroy Vértiz for the creation of the Protomedicato (medical evaluation board) of the River Plate (1777). The Protomedicato was an institution created in Spain and was run by physicians appointed by the king. The authorization, issued in 1780, set the foundation of the teaching of medical and pharmacological science in these lands.

Yankilevich points out, with regard to these officials, that they “performed the triple role of overseeing teaching and governmental issues in matters of medicine, surgery and pharmacy. They administered justice, constituting a special tribunal to punish lapses and excesses committed by physicians. They suppressed medicine men. They established the fees for examinations and pharmacy visits”15.

Later, on April 9, 1822, under the government of General Martín Rodríguez (1820-1824), the law for the Organization of Medicine was issued. It contained 98 articles which, inspired by Rivadavia, stipulated the scope of the new medical tribunal, which was to replace the Protomedicato. It established the form and conditions for medical assistance and pharmacy, created the respective schools, setting out in brief articles the judicial procedures for sanitation and sanitary inspections to prevent the spread of infectious diseases. It stipulated the powers of the physicians of the police, of the port and of the countryside. Title IX dealt with the administration of inoculations and the Academy of Medicine was created under Title X.

The danger entailed by the medicine man is that, being ignorant of medicine, he resorts to arbitrary procedures to convince his customer that he is able to cure him, and his activities are often accompanied by profit-seeking and messianism. Even today, the scarcity of physicians in relation to demographic density impinges on the difficulty in stamping out the practice of medicine men.

In regard to charlatans, Nerio Rojas defines them as “any certified practitioner (physician, dentist or midwife) who, authorized to exercise the art of healing, promises to heal the patient within a fixed time limit or through secret or infallible means.”

The activities of medicine men and charlatans is currently promoted by the publication of advertisements in the media16.

In the view of Magrassi and Radovich, great importance attaches in medicine men’s success to “the personalized relationship with their patients. This personalization of the interaction is due to the fact that the healer’s knowledge and language are almost always the knowledge and the language of the patient.” Additionally, cultural factors find their correspondence both in the illness and in its treatment14. At the same time, clandestinity confers a power of suggestion on them that heightens their gravitation on the clientele and the persecution they are subjected to generates a current of sympathy among those who consult them.

There are certain conditions which determine the suitability of the medicine man, such as the day and location of his birth, family inheritance and order of birth within the family. Having been born on Maundy Thursday, on Christmas night or on the day of St. Judas, among other days on the Christian calendar of saints’ days, is a favorable mark.

Baudouin, intrigued by the positive results sometimes achieved by medicine men, came to the conclusion that they were due to their reputation and to the “bizarre practices whose bizarre quality and lack of logic generate the impression of the marvelous and place the ill person in the emotional state the promotes spontaneous autosuggestion; under such conditions, faith heals.” This author analyzed the effects of autosuggestion in the healing of verruca vulgaris17.

An investigation with Apache Indians carried out in the state of New Mexico allowed the researchers Boyer and Boyer to conclude that adults in that ethnic group conjoin the hysterical and the compulsive. The medicine man is expected to have favorable results on that type of personality, acting on predominantly psychogenic diseases18.

A new concept acquired currency in 1838 with Max Jacobi’s publication of the article “New disquisition on the foundations of psycho-somatic medicine.” Also appearing that year was the
work of Baron Ernest Von Feuchtersleben titled *Medical Psychology*, in which he states, “Fear particularly causes enuresis, diarrhea, pollutions, erysipelas and outbreaks on the lips; it eases the reception of contagion and miasmas; disturbs crises and worsens disorders”\textsuperscript{14}.

According to Guerra, suggestion takes part in medical actions in the healing of illness\textsuperscript{19}; it is the most important process and is so because of the action in itself. In the view of Laín Entralgo\textsuperscript{11} it is in itself an entire therapeutic system; it has value as a vehicle for catharsis.

The fact has been recorded that on many occasions the patient’s improvement is noted immediately after interrogation or semiotic operations. Pérgola, for his part, states that “medical action entails an entire ritual content which has from antiquity equated the physician which gods, saints, legendary kings capable of healing with the mere laying on of hands”\textsuperscript{14}.

In a later text this author writes that “the presence of the physician constitutes medicine. He sets in motion the magical thinking of self-healing, an inherent aspect of the doctor-patient relationship. What is the key to this? The clinical doctor is, in his relationship of maintenance – according the P. Schneider’s classification – closer to the patient; he runs the latter’s own risk, ‘melds’ with him in the classical semiotic operations: observation, palpation, percussion, auscultation. He establishes a contact and that contact generates the highest sense of solidarity. When the patient notices a dehumanization of the relationship, he does so by noting the lack of semiotic closeness”\textsuperscript{3}.

The same author notes that we must not be frightened of comparing the physician and the medicine man; and, quoting Sigerist, adds that the primitive medicine man is much more than the ancestor of the modern doctor; he is likewise so of the majority of our professions. “He knows more than other people regarding the transcendental world, to the extent of having power over it”\textsuperscript{20}.

Robinson has said that the candidate to become a medicine man had to have some unusual feature, extraordinary strength or wisdom, exhibit some deformity or suffer epileptic fits, have a predisposition to fall into trances, be clumsy in the handling of weapons, be a ventriloquist, having been the subject of a dream by his elders, or feel a marked inclination for meditation and solitary walks through the forest. Sometimes a youth with natural aptitude, preferring science to the hunt, would choose to enroll as a student of a renowned witch doctor. Study was lengthy, hard and costly; it was necessary to learn many tricks, be knowledgeable about many herbs, an infinity of rites and a precise bedside manner. The medicine man couldn’t be like others; he had to be a man apart. His clothing, habits and thoughts needed to be different. He couldn’t share in the daily routines of his neighbors; he needed always to be a mysterious person. As ceremonies became more complicated and consecrated by tradition, the medicine man gradually turned into the prophet and priest of his people\textsuperscript{21}.

---

**Wax molds. Photography**

On March 18, 1892, the Chair on Venereal Diseases and Skin was created; the first full professor was Dr. Baldomero Sommer, trained in the Viennese school, where he received the teaching of Kaposi, and who was later influenced by the French school (Gaucher, Fournier, Darier)\textsuperscript{6}. His working space was the San Roque Hospital (currently Ramos Mejía).

He created the museum of wax molds, made by the master Walter S., which depicted the morphology of skin diseases to make their study easier. In the inventory carried out in 1915, a total of 116 items were recorded, which included sporotrichosis, blastomycosis, spider bites, scleroderma, syphilis, pityriasis lichenoides chronica, leprosy, liquen simplex chronicus, Kaposi’s sarcoma, psoriasis, venereal granuloma. For teaching purposes, illustrations from dermatological atlases were employed\textsuperscript{22}, \textsuperscript{23}. Additionally, Sommer gathered photographs recording his patients’ ailments\textsuperscript{6}.
Later, Prof. Pedro Baliña enriched the iconographic collection of the First Chair on Dermatology\textsuperscript{2,4}.

The technique of photography allowed dermatoses to be recognized objectively. At the outset, the photographs were colored by hand. Nevertheless, black and white photographs, which were initially tinted sepia, were the major resource of the dermatology textbook. In 1865 Squire, surgeon of the Free Dispensary of West London, published an Atlas of Dermatology and Venereology that was entirely illustrated with photographs. Twelve of them were hand-colored full-page illustrations with a brief summary of the cases.

In dermatology it is of cardinal importance to identify diseases on the basis of the external aspect of the affected area; thus, the illustrations in textbooks require high fidelity. The teaching of dermatology employed all the methods which entailed innovation in their time, from "watercolor drawings to color photography and from the first woodprints to modern color offset printing"\textsuperscript{2,5}.

October, 2004

\section*{References}

8. Murió ayer el Dr. Marcial Quiroga. La Nación. 23 oct 1993; p.15.
In Argentina, Pediatric Dermatology is a field that has existed for a long time. In the country’s large, major hospitals devoted to treating children, the Dermatology services have always met the needs of tiny patients with skin ailments. This is a venue in which very prestigious Argentine dermatologists, like Pacífico Díaz, Luis Trepap and Dagoberto Pierini, carried out their work, as well as spreading their knowledge within and outside the country.

Nevertheless, despite the outstanding level of their activity in quantity and quality, the dermatologists treating children had no means in common in which to communicate their experiences and discuss their problems; instead, they aired their concerns and teachings within the scope of the two existing dermatological groupings devoted to general Dermatology. In this context, there was no possibility of holding congresses or any other academic activity of a nationwide setting, much less international scope, with a program specifically dedicated to treating children’s skin diseases.

This was not very different from what occurred in other parts of the world; but as of the 1970s a movement began to bring together all dermatologists specializing in children. This finally led to the birth of the International Society of Pediatric Dermatology, which in turn was to promote the first congresses in the field.

In concert with this movement, in Argentina the idea began to gain ground of founding a national grouping that would gather specialists in the pediatric field. On December 29, 1989, a number of them, encouraged by Dr. Adrián Martín Pierini, decided to launch the activities that would lead to the constitution of the Argentine Society of Pediatric Dermatology (SADEPE).

During the brand-new institution’s early times, scientific meetings were held two or three times a year at diverse hospitals, and thought began to be given to working towards making Argentina the venue for a world congress in this field. At last, in 1994, after arduous negotiations, the society was awarded its first responsibility: being the country organizing the Seventh World Congress of Pediatric Dermatology, under the presidency of Dr. Adrián M. Pierini.
SADEPE gave the Congress an appropriate institutional framework. It then set itself a more ambitious goal: bringing together in its midst all specialists devoted to pediatric Dermatology.

Once the congress had ended, and with the strength bestowed on the society by the success achieved in organizing it, with more than 900 participants from around the world and with the goals achieved within and outside the country, the procedures were launched to receive official status.

This process began to take shape at a meeting held at the Prof. Dr. Juan P. Garrahan Pediatric Hospital, at which a mandate was given to the then provisional authorities to handle the creation of an official entity independent of the already existing ones.

The procedures carried out before the government department that regulates the existence and activities of civil associations came to a successful conclusion on August 14, 1995, when, at a meeting held at the Prof. Dr. Juan P. Garrahan Pediatric Hospital, a group of dermatologists concentrating on child health came together and launched the scientific activities of the Argentine Society of Pediatric Dermatology (SADEPE).

The meeting approved the proposed bylaws of the new institution and appointed the first governing board, which was constituted by Drs. Adrián Martín Pierini (president), Eva Golberger de Mora (vice-president), Silvia Anselmi (general secretary), Rita García Díaz (scientific secretary), Rebeca Rubinson (treasurer), Alicia Rositto and Zulema Piccone (full members) and Silvia Pueyo and Alejandro Campos Carlés (substitute members). The monitoring organ was constituted by Amalia Campo and Jorge Savoia as full account reviewers and Lidia Valle as substitute account reviewer.

The legal standing of the institution was awarded under resolution 00191 of November 17, 1995.

On April 27, 1996, a meeting of the society was held at the Prof. Dr. Juan P. Garrahan Pediatric Hospital at which the renewal of the governing board was decided, appointing its new members: president, Jorge Savoia, vice-president, Silvia Pueyo, general secretary, Alberto Lavieri, scientific secretary, María Rosa Cordisco, treasurer, Viviana Kislansky, full members, José Antonio Mássimo and Adrián Martín Pierini, and substitute members, Zulema Picone and María Ranalletta.

The monitoring organ was also appointed, formed by María del Carmen Boente and Nélida Pizzi de Parra, as full account reviewers, and Gisella Delfino as substitute account reviewer.

The next major task the new governing board set itself was the organization and running of an Argentine congress of this field.

Two years after being certified as an individual scientific association with its own legal standing, SADEPE organized, between August 13 and 16, 1997, the First Argentine Congress of Pediatric Dermatology in the auditoriums of the Palais Rouge in the City of Buenos Aires, with a major scientific program and a large number of participants, who included pediatricians and dermatologists.

This First Congress was presided by Dr. Jorge Savoia; participating as special guests were Drs. John Harper of the United Kingdom, Moise Levy, Neil Prose and G. Goldberg of the U.S. and Ramón Ruiz Maldonado of Mexico, among other guests of international prestige, thus undertaking a fruitful path of scientific events of a very high level.

At the conclusion of the Congress, on August 16, a special meeting appointed the new Governing Board, formed by Silvia Pueyo (president), Nélida Pizzi de Parra (vice-president), José Antonio Mássimo (general secretary), María Rosa Cordisco (scientific secretary), Viviana Kislansky (treasurer), Zulema Piccone and Alberto Lavieri (full members), María Amelia García and María del Carmen Boente (substitute members), María Teresa González and Carmen Margulis (full account monitors) and María Elsa Giovo (substitute account monitor).

The renewal of the Governing Board generated new projects, such as the implementation
of more regular, year-round scientific activities, the expansion of the roster of members and the purchase of the organization’s own headquarters.

One of the first tasks undertaken by the new Board was that of launching a membership drive and organizing sustained scientific activities, namely; three annual meetings at diverse hospitals among the many that provide pediatric Dermatology services.

In fulfilling this goal, during the year 1998 three scientific meetings were held, at the Garrahan and Elizalde hospitals, in the city of Buenos Aires, and Sor María Ludovica, in La Plata.

The call to add new members met an immediate response with a major addition; this was the basis for the society, in full process of growth, taking on the name of Argentine Association of Pediatric Dermatology (ASADEPE), a civil association.

In April 1998 an important step in the society’s development took place, when Dr. José Antonio Mássimo founded the journal *Dermatología Pediátrica Argentina* (Argentine Pediatric Dermatology, *DPA*), ASADEPE’s official organ. This publication emerged as the first in its field in the Spanish language, appearing on a quarterly basis with an 8,000-copy printing run.

In June of the same year an agreement was also reached between ASADEPE and the Procter & Gamble diaper manufacturing company, which would constitute the basis that would allow a real estate purchase for setting up the association’s headquarters.

In the month of September, ASADEPE backed and sponsored the initiative of Drs. José Antonio Mássimo and Silvia Teresita Pueyo for the founding, based at the Ricardo Gutiérrez Children's Hospital, the study course to Specialists in Pediatric Dermatology at the University of Buenos Aires' Medical School, in which they held the posts of dean and vice-dean respectively.

Thus a decisive step was taken towards the consolidation of this young and vigorous discipline, with a major scope for action in Argentina, a country with a large population of children and a strong demand for treatment of skin diseases.

In the year 1999 three scientific meetings were held: the first on March 27 at the Private Community Hospital, in Mar del Plata; the second on August 7 at the Military Circle in Olivos, and the third on November 20 at the Houssay Hospital in Vicente López, province of Buenos Aires.

Between August 23 and 25 of that year the Second Argentine Congress of Pediatric Dermatology was held, with Dr. Silvia Pueyo as president and Drs. Joseph Morelli and Amy Nopper of the U.S. as foreign guests, who enriched the roster of prestigious local guests among a turnout that surpassed the figure of 600 participants.

On September 18, 1999, another transcendental step was taken in the consolidation of the institution, with the purchase of a house at Honduras 5770, in the neighborhood of Palermo, to set up ASADEPE’s association headquarters (Figures 1 and 2). Since its official inauguration (Figures 3 and 4), numerous teaching activities for members began to be organized at this site.

On September 25 of that year the membership of the Governing Board was renewed for the 1999-2001 period, with the appointment of Silvia Teresita Pueyo (president), José Antonio Mássimo (vice-president), María Amelia García (general secretary), Pedro García Zubillaga (scientific secretary), Antonio Pignataro (treasurer), Ricardo Kohan and Pedro Rovere (full members), Anita Rossi and Araceli Rodríguez (substitute members) and, in the monitoring organ, Guillermo Illo and Carlos Lorenzano (full account reviewers) and Jorge Díaz Saubidet (substitute account reviewer) (Figure 5).

With the renewal of the Governing Board, strong momentum was given to academic activities, with the implementation of a regular annual scientific program consisting in three scientific gatherings, devoted successively to the Dermatology of the newborn, to pediatric general Dermatology and to the Dermatology of the adolescent.

The annual scientific meetings went beyond the scope of the hospitals and were thus
changed to convention halls with a larger seating capacity, and the annual program of three meetings was launched with numerous physicians being able to hear and communicate diverse experiences.

In the year 2000 the scientific meetings were for the first time held outside the hospitals. The first took place on April 29 in the halls of the Palais Rouge in the city of Buenos Aires, the second on June 24 at the same venue and the third on December 9 in the city of La Falda, province of Córdoba.

Between the months of April and November, with the invaluable assistance of the outreach subcommittee led by Dr. Mirta Vázquez, an ambitious plan was undertaken to make the society known at diverse hospitals in the city of Buenos Aires and its suburbs, by carrying out courses and workshops in this field, which at the diverse meetings brought together more than 1,300 physicians.

On August 25th and 26th, 2000, the First Argentine Congress of Neonatal Dermatology was successfully held, under the presidency of Drs. Silvia Teresita Pueyo and José Antonio Mássimo, with the presence of Dr. Lawrence Schachner of the U.S. (Figure 6) and other well-known specialists within our midst, and with the presence of more than 500 participants among pediatricians, dermatologists and neonatologists.

In the year 2001 a program was implemented to allow the society to reach out to the community, through agreements with diverse commercial entities that requested
ASADEPE’s endorsement of their products for children. These agreements made it possible to organize diverse meetings for the purpose of spreading information regarding skin care, some of the meetings being aimed at physicians and others open to the general public.

On March 31st, 2001, the first scientific meeting of the year was held at the Museum of the Reconquest in the city of Tigre, Buenos Aires province. The second scientific meeting took place on June 23rd in the halls of the Palais Rouge in the city of Buenos Aires.

Between the months of March and July, 2002, in pursuance of a program designed by the outreach subcommittee headed by Dr. Mirta Vázquez, a second cycle of workshops on Pediatric Dermatology was held at diverse hospitals in the city of Buenos Aires and surrounding area, with the participation of numerous fellow pediatricians and dermatologists.

On September 7th and 8th, under the presidency of Dr. José Antonio Mássimo, the First Argentine Congress of Dermatology of the Adolescent was held very successfully, with Drs. Anne Lucky and Elaine Siegfried of the U.S. as special guests and with the presence of numerous Argentine specialists. On this occasion there were more than 600 participants.

The Congress having concluded, on September 25 the Governing Board was renewed for the 2001-2003 period, and was constituted as follows: president, José Antonio Mássimo; vice-president, María Teresa Zabala; general secretary, Pedro García Zubillaga; scientific secretary, Pedro Rovere; treasurer, Carlos Lorenzano; full members Graciela Manzur and Grete Bloch, substitute members Nancy Leston and Jorge Verges, and, as members of the monitoring organ, full account reviewers Anita Rossi and Ana María Lorenz and substitute account reviewer María A. García.

This new board gave a definite boost to the task of equipping of the association’s headquarters with the addition of materials and equipment for the appropriate performance of its scientific and social activities. The library was inaugurated with two computers for carrying out bibliographical searches; a third computer was installed to search for texts and a permanent secretary was hired.

With the increase in activities, ASADEPE speedily increased the number of members — pediatricians and dermatologists interested in this new movement, Pediatric Dermatology.

Of the three established annual scientific gatherings, it was decided to hold two in the city of Buenos Aires and the third in diverse parts of the country, so as to take this field to the most remote regions.

In the month of October, ASADEPE participated actively in the scientific program of the Ninth World Congress of Pediatric Dermatology carried out in Cancún, with a delegation of twelve specialists.

The year’s scientific activities ended on December 1 at the Main Auditorium of the Private Community Hospital of Mar del Plata, with a scientific event that served as launching pad for the Photoeducation Campaign on the beaches.

In the year 2002 the outreach and events subcommittee, led by Dr. Mirta Vázquez, organized a dissemination network that allowed the institution’s activities and DPA magazine to reach Argentina’s furthest corners.

That year’s scientific activities began on April 20, on which date the first meeting was held in the halls of the Palais Rouge in the city of Buenos Aires.
In the month of June, the plan to make Pediatric Dermatology known in the Argentine provinces was launched in Tucumán; on the 15th and 16th, the First Sessions of Pediatric Dermatology of Northwest Argentina took place with the presence of the country’s most outstanding specialists and a large number of participants.

Between August 29 and 31, 2002, a major milestone was achieved, in the auditoriums of the Palais Rouge, by the Third Argentine Congress of Pediatric Dermatology, under the presidency of Dr. José Antonio Mássimo, and with the presence of Drs. Ernesto Bonifazzi from Italy and Amy Nopper from the United States, within a major framework of participants.

By that date, the building of the association headquarters’ second story was completed, and the official opening was held on August 30, with the presence of the foreign guests and of numerous local academic officials.

The scientific year ended on November 30th with the unfolding of the third meeting in the city of Luján, province of Buenos Aires, with a major scientific program and the participation of numerous colleagues.

On April 12, 2003, the scientific activities for that year began with the holding of the first meeting in the halls of the Palais Rouge in the city of Buenos Aires.

On June 28, continuing with the undertaking to make the field known outside the city of Buenos Aires, the year’s second scientific gathering was held at the Children’s Hospital in La Plata, with numerous participants who traveled there from Buenos Aires and the presence of a large number of colleagues from the city of La Plata and its surroundings.

Between September 11 and 13, 2003, the Second Argentine Congress of Neonatal Dermatology was held with the presidency of Dr. José Antonio Mássimo. It enjoyed the presence as special guests of Drs. Carlo Gelmetti (Italy), Joseph Morelli (U.S.) and Marcelo Ruvertoni (Uruguay) and an enrollment that topped the number of 800 participants (Figure 7).

At the end of the congress, during the meeting of members, it was decided to confirm the Governing Board for a new two-year period, the Board being constituted as follows: president, José Antonio Mássimo; vice-president, María Teresa Zabala; general secretary, Pedro García Zubillaga; scientific secretary, Graciela Manzur; treasurer, Carlos Lorenzano; full members, Grete Bloch and Nancy Leston; substitute members, Susana Gree and Silvina Bruey, and as members of the monitoring organ, full account reviewers Ricardo Kohan and Guillermo Ihlo, and substitute account reviewer Pedro Rovere.

On December 6th and 7th, 2003, the year’s scientific activities came to an end at the picturesque city of La Falda, Córdoba, with the unfolding of the First Sessions of Pediatric Dermatology of Central Argentina. The visiting lecturers were Professors Drs. Ricardo Negroni and Héctor Lanfranchi, of the city of Buenos Aires, Eudoro de los Ríos, of San Miguel de Tucumán, and Miguel Tregnaghi of the city of Córdoba.

For the first scientific meeting of the year 2004, on March 27 a new visit was paid to the museum of the Reconquest in the city of Tigre, in the province of Buenos Aires, carrying out an attractive program that was enjoyed by a packed auditorium.

From the outset of that year ASADEPE’s scientific committee, under the leadership of Dr. Graciela Manzur, gave a strong boost to teaching activities at the association’s headquarters, with the offering of diverse courses (Esthetics, Immunology, Therapeutics, Genetics, and Exanthematic Diseases) and the setting up of the monthly Teaching Athenaeum, with the participation of specialists and physicians under training belonging to the residency and to the Pediatric Dermatology study course of the Medical School.
In the month of May, an agreement on scientific cooperation was signed between ASADEPE and the Argentine Association of Allergy and Clinical Immunology, to work together in the study of allergic diseases.

On May 20th, 21st and 22nd, 2004, ASADEPE decided to delve into the field of telemedicine, backing an initiative by Dr. José Antonio Mássimo and the Ricardo Gutiérrez Children Hospital. For that purpose it offered its institutional framework to the first Virtual Congress of Pediatric Dermatology (COVIDEP), jointly organized by the Pediatric Dermatology services of José Antonio Mássimo and Rita García Díaz, plus the invaluable cooperation of Dr. Moise Levy from Houston, Texas. This initiative made it possible to share patients and knowledge with numerous colleagues in many Argentine provinces, from Jujuy to Tierra del Fuego.

Between July 7th and 10th, 2004, ASADEPE sent a five-member delegation that participated actively in the scientific program of the Tenth World Congress of Pediatric Dermatology, held in Rome.

On August 26th, 27th and 28th, the Second Argentine Congress of Dermatology of the Adolescent was held under the presidency of Dr. José Antonio Mássimo and the participation as special guests of Drs. Antonio Torrelo (Spain), Roberto Arenas (Mexico), Jairo Victoria (Colombia), María Isabel Herane (Chile) and Griselda de Anda (Uruguay) (Figure 8).

On December 11th and 12th, coinciding with the third scientific gathering of the year, the First Sessions on Photoeducation were held in the city of Mar del Plata, with the backing of the Photoeducation Group of the city of Bahía Blanca, led by Dr. María Isabel Caferri; the simultaneous participation of specialists in diverse Argentine provinces was possible thanks to the employment of the videoconferencing system.

On that occasion, a special meeting was held to move ahead with an old aspiration of the Governing Board: expanding the number of its members with the addition of new representatives. In that way, 7 new members were brought in, for the purpose of providing representation to Argentine provinces with a big population and a large number of members.

This expansion of the Governing Board contributed to endowing it with a nationwide character, with the participation of the following members: José Antonio Mássimo as president, María Teresa Zabala, from the province of Córdoba, first vice-president; Rita García Díaz, second vice-president; Pedro García Zubillaga, general secretary; Graciela
Manzur, scientific secretary; Carlos Hugo Escudero, legal and technical secretary; Carlos Lorenzano, treasurer; Jorge Laffargue, assistant treasurer; as full members, Drs. Grete Bloch, Nancy Leston, Alicia Carrillo from the province of Jujuy, Antonio Castillo from the province of Salta, and Cecilia Farrero from the province of San Luis; substitute members Drs. Susana Grees, María Elsa Giovo from the province of Córdoba and Luís Pedemonte from the city of La Plata; full account reviewers Drs. Ricardo Kohan and Gabriel Magar-ñnos; and as substitute account reviewer Dr. Pedro Rovere.

This brief summary is an Argentine testimony to the way Pediatric Dermatology has gradually acquired prominence in the world, currently having become a special field on its own.

Argentine pediatric dermatologists felt the need to have an association that would bring them together and allow them to develop scientific and social activities in accordance with their needs; thus the birth of ASADEPE.

Its main goals have been and continue to be to intensify scientific and to teach activities and promote the interrelations among dermatologists, pediatric dermatologists, immunologists, allergists and pediatricians, for the purpose of improving and raising the quality of the treatment of our patients.

In order to achieve those goals, it has continually taken on new responsibilities and accepted new challenges, bringing achievements to fruition, offering the members teaching activities, courses, bibliographical support and access to a computerized network on the field.

This has been a summary of the history of our institution, which is likewise a bit of the history of each and every one of the many who helped it to grow.

In its ten years of existence, ASADEPE has carved out a space of its own thanks to the labors of all those who believed in the path set out by the society. The latter will continue to work zealously for the growth of Pediatric Dermatology and to continue writing its history which, as in today’s case, will also be a small part of our own individual history.

Our ten years of history are the best testimony to the effort carried out, with professional ethics, passion for our work and commitment to society as main values. ASADEPE 1995-2005.

September 2005
In order to outline the history of the Bolivian Dermatological Society it is necessary to divide it into three stages: Prior to its foundation, From its foundation to late 1985, From 1986 to the present.

Prior to its foundation

When delving into the early stages of the history of Bolivian dermatology, we have to look for traces in the history of Bolivian medicine itself. Consequently, we have sought advice from the Bolivian Society of Medical History. In this summary we can outline some features which, of course, will not be complete, thus incurring, perhaps, in involuntary omissions.

Certainly, nothing is born of spontaneous effort, but it is also true that, sometimes, progress occurs “in leaps and bounds,” and this is how it turned out with dermatology in our country.

Traditionally, dermatology was taught in classes at the country’s three medical schools (Sucre, La Paz and Cochabamba). There have been hospitalization services assigned to skin diseases: in La Paz, there were 40 beds available exclusively for that purpose (30 for the male section and 10 for the female). Each of these services had paid interns. However, these interns only served there when there were no vacancies in other wards. In recent times, these services have been directed by Drs. Jorge Suárez and Enrique Vergara. Dr. Suárez had the merit of having made possible the publication of a Medical Journal (Revista Médica) over the course of more than 10 years, with articles on mycology, leprology and other subjects.

In the stage prior to the foundation of the Bolivian Dermatological Society, we find dermatological physicians who have maintained the practice of this branch; among them we can mention Drs. Jorge Suárez, Alexandrowich Ferdin Humboldt, E. Vergara, A. Caro, L. Nava, L. Piérola and Hartmann, together with Drs. L. López Ballesteros, Norah Siles, Jaime Brianson, Fernando Cárdenas and Omar Villagómez, and a little later Dr. Fabio Prado.
At first, scientific activities were undertaken individually, with participation in some national events together with other societies: Pediatrics, Surgery, Medical Athenaeum, etc. In those times, the role of Dr. P. Sangüeza proved important, since he provided updates and strengthened the talks or conferences with his participation on skin histopathology, complementing the presentation of clinical cases with excellent photomicrographs.

An important quota for the training of specialists was derived by the dermatological schools of Argentina, Brazil and Colombia; the former, particularly, provided effective links abroad and established the bases for the creation of our Society. At this school, three important names stand out: Professors Julio Martín Borda and Jorge Abulafia and Dr. Jaime Rubin have contributed to the training of new specialists, and their contribution, in some cases, extends right up to the present, with Prof. Juan Carlos Gatti now included.

A stage was reached when the creation of a Bolivian scientific dermatological society, which would bring together the growing number of specialists, was considered an great necessity. This is how the Bolivian Dermatological Society came into being.

### From its foundation to 1985

On the morning of April 20, 1968, at the Dermatology Service, Male Section, of the Hospital de Clínicas of La Paz, with the participation of Drs. Jorge Suárez, Enrique Vergara, Fernando Cárdenas, Ferdin Humboldt, Pastor Sangüeza, Apolinar Caro and Fabio Prado Barrientos, the Bolivian Dermatological Society was founded. On that same date it was decided to consider Drs. Omar Villagómez, Luis F. Piérola, Luis Nava, Eduardo Saracho, Jaime Brianzonson and Norah Siles as co-founders.

The Board of Directors was constituted as follows: President, Dr. Jorge Suárez; Vice-President, Dr. Enrique Vergara; Secretary, Dr. Fernando Cárdenas U.

One week later, on April 27, it was decided that a set of bylaws was to be drawn up; in the meantime, the bylaws of the Bolivian Dermatological Federation were adopted. It was suggested that a committee be formed in order to draw up the proposed bylaws.

During a period of approximately three years, the Society did not actively operate as such; however, in 1969, a new meeting took place in La Paz, this time with the presence of Dr. Norah Siles. On this occasion, the Bolivian Leprology Society was founded, the first Board of Directors of which was constituted as follows: President, Dr. Norah Siles; Vice-President, Dr. Fernando Cárdenas; Secretary, Dr. Omar Villagómez; Counselor, Dr. Jorge Suárez.

Even though this Leprology Society did not hold meetings as such, its members played a significant role in Bolivian Leprology, initially headed by Dr. Suárez. It is important to make a special mention of Drs. N. Siles and R. Amonzabel for their active participation in congresses, the presentation of works and the direction of leprosariums or Institutos de los Negros at Jorochito and Candúa.

In early 1971, the Bolivian Dermatological Society was reorganized and its Board of Directors was renewed as follows: President, Dr. Fernando Cárdenas; Vice-President, Dr. Ferdin Humboldt.

A few days later, the Society received a letter from Dr. J. Brianson, in which he announced his intention to forming a Bolivian Dermatological Association; however, on finding out about the reorganization of the Society, he gave its his whole-hearted backing to the society. The foundations were then laid for carrying out a Congress, to be preceded by Dermatological Meetings. We shall see later that this idea would actually be carried out.

In 1973, the Bolivian Dermatological Society held a new meeting in which an
Historical outline of the Bolivian Dermatological Society

international congress was proposed; however, due to the financial difficulties of undertaking such a task, other scientific organizations were contacted, such as the Clinical Biochemistry Society and the Odontological Studies and Research Association; the sponsorship of the Ibero-Latin American Dermatology Association (CILAD) was also obtained. The congress was held from July 13 to July 17, 1974, at the Universidad Mayor de San Andrés in La Paz, with the major cooperation of authorities of the university and of other institutions. The event, entitled “First International Symposium on Medical, Odontological and Clinical Biochemical Pathology,” was presided by Drs. F. Cárdenas and C. Borja in cooperation with Dr. Juan Guerra Mercado. For that congress, we were visited by great figures: Julio Martín Borda, Jorge Abulafia, Sergio Stringa, Luis Belli, Gilberto González Resigno, Juan Carlos Flichman, Leopoldo Eguren, Ramón Baros and Jaime Rubin. Prof. David Grinspan (who visited us later) and Dr. Pablo Viglioglia found it impossible to attend.

On that occasion, the current logo of the Bolivian Dermatological Society was created and was for the first time printed on a de-luxe program. Professors Luis F. Piérola, Luis Nava and Jorge Suárez were appointed honorary members. The sessions took place in four halls, and there was also a space dedicated to the exhibition of medical drugs and cosmetics. Talks on scientific cosmetology were also given.

After this Symposium, the First National Meeting on Dermatology was organized in the city of Cochabamba, in 1975. Virtually all the dermatologists in the country attended the meeting to present their works. This meeting was presided by Drs. F. Cárdenas and J. Briansonson. It is worth mentioning the presence of Dr. Philippe Desjeux, untiring collaborator right up to the present, who was appointed member of the society. The Sucre delegation was headed by Dr. F. Echeverría. The most outstanding event was the decision to draw up the Bylaws, a task which was entrusted to the Cochabamba delegation, under the direction of Dr. J. Briansonson and with the close cooperation of Drs. Q. Amaya, N. Trigo and H. Maldonado.

The Second Meeting on Dermatology took place the following year (1976) in the city of Trinidad, at the Universidad Beniana, with the unanimous cooperation of all the doctors from Trinidad and the full backing of Dr. J. Hurtado, to whom we are grateful. At this Meeting, the Cochabamba delegation punctually handed in the draft Bylaws.

From that date onwards, anatomical and clinical meetings were held with a certain regularity at the Dermatology Service of the Hospital de Clínicas. For this purpose, an office was initially allocated, and afterwards a small auditorium, which, thanks to the contribution of the members’ fees, was adapted for the projection of slides.

In 1978, the Third National Meeting on Dermatology took place, this time in Tarija, with the cooperation of Dr. Luis Michel and the full body of doctors from that city. The question came up whether to call it “Third Meeting” or “First Congress.” The posters, signs and folders were printed with the title “Third Meeting,” but, given the size of the event, it was finally decided that it should be entitled First Bolivian Dermatology Congress. The event was presided by Drs. F. Cárdenas and L. Michel.

Given that this meeting acquired the status of First National Congress, and in accord with the Bylaws that were being drafted at the time, it was decided that the Board of Directors was to be renewed. The renewed Board was formed as follows: President, Dr. P. Sangüëza; Vice-President, Dr. F. Humboldt; Secretary, Dr. F. Cárdenas; Treasurer: Dr. L. Valda.

Among the main conclusions, we can mention the resolutions to hold anatomical and clinical sessions twice a year in Cochabamba, create branches, and publish monthly journals (up to that date, two informative journals and one newsletter had been issued). An ambitious project for the creation of a Revista Dermatología was also presented.

The host city originally chosen for the Second Congress was Sucre but, due to various unforeseeable circumstances, it was later changed to Santa Cruz de la Sierra. The
Congress took place in that city in 1979, and it was presided by Drs. P. Sangüeza and O. Villagómez. The Congress was a great success, with the attendance of delegations from across the country and from abroad.

Both the Third and the Fourth National Congresses took place in the city of La Paz, in 1980 and 1981 respectively. In 1981, the National Congress coincided with the holding of the Fifth Bolivarian Congress of Dermatology. Both events were held at the Plaza Hotel; delegates from the Bolivarian countries as well as from Argentina, Brazil, Uruguay and the U.S. attended the Congress.

After this Congress, the PUVA Therapeutic System was acquired; a place for the headquarters of the Society was rented, and some furniture was financed (desk, shelves, etc.); this place became host of the Ibero-Latin American Dermatology Association (CILAD) Regional Library. The main catalysts for the purchase and operation of the aforementioned library were Drs. Pastor Sangüeza and Jorge Abulafia. The Bolivian Dermatological Society was in charge of its maintenance. These events were presided by Dr. P. Sangüeza.

Since 1978, three anatomical and clinical sessions have taken place in Cochabamba; during these sessions, papers were presented and the Bylaws were reviewed and a final text adopted. There were also two Dermatology Update courses.

In 1983, the last anatomical and clinical session took place in Cochabamba, with the purpose of presenting a report and establishing the host city for the Fifth Congress, at which the Board of Directors was to be renewed.

It must be recalled at this point that between 1981 and mid-1985, the country underwent severe inflation, which hardly allowed for the undertaking of scientific activities, and consequently undermined the possibilities of carrying out congresses. In spite of this, the Santa Cruz delegation took on the big responsibility of organizing the Fifth Bolivian Congress of Dermatology. The praiseworthy effort of the Santa Cruz colleagues made it possible to carry out the scientific event as planned in October 1984. The Board of Directors was thus once again renewed with the following members: President, Dr. Luis Valda R.; Vice-President, Dr. Guido Monasterios; Secretary, Dr. Alfredo Zeballos; Board Member, Dr. Raúl Lara.

This young Board of Directors provided a boost of energy for the Society; it continued with previous pursuits, and in a short period of time had been prodigal in the execution of actions and undertakings: links with foreign countries are now broader and more intense, many courses are given, its members participate actively with the National and Departmental Medical College, a seamless relationship is maintained with practically all the dermatology colleagues from the provinces, and new, young professionals are permanently being added. Weekly medical athenaeums with the presentation of case studies are held very regularly at the Society’s headquarters, alternating with administrative and updating sessions. Outreach to the community through the mass media has also been promoted. As far as equipment is concerned, various goods were acquired, such as a typewriter, a projector and a post office box for the office of the Secretariat.

Among the more outstanding events, we may mention the accomplishment of an effective regrouping of all the colleagues in the country, and the approval of the legal status of the Society. This management, together with the Sucre Branch, was in charge of organizing the Sixth Bolivian Congress of Dermatology.

From 1986 to the present

In view of all the background that we have outlined here, we can assert that the Society has matured fully in less than 20 years of existence. The creation of the graduate studies program marks this culmination.

After two years of various administrative steps, the creation of the program was
approved in 1985, after complying with the numerous prerequisites established by the National Commission on Graduate Studies: adequate infrastructure, library, faculty, and programs based on their usefulness for the country. Finally, on February 3, 1986, we received the first three Dermatology residents: Dr. W. Magariños, S. Calderón y M. Loredo.

With regard to the infrastructure of the Hospital Area (Hospital de Clínicas), its enlargement and remodeling was made possible thanks to the work of a young Bolivian dermatologist living in Caracas, Dr. Ana G. Miranda. At the present time, the Residency System is managed by Drs. Fernando Cárdenas and Luis Valda; next year all the members of the Bolivian Dermatological Society will participate in the faculty. In broad terms, the specialization is three years long, the first one corresponding to internal medicine. A unique feature of this graduate program is that the courses are given not only in La Paz, but the specialization in Tropical Dermatology is also required. For this, we again have the support of the city of Santa Cruz, which hosts two treatment and research centers of international prestige: Jorochito and CENOTROP (National Centre for Tropical Diseases). These centers have an outstanding team of professionals as well as regularly issued publications.

Lastly, we insist that the above account is a very succinct outline of what the Bolivian Dermatological Society is and has been, with the inevitable omission of various details and names of people who have cooperated with the country through the Society.

There are many projects for the future, and these projects will be carried out if we continue to form a tight-knit group, promoting teamwork and opening the doors to the young, with constant motivation and encouragement.

November 2004
There are scholars who consider Brazilian Dermatology to have emerged, with regards to theory and practice, at the beginning of the twentieth century, coinciding with a more dynamic phase of discoveries and research that preceded and accompanied the founding of the Brazilian Society of Dermatology in 1912.

We might say that there are three stages that outline our dermatological history: 1. The stage of blessings offered by the payés, which predated the implementation of high-school education in the country; 2. The pre-scientific stage, initiated with the founding of the Bahia and de Rio de Janeiro medical schools; 3. The scientific stage, starting with research carried out at the beginning of the twentieth century, and the development of the specialized field.

First stage: the blessings of the payés

This period lasted over two hundred years, dominated by intuition and pure empiricism. The treatment of diseases consisted in the use of potions made with leaves, fruits, seeds and roots, essences, balms and dissolved, macerated poultices.

Some of the substances of native phytotherapy that were later incorporated to the world’s pharmacopoeia were ipeca, jaborandi, chenopodium, copaiba and ratania; ipecacuana, cinchona, coca, jalapa and podophyllum.

It was not until the establishment of the General Government that some doctors coming from Europe, such as Jorge Valadares and Jorge Fernandes, began to settle in the country.

The pre-scientific stage

This stage encompasses most of the nineteenth century, three centuries since the discovery of Brazil having elapsed. In the beginning, a fortuitous event served as the base: the collateral advantages derived from the expulsion from Portuguese soil of the Royal
House of Bragança, caused by Napoleon’s invasion. The benefits produced by the arrival of the Royal Family in Brazil, in 1808, include the creation of the country’s first two surgery schools, in Salvador and in Rio de Janeiro, called “Medical-Surgical Academies” (1815).

Even though its pedagogical quality in the first years is arguable, students who graduated from it gradually occupied the positions that up to that moment had been in the hands of foreign professionals, giving Lusitanian-based medical education something of a tropical stamp. From 1822 onwards, regardless of the political situation, the adopted pedagogical model was the French one.

On October 3, 1832, those establishments enlarged their structures, keeping the medical, pharmaceutical and childbirth courses.

**Early research**

Most of the early work undertaken in Dermatology with some scientific basis did not have a university as their base, but did take advantage of the appropriate environment for research promoted by them. Dr. Meirelles, from Pernambuco, promoter and founder of the current National Academy of Medicine, in 1827 wrote about *Elephantiasis graecorum*, the present-day Hanseniasis. The treatment of the disease known as leprosy by means of the thermal waters of Goiás, advocated by João Maurício Faivre, was rejected by De Simoni after meticulous examinations. Both doctors were founders of the National Academy of Medicine.

Despite the questioning received, Faivre was appointed by Emperor Don Pedro II to treat lepers at the Lazarus Hospital, in São Cristóvão, Rio de Janeiro. In 1838, Abreu e Lima proved that leprosy was not hereditary but rather contagious, and that it could affect all social classes.

For the treatment of various dermatoses, between 1861 and 1869 the naturalist and chemist T. Pecolt introduced the use of sapucaia oil — *Carpotroche braziliensis* — which, as was later proved, also contained sulfur. On the basis of the use of this oil, it was decided to prepare an emulsion for the treatment of patients with scabies and dermatophytosis.

In this period, many doctoral theses related to skin medicine were presented; most of them were no more than mere dissertations, without providing new scientific contributions. More than twenty works were likewise dedicated to leprosy, syphilis, neoplasms and dermatoses. These studies include many on buboes — considered to be the most dreadful disease of colonial and imperial times. Among them were: “Bubo,” by Bernardo Clemente Pinto (1835), F.B. Fiuza (1836) and Gama Lobo (1858); “Memory on the disease ordinarily known as buboes,” by Joaquim Jerônimo Serpa (1842-44); “The origin of the name buboes, variety, treatment; extirpation,” by João Alves de Moura (1849); “Brief considerations on bubo and its differential diagnosis,” by Gregorio Pereira de Miranda Pinto (1886); “Buboes, their nature and treatment,” by Eusébio de Martins Costa (1884).

On the disease of African origin called *ainhum* or *Dactilosis spontanea*, there were other doctoral theses, such as: “A case of *ainhum*,” by Carlos Moncorvo de Figureuereiredo (1875); “*Ainhum*. Study on the disease known by that name,” by Domingos de Almeida Martins Costa (1875), “A case of *ainhum*,” by José Pereira Guimarães (1877), and “On *ainhum*,” by Antônio Pacheco Mendes (1880).

Professor Luiz Chaves de Faria published, in 1887 and 1904, two works of merit: “Compendium of cutaneous diseases,” and “Venereal diseases.”

In 1888-1899 there appeared the remarkable contributions of Adolfo Lutz (1855-1940) in the field of tropical nosology (Figure 1). As an intern at the famous Hamburg *Dermatologium*, under the guidance of Dr. Unna, and together with the German master, he described the cocoid forms of the Hansen bacillus (1886).
Bruno Chaves

In 1887, Dr. Bruno Chaves, graduated in Bahia, published a doctoral thesis on “Mercury and its compounds,” indicating it for the treatment of syphilis. This work was published in the Philadelphia Medical and Surgical Reporter, and in the Annales de Dermatologie et de Syphilographie. As consequence of these studies, he was appointed foreign member of the Societé Française de Dermatologie et de Syphilographie, which would serve as a model for the founding of the Brazilian Society of Dermatology.

It is not surprising that Bruno Chaves, at that time already settled in Pelotas, Rio Grande do Sul, would become one of the five Brazilian dermatologists to be invited to participate in the First World Congress of Dermatology and Syphilography, held in 1889 in Paris, at the Saint-Louis Hospital.

The first service

Gradually, the country improved its medicine thanks to the inclusion of two universities and to the isolated work of physicians. This process was accelerated between 1882 and 1884 by the Reforms of Leôncio de Carvalho and the Viscount of Saboia Reforms, which modernized education, adapting it to the latest trends dictated by Europe.

The introduction of a course that reflected the growing importance acquired by skin diseases in the country and in the rest of the world stood out in the new syllabus. The Cutaneous and Syphilitic Diseases Clinical course was created; it was developed in Bahia by Alexandre Evangelista de Castro Cerqueira and in Rio de Janeiro by João Pizarro Gabizo.

In Rio de Janeiro, the course was created in 1883, a year after the founding of the first great Clinical Service for Skin Diseases in Brazil, at Rio de Janeiro’s General Polyclinic. Its director and initiator, Antônio Pereira da Silva Araújo, from the Bahia Tropical School, and at that time settled in the capital of the country, was the first to describe a dermatological disease, and also to participate in pioneering surgery in its specialized field in the country.

“Silva Araújo was the first unchaired professor of Dermatology in Brazil, offering in his Dermatology and Syphilography Service a teaching imbued with pastoral ideas”

According to Joaquim Mota, “since 1875, Dr. José Antônio Pereira da Silva Araújo had been offering interesting lectures at the celebrated Conferences of Glory, where he spoke with mastery on topics of parasitology and microbiology. Creating the skin diseases service of the Polyclinic, Silva Araújo started giving classes on the specialized field there, successfully promoting heavily-attended courses.”

Silva Araújo was a brilliant doctor, researcher and author of important works, which he would publish in subsequent years in the Atlas of skin diseases, with colorful drawings and texts in French (1883), as well as conferences on Sanitary Regulations on Prostitution (1883) and Public Prophylaxis of Syphilis (1891).

The Academy of Medicine had already turned fifty-three years old when, in 1882, the Dermatology Chair was set up, becoming the first Dermatology Service in the country. In that same year, as Rubem David Azulay reports, Silva Araújo was appointed the 127th standing member of the entity. “In this way, the new specialized field that emerged in the country became part of the Academy. His intense activity would make him occupy the First Secretariat in 1889, the Presidency in 1897, and, later, the post of Lifetime President. He was also asked to create the National Academy of Medicine Museum.”

In the mid-twentieth century, the National Academy of Medicine would have two other presidents from this field; Rubem David Azulay and Jarbas Porto, who also headed the Brazilian Society of Dermatology.
**Bahia’s Tropical Dermatology School**

The Dermatology course was created at the Bahia Medical School at a time when this school competed with that of Rio de Janeiro School for first place in the study of skin diseases.

Alexandre Cerqueira, its head, who had been professor of the high and secondary school in 1865, and university lecturer a year later, identified *Tinea Nigra* in 1891. His observations on the topic were not published. It would be his son, Antônio Gentil de Castro Cerqueira Pinto, who used them in 1916 in his graduation thesis titled *Keratomycose Nigricans Palmar*. In it, he described the way in which his father obtained the experimental reproduction of the disease, through the inoculation of a volunteer with scales taken from a lesion.

Both dermatologists, father and son, were linked to a famous school that introduced the study of tropical pathology in the country. According to F. E. Rabello, “it was precisely J. Adeodato, in 1888, and Juliano Moreira, in 1896, who were the first to make the clinical identification of the *Bahia Button of Tegumentary Leishmaniasis*, known in the Middle East under various names”.

We owe to what was in all justice called the *Bahia Medical School*, the emergence of a growing interest in our problems of tropical nosology. It was also a citizen of Bahia, Silva Lima (1826-1910), who for the first time provided a classical description of the curious ailment called *Ainhum*. Silva Lima was in a privileged position to do it, since Bahia was for a long time the capital of the country and the major center for the inflow of African slaves. It is one of the rare truly racial diseases, peculiar to the full-blood black, generally associated with a certain degree of plantar hyperkeratosis.

The Bahia Tropical Dermatology School emerged and developed despite the relative difficulties of official education, provided at the time by the University of Salvador. At any rate, the capital of Bahia favoured the specialized branch of medicine for its interest in cutaneous medicine. For that reason, physicians from abroad or those related to the university met in study groups, thus becoming the true national and foreign forerunners of the scientific phase of Brazilian medicine. Among them were: Silva Lima of Portugal, John Patterson of Britain, Otto Wucherer of Germany and several Brazilians, such as Maria Pires Caldas, Ludgero Ferreira, Antônio José Alves and Antônio Januário de Faria.

João Francisco da Silva Lima, who graduated from the Salvador Medical School where he worked all his life as a tireless researcher, enriched the Brazilian scientific legacy with valuable contributions on issues of tropical pathology, his works on buboes and *ainhum* standing out.

Otto Wucherer had settled in 1843 as clinician in the capital of Bahia and began to systematically examine the feces of the constipated, finding in them the eggs of *Ancylostomum duodenale* and thus determining the etiology of the disease caused by that parasite. Later, he identified the microfilariae responsible for elephantiasis, of which the agent, in his honor, was given the name *Wuchereria*.

John Patterson, from Edinburgh, arriving in Salvador in 1842, promptly stood out with his work on yellow fever and *cholera morbus*, which at that time was endemic.

The work by Silva Araujo, another member of the Bahia School, that achieved the greatest repercussion was the *Study of the Demodex folliculorum*, for which he was selected to become a member of the Imperial Academy of Medicine. For this, he moved to Rio de Janeiro, where he would later be appointed to head the first Service of Skin Diseases at the newly created General Polyclinic, where, in the future, other masters such as Parreiras Horta and Ramos e Silva would stand out.
The Medical Gazette and its exhortation to science

In 1866, the creation of the first Brazilian scientific publication corresponded to the Salvador group: the Bahia Medical Gazette, edited by Virgílio Clímaco Damazio. In it, the discussions and conclusions on medical cases developed by those pioneers of Brazilian science were offered “with the presentation of the patients and the data provided by the microscope and by pathological anatomy”2. Already in its first year of existence, the publication recorded important studies in the field of Dermatology. In the November 10, 1866 edition, its editor pointed out the absence of Brazilian doctors at a Paris Medical Congress, reflecting the ideal of the Gazette and of its members to set up medical science of the highest level in the country.

Twenty-three years were to pass until, in August 1889, at the commemorations of the centennial of the French Revolution, and just prior to the Proclamation of the Republic in our country, the exhortation made by the Gazette would really be considered. On that date, a delegation of five Brazilian specialists participated actively in Paris in the work of the First World Congress of Dermatology and Syphilography: Silva Araújo, João Pizarro Gabizo, Adolfo Lutz, Oscar de Bulhões and Bruno Chaves.

 João Pizarro Gabizo

The Dermatology Chair was institutionalized in Brazil in 1883, when J. P. Gabizo (1845-1904) was appointed to give classes at the Clinic of Cutaneous and Syphilitic Diseases of the Rio de Janeiro Medical School. For almost one hundred years, until 1978, this clinic would hold its practical courses at Rio de Janeiro’s centuries-old Holy House of Mercy, where, between 1912 and 1988, the first head office of the Brazilian Society of Dermatology (BSD) was also located. In the same period, the monthly meetings of the BSD took place in that clinic’s facilities, where several generations of doctors from all regions coexisted and improved their training, and where the bases were laid down for the modernization of the specialized field in the country.

Francisco Eduardo Rabello reports that Gabizo completed his internships in Vienna, at the famous School of Ferdinand Hebra and M. Kaposi. As the sole candidate in the dispute for the title of professor of the Rio de Janeiro Medical School, Gabizo, after doing brilliantly in the exams, was appointed by the institution and put in office by the imperial government; he was able to fulfill his duty with talent, since he knew the specialized field deeply and lectured on it with great eloquence.

Joaquim Mota adds: “Gabizo was not fertile in scientific publications, leaving merely one essay on the regulations of prostitution, a conference on leprosy and others on venereal diseases”2.

Af of this time, two dermatological schools with opposing philosophies confronted each other in the capital of the Republic: J. P. Gabizo’s official Chair, which backed the ideas of the Vienna School, and Silva Araújo’s Chair, with no official certification, centered on the rational and prudent eclecticism backed by the French School.

Twenty years later, the influence of both schools in the emerging specialized field would translate into the representation of disciples of both in the list of founders of the Brazilian Society of Dermatology, which, as we shall see, is the direct product of the third and last stage of the History of Brazilian Dermatology.

The scientific stage

The third stage of Brazilian Dermatology officially began in 1883, with the creation of the Clinic of Cutaneous and Syphilitic Diseases Chair at the Rio de Janeiro and Salvador
Medical Schools. Actually, before João Pizarro Gabizo (Rio de Janeiro) and Alexandre de Castro Cerqueira (Salvador) took possession of the Chair obtained through public competition, Dr. Antônio José Pereira da Silva Araújo, from the Bahia Tropical School, had already, in 1882, institutionalized the unchaired teaching of Dermatology, in a private course taught at the first Clinic of Skin Diseases in the country, created that same year at Rio de Janeiro’s General Polyclinic.

Joaquim Mota states that, beyond doubt, up until that time, “except for some writings, one could say that Dermatology was completely unknown in Brazil, to the extent that the creation of an official Chair actually marked the beginning of these studies in the country”.

Also in 1883, public selection contests were held to choose associate professors, a post created by the Sabóia Reform. In Rio de Janeiro, in the 11th section, which corresponded to the Chair of cutaneous diseases, Dr. Luiz da Costa Chaves Faria was appointed, who in 1904, due to the passing away of Gabizo, would be named lecturer of the Dermatology and Syphilography Clinic, the name given to the course since 1892.

As a result of the dynamics induced by the teaching of the new specialized field in the country, the 1880s stand out for the drive provided to microbiological research by the Oswaldo Cruz Institute. At the beginning of the twentieth century, the Brazilian Society of Dermatology emerged to support and enlarge the educational, cohesion and evaluation process of the professional category, giving priority to the encouragement of scientific research and favoring the implementation of a creative and influential national school in the country, which would at the same time have foreign links and be respected abroad.

**Drs. Fernando Terra and Eduardo Rabello**

In 1906, the competition for substitute professor of the Dermatology Clinic was held; the first place was shared, with equal number of points, by Fernando Terra and Eduardo Rabello.

Terra, being the elder of the two and having been teaching assistant at the Chair since 1891, was the one chosen by Alfonso Pena’s Government. In 1910, with the death of Chaves Faria, he rose to head of the Chair, a post he held for fifteen more years.

The emergence of the BSD is also explained by the onset of scientific research which — mainly in the early years of the twentieth century — characterized the setting of the nascent Dermatology; this process was provoked by the development of the Chairs and by the role of the Oswaldo Cruz Institute, which would be encouraged by the Brazilian Society of Dermatology as far as the force, the organization and the technical dissemination of the new specialized field.

**The inspiring scenario**

The study and practice of Dermatology in Europe had, at the end of the nineteenth century, attained a high level of development, allowing for debate on the major problems of pathology and clinical medicine among the masters of various schools. Ferdinand Hebra, head of the Vienna School, launched the definitive bases of the specialized field, providing it with the systemization and the body of doctrine that inspired the continuators of his work: Kaposi, Auspitz and Neuman.

Dermatology arrived in Brazil with certain difficulty, since studies and papers only began to increase during the years that marked the end of the nineteenth century and the beginning of the twentieth. Some authors do not even acknowledge any contributions in this respect before 1900.

The truth is that we can begin to talk about both Brazilian medicine and Brazilian Dermatology starting in the early twentieth century. The work carried out by the two Schools (Salvador and Rio de Janeiro) was the seed that made the scientific spirit sprout
in the first generations of doctors who graduated in the country. Many of them went to Europe in search of specialization; at the same time that they updated their knowledge, they tried to apply what they learned to the reality of Brazil.

Some authors stress the role of Oswaldo Cruz and the Manguinhos Institute in that scenario, especially in the development of the new medical specialization related to cutaneous diseases. Academic publication stopped being a simple bibliographic reproduction, a fundamental characteristic of the pre-scientific phase, and began to take on the quality of research and of laboratory study, contributing decisively to the identification of previously unknown diseases, as well as their causes, diagnoses and treatments.

The Manguinhos Institute was born under the name “Federal Serotherapeutic Institute,” to prepare serums and vaccines against the plague. Later transformed by Oswaldo Cruz (Figure 2) into the Institute of Experimental Medicine, it received its current denomination in 1908; research in Dermatology was privileged due to the influence that Cruz received from Raymond Sabouraud, the true founder of medical mycology, with whom he had worked in Paris.

Together with Oswaldo Cruz, a group of eminent teachers and young scientists who passed through Manguinhos became the first generation of Brazilian dermatologists, yielding an effervescent period of scientific studies and research within the scope of this medical branch. Among them, the following stood out: Adolfo Lutz, Adolpho Lindemberg (Figure 3), Parreiras Horta, Gaspar Viana, Rocha Lima, Henrique de Beaurepaire Aragão, Arêa Leão, Armínio Fraga, Eduardo Rabello, Fernando Terra (Figure 4) and Olympio da Fonseca Filho.

Adolfo Lutz (1855-1940), a Brazilian researcher of genius, discovered a new disease in 1908 in São Paulo, currently called paracoccidioidomycosis or Lutz-Splendore-Almeida’s Disease.

The summit of that parallel and simultaneous activity was doubtlessly the Dermatology and Syphilography Clinic of the National Medical School. There, besides the interest of Fernando Terra, the participation of Eduardo Rabello was also added, invited, in a noble gesture by the director, to take part in the team of the Chair. As a result, Terra and Rabello created a great center of dermatological research, attracting other specialists in parasites and pathologists of the Oswaldo Cruz Institute who initiated the golden era of the nascent specialized field.

Over the course of four years, fundamental work was produced. In 1908, as was already pointed out, paracoccidioidomycosis was discovered in São Paulo by Adolfo Lutz. Adolpho Lindemberg (1872-1944) in 1909 presented the discovery of the etiological agent of leishmaniasis, later called Leishmania brasiliensis. Also in 1909, he described a new type of mycetoma and its etiological agent by the name of Dyscomices brasiliensis (currently Nocardia brasiliensis).

In 1910 Eduardo Rabello published a small and historic essay on Dermatomyositis, in which he reproduced in Brazilian practice and with Sabouraud’s techniques what the brilliant Frenchman had confirmed on the matter. In 1911, Paulo Parreiras Horta (1884-1961) published a work on the “black stone,” which would also become a classic, the parasite of the disease being given the name of the eminent specialist (Piedraia hortai).

1912 was a significant year for various reasons:
- Eduardo Rabello began the research that, for the first time in Brazil, found the “Donovan corpuscles,” the causal agent of donovanosis (which at that time was an ulcerous or venereal granulome); this study was to be continued in 1917 with a classical thesis by Souza Aranha.
- Gaspar Viana (1885-1914) discovered the treatment and cure of Tegumentary Leishmaniasis by means of antimony, in the form of the old emetic tartar, used at 1% in
intravenous injections. Later, Viana himself would discover the cure of donovanosis lesions with the application of the same compound.

Francisco Eduardo Rabello points out regarding these significant works: “It is not surprising that, in the midst of that feverish and so fertile research activity, the Brazilian Society of Dermatology was created at the same time, in 1912”

**Fernando Terra’s ideal**

Fernando Terra (1865-1947), born in Rio de Janeiro, third lecturer at the Rio de Janeiro Medical School, author of the project and first President of the Brazilian Society of Dermatology, held office from 1912 to 1925.

An inquiry into the documents of the Brazilian Society of Dermatology makes it possible to assert that he was truly the soul, the inspiration and the force that preceded the founding of the BSD. It was he who articulated efforts, encouraged participation and drafted the bylaws. He was considered an omnipresent force in the founding and in the work of the entity’s first thirteen years; he retired from office for the sole reason that, upon retiring in 1925 as Dermatology and Syphilography lecturer of the Medical School of Brazil University, he preferred to maintain the tradition that his successor in the Chair would also be the president of the Society. Terra was born on December 25, 1865, in Niterói and died in Juiz de Fora in 1947. Graduating in 1887 from the National Medical School, he immediately devoted himself to Dermatology, completing his medical internships with Professor João Pizarro Gabizo at the Nineteenth Infirmary of the Holy House. The records also show that he passed through Manguinhos. In 1891 he became assistant at the Dermatology and Syphilography Clinic, and in 1906 he participated in the public competition for the post of assistant professor, which he obtained for the reasons given above.

Upon taking over as full professor in 1910, following Chaves de Faria, he had the generous attitude of calling Eduardo Rabello for the Clinic; with him, the Oswaldo Cruz Institute group also arrived to join the classical dermatologists, yielding a valid interaction for both sectors.

Not satisfied with his activity as leader of the institute, Fernando Terra set out the principles of an entity capable of gathering dermatologists and increasingly leading them towards scientific activity.

**The French model**

The French model of the Society of Dermatology and Syphilography, which operated since 1889 at the Saint-Louis Hospital in Paris together with the Clinic of the same name, was chosen to govern the Brazilian entity, but, curiously, Terra and the founding group of the BSD did not initially include the study of syphilis in the denomination of the new entity. For thirteen years, that is to say, during the administration of Fernando Terra, the entity would be called Brazilian Society of Dermatology. Only in 1925, when Eduardo Rabello took over the presidency, would the bylaw be modified to change the name to Brazilian Society of Dermatology and Syphilography, like the French entity, with a slight but significant difference, because the BSDS chose the term used by the Anglo Saxons, Syphilography, and not the French, Syphiligraphy. Years after the Second World War, with the introduction of penicillin, the entity would return, in 1962, to the original denomination, after thirty-seven years with the name Brazilian Society of Dermatology and
Syphilography. The change in denomination would be implemented only in 1965, thus completing 40 years of permanence of the second official name and the acronym BSDS.

---

Historical personalities

Sebastião de Almeida Prado Sampaio

When a remarkable figure in the specialized field, such as São Paulo-born Luiz Henrique Camargo Paschoal, is asked to say who should be part of the Dermatology pantheon, the answer is the following:

“I would put Sebastião Sampaio on the pedestal. You, who will write about the History of Brazilian Dermatology, have to consider two eras: before and after Sampaio. He was and still is a frame of reference. Tremendously intelligent and trained, he brought from the United States the therapeutic school of alleviating and curing diseases, contrasting with the posture of the French school, dominant in Brazil, much more preoccupied with the description of skin diseases. Sampaio, a very hard-working man, had spectacular medical knowledge and an unparalleled humanistic posture. Sampaio was a man of great culture. Imagine my luck: I was his first disciple.”

Sebastião Sampaio (Figure 5) was born in the interior of the State of São Paulo and studied in its capital. His initial preference was engineering, because he was an excellent student in mathematics. But his mother, who had always wanted to have a doctor for a son, influenced him to begin medical studies in 1938 at São Paulo University (SPU), whence he graduated in 1943.

Already in his student years, Sampaio worked in the League for the Struggle Against Syphilis, at a specially serious time due to the precarious economic situation of the family. He signed up for a competition at the Leprosy Prophylaxis Department, and upon being approved was hired as an academic auxiliary. “When I finished Medical School, I had already been working for two years with leprosy and syphilis patients, so Dermatology became the natural path to follow.”

That path progressively widened, to the point that Sebastião Sampaio became the third great reference point for dermatology in São Paulo (the other two being Adolpho Lindemberg and Aguiar Pupo). “The chair was Dermatology and Syphilography. Professor Pupo also greatly liked working with lepers. When I graduated as a doctor, and since mandatory internship did not exist yet, the professor decided that I should frequent the Dermatology outpatient office, and that is how I gradually trained in the specialized field.”

With five years of dermatological experience, Sampaio became a member of the faculty, and obtained a grant to attend the Mayo Clinic in the United States, at that time the largest medical center in that country; he completed his medical internships there, between 1951 and 1952, and then continued his studies in Europe.

At the Mayo Clinic, Sampaio saw that patients were visited every day and received efficient medical attention, a practice he applied in São Paulo upon his return, influencing many generations of Brazilian dermatologists. “I trained disciples, and my disciples trained other disciples,” he used to say.

He was President of the Brazilian Medical Association, of the Ibero-Latin American Association of Dermatology and of the Regional Medical Council and a member of the International Committee of Dermatology.

From his chair at SPU, Sebastião Sampaio trained disciples who spread all around São Paulo State, many Brazilian states and abroad; most of his disciples maintained their relationship with the master, whom they invited for decades to give conferences and attend meetings and sessions, besides conferring prestige with his presence to various meetings he himself created.
**Bernardino Antônio Gomes**

Author of the first Dermatology book in the Portuguese language, he visited Brazil twice: in 1797 and 1817.

**José Francisco da Silva Lima**

José Francisco da Silva Lima, a Portuguese from Vilarinho, arrived in Salvador in 1840, and obtained his PhD at the Bahia Medical School. Together with Wucherer and Paterson, he set up the first studies of tropical diseases in Bahia.

**Adolpho Lindemberg**

A Fluminenense from Cabo Frío, he graduated from Rio de Janeiro’s Medical School in 1896 and specialized in Dermatology in Paris. He was one of the pioneers in the specialized field, creating São Paulo’s first Dermatology Service, at the Holy House of Mercy.

**Paulo Parreiras Horta**

Paulo de Figueiredo Parreiras Horta was born in Rio de Janeiro in 1884; he was a pharmacist before studying medicine in Brazil, and later microbiology in Paris. He was one of the greatest Brazilian mycologists.

**João de Aguiar Pupo**

São Paulo-born, from Itatiba, he graduated in 1912 from Rio de Janeiro’s Medical School; he encouraged like no other the creation of the São Paulo Institute of Tropical Medicine.

**João Ramos e Silva**

Having graduated in 1918 from the Praia Vermelha Medical School, in Rio de Janeiro, Ramos e Silva acquired renown in venereal diseases and hanseniasis. He promoted the first meeting of syphilographers and dermatologists in Brazil.

**Joaquim Mota**

He was one of the major Brazilian syphilographers. He graduated from Brazil University in 1916, and worked at the Oswaldo Cruz Institute, in the Medical Service of the Army and at the National Department of Public Health, as well as at the Inspectorship of Prophylaxis of Leprosy and Venereal Diseases.

**Oswaldo Costa**

A dermatologist from Minas Gerais, he devoted his thesis (1962) to the study of palmar-plantar keratodermias; he completed his medical internship at the Saint-Louis Hospital, in Paris.

**Domingos Barbosa da Silva**

In 1955, he was appointed Full Professor of the Dermatology Chair of the Medical and Surgery School of Pará. His studies of tropical Dermatology were important, and he trained several generations of specialists.
Eduardo Rabello

Born in Barra Mansa, Rio de Janeiro, in 1876, the second president of the BSD obtained his PhD in 1903 from Rio de Janeiro’s Medical School. A disciple of the French School, Rabello frequented the Curieotherapy Service of the Necker Hospital, under the direction of Degrais, gaining experience in the subject. Upon returning to Brazil, he founded, in 1919, together with Fernando Terra, the Institute of Electro-Radiology of Rio de Janeiro University, which was later incorporated into the Dermatological Clinic. He died on August 8, 1940.

Francisco Eduardo Rabello

He succeeded his father, Eduardo Rabello, in the Dermatology and Syphilography Chair of the National Medical School. He made original contributions in the areas of tegumentary leishmaniasis, hanseniasis and sarcoidosis (Figure 6).

Hildebrando Portugal

A graduate of Rio de Janeiro’s Medical School, his great achievement was the creation of the Clinic’s Histopathology Laboratory, in 1926.

Jorge de Oliveira Lobo

He was born in Recife, in 1889. He got his diploma from Rio de Janeiro’s Medical School. He worked with Olympio da Fonseca Filho and Arêa Leão at Manguinhos and was an assistant of Eduardo Rabello’s. Upon returning to his native area, he worked at the Dermatological Clinic of Santo Amaro Hospital, launching Dermatology in Pernambuco.

Jorge de Oliveira Lobo used his name to identify a disease caused by the fungus called *Paracoccidioides loboi*. He also described a new form of blastomycosis, the specific fungous lesions of which have their ecological niche in the Amazon region.

Glynne Leite Rocha

A native of Alagoas, in Maceió, he graduated from Pernambuco’s Medical School in 1930. He was Head of the Dermatology Service of the IASERJ for decades.

Demétrio Peryassú

Born in Belém do Pará, he graduated in 1937 from the National Medical School. Various dermatological syndromes were studied by him; he also had a vast knowledge of radiotherapy and hansenology.

Anuar Auad

São Paulo-born Anuar Auad graduated from Rio de Janeiro’s Medical Sciences University in 1951. He undertook vast studies in the area of pemphigus foliaceous, in 1954 taking on the running of the Pemphigus Hospital in Goiânia.

Antônio Carlos Pereira Júnior

A native of Minas Gerais, from Juiz de Fora, he graduated in 1963 from the National Medical School of Brazil University; he completed his medical internships at the Saint-Louis
Hospital, in Paris. He is the co-author of a book on herpes and of the classification of STDs adopted in the country and abroad.

**Norberto Belliboni**

A native of Camposapiero, Italy, he arrived in Brazil in 1934. He graduated in Medicine in 1949, at São Paulo University (SPU). For ten years, he was coordinator of the subject of Dermatology of the Experimental Medical Course of São Paulo University.

**Raymundo Martins Castro**

He graduated from the Medical School of SPU; he was an unchaired member of the faculty at that School (MSSPU); he completed a specialization course in Tropical Medicine in Germany, and founded, in 1986, the Nicolau Maria Rossetti Study Center.

**Guilherme V. Curban**

An unchaired member of the faculty at the MSSPU, he is the author, together with Luiz M. Bechelli, of the *Compendium of Dermatology*, a reference book within the specialized field.

**Carlos da Silva Lacaz**

A historian of Brazilian Dermatology, Lacaz was Mycology and Microbiology professor at SPU, and founded, in 1959, the Institute of Tropical Medicine, having been twice director of the SPU Medical School. He is considered to be one of the top mycologists in the world (Figure 7).

**Clovis Bopp**

Born in Santa Maria (RS), on October 17, 1913. He was Head of the Dermatology Service of Rio Grande’s Federal University until 1984.

**Antar Padilha-Gonçalves**

Having graduated in 1937 from the National Medical School, he carried out advanced studies of leishmaniasis and mycology. He worked at the Dermatology Service of the Gaffré Guinle Hospital, and afterwards at Raimundo Aragão’s laboratory.

**Abrahão Rotberg**

Known worldwide for his doctrine of *The Hansen Margin in its Anergic Form* and of the *N Factor* in hanseniasis, Rotberg studied in Rio de Janeiro and graduated in 1933 from the São Paulo Medical School. He stood out for his contribution to the knowledge of hansenology.

**Alexandre Mello Filho**

A graduate of the Paulista School of Medicine, he entered the dermatological clinic of the Municipal Civil Servant’s Hospital in 1948. He was a professor at the Medical Sciences University of the Holy House of Mercy for twenty years.
**Antonio Delfina**

He graduated in 1942 from the Paulista School of Medicine, devoting himself for forty-five years to the institution; he is the author of various scientific works in the specialized field.

**Antônio Souza Marques**

Born in Rio de Janeiro, he graduated in 1960 from the National Medical School and carried out his graduate studies at Philadelphia’s Cancer Hospital, USA.

**Aurélio Ancona López**

He graduated in 1937 from Rio de Janeiro’s National Medical School. In 1945, he created the Dermatology Service of the Municipal Civil Servant’s Hospital. In the Pro-Infancy Crusade, he founded a Center of Dermatology Education.

**Jarbas Porto**

A native of Pernambuco de Caruaru, he graduated from the National Medical School. An assistant to Rabello and to Rubem David Azulay, Porto entered the Civil Servants’ Hospital and completed graduate studies in Michigan. He was President of the National Academy of Medicine.

**Luiz Henrique Camargo Paschoal**

A graduate from SPU in 1960, he heads the Dermatology Chair of the ABC Medical School, and is the current head of that School.

**Luiz Marino Bechelli**

Having graduated from the SPU Medical School in 1933, he was appointed specialist doctor of the Leprosy Prophylaxis Department. He was the Clinical Director of the Cocais Sanatorium and unchaired faculty member of the SPU Medical School. For ten years, he was secretary of the Leprosy sector of the World Health Organization (WHO), in Switzerland.

**Márcio Lobo**

He created the graduate program in Dermatology at Pernambuco’s Federal University. One of his lines of research was Donovanosis.

**Nelson Guimarães Proença**

In 1970, Professor Nelson Proença founded the Brazilian Dermatological Yearbook with the intention of gathering works published in journals in other regions. He was director of the APM and the AMB (Paulista Medical Association and Brazilian Medical Association), and director of the Dermatology Clinic of São Paulo’s Holy House.

**Neuza Dillon**

Having graduated from Belém do Pará’s Medical and Surgery School, she specialized
in Dermatology at SPU. In 1966, she was appointed professor at the recently-created Medical and Biological Sciences University of Botucatu. She held the post of Full Professor of Dermatology at that school brilliantly up to her retirement.

**Ney Romitti**

He graduated in 1958 from the National Medical School; he completed his internship in Germany, where he published twenty scientific papers. He was Full Professor of the Medical School of Santos. He possesses a remarkable general and dermatological culture.

**Renée Garrido Neves**

Having graduated in 1953 from the Fluminense Medical University, he was for thirteen years a voluntary assistant of João Ramos e Silva. He worked in the Leprology Service. An assiduous participant of the BSD meetings, he was responsible for the purchase of the entity’s premises.

**Mauricio and Alice Casal Alchorne**

Mauricio was born in Pesqueira, PE; he moved to Recife for high school and to study Medicine at the Pernambuco Medical Sciences University. His dermatology training and the start of his academic career were carried out at the Hospital das Clínicas of the MSSPU. Since 1994, he is Full Professor of the UNIFESP/Paulista Medical School. At the Hospital das Clínicas, he met the student Alice, from São Paulo, whom he married; they have two children and four grandchildren.

Alice completed her medical internships at the Hospital das Clínicas of the MSSPU and is currently professor, associate and unchaired faculty member of the UNIFESP/Paulista Medical School, since 1997.

Both held different posts at the BSD, among them the Presidency of the São Paulo Region (Alice and Maurício) and of the BSD (Maurício).

**Rubem David Azulay**

Born in Belém do Pará, in 1917, he graduated in Medicine from the Fluminense Medical University, and at Prof. Parreiras Horta’s Dermatology Service. He was head of the Dermatology Chair of various Universities, at posts obtained through public competition: Pará, UFF, UERJ and RJFU. He was also responsible for the continuation of the activities of the historic St. Michael Ward, when the Chair and the Service of Dermatology of the RJFU moved to the University Hospital, at Ilha do Fundão.

At the beginning of his career, he worked with Eduardo Rabello. Related to the BSD since he was a student, he frequented the St. Michael Ward (financed in the early 1930s by the World Health Organization for international leprosy courses, but immediately transferred to the Dermatology Clinic of Brazil University). He was president of the BSD when it reached fifty years since its creation, and therefore resolved to change many things: “The meetings already existed, but they all took place in Rio de Janeiro. The large majority of members were from Rio. When I took on the Presidency, I had the Bylaws modified, and started to promote meetings in other States, since I understood that Dermatology was national, and not just from Rio de Janeiro.”

He was also, on two occasions, chief editor of the *Brazilian Annals of Dermatology*, where he introduced many innovations. He was also President of the Brazilian Association of Leprology, of the Ibero-Latin American Association of Dermatology, of the
International Society of Dermatology and of the National Academy of Medicine. For his personal merits and the quality of his scientific work, he was honored with thirteen awards: Oswaldo Cruz gold medal, Antonio Pedro (three times) and Gaspar Viana, Jorge Lobo prize, many plaques — three national ones and one from the North American Clinical Dermatological Society. Azulay is one of the most outstanding authors in the History of Brazilian Dermatology.

**Rui Miranda**

A pillar of Paraná dermatology, in 1960 he founded the Souza Araújo Center of Leprosy Studies at Paraná’s Federal University, and, in 1990, the Pro-Hansen Foundation. In the field of Dermatology, he described five new pathologies, and within hansenology, he contributed to a better knowledge of the disease.

**Lucio Bakos**

Born in 1942, in Zadar — present-day Croatia, then Italian territory — he graduated in 1966 from Rio Grande do Sul’s Federal University (RGSFU). He was Visiting Scholar at Cambridge University during 1972-73, working at Cambridge’s Addenbrooke’s Hospital, headed by Dr. Arthur Rook. He is Full Professor of Dermatology at the UFRGS since 1991.

**Sylvio Fraga**

He graduated in 1953 from the Medical School of the old Brazil University. Between 1955 and 1956, he did his medical internship in Philadelphia (US). He completed the specialization in Dermatology and the pathology course at the Armed Forces Institute of Pathology in Washington. He was co-founder of the Dermatology Institute of the Holy House.

**João and Bernardo Gontijo**

From Minas Gerais, the Gontijo family (the father, João B. Gontijo Assunção, and the son, Bernardo Gontijo) are distinguished personalities in Dermatology. João graduated in 1947 from the MGFU, and completed his medical internship in Paris, at the Saint-Louis Hospital, in 1948-1949. Through public competition, he obtained the degree of associate professor and unchaired faculty member of the MGFU. He published twenty-four works individually or in collaboration, and presented around two hundred papers at congresses and meetings in Brazil and abroad. Bernardo, the son, graduated from MGFU and completed his medical internship in Dermatology at SPU’s Hospital das Clínicas; he is currently professor of the MGFU Medical School. Both have been participating members and presidents of the BSD.

**Mário and Márcio Rutowitsch**

Mário Rutowitsch is son of the dermatologist Mário Rutowitsch, who was president of the BSD in 1960. Márcio graduated from Fluminense Federal University and is currently the Head of the Dermatology Service at the HSE.

**Jorge José de Souza Filho**

Born in Florianópolis in 1937, he graduated from Paraná’s Federal University in 1964, and was accepted in 1965 as intern with a scholarship at São Paulo’s Hospital das
In 1967, he went back to his native area and participated in a contest for academic assistant at the UFSC, where he reached the status of full professor in 1990. He was one of the founders of the SC Regional of the BSD, and the first President of the South-Brazil Dermatology Meeting, held in Florianópolis in 1981.

Dermatology in the states

These vigorous generations, with their thirst for new paths, were the result of the encouragement to scientific research provided by the renovated dermatological education, by the arrival of new specialized fields in other regions of the country, and by the synergizing action of the BSD.

Indeed, Dermatology was becoming bigger. In the 1920s and 30s, according to Rabello Júnior, “the Chair in Belo Horizonte, led by Antonio Aleixo (1884-1943), was to mark the arrival of a new center for studies in the country, with papers and novel publications in the twin areas of venereology and hansenology, with Orsini de Castro (1892-1970) standing out in Dermatology and O. Diniz (1902-1966) in hansenology. Original works of major scope were developed by Cl. de Castro, Oswaldo Costa (Chair of the Federal University) and Tancredo Furtado (Chair of the MGFU)”3. Costa was the author of a remarkable thesis on acrokeratosis (1960), while Furtado did the same in 1955 with frambeia.

Likewise, a large dermatological center was set up in Juiz de Fora, with Antônio Carlos Pereira and Carlos Adolfo Pereira. Between 1922 and 1940, important Brazilian works on pemphigus foliaceous were published, including those of J. P. Vieira(1927) and Orsini de Castro (1940).

Founded in 1916, São Paulo’s Medical School rapidly had a Dermatology Chair, the head of which was Adolpho Lindemberg (1872-1944), author of pioneering works on tegumentary leishmaniasis and pemphigus foliaceous. His disciple Nicolau Rossetti (1894-1956) was later Head of the Chair of Dermatology at the Paulista Medical School, where his successor was the leprologist and dermatologist Abrahão Rotberg, author of remarkable works on the Mitsuda reaction, the Montenegro reaction and necrotizing angiitis. Rabello reports:

In the 1930s, J. Aguiar Pupo, Eduardo Rabello’s favorite disciple, took over the Chair of Dermatology at São Paulo University, where he rapidly formed a large school. Along the lines of the Brazilian tradition. Aguiar Pupo dominated hansenology with equal quality, with pioneering works in that area. He would be succeeded in 1957 by Sebastião Sampaio, a young professor with a good histological education, who would provide great encouragement for work in the field of skin structure and functions, in genetics, and in immune pathology. In São Paulo, other luminaries would stand out, such as H. Cerruti in Sorocaba, L. M. Bechelli and W. Pimenta in Ribeirão Preto, all from Aguiar Pupo’s school. The young deserve a special mention, among whom are Ney Romiti, a disciple of Ramos e Silva, Marchionini and Raimundo Martins de Castro, initially a professor in Campinas, who had his illustrious father as teacher, A. Martins de Castro (1885-1968), a specialist versed in mycology, histopathology and Roentgen therapy².

We mention here only some of the national dermatologists who studied with the great masters from abroad:

2. J. Luiz Miranda was an intern at Duke University, with N.F. Conant.
3. Eduardo Rabello frequented the Curietherapy Service of Necker Hospital, under the
direction of Degrais, and, upon returning to Brazil, with Fernando Terra founded the Institute of Electroradiology, later included in the Dermatology Clinic of the National Medical School.

4. Adolfo Lutz completed his internships in Switzerland with Paul Gerson Unna (1850-1929), the founder of modern Dermatology.

5. Ney Romitti worked in Munich with Alfred Marchionini.

6. Sebastião de Almeida Sampaio completed his medical internships at the Mayo Clinic, in Rochester, US.


9. Valdir Bandeira (Recife) and René Garrido Neves (Niterói) completed their medical internships in Buenos Aires, in the services of Julio Borda and Jorge Abulafia.

The Brazilian Society of Dermatology (BSD)

The founding meeting of the Brazilian Society of Dermatology began at ten o’clock on the morning of Sunday, February 4, 1912, at the Miguel Couto Ward of Rio de Janeiro’s Holy House of Mercy. Eighteen doctors were present, of whom only ten were dermatologists. Three of them were part of the Organizing Commission: Fernando Terra, Eduardo Rabello and Werneck Machado. The other founders were Drs. Moncorvo Filho, Alfredo Porto, Eduardo Magalhães, Adolfo Lutz, Víctor de Teive, Caetano de Menezes, Gaspar Viana, Leal Júnior, Oscar da Silva Araújo, Juliano Moreira, Paulo Parreiras Horta, Zopyro Goulart, Miguel Salles, Eduardo Jorge and Franco de Carvalho.

The BSD is the second largest entity of the specialized field in the world, in number of members. February 5, 2000, was approved as the date for the annual day of commemoration of the Dermatologist.

Predominant in the first thirteen years of activities of the BSD, along with the most earnest scientific debate, was the encouragement of research — later extended to the new generations that studied Medicine — as well as the knowledge and the dissemination of dermatological activities in the other regions of the country; the welcoming and kind spirit of the leaders and the preoccupation with laying the foundations for the construction of something definitive for the future.

The history of the BSD included two lengthy presidencies: that of Fernando Terra, which lasted thirteen years, and that of Eduardo Rabello, who led it for fifteen years without interruption.

The presidents of the BSD

The dermatologists who held the Presidency of the BSD were: Fernando Terra (1912); Eduardo Rabello (1925); Oscar Silva Araújo (1941); Joaquim Mota (1942); João Ramos e Silva (1944); A. F. Da Costa Jr. (1946); Hildebrando Portugal (1948); Francisco Eduardo Rabello (1950); Demétrio Peryassu (1951); Edgard Drolhe da Costa (1953); Luís Campos Mello (1955); Antar Padilha-Gonçalves (1957); Mário Rutowski (1959); Rubem David Azulay (1961); Glynne Leite Rocha (1963); J. Aguiar Pupo (1964); João Ramos e Silva (1965); Domingos Barbosa da Silva (1966). Antônio Carlos Pereira (1967); Rui Noronha Miranda (1968); Jorge Lobo (1969); Anuar Auad (1970); Clóvis Bopp (1971); Rubem David Azulay (1972); Tancredo Furtado (1973); Sebastião de Almeida Prado Sampaio (1974), Jarbas Anacleto Porto (1975); José Pessoa Mendes (1976); Walter Moura Cantúdio (1977); João Batista Gontijo (1978); Newton Guimarães (1980); Raymundo Martins Castro (1981); Márcio Lobo Jardim (1982); José Serrya (1983); Jorge José de Souza Filho (1984); Luiz Carlos Cucé (1985); Divino Russi (1986); René Garrido Neves (1987); César Bernardi
In 1932, the BSD, together with various areas of the Dermatology and Syphilology Clinic, was moved to the St. Michael Ward, where, on October 20, 1933, the library of the Clinic was inaugurated. By the mid-twentieth century, this library was already considered to be the repository of the largest legacy of the specialized field in Latin America. In 1987, René Garrido Neves reached the Presidency of the BSD with a mission: to provide the entity with its own premises, which were purchased on Nilo Peçanha Avenue, leaving behind the old St. Michael Ward location.

The first issue of the bimonthly journal *Anais Brasileiros de Dermatologia* (*Brazilian Annals of Dermatology*) had Eduardo Rabello as editor in chief, in 1925 (Figure 9). In 1985 the BSD Newsletter reappeared, replaced in 1996 by the *Jornal Dermatologia Atual*, larger in size, and, finally, by the *BSD Journal*.

From September 26th to 28th, 1944 the first meeting of Brazilian specialists in Syphilographic Dermatitis took place, at the St. Michael Ward, of Rio de Janeiro’s Holy House of Mercy; starting in 1969, these meetings were called Congresses (Figure 10).

**The fiftieth anniversary of the BSD**

Commemorating the fiftieth anniversary of the BSD in 1962, under the presidency of Rubem David Azulay, a public statement of recognition for the expansion of Dermatology in all of Brazil took place, and the road was thus left open for physicians from other States to occupy the Presidency. Another outstanding event of the decade was the appointment of Ramos e Silva as a member of the ICD (International Committee of Dermatology). Later, Antar Padilha-Gonçalves, Sebastião Sampaio and Márcia Ramos e Silva were also appointed members of the ICD.

In 1971, during the Brazilian Congress of Dermatology carried out in Porto Alegre, under the presidency of Clóvis Bopp, the scope of action of the BSD became larger, to take care of the ethical, social and economic interests of Brazilians dermatologists. Bopp was also the main organizer of the regional meetings called “Southern Lines of Brazilian Dermatology,” currently called “South-Brazilian Sessions,” which gather specialists from Rio Grande do Sul, Santa Catarina and Paraná.

**The ninetieth anniversary of the BSD**

The commemoration of the ninetieth anniversary of the founding of the BSD corresponded to its elected president at that time, Prof. Fernando Augusto de Almeida, outstanding specialist whose PhD thesis at SPU was on “Hebra’s pruritus,” and is one of the...
major experts on cutaneous tumors, mainly melanoma; he is also one of the founders and
the first president of the Brazilian Melanoma Study Group (MBG). Under his direction,
the Pro Memory Project was launched, coordinated by Prof. Dr. Paulo Cunha (Figure 11),
the aim of which was to protect the history of Dermatology in Brazil through books, doc-
uments and images. The first completed work was the edition of the History of Dermatology in Brazil, a beautiful compilation of pictures and texts since the beginnings of the
specialized field in the country.

Another aspect that stood out in his administration was the professional manner in
which the BSD was managed and received financial momentum.

**BSD 2003/2004**

In the last two years, the Brazilian Society of Dermatology has centralized the insti-
tutional and political activities aiming to increase the prestige of the specialized field. To-
gether with the Brazilian Medical Association, it participated actively in the national
movement for the implementation of a new and more equitable list of medical fees which
is being used nationwide. It also participated in the meetings to reject the creation of new
medical schools and in the meetings that dealt with the bill on Medical Practice, and fur-
thermore sent specialists to take part in the Chamber on Beauty Products and Proce-
dures of the Federal Council of Medicine.

Internally, it has worked intensively through its specialized departments in the cre-
ation of Handbooks for guidance on procedures used in the specialized field. The spe-
cialty commission established the routine of visiting the services certified for residency,
guaranteeing the quality of Dermatology education in the country. Of great importance
was the task undertaken by a working group made up of the heads of certified educa-
tional services and commissions, scientists and specialists who redefined the minimum
educational program of Brazilian Dermatology. They issued new rules for the certifica-
tion of specialized services that had been undertaking these educational programs and
drew up proposals for the improvement in the evaluation criteria for those wishing to ob-
tain the specialist degree.

In order to know the setting in which Brazilian dermatologists work, as well as the
real situation of the specialists in the different Brazilian regions, the Brazilian Society of
Dermatology completed an investigation that outlined the profile of dermatologists in
Brazil. Based on the collected data, the president of the BSD, Dr. Marcio Rutowitz, organized a series of meetings with young dermatologists with less than ten years of training in order to discuss the outlook for the profession, and thus strengthen the participation of the BSD in support of the field.

At the same time, the BSD is promoting a review in the *Anais Brasileiros of Dermatologia* with the purpose of attaining the reorganization of the data base, Índex Medicus/Medline.

**The degree of specialist in Dermatology**

Since 1950, under Law No. 1,270, the BSD is considered of public interest. Twenty-three years went by between the holding of the first meeting of Brazilian specialists in dermatology and syphilography, in 1944, and the other great event in the history of the entity, in 1967: the examination of the first physicians to obtain the degree of specialist in Dermatology, held in Juiz de Fora. The professors who took that first exam were: Tancredo Furtado, Clovis Bopp, Rubem David Azulay, Rui Noronha de Miranda and Sebastião Sampaio (delegate to the AMB) (Figure 12).

In 2005, the thirty-ninth specialist degree exam of the BSD took place, under the presidency of Professor Dr. Paulo R. Cunha.

**Services certified by the BSD**

The scope of services certified nationwide by the Brazilian Society of Dermatology is composed of seventy units. This shows the maturity of the specialized field in the country, providing broad care for millions of patients with cutaneous diseases. In addition to 204 annual vacancies for medical internships, and specialization, there are master’s and PhD degrees in its graduate courses.

**Regional Units**

**NORTH-NORTEAST**

**Bahia**

Bahia, the cradle of dermatology in the country, currently has two services certified by the BSD: that of the Hospital das Clínicas (UFBA), and that of the St. Isabel Hospital at the Bahia School of Public Health and Medicine.
The Chair of the Cutaneous and Syphilitic Diseases Clinic was founded in 1884, having Alexandre Evangelista de Castro Cerqueira as manager. In 1893, it became the Dermatology Clinic, and beginning in 1915 it was led successively by Artur da Silva Leitão, Flaviano da Silva, Otávio Garcez de Aguiar, Newton Alves Guimarães, Neyde Ferraz and Énio Ribeiro Maynard Barreto.

The Dermatology Service of the Hospital das Clínicas is made up of three wards for the public and one outpatient surgery ward. In the infirmary, it has four beds and a contiguous hall for meetings. Despite its reduced size, the outpatient office for Dermatology is the second in the treatment of patients at the hospital, a position that could change with the transfer of Dermatology to the Prof. Magalhães Neto Pavilion. In the last three years, almost 100% of residents have passed. Research in the Service has focused mainly on the area of tropical diseases.

Amazonas

Due to its location in the State of Amazonas, the Alfredo da Matta Institute of Tropical Dermatology and Venereology is the referral center on sexually-transmitted diseases (STDs) and hanseniasis, working since 1955 on education, research, prevention and treatment of dermatological diseases. Its head is the President of the BSD 2005/2006 administration, Prof. Sinésio Talhari.

Initially devoted to the treatment of patients with leprosy, the Alfredo da Matta Institute extended its focus to other dermatoses in the late 1970s. Since 1981, it carries out serology at its own laboratory for the detection of HIV.

The Getúlio Vargas University Hospital, of the University of Amazonas, is also a referral hospital for the certified services, under the coordination of Dr. Jonas Ribas.

Pará

The Evandro Chagas Institute and Dermatology

The Evandro Chagas Institute (ECI) was created on November 11, 1936, by Decree 2,346 of the Pará State Government. In 1942, it was linked to the Public Health Special Service of the time, the Oswaldo Cruz Foundation, National Health Foundation, the Health Watch Secretariat and the Ministry of Health.

The basic goals of the ECI are: (a) research in biological sciences, tropical medicine and the environment; and (b) health monitoring.

The research under way and that involves etiological agents with present cutaneous manifestations include:

- **Virology:** German measles, measles, B19 parvovirus, simple herpes (1 and 2), herpes viruses 6, 7 and 8, Epstein-Barr virus, HTLVs and the enteroviruses themselves (coxsackie and echo).

- **Arbovirology:** hemorrhagic fevers, dengue, Oropouche, Mayaro and the Altamira hemorrhagic syndrome; the three first agents associated to exanthematous conditions.

- **Bacteriology and Mycology:** *Mycobacterium leprae* and, on a smaller scale, research encompassing dermatophytes.

- **Parasitology:** leishmaniasis and the agents causing “exotic pathologies” (see the description below).

In the 1970s, a disease that was new to the world was described: the *Altamira hemorrhagic syndrome*, essentially, thrombocytopenic purpura associated with the bite of the *Simulium amazonicum* or *pium* mosquito. The study, carried out by a team headed by Dr. Francisco Pinheiro, earned its publication in the highly regarded journal *The Lancet*. In the first years of the 2000s, laboratory and epidemiological studies were undertaken, including diseases caused by 7- and 8-type human herpes viruses, sudden exanthema and
Kaposi’s sarcoma, respectively. These initiatives came under the coordination of Dr. Ronaldo Barros de Freitas.

The Chair of the Dermatology and Syphilology Clinic was created in 1922, for the fourth year of the medical course of the then-Medical and Surgery School of Pará, with Professor Manuel Ferreira dos Santos Bastos leading the specialized field. In 1951, Prof. Domingos Barbosa da Silva was appointed Head of the Chair, confirmed in 1955; for many years, he was also in charge of the leadership of the Dermatology Department, in which many generations of specialists were trained.

The Department of Tropical Pathology, Dermatology Service of the Federal University of Pará — of which the Head is an ex-president of the BSD, Dr. Arival Cardoso de Brito — carries out its activity in two sections, at premises located at the facilities of Pará’s Holy House of Mercy Foundation. There are eight outpatient rooms, an auditorium, a graduate mini-auditorium, a dermopathology laboratory, a mycology laboratory, two surgery wards, a ward for ulcers, an infirmary ward, a medicine-delivery office, a library, an office for the secretary and two waiting rooms for patients.

The current Dermatology faculty of the PAFU is made up of 13 professors. Research on various topics is carried out, such as treatment with new chemotherapies for Jorge Lobo’s disease, hanseniasis and leishmaniasis, superficial and deep mycoses with imidazoles and the use of new compounds in ectoparasitosis.

Pernambuco

In Pernambuco, the services certified by the BSD correspond to the Hospital of the Federal University Clinics, the Head of the Service being Prof. Josemir Belo dos Santos; the Santo Amaro Hospital, the Head of the Service being Professor Itamar Belo dos Santos, and the Oswaldo Cruz University Hospital, the Head of the Service being Prof. Dr. Emmanuel Rodrigues de França.

Ceará

Founded in 1975, the current Dona Libânia Dermatology Center, of Ceará’s State Health Secretariat, is the public and macro-regional referral center for hanseniasis. For twenty years, it carried out hanseniasis and tuberculosis control activities. Presently, it also performs treatment, research and education activities. It covers the sectors of hansenology, leishmaniasis, skin cancer, STD, cutaneous allergy, pediatric dermatology, dermatological surgery, tuberculosis and other dermatoses. Its General Director is Dr. Heitor de Sá Gonçalves, second Secretary of the BSD in the 2005-2006 management; the Head of the Service is Dr. Maria Araci Pontes Aires.

In 2003, the BSD awarded a new certification to the Walter Cantídio University Hospital, the Head of the Service being Dr. José Wilson Acioly Filho.

Rio Grande do Norte

The Dermatology Service linked to the Medical School, located at the Onofre Lopes Hospital of the Federal University of Rio Grande do Norte, under the coordination of Dr. Pedro Bezerra da Trindade Neto, has its own area within the Hospital, with six outpatient rooms, two wards equipped for surgery and cryosurgery, a cosmiatry ward, one mycology laboratory, a meeting room, a phototherapy unit, one ward for ulcers and an infirmary with six beds. Certified in 1999 by the BSD, it offers the Dermatology course, practice and theory courses for seventh-period medical students, and theoretical and practical training for doctors carrying out their medical internships at the clinic and for Medical Doctorate students. The service annually provides two internship vacancies authorized by the Ministry of Education and Culture (MEC). In the last five years, 91% of interns passed the exam to obtain the degree of specialist from the BSD.

At this service, research projects and scientific works in the area of bullous
genodermatosis are undertaken, specifically benign familiar chronic pemphigus, the subject of Prof. Pedro Bezerra da Trindade Neto's PhD thesis. Studies related to the epidemiology of melanoma in Rio Grande do Norte are also carried out, with cytology applied to the diagnosis of cutaneous diseases, the project of Prof. Thomas de Aquino Paulo Filho's thesis.

Sergipe

In Sergipe, the University Hospital is the only one certified by the BSD, and has Prof. Pedro Menezes Portugal as Head of Service.

Alagoas

Stemming from the pioneering activity of the young doctors Aldo de Sá Cardoso (a student of Jorge Lobo in Recife, who graduated in 1938) and Aderbal Loureiro Jatobá, Dermatology care began to be offered in private clinical practice in 1940. Years later, Jorge Duarte Quintela Cavalcanti also began to practice the specialized field in Maceió. On March 5, 1951, medical education was set up in the State, and Dr. Aldo Cardoso was the physician chosen to be professor of the Dermatology and Syphilography Chair. Once the University was created, other dermatologists graduated, such as Zirelli Valença — who described the Zirelli signal — and Nehemias de Alencar.

With the creation of the Alagoas Medical Sciences School, on March 15, 1970, the Dermatology Chair was set up by Prof. Aldo Cardoso, whose assistant, Dr. Alberto Eduardo Cox Cardoso, was later head of the Chair.

Brasilia

In 1980, the current Dermatology Service of Brasilia’s University Hospital (BUH) was born from the merger of the Dermatology Service of the Union Servers’ Hospital (USH), IPASE, which later passed to the INAMPS, and the Dermatology Service of the School Hospital of the Sobradinho Integrated Health Unit (SIHU), of the University of Brasilia.

At the original services, the following names stand out: Drs. Iphis Campbell and Gladys Campbell (initiators), Roberto Doglia Azambuja, Rosicler Álvares and Carmélia Matos Reis (USH) and Prof. Raimunda Nonata Ribeiro Sampaio (initiator), as well as Rosicler Aíza Álvares (SIHU). At the BUH, we can mention Drs. Antônio de Pádua, Ana Maria Costa Pinheiro, Ribeiro de Paula and Gerson Pena — the latter a researcher in the research nucleus of the BNU and President of the BSD’s sixtieth Congress of Dermatology (Brazilia 2005). At present, there are ten dermatologists from BUH.

The outpatient office for research into American tegumentary leishmaniasis, which operated since 1975 at the SIHU-BNU, created by Prof. Raimunda (also head of service) under the encouragement of Prof. Philip Davis Marsden (in memoriam) was transferred to the BUH, maintaining the line of research. A short time later, Prof. Rosicler and Dr. Iphis created the Pemphigus Outpatient Clinic, while those of Hanseniasis, cryosurgery, mycosis, psoriasis, skin aging, pediatric dermatology and cutaneous tumors were instituted and/or coordinated by Drs. Rosicler Álvares, Carmélia, Gladyz, Izelda and Ana. In February 1999, at the initiative of Prof. Raimunda Nonata Ribeiro Sampaio, the Sexually-Transmitted Diseases Unit was created, with a multidisciplinary character and with the participation of the Gynecology, Proctology and Urology services. In total, 14,400 patients with skin diseases are treated annually.

The Dermatology course was officially created in 1971 by the BNU, but only as of 1974 did it operate independently of the Medical Service. This course has a total of hours corresponding to four credits. The medical residency, created according to Rio’s HSE model, began in 1974, having Dr. Izelda Costa as the first resident. At this service, 34 residents and 19 interns have graduated up to the moment. The medical internship of the present-day BUH is also oriented towards research, and the presentation of a monograph at the end of the course constitutes a requisite to obtain the certificate. All residents present
papers in the Congresses’ annals; 90% of them publish one or more scientific papers during the course of the residency. In the 1990s, with the creation of the graduate program in Health Sciences, Dermatology began to participate in the orientation of Masters’ and PhDs, having already eight Masters’ graduates, eight students doing the Masters’ and one doing the PhD. At present, there are projects under way to improve the Dermatology course, the Medical Internship and the graduate program stricto sensu.

Goiás

The Dermatology Chair was launched at the Federal University of Goiás by the late Profs. Anuar Auad, Rodovalho Mendes Domenici and Vanderli Dutra. In 1967, Divino Miguel Rassi and Paulo Cezar Borges started, and they retired in the 1990s. In the 1970s, Aïçar Chaul, Lia Cândida Miranda de Castro and Hugo Junqueira came on board.

In 1978, the Residency in Dermatology was created, and was immediately authorized by the BSD; the leadership of the institution was held by Drs. Anuar Auad, Divino Miguel Rassi and Paulo Cezar Borges, and, since 1997, Aïçar Chaul. Up to 2002, eighty doctors have completed the two years of residency, most of them with a Specialist in Dermatology degree issued by the BSD.

Three presidents of the Brazilian Society of Dermatology congresses have emerged from the Dermatology service of the Hospital das Clínicas of the Federal University of Goiás: Anuar Auad (1970), Divino Miguel Rassi (1987) and Lia Cândida Miranda de Castro, the two former also national presidents of the entity, according to the norms of the times, which did not separate the attributions of the BSD from those of the Congress.

Minas Gerais

Belo Horizonte’s Holy House of Mercy provided the clinical services for the Medical School of Minas Gerais’ Federal University, founded in 1914. The Dermatology Clinic was then conducted by Antônio Aleixo, who, in 1917, founded the Infirmary and the Men’s Clinic, while Olyntho Orsini was head of the Women’s Clinic.

Starting in 1944, with the outpatient offices moved to a building of its own, the Dermatology Clinic came to be led by Josefino Aleixo, with Oswaldo Costa and José Mariano as assistants.

The Dermatology Clinic of the Holy House currently has 15 assistants — nine of whom graduated from the same service — and 12 collaborators, all with SDD (Specialist in Dermatology Degree). The leadership of the Service is held by Dr. Jackson Machado Pinto. Two of the members of the Clinic are currently completing their medical internships at the University of Colorado, and others in Argentina and Austria.

The hospital has its own area with 12 beds, 5 outpatient rooms, 2 wards for minor surgery, a classroom, a meeting room with library and modern equipment. An annual average of 200 hospitalized patients and around 16,000 outpatients receive General, Sanitary and Pediatric Dermatology care and Dermatological Surgery. In December 2001, a phototherapy unit with UVA and another with UVB 311 NM were acquired.

Since its foundation, various scientific undertakings have been carried out at the Dermatology Clinic; standouts among them being Masters’ and PhD theses on American tegumentary leishmaniasis and on bullous diseases, especially endemic pemphigus foliaceous.

Dermatology Service of the MGFU

Prof. Antonio Aleixo (1884-1943), one of the founders of Belo Horizonte’s Medical School (1911), and its first Dermatology professor, has the honor of being considered the creator of Minas Gerais’ dermatology school. His main scientific areas of interest were hanseniasis, pemphigus, sexually-transmitted diseases and mycoses. He was the first Head of the Dermatology infirmary of Belo Horizonte’s Holy House, which, even today, is still a reference point for dermatologists.
After his death in 1943, the Chair was temporarily taken over by an unchaired faculty member, Olyntho Orsini from Sabará, Minas Gerais; he graduated from the Medical School in 1917, and had presented his application in 1927 with the thesis “Contribution to the Study of Pemphigus Foliaceous,” in which he drew attention to lesions in vespertilio, without knowing the work that Senear & Usher had previously presented on the subject (1926).

In 1945, Oswaldo Costa, another unchaired faculty member, was Head of the Chair, also in an interim capacity; he was appointed through public competition in 1944 with the thesis “Progressive and Recidivating Dermatofibromata of Darier-Ferrand.”

In late 1945, Prof. Olyntho Orsini (1891-1970), whose thesis was “Epidemiological and Clinical Aspects of Pemphigus Foliaceous in Minas Gerais,” became lecturer. A rigorous fulfiller of his duties, he headed the Chair and the women’s infirmary of the Holy House with great competence, dedication and responsibility, attracting the sympathy of the dermatological community. As well as being a remarkable specialist in pemphigus, he always encouraged collaboration between his service and the Leprosy Department of Minas Gerais State, headed at that time by Dr. Orestes Diniz.

His assistants included professors Oswaldo Costa, José Mariano (competent hanse-nologist and ex-Head of the Leprosy National Service) and Josephino Aleixo. The latter, besides having worked as an unchaired faculty member in 1946 (his thesis was “Subsidy to the Study of Chromomycosis”), was associate professor of the MGFU and professor of the Uberaba-MG Medical School.

In 1962, Prof. Oswaldo Costa (1905-1996), born in São João del-Rei-MG, obtained the Chair in a memorable competition with his monumental thesis on “Acrokeratosis (Pal-moplantar Keratodermias),” a true 557-page “bible” with full details on the subject. With true passion for the specialized field and for teaching it, an emeritus specialist in diagnoses, very hard-studying — he used to study until dawn — Oswaldo Costa attracted a large number of patients for his private clinic; he was an excellent professor, frequenter of congresses and, an insatiable and keen publisher of hundreds of scientific works. He also had the merit of describing, in 1954, a new entity, the Acrokeratoelastoidosis, currently recognized around the world. In the educational field, he was founder of the Chair and first professor of Dermatology at Minas Gerais’ Medical Sciences University.

Prof. Costa maintained Prof. Orsini’s team of assistants, which became larger with the arrival of faculty members Tancredo Furtado, of associate professor Cid Ferreira Lopes — who was also Head of the Dermatology Infirmary of the Holy House, organizer and first Director of the Minas Gerais’ Public Health School, standing member of Minas Gerais’ Academy of Medicine and corresponding member of the National Academy of Medicine — and of Dr. João Gontijo, who was also Head of the Dermatology Clinic of the Municipal Hospital. He retired in 1975.

His son, Paulo Uchôa Costa, brilliantly followed the example of his father, becoming a distinguished dermatologist and associate professor of the MGFU Medical School.

Prof. Tancredo Furtado (1923), from Carmo do Paranaíba-MG, was Oswaldo Costa’s successor, and gave a beautiful lecture in 1975 with the presentation of his thesis, “Abrikossoff’s Granular-Cellular Tumor (Granular-cellular schwannoma).” In 1955 he defended the unchaired teaching post with his thesis, “Late Manifestations of Frambe-sia.” In 1963, he participated in a public competition for Minas Gerais’ Medical Sciences University Chair, presenting his thesis on “Keratoacantoma and Related Processes.”

From 1975 to 1993, when he retired under compulsion, Tancredo Furtado had taken Dermatology at the MGFU to a high level of prestige with his innumerable publications, participation in congresses and exam tables, thesis guidance, etc. Beginning in 1975, he made the Dermatology Service of the Medical School more dynamic, moving it from the Holy House to the Dermatology Annex of the Hospital das Clínicas. He inaugurated the Medical Internship in 1976 and the Masters’ degree in 1977. He was Dean of the Medical School from 1982 to 1986.
During his administration, associate professor João Gontijo Assunção became un-chaired faculty member in March 1978, with his thesis “Pemphigus Foliaceous in Infancy. Some Epidemiological and Clinical Aspects,” and held the Dermatology Service head office during the period between 1982 and 1986.

Tancredo Furtado was one of the creators of the Dermatology Triangular Meeting, President of the Minas Gerais Section of the BSD and President of the National BSD in 1973; emeritus member of the MiNeyra Medical Academy, honorary member of the National Academy of Medicine and corresponding or honorary member of various foreign Dermatology societies.

All this dazzling professional and university career was based on a solid humanistic education and on a painstaking medical career (he was one of the two best students of his 1946 class) with graduate studies in the United States: internships and courses at the universities of Kansas City, Chicago, New York, Washington and Los Angeles.

Professor Orcanda Andrade Patrus (1941), born in Juiz de Fora, who fulfilled the role of assistant professor since the period of Prof. Oswaldo Costa, completed her PhD, and, in 1980, defended the thesis “Antigens of Histocompatibility, Immunocomplexes and Complement in Pemphigus Foliaceous,” with which she became associate professor. In 1991, she was appointed Full Professor through public competition and headed the Dermatology service with great vision, competence and selflessness, introducing improvements, implementing computerization, and maintaining the team’s high quality of work and the acknowledged team-learning model.

After her retirement, the leadership of the service was taken over by associate professor Dr. Antonio Carlos Martins Guedes, who carried out a very good administration, reforming and modifying the Dermatology Annex of the Hospital das Clínicas, with no detriment to his previous, competent and dedicated responsibility in the Histopathology section.

At the end of his mandate, he was replaced by associate professor Bernardo Gontijo, previously Head of the Graduate Program in Dermatology and President of the Minas Gerais section. In 2000-2001, he headed the (national) BSD with courage, dedication, selflessness and competence.

Other certified services in Minas are Juiz de Fora’s Federal University (the head of which is Prof. Aloísio Gamonal) and Uberlândia’s Federal University (Head of Service: Dr. Sônia Antunes de Oliveira).

Espírito Santo

The Dermatology Service of the Cassiano Antônio Moraes Hospital, of the Hospital das Clínicas of the Medical School of Espírito Santo’s Federal University, could have been certified much earlier by the BSD, but the unit itself wanted to postpone its certification: “It was necessary for the Service to be convinced that its approval would arrive with the top grade, as should be the case with everything related to medical practice”.

The BSD journal points out: “Some aspects stand out at that Service: the simplicity and harmony in everything and among everyone, the informality in people’s relationships and in the execution of tasks; the priesthood-like spirit translated into projects and into the capacity to be daring. Professors Carlos Cley Coelho and Délio Del Maestre (the latter, Head of the Service) constitute the two-man cohesive pedagogical team, within a program selected in common.”

Even though the size of the Service is not very large, all seven rooms impress by their luminosity, which is also the case in the meeting room and in another room devoted to minor surgery, as well as in the warehouse. Certified in 1999 — at the Deliberative Council meeting held during the Fifty-Fourth Brazilian Congress of Dermatology in Belo Horizonte — the medical service, certified with top grades, is the state referral center for hanseniasis, non-pulmonary tuberculosis and leishmaniasis, and treats an average of
150 people daily, having extended its action to the borders of Bahia, Minas Gerais and Rio de Janeiro.

Nosological statistical studies of dermatological diseases have been conducted, as well as others on patients with transplants, psychodermatoses, paracoccidioidomycosis cutaneous ailments, non-pulmonary tuberculosis, Hanseniasis and leishmaniasis.

Vitória’s Holly House of Mercy was also certified by the BSD, and had Prof. João Basílio de Souza Filho as Head of Service.

**Rio de Janeiro Services**

Capital of Brazil’s Kingdom and the Empire, in early times, and of the Republic up to 1960, Rio de Janeiro was always one of the country’s main poles of medical development, of Dermatology and of its medical entities, among which the BSD stands out.

“Unique in Brazil in obtaining a rank of 4 in the evaluation of the Ministry of Education, the Medical School of Rio de Janeiro’s Federal University offers a Graduate Course, Masters’ and PhD degrees in Dermatology, which, in to the evaluation of the CAPES, consistently maintains an ‘A’ grade since 1986”[2].

The Masters’ and PhD degrees in Dermatology of RJFU are the oldest in the country. Created in 1970 by Sylvio Fraga, the first Masters’ graduate was Prof. Carlos Cley, in 1974; in that same year, the course was the first to be recognized and validated by the MEC for the specialized field.

In Niterói, the first to obtain a Masters’ Degree at Fluminense Federal University was Sinésio Talhari, currently Head of the Dermatology service of the Alfredo da Mata Institute of Dermatology.

Coordinator Dr. Absalom Lima Filgueira points out that the graduate program in Dermatology was created in the early 1970s, almost at the same moment of the extinction of the Chair: “We needed to train professors for higher education, and the path to be followed had to include the Masters’ and PhD degrees. The main characteristic of the Brazilian Graduate program, in the medical area, is that it has to be offered within the scope of each specialized field. There is not, or at least there did not exist at the time, another course like it in the world, since in other countries the courses were carried out within the basic sciences: physics, biology, molecular biology, and chemistry.”

Two aspects contributed to the success of RJFU’s Graduate Program in Dermatology: the move to the University Hospital, in 1978, leaving the centuries-old premises of the Holy House of Mercy, and the vicinity of the Health Sciences Center, which contains the famous Biophysics Institute, an entity for basic research of international fame. The integration between the two areas was gradual and total. The courses, known up to that time as Biophysics and Biochemistry, became mother courses, giving rise to conjunctive tissue, hormone, endocrinology and photobiology laboratories.

Rio de Janeiro’s first Dermatology lecturer was João Pizarro Gabizo, at the Medical-Surgical Academy, which would in 1932 be called the Medical School of the University of Brazil. Gabizo was succeeded by Luiz da Costa Chaves Faria and the already-mentioned Fernando Terra, Eduardo Rabello and Francisco Eduardo Rabello (who stayed in office up to his retirement, in 1975, by application of the principle of acquired rights).

Still at the Holy House (Figure 13), professors Sylvio Fraga and Antônio de Souza Marques headed the Dermatology service. At Ilha do Governador, after the move to the University Hospital, Prof. Absalom Figureuereira (1978-1980) was in charge of the organization and the first Head of the Dermatology Service, succeeded by Professors Rubem David Azulay (1980-1985), Antônio Carlos Pereira Junior (1986-1997), and Celso Tavares Sodré.

Having an infirmary of its own, with 14 beds, the Service’s outpatient care is carried out jointly with the other sectors of the University Hospital. In this way, neither undergraduate nor graduate students lose sight of all medical aspects. At the graduate level, the course is offered *lato or stricto sensu. Lato sensu*, the graduate program works on
two levels: Specialization Course I and Specialization Course II, with six vacancies each. The number of hours of the course is compatible with the specialization and the program is simultaneous with the Medical Internship. Interest in the courses is such that every year more than a hundred candidates apply to dispute the eight vacancies offered.

**IASERJ (Institute for Treatment for Rio de Janeiro State Civil Servants)**

One of the most respected organs of the specialized field in the country is the Dermatology Service of the Institute for Treatment for Rio de Janeiro State Civil Servants, which was planned and organized by its founder, Glynne Leite Rocha, who was succeeded by Manoel Sternick and Arlindo Ferraro. In 1970, the Medical Residency was implemented, certified by the BSD, which up to 2001 had among its graduates a total of 70 specialist doctors from all around Brazil, 7 Masters’ and 2 PhDs in Dermatology.

At the ITRSCS service, which is not linked to the university system, two doctors graduate each year. Its scientific output is identified with that of Professor Glynne Rocha, “one of the most solid and most efficient pillars of the History of Brazilian Dermatology,” it being necessary to point out the publication, in the *Anais Brasileiros de Dermatologia*, of two journals dedicated exclusively to the work of the Service.

In the first year of Medical Internship, the students fulfill outpatient and infirmary activities. In the second year, the interns treat patients of the service at their own clinic, and undergo training in special units outside the hospital, for instance, Pediatric Dermatology at the Jesus Hospital, Hanseniasis and infectious diseases at the Fiocruz and Cutaneous Oncology at the INCA.

The residents constantly prepare clinical cases in order to present them at the traditional monthly meetings of the BSD-RJ, at congresses and in various publications. Dermopathology and medical mycology courses take place annually. As Professor Sérgio Quinete, Head of the Service, reports, the activities include the Journal Club, on Tuesdays; the slide session, on Wednesdays, the clinical-pathological meeting (presentation of patients with discussion and projection of hystopathological diagrams) on Thursdays; and the discussion of dermatological topics, on Fridays, as well as monthly evaluations.

**Gaffrée-Guinle**

The Dermatology Service of Gaffrée-Guinle’s University Hospital, of the Medical and Surgery School, had Prof. Ramos e Silva as its first Dermatology Head, and professors Demétrio Peryassu and Antar Padilha-Gonçalves as assistants. The physical base was Rio de Janeiro’s General Polyclinic. In the 1960s, as Prof. Gabriela Lowy says, “a great victory was obtained upon acquiring the Gafrée-Guinle Hospital, where the teaching of the course was shifted.”

The leadership of the Dermatology classes continued to be held by the Peryassu/Gonçalves two-man team, with Drs. Aldy Barbosa Lima, Gabriela Lowy and Danilo Vicente Filgueiras as collaborators, up to the end of 1972, even after the holding of the public competition for full professor that appointed both of them; however, shortly afterwards an illness caused the death of Demétrio Peryassu.

Under the management of Antar Padilha Gonçalves two great advances took place: the installation of the Dermatology infirmary and the creation of the specialization in Dermatology course, with the authorization, support and approval of the BSD. Around the same time, there was a physical expansion of the Service with the creation of new classrooms and better facilities for ambulatory treatment.
Dermatology and dermatologists in Brazil

His successor, Prof. Aldy Barbosa Lima, later created the Dermatological Surgery Service. In 1998, the second Head retired, and the responsibilities for the course and for the Dermatology service passed onto Prof. Gabriela Lowy. The faculty became larger with the addition of José Alvimar Ferreira, Carlos José Martins, Coaracy Mello and Ricardo Barbosa Lima.

The Dermatology Service of the Gafréé-Guinle University Hospital has sponsored many scientific events, including the outstanding Triangular Meetings, which brought innovation into their presentations with the exhibition of clinical cases on video. The presence of its specialists is constant at meetings, sessions and national and international congresses, with abundant scientific contributions.

Hospital Antônio Pedro

The history of the Dermatology service of Niterói’s Antônio Pedro University Hospital of the Fluminense Federal University has always been linked to education. It was created in the 1930s by Prof. Paulo de Figueiredo Parreiras Horta, lecturer at the Fluminense Medical University Dermatology and Syphilography Clinic. In the beginning, it was located at the St. John the Baptist Hospital, in Valonguinho. In 1953 it was moved to the Antônio Pedro Hospital by Horta’s successor, Prof. Rubem David Azulay. Despite the difficulties encountered, Azulay developed the Dermatology teaching activities, culminating with the creation of the stricto sensu graduate course.

It is interesting to recall that, when the Medical School was moved from Pará to Niterói, and still as a university student, the northerner Rubem David Azulay took the question posed to him by the Fluminense University secretary as a challenge: “Would he be able to maintain the excellent grades he brought from his home area? “The first exam he sat for was given by Prof. Pedro da Cunha, who was considered very demanding; the 10 [top grade] obtained by Azulay increased its repercussion when he read it out before the other students and doctors of the then-St. John the Baptist Hospital”.

In 1971, the Master’s course was a pioneering one in the country; its first student was Dr. Sinésio Talhari, Full Professor of the Federal University of Amazonas. Eighty-seven students completed the Master’s course, carrying out scientific research work and obtaining the degree; fifty-eight of them are currently professors at different medical schools around the country, and five are carrying out scientific research work, while nineteen continue their activities associated with PhD courses. Three ex-students are full professors through public competition: René Garrido Neves, Sinésio Talhari and Neyde Kalil Gaspar.

In 1967, the Medical Residency was created, and the first student was Prof. Antônio Pedro Gaspar, who was hired the following year as professor in that discipline. In September 1977, the Residency was regulated by Decree and in 1981 by Law, being as of that moment governed by the Ministry of Education and Culture. Through 2002, eighty dermatologists completed the Residency at the FFU, many of whom currently occupy posts at Brazilian public and private universities.

In the 1970s, following the retirement of Prof. Rubem Azulay, the leadership of the Service and the coordination of the Dermatology course was taken over until 1992 by his former student Prof. René Garrido Neves, an authority both in hansenology and in oncology. His outstanding career made him conduct research, guide theses and publish numerous articles in journals and books, and occupy major posts at FFU and RJFU, as well as the Presidency of the Brazilian Society of Dermatology, for which he acquired its first premises. During his term, in December 1989, the graduate course latu sensu (specialization in Dermatology) was also created, which through 2002 already had 172 graduates.

Starting in 1992, the leadership of the service was held by Prof. Neyde Kalil Gaspar, who gave us the following information:
During the third year of the study program, having to do work on pharmaco-cosmetics, we found someone who would later be a model and source of professional pride for us, Prof. Rubem David Azulay. Under his happy, useful and competent guidance, which responded to our scientific needs, we would work twenty more years. Our service took up half a floor of the old Valonguinho Polyclinic, and at first, they moved us to a three-square-meter space at the Antônio Pedro Hospital... We retain many memories of the Polyclinic; it was a simple and peaceful environment where we learned to teach and to do research. From there, we left for the Fiocruz, where we researched essential aspects of elastic fiber on a six-year-old patient with the tissues of a sixty-year-old. We already belonged to the faculty of the course; as was customary at the time, we worked for the pleasure of learning, with no pay, but honored by what we were doing. I think what is lacking at present in our country is recognizing people for the work they are carrying out. Those who have that recognition know how much they are capable of doing to overcome difficulties. From the Dermatology Service of the Antônio Pedro Hospital came the initiative for the unification of dermatological nomenclature, taking Prof. Francisco Eduardo Rabello's work as the basis. It was Prof. Antônio Pedro de Andrade Gaspar, in collaboration with Prof. Neyde Kalil Gaspar, who gathered and identified the different and numerous synonyms that made understanding in Dermatology difficult. There were around 10,000 terms. These authors grouped 7,000 terms in the *Dermatological Roster*, marking the nomenclature suggested by Prof. Rabello. This book represented a fundamental milestone for Brazilian Dermatology, and is used in all the universities and services of the country. Profs. Antônio Pedro and Neyde also offered another five therapeutic updates books within the specialized field, collecting the terms coded by the World Health Organization in the ICD, in order to facilitate their use in the country. They also guided twenty-eight scientific research undertakings that were utilized, defended and approved theses at the Master’s and PhD levels.2

Currently, the Dermatology Service remains as host of the Fluminense Federal University undergraduate and graduate teaching activities. For this reason, it is also linked to the Clinical Medicine Department, formed by 122 professors. The Service is made up of thirteen professors and two doctors responsible for undergraduate course activities, including theoretical and practical aspects, hospitalization, medical internships, specialization and treatment activities. Activities in the research area are channeled through Scientific Initiation projects, coordinated by Profs. Neyde Kalil Gaspar and Jane Marcy Neffá Pinto. Since 1995, Dr. Neyde Kalil Gaspar holds the post of full professor of Dermatology. The administrative part of the service, as well as the coordination of the course have, since 2001, once again been fulfilled annually by the different professors, Prof. Jane Marcy Neffá Pinto having been elected for the current administration.

The other services certified in Rio de Janeiro are: Holy House of Mercy (Head of Service, Rubem David Azulay), Dermatology and Syphilography Service of the HSE (Head of Service, Márcio Rutowitz), Pedro Ernesto University Hospital (Head of Service, Isabel Succi), Rio de Janeiro Federal University (Head of Service, Márcia Ramos e Silva), Lagoa Hospital-Carlos Chagas Graduate Medical Institute (Head of Service, Andrea Gurfinkel), Rio de Janeiro General Polyclinic (Head of Service, Marcíus Peryassú), Bonsucesso General Hospital (Head of Service, José Anselmo Lôfêgo Filho) and the Marcílio Dias Naval Hospital (Head of Service, Cláudio Lerer).

SÃO PAULO DERMATOLOGY

São Paulo Dermatology had its beginnings on May 3, 1907, with the creation in the capital’s Holy House of Mercy of a Skin Diseases Service under the management of Adolpho Lindemberg, one of the pioneers of the specialized field in the State, in the country and at the BSD.
On February 29, 1916, Lindemberg gave the first class as Dermatology lecturer of São Paulo’s Medical and Surgery School. He retired in 1929, and was succeeded by Prof. João de Aguiar Pupo; he held office up to 1960, giving way upon his retirement to Prof. Sebastião Almeida Prado Sampaio, who retired in 1989 and was succeeded by Prof. Evan- dro Rivitti, the current full professor.

The Dermatology Service of the Medical School operated at the Holy House. Due to the high number of patients, it maintained an excellent outpatient service that occupied one full story of the Lura Ward and two infirmaries, male and female, each with a capacity of 40 beds. In 1945, when the Hospital das Clínicas was set up, the Chair was moved there. A series of difficulties practically deactivated Dermatology at the multi-sec-ular institution, until, in 1975, when Prof. Nélson Proença succeeded Prof. Humberto Cerruti as head of Dermatology Head at the School of Medical Sciences, an important nu-cleus of the specialized field then being created in São Paulo.

**Holy House**

The basis of the activity of the Dermatology Clinic of São Paulo’s Holy House of Mercy is, according to one of its old managers, “the treatment of the sick, in an efficient and skillful manner, the training of new physicians, and scientific research”2. The outpatient office treats 200 people daily, 50 of whom are new patients, which means 4,000 patients per month, and 40,000 per year, with no waiting lines. “The recent inauguration of the Surgical Center linked to the Clinic, with all the necessary devices both to give classes and for treatment at the outpatient office and the unfolding of studies and research, is an innovation in the context of Brazil”2. The scientific output follows the tradition es-tablished by Lindemberg and Pupo. The work of the current team has obtained national recognition and much of it constitutes a reference point in the international arena.

The basic structure of the Dermatology Clinic of São Paulo’s Holy House of Mercy was initiated in the 1970s, when Prof. Nelson Proença took over the management of the clinic. His initial team had the dermatologists Fausto Alonso and Marcus Maia; over time, Humberto Frucchi, Clarisse Zaitz, Ida Duarte, Sylvia Souto Mayor, Rosana Lazzarini, Thais Proença and Valéria Souza joined. Besides the contracted professors, the medical service has many volunteers.

The clinic is divided into various sub-specialization areas such as oncology, dermato-logical surgery, internal medicine, phototherapy, mycology, dermatology and pediatrics. At present, Professor Ida Duarte, ex-resident of the clinic, is responsible for its manage-ment, with treatment, teaching and research in Dermatology as the main goal.

**Hospital das Clínicas**

The Dermatology Service of the SPU Hospital das Clínicas was the nucleus of the ex-pansion for the specialized field in São Paulo. In 1975, by Decree No. 5,837, of March 12, the Institute of Dermatology of the Hospital das Clínicas was created, and on June 24, 1986, the Dermatology Department of São Paulo University’s Medical School.

The Department has a team of 70 professionals: 23 technical employees, biologists, and administrators, 14 assistant doctors, 3 commissioned doctors, 7 faculty members, 2 psychologists, 2 nurses and 19 auxiliaries.

In the outpatient office building, inaugurated in 1979, there are thirty rooms to treat patients and for auxiliary services. In addition to handling general dermatology consult-a-tions — seeing patients from Brazil and from all of Latin America — there are groups dedicated to specific pathologies under the responsibility of the professors of the faculty.

Three hundred dermatologists have already graduated at the unit, and it currently has 26 interns. Through 1999, in the graduate program, 30 have graduated from the Master’s course, 45 from the PhD course and 17 unchaired faculty members. The special-ization internships receive candidates for observer-doctor, collaborator-doctor, and
researchor-doctor. The department also receives visiting doctors and conducts a specialization course for foreigners.

Between 1991 and 1998, physicians of the Department presented around 76 scientific articles in national publications and 42 in international publications, and edited 5 books: *Dermatological Therapeutics*, by José Eduardo Costa Martins and Luiz Camargo Paschoal; *General and Systematic Classification of Fungi*, by Carlos da Silva Lacaz; *Handbook of Dermatology*, by Luiz Carlos Cucé and Cyro Festa Neto; and *Dermatology*, by Sebastião Sampaio and Evandro Rivitti. Six permanent teams carry out systematic research in the areas of immunodermatology, cutaneous oncology, infectious and parasitic dermatoses, pediatric dermatology, dermatological surgery, immunodeficiency and immunomodulation, histopathology, psoriasis and photobiology. Since 1989, the leadership of the medical service is in the hands of Full Professor Evandro Rivitti, who graduated in Medicine in 1965 from SPU, obtained the degree of doctor in Dermatology and unchaired faculty at MSSPU; his area of special interest is immunity in Dermatology.

*São Paulo Medical School*

Nicolau Rossetti in 1936 launched activities in Dermatology at the *Paulista* Medical School of São Paulo’s Federal University, and was their first head, an office he held for twenty years. He was succeeded by professors Newton Alves Guimarães, Abrahão Robert, Antônio Francisco Defina, Raymundo Martins Castro and Maurício Mota de Avelar Alchorne; Prof. Jane Tomimori Yamashita is currently in charge of the leadership.

During Prof. Raymundo Martins Castro’s management, in 1990, the Dermatology course was split up into General Dermatology and Infectious and Parasitic Dermatology. Nine professors teach the specialized field at the Paulista Medical School. The demand for medical care comes predominantly from the poorer population, the majority of it carrying infectious diseases and eczematous and erythematous dermatitis. The outpatient office operates daily in two shifts at the São Paulo Hospital. There is also a laboratory for mycological and bacteriological exams, a surgical-dermatological area and another one for allergies.

Among the new study groups mention must be made of those related to hanseniasis, mycosis and leishmaniasis, collagenosis, pediatric dermatology, bullous diseases, tumors, cosmatry, dermatological allergy and occupational dermatology. A STD Service is in charge of faculty supervision and orientation, with the participation of academics from the Medical Course.

The differentiating element of the Service is its quest for quality in the training of specialists. In addition to the graduation course for third and fourth-year students and to the specialization in the Medical Residency, with six annual vacancies and a duration of three years (one in clinical medicine and two in the specialized field), the Department of the São Paulo Medical School offers a strictu sensu graduate course and three specialization courses: Dermatology for foreigners, Advanced Dermatology and Dermatology of selective areas.

*Medical Schools*

According to Prof. Sebastião Almeida Prado Sampaio, the Ribeirão Preto Medical School was founded in the 1950s and the PSU Botucatu Medical School in 1963, its Dermatology course being under the leadership of Prof. Neuza Dillon since 1967; it is currently headed by Prof. Silvio Marques.

Between 1960 and 1980 many medical schools were created in other *Paulista* cities, including the Medical Schools of Rio Preto, Unicamp, Santos, ABC, Santo Amaro, Jundiaí, PUCs de Campinas and Sorocaba, Taubaté, Bragança, Marília and Catanduva. At present, there are 19 medical schools in the State of São Paulo; most Dermatology Heads come from SPU, like Profs. Luiz Carlos Cucé, Luiz Henrique Camargo Paschoal, Alice Avelar
Alchorne, Neuza Dillon, Nelson Proença, Maurício Alchorne and others. Noteworthy professors of a different origin include João Roberto Antônio, from Rio Preto, and Ney Romitti, from Santos.

The important educational nuclei for dermatologists are the Municipal Civil Servant’s Hospital and the State Civil Servant’s Hospital. The former, headed by Dr. Aurélio Ancona López and later by Dr. Alexander de Mello, is currently under the leadership of Dr. Ival Peres Rosa; the latter, which was headed by Dr. J. Pessoa Mendes, is currently led by Dr. J. Alexandre Sittart.

Prof. Sebastião Almeida Prado Sampaio stands out among the dermatologists who have contributed the most to the training of new specialists. We can also mention the names of João Bicudo Junior, Argemiro Rodrigues de Souza, Vinicio Arruda Zamith, Estevão Almeida Neto, Norberto Beliboni and Guilherme V. Curban and, among the institutions, the Regional Section of the Brazilian Society of Dermatology, created in 1970.

State Civil Servant’s Hospital

Within the universe of users of São Paulo State Civil Servant’s Hospital, which encompasses three million people, the Dermatology Service treats an average of 2,500 patients per month. It provides internship facilities, under agreements with the Medical Schools, and receives three interns each year. The training process requires the mandatory drafting of an essay under the guidance of the instructors.

The achievements of the Service include important works published nationally and abroad, the participation in meetings and the publication of a book entitled Dermatology for the Clinician, already in its third edition. The Dr. José Pessoa Mendes Center for Dermatological Studies (Dr. Pessoa Mendes was head of the medical service up to 1987 and President of the national and regional BSD) actively contributes to the encouragement of scientific research at that unit authorized by the Brazilian Society of Dermatology. The leadership of the medical service is headed by Professor Alexandre Sittart, who is also part of the administration of the AMB.

Heliópolis Hospital

The Dermatology Service of the Heliópolis Hospital, of the city of São Paulo, created almost thirty years ago, became a referral center for the treatment of deep mycoses, vasculitis, bullous diseases and serious skin diseases, of difficult diagnosis and treatment.

Dr. Alice Alchorne was responsible for its creation, and was in charge of it for 22 consecutive years. At present, Prof. Jacob Levites is the Head of the Dermatology Service. Since 1984, the medical practice of Dermatology is authorized by the MEC and by the BSD. It has a specialized infirmary with ten beds and provides continuous treatment to the local community, including the Ipiranga and the ABC Paulista regions. It has trained numerous specialists to date, and they are present at all the events of the specialized field.

Municipal Civil Servant’s Hospital

The Dermatology Clinic of this hospital was inaugurated in 1945. Over the course of its nearly sixty years of existence, it was headed by Drs. Aurélio Ancona López, Alexandre Mello Filho, Ival Peres Rosa, Yasubonu Utiyama and Bogdana Victoria Kadunc.

In 1972, still under the leadership of Alexandre Filho, Dr. Ival Peres Rosa introduced dermatological surgery, which he practiced, spread and taught; hence it has become the first clinic in Brazil to carry out surgical procedures without the help of plastic or general surgeons. The assistants of the Municipal Hospital have stood out both in the country and abroad, publishing books and articles on the subject. There are 5 surgical wards — one of which is equipped for performing Mohs surgery — a mycology laboratory, a study center and 10 examining rooms. Two hundred patients are treated every day, and around 1,000 surgeries are performed monthly.
The Jundiaí Service

Its current Head, Prof. Paulo Rowilson Cunha, recalls: “The first years of the Jundiaí Medical School’s (JMS) Dermatology Service were wonderful and difficult, opening activities and working fronts (residents, laboratories, clinic, patients and community).”

Under the leadership of Prof. Fernando Augusto de Almeida, who summoned brilliant personalities to work with him, such as Carlos Machado, Vítor Reis, Célia Riscalla, Agenor Silveira, all from São Paulo University, Benedito Corrêa (mycology) and Câmara Lopes (pathologist), a perfect trial project was initiated, with the clear goals of medical education, research and treatment.

The Dermatology Service of the JMS grew on the basis of those goals, and some of its early residents became competent professors: Célia Antonia Xavier, Iza Maria Bottene, Jacqueline Calvo, Mônica Bulizani, Otávio Moraes, together with new members who joined the team, such as Profs. Lucía Helena Arruda and Dense Steiner. In 2002, in its twenty-fifth year, the Service celebrated the training of 50 residents, most of them graduates of the SDD and some of them joining the faculty of their own unit.

Prof. Dr. Paulo R. Cunha is Full Professor of Dermatology at the Jundiaí Medical School. In 1997, he obtained the unchaired faculty member degree from the SPU Medical School with the thesis “Comparative Study on the Sensitivity of Indirect Immunofluorescence and Immunoblotting or Western Blotting Tests for the Detection of Intercellular Antibodies in the Different Forms and Evolutionary Phases of the Pemphigus Foliaceous or Fogo Selvagem Disease.” In 1988, with the thesis “Study of Epidemiological Serum in Focus of Endemic Pemphigus Foliaceous (Fogo Selvagem) in the State of São Paulo,” he obtained his PhD in Dermatology at MSSPU. He completed a post-PhD at New York University. He was head of the Jundiaí Medical School during the years 1996-2000.

The Dermatology Service of the Jundiaí Medical School stands out in the research field, mainly in relation to Fogo Selvagem. Its members consider it significant to have participated in the progress and in the national prestige that the service attained.

The Rio Preto example

How many specialists and graduates of the Master’s program can say, like Professor Dr. João Roberto Antônio, that all the graduated doctors who received training and are specialists in Dermatology, from 1971 to 2004, were and are his students?

The Dermatology Service of São José do Rio Preto, São Paulo State, began with his appointment as Regent Professor of the Medical School. Born in Catanduva and settled in Rio Preto from the age of two, Prof. João Roberto Antônio graduated from the National Medical School in 1964, completing his residency in Dermatology at Rio de Janeiro’s Holy House of Mercy, in Professor Sylvio Fraga’s Service, followed by various specialization courses in Brazil and abroad.

After obtaining the degree of specialist in Dermatology from the BSD course in 1967, he returned to Rio Preto to dedicate himself to the University and to specialize in Dermatology; in 1971, he taught the first course on the specialized field in the fourth year of the syllabus. Practical classes were initially held at the outpatient office of the local Holy House, but were later shifted to the Main Hospital. With the passing of time, various students of the institution specialized in Dermatology, thus shaping the faculty that gradually attained the level it currently enjoys.

Its members include Drs. João Roberto Antonio, Eurides Pozetti, Vânia Rodrigues, Ana Maria Nogueira, Tânia Regina Barbon, Margareth Lima, Rosa Maria Soubhia and Carlos Alberto Antonio. They are authors of countless scientific articles in national and international medical journals, written individually or in groups, have received awards for papers presented at congresses, have collaborated with chapters in Dermatology books nationally and abroad, and give conferences at congresses, sessions and courses in Brazil and other countries.
Since 1974, the Dermatology Service of the Main Hospital and the Dermatology course of the RP Medical School offer the Medical Practice and Learning Courses for the training of specialists in Dermatology, as reported by Prof. Joao Roberto Antonio.

**Father Bento de Guarulhos Hospitals Complex**

The Adhemar de Barros Hospital was annexed in 1972 to the initial institution — which had been inaugurated on July 5, 1931 — in order to treat patients who are carriers of hanseniasis, thus giving birth to the Hospitals Complex.

On August 23, 1933, the Paulista Leprology Society was founded, located at the Padre Bento Sanatorium; the *Revista de leprologia de São Paulo* was created shortly afterwards, later becoming the *Revista brasileira de leprologia*.

In 1972, the Adhemar de Barros Hospital, which treated patients with *Fogo Selvagem*, was moved to the facilities of the Father Bento Hospital.

The Dermatology Service, inaugurated in 1998, carries the name of Prof. Sebastião de Almeida Prado Sampaio and has seven consulting rooms, a surgical center, a ward for healing procedures, a blood extraction hall, a mycology laboratory, a mycology library, dermopathology laboratories, an illustrations archive and auditorium, and counts with 62 beds exclusively for Dermatology. Its director is Prof. Dr. Mario Cezar Pires.

The outpatient office receives 2,500 visits a month and performs 150 surgeries monthly. It has outpatient offices for specialized subfields such as bullous diseases, cosmiatry, cryotherapy, dermatological allergy, pediatric dermatology and mycology.

**Lauro Souza Lima Hospital**

In 1989, in recognition for its research work and treatment activities related to Dermatology, as well as the training of specialized staff, the Lauro Souza Lima Institute in Bauru, SEP, was officially designated as a Research Center. Its Dermatology service, created in 1977, had Prof. Milton Wladimir Araújo Opromolla as founder and first Head.

Its studies concentrated mainly on hanseniasis; in this area, it constitutes the referral center of São Paulo State’s Health Secretariat and the WHO for Portuguese-speaking countries. Since its creation, eighty-two dermatologists have graduated there; at present, twelve physicians graduate annually from the specialization courses. The medical residency lasts three years. The Institute maintains an agreement with the Botucatu Medical School, as well as two full professors in the SPU and in the Paulista Medical School graduate programs.

**Pioneering work in Botucatu**

Created in July 1962 with the name of Medical and Biological Sciences University of Botucatu. It initiated its activities in April 1963, and currently forms part of the Paulista State University (PSU). It initially faced difficulties that, according to the words of Prof. Sílvio Alencar Marques, Head of Service, “forged the warrior-like and persevering spirit of the School in a tradition suiting the personality of the pioneer of the Dermatology Service, Dr. Neuza Lima Dillon.”

In 1966, Dr. Dillon was part of the group of faculty and doctors of the SPU that arrived in Botucatu to teach the pioneering Dermatological Semiology course to the first class of the University. After settling in the city, she became responsible for the Dermatology course of the Medical Clinic Department. “Everything was scarce and difficult, but Dr. Neuza had the invaluable help of Professors Sebastião Sampaio, Norberto Belliboni, Raymundo Martins Castro and Dilton Opromolla in consolidating the course. She did not hesitate to take money out of her own pocket to permanently provide the necessary
materials and items for the course. She immediately perceived that making the beds of
the infirmary available to Dermatology, being present at graduation, and creating a Res-
idency in Dermatology constituted the means to gain strength and to grow."

Between 1971 and the 1980s, new faculty members were hired, including Marta Cas-
soni Habermann, Silvio Alencar Marques, Joel Carlos Lastória, Hamilton Ometto Stoff,
Silvia Regina Barrassier, Vidal Haddad Júnior and Maria Regina Silvares (it is necessary
to recall that in Botucatu faculty members are full-time and with exclusive dedication).
With the creation of the PSU in 1976, new departments were constituted, Dermatology
becoming joined to radiology and to infectious and parasitic diseases. In 1994, the Der-
matology and Radiotherapy Department were created, which ended up being a better so-
lution, even though it still suffered the contingencies of the prohibition of further hiring.

In 1970, with four beds being available and a strong demand existing for outpatient
treatments, the Medical Residency was initiated, at first going through a slow and difficult
consolidation process until 1978, when it started to grow. Between 1970 and 2001, 82 res-
idents graduated from the program. From 1994 to the present, 6 vacancies were offered.
As for the Service, having had 2 beds in 1968, Dermatology now has 16. The General and
Special Outpatient Office operates daily in the two shifts, with 7 consultation areas, 2 op-
erating rooms and the wound healing treatment room. There are mycology, photographic
documentation, allergic immunology, photobiology and telemedicine services.

Celso Piero Hospital and Maternity (PUC Campinas)
The Dermatology Service of the PUC Campinas was created in 1979 by Prof. Dr. Wal-
ter Belda, who headed it until the late 80s. The first assistants to be hired were Dr. An-
tônio Francisco Bastos, Maria Elizabeth Nanni and, later, Dr. João Roberto Pupo Neto.
The medical residency was approved by the MEC in 1987 for two First-Year or two Sec-
ond-Year vacancies in Dermatology, a situation that has persisted up to the present, with
the prerequisite of two years of clinical medicine.

After the Dermatology Service had undergone serious difficulties, Dr. Lúcia Arruda
took over the leadership in 2002 with the purpose of restructuring it. At present, Drs.
Mariana Zaniboni, Sylvia Ipiranga, Márcia Mayko Kobayashi, Cláudia Valéria Braz,
Valéria Pereira Santos are under contract to the Celso Piero Hospital. Collaboration as
volunteer faculty is also provided by Drs. Rilde Veríssimo in the Pathology Service, Dr.
Glória Sasseron and Dr. Antonio Bastos Filho in the Dermatology outpatient service, and
Prof. Magali Soares in the teaching of Mycology. The meetings of the Service take place
on Tuesdays and an invited professor attends every first Tuesday of the month.

The ABC Dermatology Service
The Dermatology Service of the ABC was launched by Prof. Luis Henrique Camargo
Paschoal, a pioneer in dermatological surgery, and is now under the leadership of Dr.
Carlos Machado Filho. At present, the dermatological surgery center is considered to be
one of the best in Latin America. Dr. Luis Henrique Camargo Paschoal and his disciples
Carlos Machado, Mário Marques, Eliandre Palermo and Francisco Levoci stand out at
national level in this specialized subfield. Prof. Francisco Macedo Paschoal was also one
of the pioneers in classical and digital dermatoscopy.

In addition to those mentioned above, São Paulo has the following services available:
the Wladimir Arruda University Hospital (Head of Service, Dr. Luiz Cucê); the Guilherme
Álvaro Hospital; the Lusíadas Foundation (Head of Service, Prof. Dr. Ney Romitti), São
Paulo University; the Ribeirão Preto Medical School (Head of Service, Prof. Norma Foss);
Unicamp (Head of Service, Dr. Elemir Macedo de Souza); the Marília Medical School
(Head of Service, Dr. Spencer Sornas) and the Taubaté University Hospital — UNITAU
(Head of Service, Dr. Samuel Mandelbaum).
PARANÁ DERMATOLOGY

Curitiba

The majestic Hospital das Clínicas of Paraná’s Federal University, which has 49,196 sq. meters of roofed area, 191 offices, 374 outpatient offices and 635 beds distributed among 45 specialized fields, offers one of the most prestigious services certified by the BSD, headed by Prof. Jesús Rodrigues Santamaría, former president of the national entity.

Having been founded in 1961, when Prof. Rui Miranda was the lecturer, the Dermatology Service of the CH already has more than four decades of existence. It operates at two buildings; one part is taken up by the administrative services while the other hosts the outpatient offices and the outpatient surgical center for all the specialized fields. At the latter, the service also has 7 rooms to receive the public, 7 offices, one ward for small procedures and one for the team. The average number of patient consultations is 70 per day, coming from Paraná, Mato Grosso and Santa Catarina. In Curitiba European-type diseases are predominant, such as skin cancer, lupus, collagenosis, psoriasis, diabetes, arteriosclerosis and vascular deficiency, corresponding to the ethnic composition of the majority of the population.

Outside the walls of the CH, the Dermatology Service maintains the Souza Araújo Center, created by Rui Noronha de Miranda, which treats 40 to 50 people daily, specializing mainly in sanitary Dermatology and in oncologic Dermatology. The Service, which serves as a referral focus for all the SUS System, receives a hundred students of the medicine course every semester. In addition to the internship students, and the residents of the Medical Clinic, who spend a month in Dermatology, the students of the selective internship have chosen the specialized field to spend their final eighty days of training at the institution.

As far as scientific publication is concerned, the service of the Curitiba CH has left its mark in the Anais Brasileiros de Dermatologia and in foreign publications, with works on hanseniasis and pemphigus.

Dermatology at Londrina

The Medical School of Northern Paraná was founded in 1967 and located in Londrina. Three years later launched the teaching of Dermatology, with Profs. Drs. José Schweinden (Head) and Lorivaldo Minelli (Assistant) followed by their colleagues Drs. Roberto Piraino and Roberto Schnitzler.

At the end of 1979, the Medical School joined others to form the Londrina State University. On that occasion, since the Head had to return to Curitiba, the course was taken over by Dr. Minelli, who continues to be in charge today. Three years earlier, in 1976, Drs. Minelli and Piraino had defended their Ph.D. theses, obtaining the post of assistant professors. Dr. Minelli’s thesis, entitled “Medical Geography of South American Pemphigus Foliaceus in the State of Paraná,” was guided by the late Prof. Raymundo Martins Castro, while Dr. Piraino’s, entitled “Porokeratosis of Mibelli,” was guided by Prof. Dr. José Kriner, from Argentina.

In 1998, Dr. Minelli was promoted to associate professor through a public selection presided by Prof. Dr. Sebastião de Almeida Prado Sampaio.

In the 1970s and 1980s, various residents specialized at the Dermatology Clinic of the University, and, starting in the 1990s, the Residency, certified by the Brazilian Society of Dermatology, was initiated, where many ex-students obtained their respective Specialist diplomas.

Curitiba Evangelical University Hospital

The Dermatology Service was launched in 1974, with the creation of the Evangelical Medical School. Its first standing professor was Dr. Fernando Laynes de Andrade, who,
together with Dr. Álvaro Schiavi Jr. and Dr. Clarisse Furtado, was a member of the Dermatology course until 1989. At present, Dr. Analise Roskamp Budel is in charge of the service.

The Mayoralty’s treatment network and the State’s network are interconnected, seeing nearly a thousand patients per month. Paraná also has the Service of the Holy House of Mercy, PUC, as a certified service, with Dr. Luiz Carlos Pereira as Head of Service.

Gaúchos in Dermatology

Dr. Ernst von Bassewitz, a German who graduated in Berlin in 1890, was the first physician in Rio Grande do Sul to practice in the specialized field of Dermatology. After visiting São Paulo, he arrived in 1894 at the gaúcho (local horseman) flats of Rio Grande do Sul, and worked in remote coastal and rural locations. In 1927, in the Rio Grande do Sul’s Medical Annals, he published a report on the incidence of leprosy in the German colony.

The first professor of Dermatology and Syphilology of the Porto Alegre Medical School, created in 1898, was Dr. Modesto José de Souza, succeeded by Dr. Rodolfo Ma- son, and afterwards, through public selection, by Dr. Ulisses de Nonohay, who was also to participate in the revolutionary contingent that marched on Rio de Janeiro with Getúlio Vargas.

In 1942, the Official Course on Clinical Dermatology and Syphilology was created at the Porto Alegre Medical School, headed by José Gerbase, from Alagoas, a disciple of Ramos e Silva. In 1946, Prof. Clóvis Bopp, lecturer since 1959 with the thesis “Chromoblastomycosis: Contribution to its Study,” also joined. In 1992, Prof. Lúcio Bakos was appointed full professor of Dermatology of Rio Grande do Sul’s Federal University, also through public competition.

Medical Sciences

The Porto Alegre Federal Medical School Foundation was created in 1960 with the name of Catholic Medical School, alongside the Brotherhood of the Holy House of Mercy. Four years later, Prof. Enio Candidota de Campos, an outstanding teacher and scientist, was appointed first Head of the Chair of Dermatology, together with Professors Achyles Hemb, Gisela Del Pino and Aída Schafranski. Following the death of the former, the leadership was taken over by Prof. Dr. Armin Bernhard, and, subsequently, by Prof. Cláudio Bartelle.

The Foundation’s Dermatology Service is located at the hospital complexes of Porto Alegre’s Holy House, where the syllabus and the graduate course are taught to residents and students. It has Érika Geier, Walmor Bonatto, Renan Bonamigo, Irene Menezes, Aída Schafranski, Carolina Feijó and Raquel García as professors, as well as other collaborators.

The RGSFU Service

The Dermatology Service of Porto Alegre’s Hospital das Clínicas has three RGSFU professors: one a full professor, Lúcio Bakos, and two associates: Tânia Cestari and Luiz Fernando Bopp Muller. It also has five dermatology doctors; Ane K. Simões Pires, Isabel C. P. Kuhl, Márcia S. Zampese, Marlene L. Weissbluth and Mirian Pargendler, two residents and three students, in addition to two Master’s students and one Ph.D. Student per year. Besides teaching these courses, the members of the Service devote themselves to treatment and research (strongly encouraged at all levels).

Considered as an AIDS referral center for Rio Grande do Sul, the Dermatology Service of Porto Alegre’s CH has a digital dermatoscopy area, with video-dermatoscopy and image-analysis, and a phytotherapy and photobiology area, to treat photosensitive patients. It also has a Public Health area, since it receives doctors provided by the Health Secretariat who work on AIDS, STDs and hanseniasis. The activity is carried out in two
shifts, on working days, with emergency services available on holidays and weekends. Since it is a referral hospital, the Service receives many patients to be treated at the tertiary level, concentrating on systemic pathologies with more difficult cases.

**Sanitary Dermatology Outpatient Office**

It was created in 1975 by Dr. César Dulio Varejão Bernardi, a disciple of Prof. Clóvis Bopp and professor of the Dermatology course of the RS Federal University. Under the direction of the State’s Health Secretariat, he founded this service for the training of new dermatologists, having dermatological diseases of sanitary interest as its priority, and emphasis on STDs and Hanseniasis. However, in 1987, by government ruling, the hospital area used for the hospitalization of patients was donated to the STDs/AIDS sector, to be used in the treatment of HIV carriers; therefore, the activities of the medical residency were momentarily interrupted. However, in 1997, the Residency Program was resumed and was certified by the BSD the following year. At present, the service has the support of the State government as a training center in Dermatology, with a capacity for two vacancies per year. Dr. Cecília Cassal Corrêa is the coordinating dermatologist of the Service.

**Santa Catarina**

Santa Catarina has the certification of the University Hospital of the Federal University (Head of Service, Prof. Jorge José de Souza Filho).

### The History of RADLA (Annual Gathering of Latin American Dermatologists of the Southern Cone)

From a conversation among Drs. J. Gatti, P. Viglioglia, O. Mangano and S. Sampaio came the idea of organizing the first meeting of Latin American dermatologists of the Southern Cone, which took place in Argentina in 1973. It was also decided that the meeting would be annual, except on those years when it would coincide with the Ibero-Latin American Congress of Dermatology (CILAD).

In 2001, in Foz do Iguaçu, Brazil, Professor Júlio César Empinotti presided over the Twenty-First RADLA, with the participation of the largest number of doctors in the whole history of the event. (See RADLA's History.)

### Some diseases and their treatment

**Leprosy and STDs**

An old colleague of Carlos Chagas at the Oswaldo Cruz Institute, Eduardo Rabello, as Inspector General of Leprosy, was assigned the mission of drafting the first Brazilian legislation for the prophylaxis of venereal diseases around 1920. These were ailments that made patients suffer not only the consequences of the disease, but also the negative effects of the public’s lack of information and the backwardness of the predominant mindset.

The black immigration was supposed to be responsible for the introduction of leprosy, as Manoel Santos points out, in reference to the Pernambuco calamities from 1707 to 1715. According to this author, however, blacks contracted leprosy when already in Brazil, where it had possibly been brought by the Portuguese who had contracted it in the places of high incidence of the disease in the sixteenth century: Madeira Island, the Azores, the Moroccan possessions and the Lusitanian Indies. A Portuguese doctor, Aleixo
Guerra, wrote in his *History of Leprosy in Portugal*: “There is no doubt that the Portuguese introduced leprosy in Brazil in 1500, as they had introduced it in Madeira, where it was unknown before their arrival.”

In the early twentieth century, this disease was still a very serious public health problem. “Around 1920, however, age-old prejudices were still predominant, turning the poor leper into a fearful victim of an unforgiving ailment, a pariah of society, with no homeland and no family, scorned and condemned without mercy to a perpetual exile in order to guarantee the safety of his fellow beings, who, in compensation for the imposed sacrifice, treated him with scorn and sometimes even gave him alms that humiliated and belittled him.”

Eduardo Rabello, in 1933, ended the thesis of isolation in hansenology, foreseeing that, in the future, it would be easy to halt the disease at the macular phase.

In those years, Rio de Janeiro and São Paulo (with Emílio Ribas, Aguiar Pupo and Salles Gomes) united to initiate campaigns on the problem, seeking not only to humanize treatment, but also to set up prevention elements for the children of hanseniasis patients. Nelson Souza Campos was able to show, in 1937, the curious precocious tuberculoid infiltrates which he called “child nodular leprosy,” and which in Rabello Jr.’s thesis, in 1941, was interpreted as a *leprosy-infeckt*. In turn, Abrahão Rotberg demonstrated in 1934 the value of the Mitsuda reaction forecast and, in 1937, the notion of the N factor as responsible for the hanseniasis resistance forms.

In 1940, Aguiar Pupo was the first to show the epidemiological importance of the non-characteristic forms of the disease. These ideas would be adopted in Rio de Janeiro at the 1946 Pan-American Conference; a little later, in Havana, in 1948, the notion of polarity, postulated by Rabello Jr. since 1938, obtained recognition at the international level.

**Fogo selvagem**

_Fogo selvagem* (FS) is an endemic disease in certain regions of Brazil with a total number of 15,000 people affected, being prevalent among young people living in the rural areas of the country. In the 1930s, the increase in the number of cases in São Paulo led the State government to create an exclusive hospital for these patients; later, other hospitals opened in Goiânia and Campo Grande. In 1970, there were an estimated ten thousand known cases of FS in Brazil’s endemic States. In 1983, thanks to the foresight of Prof. Sebastião Sampaio, from São Paulo, and of Prof. Luiz Díaz, from the US, the Brazil-US Joint Group was created for the investigation of *fogo selvagem*, which produced dozens of scientific works and contributed to a great advance in the knowledge of the disease’s pathogenesis and in the development of diagnosis techniques.

From the 50s to the 90s, the incidence of FS decreased in São Paulo. Prof. Paulo R. Cunha reported in his Ph.D. thesis at SPU on the last focus in the State, located in the Franco da Rocha and Mairiporã districts. The epidemiological characteristics of the disease show strong evidence that FS is influenced by environmental factors. Research efforts are set on determining the environmental etiological agent that produces the outbreak of that disease in Brazil.

**Skin Cancer Prevention Campaign**

The so-called “silent epidemic,” namely the growing incidence of skin cancer throughout the world, also constitutes one of the most serious public health problems in Brazil. Because of this, in 1999 the BSD widened its regional campaign to a nationwide level, with the aim of making the population conscious of the terrible consequences of this disease that affects a hundred thousand new cases every year. More than thirty thousand people are treated annually through this campaign (Figures 14 and 15).
The National Skin Cancer Control Program was created under the coordination of Prof. Marcus Maia, for the purpose of providing information and raising consciousness of the need to produce changes in attitudes, beliefs and conducts related to the risks faced by the population.

The program is made up of five modules: 1. Diagnosis and Treatment Center; 2. Education program for professionals of the Health Area; 3. Education program for solar protection; 4. Media education program; 5. Annual screening campaign among the population.

In 2000, the BSD and the Federal University of Rio de Janeiro united to inaugurate a permanent service for daily forecast of the sunburn risk index. The Ultraviolet Index (IUV) is provided through the Internet or by phone; it is also provided to the capitals of the States through national newspapers, radios and televisions.

■ Dermatology’s challenges in the new millenium

The regionalization of the BSD began following the commemoration of its 50 years, when participation was opened to all the Brazilian States. At present, the regional sections have an extraordinary influence on the undertakings of the BSD, strengthening the national scope of the entity, promoting integration, and acting in the units like true delegations of the main entity, without losing the characteristics of local organizations.

In the scientific field, Dermatology is no longer a purely clinical specialized field and has evolved as a clinical-surgical specialized field. In the same way that the concept of health became more encompassing, from “the absence of diseases” to a synonym of physical, moral, social and mental wellbeing, Dermatology also brought together novelties that currently attract many physicians and patients, with their attention concentrated especially in cosmiatry.

Beyond the revolution caused by the arrival of antibiotics, corticosteroids and retinoids, the challenges of Dermatology still concentrate on infectious diseases such as AIDS, leishmaniasis and STDs. Under the aegis of molecular biology, new concepts will emerge, and these studies undoubtedly will bring extraordinary benefits to Brazilian and world Dermatology. ■

October, 2005

---

Dermatology and dermatologists in Brazil

---

Figures 14 and 15. Skin Cancer Prevention Campaign (November 24, 2001)
References


HISTORY OF DERMATOLOGY IN COLOMBIA

Is believed that the first inhabitants of Colombia arrived in search of new lands and better living conditions in a Paleo-Indian stage (15,000 to 10,000 BC), coming from the islands of the Pacific and Asia along the Behring Strait, taking advantage of the glaciations, or possibly also, according to Méndez Correa, along the Antarctic and the Pacific Ocean.

The low demographic density, the dispersal of settlements and the lack of domestic animals favored the scarce dissemination of disease and there is anthropological evidence of healthy growth among the Chibcha population; nevertheless, they suffered from genetic, autoimmune, traumatic, degenerative and infectious ailments, which led them to the development of preventive measures and to some treatments, as well as to the discovery of medications.

The American continent’s pre-Hispanic inhabitants wisely considered that humans were just another kind of beings within the cosmos and that they could not shatter the balance of nature without suffering punishment in their health. Indians in these lands classified diseases into several groups. The Nukak of the country’s southeast divided them into: 1) Rashes and pimples associated with “magical darts” shot by “enemy beings” and/or as part of a punishment for the hunting or fishing being either fruitless or excessive. 2) Associated with forest spirits (EbEp) and the sting of the thunder (takuEji); very dangerous, they could cause death. 3) Ailments associated with non-compliance with rules. 4) Lesser ailments that did not imply death, like stings and small injuries.

Among the Huitoto of the Putumayo diseases were the product of attacks by shamans (witch doctors) of other tribes. The Paece classified them according to whether they originated in visions of the “elf,” the “chief” or the “bow”; among the latter they included children with animal features and pimples on the skin. Other tribes classified them into...
hot, like fever, and cold, like rheumatism, or simply as accidents (broken bones). Among the Embera disease was produced and cured by the Khai, which were “the essences of things, regarded as an energy, as something vital”⁴. The Motilón possessed certain notions of contagion and attributed less importance to witchcraft. The Chibcha defined words related to skin ailments, such as sojusua (acne and boils), sinua (dandruff), gacha, bimi (ulcer), iza (ulcer, scabies and smallpox)⁵.

Native dermatological diseases

In pre-Hispanic times, many diseases must have existed, but the loss of the soft tissues of the human remains that have been preserved has prevented them from being proven. Nevertheless, some have been categorically defined. Thus, carate, caused by Treponema caratenum, called puru-pururú in the Guainía region, was frequent among the Chocó⁶; according to Father Rivero, “they suffered from carate which affected their hands and face with bluish and white spots, which they were proud of, to the extent that young women who had not contracted carate did not get marriage offers.” Buboes (frambesia or pian), caused by Treponema pertenue, have been very well documented in paleontological studies by José Vicente Rodríguez Cuenca and Carlos Armando Rodríguez of remains found in the Cauca Valley⁶. For Bartonellosis (Peruvian wart) — the vector of which is Phlebotomus, Lutzemia colombiana — there exists archeological evidence that proves its presence in the south of the country⁷ (Figure 1). Bacterial carbon, known as maraña, was frequent in the Guajira peninsula; according to Pineda Giraldo, “man contracts it when he cuts an animal open and a drop of blood falls on some part of the skin, or when a small injury is suffered when cutting it open, or when he eats the badly cooked meat of the animal that has died of that disease.” Tokelao (tiña imbricada), a disease of the Chocó Indians on the Pacific coast. Petechiae fever and buboe, which ravaged the conquerors who entered the Patía region from Peru. Scabies, the stings of mosquitoes, bees, wasps, ticks, fleas and arachnids, and the bites of large lizards like the caiman, of serpents of the genera bothrops, Lechesis mulamuta (rotting) and Crotalus dirissus terrificus (rattlesnake), and of bats, particularly Desmodus rotundus, which transmitted arbovirus and caused anemia⁸. Chiggers (Tunga penetrans) and gusano de monte (nuche, miasis) were wholly unknown to the Europeans; according to Safari, “it has been calculated that the insects of hot regions caused more victims among the Spaniards during the conquest than all of the Indians’ poisoned darts. They had no protection against chiggers and to free themselves from mosquitoes were often forced to bury themselves in the sand.” Filariasis caused by Manzonella ozardi is still present in our Vaupés jungles². Leishmaniasis is also considered, as deduced by José del Carmen Rodríguez Bermúdez from a pre-Hispanic sculpture found in Cundinamarca. Evidence from coprolites demonstrates the presence of several intestinal parasites such as Strongiloides, ascaris and whipworm⁹.

As regards venereal syphilis, there has been much discussion whether its origin is American or European, but there is ancient written testimony from which it is deduced that it existed in our land in pre-Hispanic times. Recent paleontological studies, such as those carried out by Prof. José Vicente Rodríguez Cuenca (National University of Colombia) and by Gonzalo Correal Urrego, who found traces in bone tissue in the remains of Aguazuque (Cundinamarca), which date further back than 3000 BC, seem to confirm it⁹. The Spanish doctor Rodrigo Ruiz de Isla, in his work Treatise Called the Fruit of all the Saints Against the Snake-Like Disease Brought from the Island of Hispaniola (1509), states that “it was brought from Haiti in the ships of Christopher Columbus, the first cases occurring in Barcelona in 1493.” The same concept is expressed in the “General and Natural History of the Indies” of the chronicler Gonzalo Fernández de Oviedo (1535):
“thus, the so-called ‘French disease,’ ‘Neapolitan disease,’ ‘snake-like disease,’ ‘Lazarene disease’ or ‘courtessans’ disease’ was in actual fact the disease of an American nature”; and the chronicler also noted in a communication sent to the King of Spain regarding the spread of syphilis in the new lands and its arrival in the Iberian Peninsula: “In the Indies... great renown attached to holy wood, which the Indians call guayacán... The main virtue of this wood is that it cures the buboe disease... From its wood they take thin splinters... and they boil its shavings in a large amount of water... and with the water having diminished by boiling... the ill take it and drink it on certain days in the morning, after fasting... and many sufferers from this disease doubtlessly heal. Your Majesty can take it for certain that this disease arrived in Spain from the Indies.” It is possible that the Treponema underwent mutations when acting massively in Europe, increasing its virulence in an environment and a population that had been virgin to it up to 1493.

The presence of tuberculosis in the pre-Hispanic Americas has now been vastly documented with ADN techniques; bone lesions have been found in remains of the Muisc culture in a relatively high number of cases, which leads to the assumption that it significantly affected these communities.

Chagas disease, produced by *Trypanosoma cruzi* and transmitted by triatomineos, is exclusive to the Americas.

In addition to these diseases, the health of the population was affected by arrows poisoned with herbs (*Ogendeia terstroeniflora*, a Moracea and *Strychnos toxicaria*) and toxins from animals such as frogs (*Dendrobates*), spiders (*Migale*) and snakes. Also present were other non infectious diseases such as congenital hypothyroidism, goiter, harelip, albinism, dwarfism and the pilimicturition (dermoid cyst of the bladder) seen in Popayán.

**Medicinal plants and therapeutic methods**

Indians classified plants into different kinds, which we could summarize as: plants of knowledge (psychotropic), bitter (providing energy), purgative, stimulating, preventive and medicinal in the strict sense. Indian knowledge of herbs significantly contributed to therapeutics; plants that were considered sacred and medicinal were, for example, anatto (*Bixa orellana*), employed to prevent sunburn; *chica* (*Bignonia chica*), as an insect repellent and to prevent snake and bat bites; *otoba* (*Myristicacea*), against scabies and for hair care, a use which remains unaltered today; among the Cubeo and the Macuna, chili pepper (*Capsicum*), employed as a treatment against acne “to maintain the face free of pimples and spots; the juice of the chili pepper is absorbed through the nose through a tube made of leaves for the skin to exude its natural fat”; to cure vaginal myiasis, they placed a plaster of Diachylon magistrale which caused the larva to die, to be squeezed out later; *coca* (*Erythroxylon coca*), chewed (mambeo) “endowed the body with extra resistance”; holy wood and *guayacán*, used against buboe; the fruit of *coralito*, “wetted and rubbed against leprosy lesions or the spots that emerge from the body, which some call empeine, others carate and other similar names, very foul and disgusting, removes and destroys them and leaves the flesh and skin clean without any sign of disease...”; to tobacco was perhaps the most influential during the Colony, used against bites and wounds caused by poisoned arrows, for cicatrization, hemostasis and cauterization; *caraña* (palm resin), for purulent sores or recent wounds, and buboe herbs, with the powder of which they achieved epitelization in wounds; sorrel, against murine typhus, and quinia against hematomata.

In addition to plants, Indians employed animal substances and elements in treatments, such as, for example, a mixture of tallow mass, *cardenillo* and toasted corn flour or powder from the shells of crabs and *bencenuco* to heal sores; manatee bones were used for hemostasis and bee honey as a local antiseptic. Animal teeth, fangs and claws were used as amulets to prevent disease. Against bites by worms and some scorpions, as
narrated by Aguado, “they extract the guts and with the forage found therein, anoint the sting.” If it wasn’t possible to find the animal that had caused the sting and the spot affected was “the finger or similar part, it is inserted in a woman’s sex and this calms the fury of the poison”9.

Some of the medicines currently in use were already employed by local Indians, who had reached a certain degree of development in medicine and therapeutics. Evidence, albeit fragmentary, of the major contribution of the pharmacopoeia of the new lands is gathered in valuable descriptions written during the Conquest and the Colony. Among them, the work of Nicolás Monardes, who in 1574 published his treatise, First, Second and Third Part of the Medical History of the Things that are Brought from our Indies and Serve as Medicines, as well as the Treatise on the Drugs and Medicines of the Indies, Cristóbal de Acosta. Other types of therapy included hydrotherapy, thermotherapy and resort therapy at thermal springs, diets, purges and censers. As regards surgery, the natives carried out the draining of abscesses and pulling out of chiggers with thorns or pins, as well as skull trepanations and cranioplasty plugged with clay.

**Foundations of Indian medicine**

Indigenous medicine rested on two foundations: the first, of a preventive type, both individual and collective, which manifested itself in diverse ways: in the abandonment of the seriously ill in order to preserve the survival of the group; in the shifting of settlements when large amounts of garbage and refuse accumulated in one spot; in the attitude of prevention in the face of the factors causing illnesses, the isolation of menstruating women, the construction of dwellings in trees and sleeping in hammocks and with mosquito nets; the second, of a symptomatic type, through the ingestion, inhalation, chewing or anointing with diverse plants, in diets and bloodletting, aimed at alleviating mouth and skin ailments and trauma. The extreme was represented by the custom of infanticide, which was practiced on those who were born with physical defects and with some genodermatoses such as albinism14.

During the Discovery and Conquest our Indians suffered a serious organic deterioration, along with the diminishment or loss of their ancestral spiritual values, feelings of inferiority and the virtual disappearance of their conception of the world, as a consequence of the drastic, fast and forcible cultural changes, which led them very close to total extinction15. These brief but heartfelt lines pay perennial homage and tribute of admiration and respect for our Indians, who in the past and in the present continue to give us lessons of bonhomie, harmonious coexistence and love for all the animate and inanimate beings which mother nature has neatly endowed us (Figure 2).
II. La Dermatología desde el descubrimiento de América hasta la Colonia. La influencia de la Conquista y las nuevas enfermedades

César Iván Varela Hernández-Jaime Gil Jaramillo

In 1499, Alonso de Ojeda, Amerigo Vespucci and Juan de la Cosa touched Colombian lands in Coquibacoa — today Cabo de la Vela, in the Guajira peninsula — thus launching the period of the Conquest on our territory, which lasted until the year 15501. In that period Santa Fe de Bogotá (now Bogotá) was founded by Gonzalo Jiménez de Quesada, on August 6, 1538. The arrival of the Spanish colonists triggered a radical change for the indigenous populations, in their lifestyle, eating habits, customs and beliefs, additionally threatened by the imposition of a new religion. The high organic vulnerability of our Indians was determined by the malnutrition caused by their nourishment based on carbohydrates and scarce protein, to the diseases native to the Americas and to the absence of immunity to those imported from Europe. These factors, added to the colonists’ domination, caused an immense demographic catastrophe among the aboriginal communities. It is estimated that by the seventeenth century, 90% of the native population had disappeared; nevertheless, the meeting of the two worlds was beneficial through the mixing of the major contributions that our Indians made to mankind with their vast knowledge of herbs with the scientific input from the other side of the ocean.

The first protomédicos and physicians

Alvarez Chanca was the first European physician who arrived in the Americas, on Columbus’ second voyage and as far as the lands of the Darien in 1514. With the conquerors there also arrived charlatans, empirical practitioners, and some military protomédicos (medical overseers) like Captain Antonio Díaz Cardozo in 1538 and the soldier Martín Sánchez Ropero9. 16; there also arrived Pedro Fernández de Valenzuela, a popular and controversial character who wrote the Treatise of Medicine and Model of Curing in These Parts of the Indies; Mendo López del Campo, Lope Sanjuán de los Ríos and, as a surgeon, Esteban González; in Santa Marta, the presence of Luis de Soria and of four barbers (surgeons) is mentioned in 1528; Martín Rodríguez practiced in Cartagena in 1547.

During the Conquest, there was no medical teaching in Colombia.

The first hospitals

Since the discovery and colonization were begun along the Atlantic coasts, it was in that region that the first settlements were set up and consequently it was there that hospital treatment was launched. According to Andrés Soriano Lleras, in 1513 King Ferdinand the Catholic ordered the creation of a hospital in the Darien — the Hospital of Santa María the Old of the Darien — which was transferred in 1524 to the territory of what is today Panama. In 1535, in Cartagena, construction began of the St. Sebastian Hospital, later St. Clare, also known as Charity, which handled all types of diseases; the same year saw the beginnings of St. Lazarus Hospital, which turned into the first leprosarium; later, the Holy Spirit Hospital was founded for the incurably ill. In 1528 the Santa Marta Hospital was founded2. 16.

The new diseases imported from Europe

Many dermatological ailments were brought by the Spanish conquerors; special mention is deserved by leprosy and exanthematic diseases, particularly smallpox and measles. African slaves, for their part, arrived decimated by scurvy, gangrene, typhus.
and especially leprosy; thus, the slave market and trade were also determining factors for the spread of infection and of many other diseases.

Yellow fever, according to Soriano Lleras, found in the Aedes aegypti mosquito the vector for reaching urban centers. The Aedes came on board the ships bringing African slaves, reached the Atlantic coasts and traveled up the Magdalena River, causing multiple epidemics as of 1509. Tabardillo (exanthematic typhus) caused many epidemics during the seventeenth century; this Rickettsiosis that caused great mortality led the Spaniards to forbid the Indians from bathing every day. According to Pedro de Aguado, the first of the many smallpox epidemics took place in 1558; the virus reached the Caribbean coast through Hispaniola and traveled inland along the Magdalena River: “Thus a black woman who had contracted this contagious disease of the seaside,... has according to popular saying been the cause of this calamity and misfortune.” The smallpox epidemics that took place later, as well as those of measles, caused great mortality among Indians, black slaves and the Spaniards themselves. Other dermatological or related diseases the arrived were brucellosis, gonorrhea, mycobacterioses, cholera, diphtheria, black or bubonic plague and trepanatomatoses; rubella, flu and dengue, malaria, schistosomiasis, “Arab elephantiasis” caused by the Wuchereria bancrofti filaria and “river blindness” by Onchocerca volvulus. There also arrived lice, new vectors like the mosquito (Aedes aegypti), the flea (Xenophylla cheopis) and hosts for zoonoses, like horses, goats, cattle, hogs, the domestic cat and mice.

Dermatology from the Colony to the present time

César Iván Varela Hernández

Medicine during the Colony was framed by the combination of European knowledge with the wisdom and the magic of the Indians, the mixture of therapeutic substances and practices with psycho-religious doctrines and ingredients. An important role was played by “spiritual medicine” characterized by the construction of cathedrals and hermitages and by the arrival of the images of Virgins such as that of Chiquinquirá in 1598, viewed as mediators with the supreme physician, added to the spiritual assistance offered to Indians and slaves by merciful clergymen like the apostle of the Africans, St. Peter Claver, who died of yellow fever in 1650.

The diseases that characterized the Colonial era were smallpox, tabardillo or murine typhus (exanthematic typhus), measles, leprosy, buboe and scurvy. Many epidemics struck the territory: those of smallpox were the most serious, affecting a number of cities. In Tunja, in 1587, “citizens and Spaniards died like rats harassed by the flute of Hamelin.” There were neither apothecaries nor civil cemeteries; between 400 and 1,000 of the 3,000 inhabitants are believed to have died. The Hospital Convent of St. John of God had only two beds for the wealthy and two for the poor; the empirical physician Pedro Juan Ruiz Delgado had worked there since 1586. Two decades later the epidemic spread to the entire Kingdom of New Granada; “the Indians, frightened by the high mortality, fled to the forests and mountains, leaving the settlements abandoned.”

Syphilis was also very much present in this region, owing to the promiscuity of the colonizers; this can be deduced from what was written by Juan Rodríguez Freyle in his work “The Ram” regarding the judge (oidor) Don Luis Tello de Erazo, a resident of Santa Fe and an official of the president of the New Kingdom, Diego Gómez de Men. The judge would appear to have gone to die in Seville of the “French disease,” after “trading the gown for adventures with promiscuous damsels.” In 1630 a murine typhus epidemic broke out in Santa Fe, spreading in four years over the entire country; excepting the smallpox epidemics, none other extended so widely or was so devastating; according to
the historian Groot "it caused the death of four fifths of the Indians of the savanna"; archbishops, priests, clergymen, mayors, noblemen, plebeians and slaves died equally. This epidemic was known as the "the plague of Santos Gil," after the name of the notary who wrote out most of the wills of the dying noblemen, who donated all their wealth to him in the face of the death of all their descendants because of the same plague.2

Physicians, hospitals and chairs in Medicine

The first licensed physician who arrived in Santa Fe was Don Álvaro de Aunón in 1579, and the first locally-born inhabitant who graduated in Spain was Don Juan López in 1584.

St. Peter's Hospital, in Santa Fe, opened its doors in 1569, after Bishop Friar Juan de los Barrios y Toledo donated one of his houses in 1564 for the purpose of founding “a hospital in which the poor who come to this city and who exist in it, be they Spaniards or natives, may live and shelter and be healed.” In 1635, the management of the hospital was entrusted to the Order of Hospitalers of St. John of God; it was called Hospital of Jesus, Mary and Joseph, although it has been known since then as the St. John of God Hospital. During the Colony, 25 hospitals were created, among others that of St. Sebastian in Cartagena, that of Popayán in 1577, that of Honda in 1600 and in 1789 that of St. Gil (Leprosarium); the first apothecary’s shop to exist in Santa Fe was that of Pedro López de Buiza, in 1630.

During the sixteenth and seventeenth centuries there was practically no medical teaching; the few physicians served royalty and colonial officials exclusively; the first chairs in medicine, at the Higher School of St. Bartholomew in 1641 and the Higher School of the Rosary, in Santa Fe, were closed down for lack of students, owing in part to “the profession of physician being considered unworthy and only suitable for people of low social standing” and also because Spaniards were forbidden to study outside their country.

At the beginning of the eighteenth century, with the attainment of the Spanish Crown by the Bourbons, medical studies were reborn in Spain, and in consequence also in its colonies; thus, the chair of medicine was consolidated in 1753 with José Vicente Román Cancino, at St. Thomas University, where its first physician, Juan Bautista de Vargas Uribe, graduated in 1764. In 1760 José Celestino Mutis returned from Spain bringing with him the ideas of the Enlightenment; on their basis he disseminated the smallpox vaccine and the construction of cemeteries outside cities, tracing the first steps in public-health medicine in the country; he “discovered” the quinia ancestrally used by the Indians, and as a medical educator he trained Miguel de la Isla as a disciple, who was to be the founder of the first Medical School in Santa Fe (1802) (Figure 3).

Juan Gualberto Gutiérrez, a physician and attorney, in 1810 handled the asylum for virulent patients and on August 5, 1819, treated ill soldiers two days before the battle of the Bridge of Boyacá, which gained freedom for Colombia; he was at the bedside of the national hero Antonio Nariño in his death throes, keeping a record until the moment of death in his diary, which is preserved at the Nariño House Museum in Villa de Leyva.

The difficulties generated by the wars of Independence in the first decades of the nineteenth century caused medical teaching to virtually disappear from the country. Malnutrition, the lack of basic services and of sanitation measures determined a high morbidity and mortality in that century. There were several epidemics of yellow fever, smallpox, syphilis, tuberculosis, measles, bartonellosis, parasitoses, typhoid fever and exanthematic typhus. It was recommended that people “be in contact with the people and gradually vaccinate themselves with the infected waters,
with the dirty rinds of fruit...". Leprosy and malaria were some of the century’s main problems.

With the Republic, launched in 1810, modern medicine also arose in Colombia. The history of the medical schools began with that of the National University of Colombia, in March 1826, when General Francisco de Paula Santander issued the law that organized the Central University of the Republic, first governmental manifestation of the public university. In 1864, Antonio Vargas Reyes founded a medical school of a private nature in Bogotá, while José María Samper submitted a bill to the national Congress for a National University of the United States of Colombia — inspired in that of Santander — which was to be created three years later, in 1867, under the government of Santos Acosta. The Vargas Reyes medical school and the St. John of God Hospital were incorporated into it. Around that time, some physicians studied under the tutelage of their teachers and others abroad, particularly in Paris. In 1850, the doors were opened to empiricism and charlatanism when the practice of medicine without a license was authorized by law. The medical leaders of the time included Antonio Vargas Reyes (Figure 4), who gave a masterly description of yellow fever and is regarded as the father of surgery in Colombia. Regarding the medicine of the period, the most outstanding figure in Medellín, Manuel Uribe Ángel, wrote in 1881: “I believe we killed not a few unfortunates with that precarious and deplorable medicine. God forgive us the harm done in the attempt.”

At that time there began the development of hospital medicine according to the French school. At the end of the nineteenth century medicine flourished, with Epifanio Combariza, the chair of bacteriology, who, added to laboratory medicine, micrography and syphilography, would give rise to Dermatology. Teaching of this specialized field began at the National University in 1886 with Gabriel José Castañeda as first professor.

In the twentieth century, with the development of the United States of America, where the great modern medical mindsets — the physiopathological, the etiopathological and the anatomo-clinical — were brought together with research and technology, these displaced the influence of the French school on Colombian medicine. Laboratory medicine was strengthened, the new surgical techniques and pharmacology arrived, and thus, since 1910, with José Ignacio Uribe at the National University of Colombia, Dermatology acquired the nature of a true specialized field.

In 1930 the Labor, Hygiene and Welfare Ministry was created, with departments for the struggle against leprosy, venereal diseases and tuberculosis. In 1946 the Hygiene Ministry was created; later, medical schools were founded in Cali, Popayán and Manizales. Specialization programs and medical residences were launched and associations of medical specialists created. In the last decades of the twentieth century, the fast development of genetics, molecular biology, immunology, pharmacology and systematized technology led to the opening and evolution of all fields of research in Dermatology, seeing extraordinary progress.

Forerunners and pioneers of Dermatology up to the year 1970

A knowledge of history allows us to exercise the legacy of our forerunners and pioneers with enthusiasm and dignity.

Those who left us their inheritance in the nineteenth century included Ricardo de la Parra, author of *The Elephantiasis of the Greeks and its True Nature* (1838); Juan de Dios Tavera, who in his *Study of Leprosy* recommended its treatment with chaumugra oil (lepro-rol); José Joaquín García (1842); Marcelino S. Vargas was convinced that leprosy, which
he had contracted, was curable; Federico Rivas Mejía rendered invaluable services in 1840 during the smallpox epidemic; Librado Rivas was the author of a treatise on Pellagra; Abraham Aparicio published his work *Cold Baths in the Treatment of Typhoid Fever*; Evaristo García wrote *Effect of Otoha on Skin Diseases and the Variety of Leprosy Known as St. Antón’s Disease*; Policarpio Pizarro, venereologist; Juan de Dios Carraquilla, researcher into leprosy and pemphigus; Andrés Posada Arango, with his work *The Poisonous Frog of the Chocó*, and Ignacio Pereira, remembered for his publications on parasitic diseases. Gabriel José Castañeda was the first professor of Dermatology at the National University of Colombia (1886-1898), with the focus placed on tropical diseases.

The beginning of the twentieth century continued to be marked by the special attention paid to leprosy and syphilis. The era of the laboratories began, allowing the carrying out of original research and the intellectual development of illustrious physicians.

Pablo García Medina, the father of hygiene in Colombia, worked in Bogotá; born in Tunja in 1857, a medical graduate of the National University in 1887, he managed to get laws passed for leprosariums to be converted into colonies for patients; he was the first honorary president of the Pan American Sanitary Bureau and Secretary for Life of the National Academy of Medicine. Eliseo Montaña Granados (Figure 5), father of histology in Colombia, professor of that chair in 1904, turned it from a theoretical into a practical subject with the introduction of new microscopes and of microphotography. Roberto Franco (Figure 6) created the chair of tropical diseases in 1905 and invited Federico Lleras Acosta to his laboratory. The latter physician, born in Bogotá where he studied veterinary science and likewise bacteriology, was to stand out for his research into anthrax and its vaccine, and later into leprosy; he described the Lleras Reaction and founded the Institute for Research into Leprosy. In 1910, with José Ignacio Uribe at the National University, Dermatology acquired the ranking of a specialized field. Manuel José Silva (1892-1980), a dermatologist who had graduated from the University of Paris and an academician, was full professor of the chair at the National University, a teacher par excellence and founder of the Dermatological Wax Museum at the same University. Gonzalo Reyes García studied Dermatology in Paris and Vienna; he was a noted professor at the National University — from which he had graduated — from 1930 to 1962, in addition to founder of the Colombian Society of Dermatology and of the National Academy of Medicine. Other standouts were Miguel Serrano Camargo, Carlos Cortés Enciso and Ignacio Chala Hidalgo. In 1936, Alfonso Gamboa Amador launched the syphigraphy course; also standing out in this period were Alfredo Laverde Laverde, Tomás Henao Blanco and Guillermo Pardo Villalba (Figure 7), who, while president of the Society of Dermatology, presided in Bogotá over the first National Congress (1960).

Toward 1957, Fabio Londoño González became the necessary reference point in the study of leprosy, cutaneous immunology and diseases related to the sun; he stood out particularly for his memorable contributions to the knowledge and treatment of actinic prurigo; his overall learning, courteousness and teaching and human qualities were unmatchable. In his first years he had brilliant disciples like Guillermo Gutiérrez Aldana, a dermatologist and oncologist, Emeritus Professor of the National University, a man of exalted virtues, with unequalled teaching and organizational capabilities, who rescued and restored the University’s Wax Museum; his encouragement of the person writing these lines is incomparable; also, Víctor Manuel Zambrano, and Mariano López López, another luminary in our history, the first dermatologist to graduate from the Federico Lleras Acosta Institute. Luis Alfredo Rueda Plata studied in Barcelona and specialized in
dermatopathology with Degos and Civatte at the Saint-Louis Hospital in Paris; he was one of the pioneers in this area on his return to Colombia in 1963, and made important contributions with his research into papovaviruses15, 20.

In Medellín (Antioquia), the first dermatologist was Gustavo Uribe Escobar, who studied in Paris, Barcelona and Brussels; in 1920 he launched the chair at the University of Antioquia, of which he was president, as well as founder of the Prophylactic Institute for Venereal Diseases and of the Red Cross. José Posada Trujillo (Figure 8) was trained under his guidance, and succeeded him in the chair in 1936, having Carlos Enrique Tobón as collaborator. Juvenal Gaviria, who practiced privately in that period, and Fabio Uribe Jaramillo were trained in the same School. Uribe Jaramillo died while we were writing this chapter. Flavio Gómez, in telling me the unfortunate news, wrote me these words: “He was the oldest dermatologist in Colombia, as good as water, as simple as bread, soft and delicate as the canes of the Valley, humble, gentlemanly, sincere, a good friend, studious; he never knew pride, advantage or arrogance.” Jorge López de Mesa and Iván Rendón Pizano trained in the Argentine school and Aníbal Zapata Gutiérrez in that of Spain. Later there arrived graduates from the University of Michigan: in 1955 Gonzalo Calle Vélez, head of the Dermatology service of the University of Antioquia until his death, promoter of mycology in the country; in 1959 Alonso Cortés Cortés, the living bible, a noted teacher, a polyglot, historian, surprising memory man, and good person par excellence; and Mario Robledo Villegas, the country’s second dermatopathologist, who deepened the study of mycoses. The mycologist Ángela Restrepo Moreno deserves special recognition as a pioneer in the 1960s and to date the maximum and eminent figure in mycological research. Hugo Espinal Múnera and Libardo Agudelo Alzate arrived from the Mexican school, followed by the graduates of the University of Antioquia: in 1964, Enrique Saldarriaga Arango and Víctor Cárdenas Jaramillo; in 1965, Flavio Gómez Vargas, who additionally studied dermatological surgery at the University of Rio de Janeiro, becoming a pioneer in this specific area; in 1967, Juan Pedro Velásquez Berruecos, both of the latter outstanding professors, gentlemen and affectionate friends, with regard to whom I leave testimony of my deep admiration and gratitude for their unselfish cooperation in the development of this entire paper, and Jorge Mesa Restrepo15; in 1969, Myriam Mesa de Sanclemente and Stella Prada de Castañeda were pioneers in immunodermatopathology.

In Pasto (Nariño), in the 1920s and 30s, the physicians Efraín Solare Alava and Jorge García rendered valuable services in the control of focuses of leprosy and the epidemic of bartonellosis; toward 1950, José María Delgado Riascos, who studied at the Sorbonne, worked there for some years and then took up residence in Cali15, 21.

In Cartagena (Bolívar), Dermatology was launched by Rubén Marrugo Ramírez, who was the first director of the Caño del Oro leprosarium, in Tierra Bomba, Cartagena Bay; Moisés Pianeta Muñoz, who studied at the University of Cartagena of which he later became dean (1946), “the modernizer of the Medical School,” “multispecialist and teacher from the heart”22; Carlos Alberto Garzón Fortich, who studied Dermatology and leprology in Brazil and the United States, settled definitively in Cartagena in 1953, being the first licensed dermatologist and professor at the University of Cartagena, director of the leprosarium of Caño del Oro and Agua de Dios, head of the Health Ministry’s national anti-leprosy campaign, bearer of the Grand Cross of Damian of Brazil and of the “Jorge Bejarano” Grand Cross of Colombia; Nayib Ambrad Domínguez, who trained in Argentina where in 1950 he took part in endocrinology courses with Carlos Galli Mainini,
E.B. Del Castillo and Guillermo Di Paola; in endocrine research he was a collaborator and disciple of Nobel Prize winner Bernardo Alberto Houssay; in Dermatology he was a disciple of Prof. Cordibiola and author of the book *Contrast Coloration for Galli Mainini Reactions*; Enrique Alonso Osorio Camacho (Figure 9) studied at the Autonomous National University of Mexico, was a professor at the University of Cartagena (1972-1992), president of the Colombian Association of Dermatology of which he is currently Emeritus and Honorary Member, practicing with excellence in Cartagena; and Diego Fernando Gómez Pérez, who is 1960 graduated as a dermatologist in Argentina; a teacher and political leader.15

Cali (Valle del Cauca) saw the arrival in 1939 of Julio César Barreneche Mesa, who studied Dermatology and anesthesiology in Switzerland; also practicing there, albeit without being specialists, were Carlos Salcedo Cabal and Jaime Kelber. In 1954, Hernán Tobón Pizarro, of the Skin and Cancer Hospital of New York, who had studied in Buenos Aires under Prof. Luis Pierini, was a pillar of the specialized field until his death in 1985; 1956 was the year of the arrival of Jaime Betancourt Osorio (Figure 10), a living glory of this specialized field, who studied in Madrid in 1955 and rounded out his knowledge with Prof. Pierini in Buenos Aires; with Dr. Tobón they were the first professors of Dermatology of the University del Valle. Additionally, Jaime Betancourt has devoted himself to painting, sculpture and poetry. I feel the greatest love and respect for him. In 1960, Ernesto Correa Galindo, a pioneering dermatopathologist trained in Argentina under the tutelage of Pierini, Borda and Abulafia, set up a chair at the St. John of God Hospital; in 1965, Antonio José Torres Muñoz (Figure 11), a disciple of Dr. Correa’s, completed his studies in Buenos Aires with Aarón Kaminsky; he is an exemplary ad honorem professor at the University del Valle, a consummate reader, gifted with an incomparable memory and vast general knowledge; in 1966 there arrived Rafael Falabella Falabella, a graduate of the University of Iowa, who in 1970, along with Jaime Betancourt and Nelson Giraldo, created the Dermatology Service of the University del Valle, of which he has been the Chief since; his research has achieved great progress in the study and treatment of vitiligo. In 1967, Cecilia Moncaleano de Lasprilla (Figure 12) began her practice; she is the lady of Dermatology in the Cauca Valley, the first woman to practice Dermatology in Colombia, a physician who graduated from the National University and specialized as a dermatologist at the University of São Paulo. She did extremely significant work at the St. John of God Hospital, the leprosy dispensary and the National Railroads until 1991, when she retired. Nelson Giraldo Restrepo returned that same year, having studied dermatology in Buenos Aires with Prof. Abulafia; he was an excellent professor at the University del Valle.15, 21

The history of Dermatology in Santander began with Álvaro Sabogal Rey, who arrived in Bucaramanga in 1958, appointed by the Health Ministry to lead the leprosy programs together with Virgilio Rodríguez. Alejandro Villalobos Fernández arrived in 1960, having graduated in Buenos Aires, and after several years of practice settled in the United States. Following studies in Spain, Luis Felipe Moreno — who launched the treatment of ulcers in the lower limbs — arrived in 1961; and in 1964 so did Jaime.
Acevedo Ballesteros, both of whom are currently at work. In the main coffee-growing area, 1965 saw the arrival in Manizales (Caldas) of Heriberto Gómez Sierra, from the University of Antioquia, the founder and head of the chair at the University of Caldas; we deeply regret his death, which took place as we were preparing this work; in 1968 he had his first disciple in Jairo Mesa Cock, who was afterwards a teacher for many decades and Head of the Service (1980-1985); he is currently the pillar of continuing dermatological communication and education via the Internet in the country. Bernardo Giraldo Neira studied Dermatology in the United States, specialized in allergies, and since 1967 practices in Pereira and Manizales. Pereira (Risaralda) saw the arrival in the same period of Adolfo Ormaza Hinestrosa, who had studied in Argentina. In Armenia (Quindío) the pioneer was Fabio Rivera.

In Cúcuta (Norte de Santander) and Arauca, the master Pedro Miguel Román Suárez (Figure 13), trained in leprology in 1966 at the Federico Lleras Institute, was who launched the specialized field and who brought wellbeing to his patients for almost four decades. In Barranquilla (Atlántico) the initiators were Blas Retamoso, who studied medicine in Cartagena and devoted himself to Dermatology; Luis López and Carmelo Castillo Porto, since deceased, and Ali Tajan Calvo, a great, self-taught man and poet, currently in successful practice. In the department of Cauca, the pioneers were José María Delgado Paredes (Figure 14), a dermatologist of the University of South Carolina and public health specialist from Harvard University, head of Morphology and professor of Dermatology at the University of Cauca; Mario Ernesto González, dermatologist of the University of Buenos Aires, professor of Dermatology at the University of Cauca for more than 30 years, and José Félix Zambrano Payán, trained at the Federico Lleras Hospital, collaborating professor at the University del Valle in leprosy and leishmaniasis. In Córdoba, the first to arrive in Montería in the 1960s was Hugo Corrales Lugo, trained at the Federico Lleras Institute, who managed the leprosy programs, followed by Albio Puche. In Sincelejo (Sucre) the first was Hugo Corrales Medrano, who is additionally an internist doctor. In Boyacá Antonio Morales launched the practice of this field in 1968, when he arrived from the University of Salamanca, Spain; he continues his competent and successful practice.

MARÍA MÉLIDA DURÁN MERCHÁN
I have regarded as pioneers those who launched their practice before 1970; although María Mélida Durán Merchán (Figure 15) did so in 1976 on graduating from the Javerian University, I wish to render tribute to her for the glory which she conferred on Colombian Dermatology. Adriana Arrunátegui Ramírez said of her: (She) was a lovely woman, a tireless teacher and traveler; glamour was her stamp; she moved elegantly and delicately in all environments. Colombian Dermatology had its most important ambassador in her, being an outstanding member of the World Health Organization, of the International League of Dermatological Societies, of the International Society of Pediatric Dermatology, of the Ibero Latin-American; co-editor of the journal of the International Society of Dermatology, a society of which she was vice-president and executive secretary. She organized congresses in Colombia, India, Australia, and Egypt. Her life was a constant search; excellence was her goal and she always achieved it by demanding much from herself. Until the last moment of her existence she thought about her commitment to life and we saw her inaugurate and close the Eighteenth Refresher Course for Dermatologists of the...
International Society in Bogotá. At that moment we were far from imagining that one day afterwards, on June 26, 2000, she would leave forever. She smiled sweetly and warmly; she was serenity itself; nothing led anyone to foresee such a quick outcome.

Original clinical descriptions

Since the era of the Conquest we find testimonies in our country of descriptions of dermatological diseases, as well as of diagnostic and surgical techniques such as these which we mention here:

**Bites**: “A certain kind of spiders or mosquitoes... which, biting the flesh, raise a welt and it remains in great pain and itching for three or four hours” (Father Aguado, Sabandija, near Neiva)\(^9\).

**Nuche** (Myasis): “Since of unguent a patch is placed on the swelling and lean flesh, it strains and pulls the worm out: the hard torondón is smashed, it removes the grief and mitigates the pain” (Juan de Castellanos)\(^9\).

**Sensorial and motor alterations in leprosy**: “The lack of sensitivity in the leper, is the true symptom of the disease and what indicates its existence.” “The examination of the patients in the leprosarium must be carried out without their knowledge; injuring them with a sharp instrument without the patient seeing it, and not feeling the wound; asking him to pick up a coin with their fingers, without calluses and apparently healthy, and he cannot, because lacking the capacity of touch, he does not perceive the body of the coin. If they are walking and a toe is torn off they do not realize it if they do not see it.” (José Joaquín García, 1842)\(^23\).

**Yellow fever**: “The disease hit suddenly... The eyes were inflamed and weepy... A deep anxiety, extreme prostration of strength, spots on the skin, epistaxis, bleeding of the gums, cold sweat, extreme slowness of the pulse, hiccups and finally death...” (Antonio Vargas Reyes)\(^19\).

**Proof of the louse as etiological agent of typhus and differentiation from typhoid fever** (Luis Patiño Camargo, 1922)\(^17\).

**Lleras reaction** (leprosy): reaction of fixing of complement (Federico Lleras Acosta)\(^24\).

**Vaccination for carbón bacteriano**: Federico Lleras Acosta.

**Sero logical positiveness of carate scabies** (described by Gustavo Uribe Escobar, Alfredo Correa Henao, José J. Escobar and Jesús Peláez Botero in Medellín).

**Epidermic grafts and their application in achromatic and pimply areas** (Rafael Falabella, 1971)\(^25\).

**Contrast coloration for the Galli Mainini and Ambrad Domínguez reaction** (Nayib Ambrad Domínguez).

**Phytophotodermatitis of the feet and the legs with rue after childbirth** (Fabio Londoño González).

**Contribution to the description of the clinical features and naming of actinic prurigo** (Fabio Londoño González).

**Management of actinic prurigo with thalidomide** (Fabio Londoño González)\(^26\), \(^27\).

**Description of the cytopathic effects of the papiloma virus in epidermodisplasia verruciforme** (Luis Alfredo Rueda Plata).

**Repigmentation of segmental vitiligo with autologous minigrafts** (Rafael Falabella, 1983)\(^28\).

**Hypomelanosis in idiopathic gout** (Rafael Falabella, 1983)\(^29\).

**Leucoderma punctata** (Rafael Falabella, 1984)\(^30\).

**Clinical parameters of tumescent anesthesia in reconstruction surgery for skin cancer** (Álvaro Acosta de Hart, 1997)\(^31\).

**Eosinophilic, polymorphous and pruriginous rashes associated with radiotherapy** (Ricardo Augusto Rueda Plata, 1999)\(^32\).
History of research, infectology and the subfields

History of leprosy

It is said that the disease arrived in Colombia in the sixteenth century with the conquerors and their African slaves, and in the social and sanitary difficulties found the appropriate medium in which to settle, spread and remain. Since then a series of practices have been developed in diverse areas, such as the creation of the first laboratory, governmental sanitary measures, research and statistics, as well as recognition of the patient’s rights in the face of prejudice.

It was Cartagena de Indias which in 1610 witnessed the creation of the first leprosarium, the Hospital of St. Lazarus, which, owing to the complaints of the neighbors, underwent a series of moves and had to be encircled with stone walls. Later there would come the creation of the leprosaria of Caño de Loro — according to others, Caño del Oro (1808) — Contratación and Agua de Dios. Part of their economic support was obtained with taxes on liquor, textiles and beef. In 1646 the first patient with leprosy was recorded in Santa Fe, Santibáñez Brochero, cathedral priest. In the seventeenth century, leprosy was rife on the Caribbean coast and the leper was regarded as an outcast who was separated from his healthy relatives and from society until the end of his days, to be sent, with all the standard precautions and with his own furniture, to the leprosarium in Cartagena — converted into a cemetery for the living.

In the seventeenth century, José Celestino Mutis had a clear idea of the disease, differentiating between slightly and highly contagious patients. In the eighteenth century, leprosy entered the departments of Antioquia and the Santanders; in the town of Socorro it proliferated to such an extent in 1775 that the inhabitants fled from the place and the houses of patients were stoned. At the end of that century Viceroy Caballero y Góngora wrote, “The instant a patient is declared a leper, he is led to the Cartagena Hospital, he is pointed to his small plot of land and he is handed his house or room to spend the rest of his days... so that these unfortunate are condemned to perpetual imprisonment.” In the nineteenth century, José Joaquín García described the sensorial and motor manifestations of the disease; Ricardo de la Parra postulated that leprosy was contagious, hereditary and curable; Evaristo García, by presenting his piece representing the “Disease of St. Anthony” at the Dupuytren Museum, launched the polemic in Paris over arthropathy and bone lesion through neural involvement. In that century, strychnine, the arsenicals, aspirin, snake venoms and chalmugra oil (leprol) were used as treatment.

Gabriel José Castañeda managed, on the basis of his work “Leprosy in Colombia — Etiology, Nosology, Prophylaxis and Treatment,” to have the Law on Leprosariums adopted. Juan de Dios Carrasquilla (Figure 16), searching for the first manifestations of the disease, described the “leprous chancre”; he researched and produced an antitoxin whose use spread around the world in 1890; he considered that the flea could be a vector; he designed his own method to find the bacillus in the lymph; he defended the infectious disease of leprosy caused by a microbe even against the theories of heredity. At the end of the nineteenth century, Pablo García Medina managed to have laws adopted for leprosariums to be converted into colonies for the ill.

In the 1920s and 30s Federico Lleras Acosta (Figure 17) carried out manifold research in bacteriology and especially on leprosy; he described the Lleras Reaction — a test of complement fixing with a sensitivity of 97% and specificity of 99.7% — which was tested in more than 7,000 patients, but fell into disuse when its specificity could not be confirmed. In the 1950s leprosy began to be managed with sulfona, but, because of resistance, polychemotherapy has been employed since 1981. In the recent past and at present major institutions and prestigious dermatologists have contributed to the history of leprosy, like Fabio Londoño, Luis Alfredo Rueda, Mariano López, Gerzaín Rodríguez, Antonio Torres, Luis Hernando Moreno, Adriana...
It is likely that infections with treponemas began in equatorial Africa as yaws; with the migrations to the dry areas of the African tropic, the lesions became localized in the dampest parts of the body (around the mouth), turning into forms of non-venerable syphilis and perhaps in this form traveled with the first migrants to the New World, to become yaws again in the tropics of the Americas. In the latter, a greater number of bone remains showing the aftereffects of treponematosis has been found than in Europe, and they have been interpreted as yaws and venerable syphilis; the lesions of Caries sicca in the skull, which seem to be only attributable to the latter, are noteworthy. Those who do not share the theory of the sole origin of the treponematoses, consider that these developed simultaneously in various populations in the new and old continents. Venereal syphilis, the endemic non venerable kind, yaws and Carate “appear to be four syndromes within a biological gradient caused by Treponema pallidum”6. Endemic syphilis that was taken to Europe by the Spaniards after contact with the Indians possibly arose owing to factors such as the differences in lifestyles, like the use of clothing, which led the mode of transmission of the Treponema pallidum to change to a sexual form; thus, yaws turned into venereal syphilis, which then returned to America brought by the same Spaniards. Major contributions to the study of the origin of treponematoses were carried out by José Vicente Rodríguez, Carlos Armando Rodríguez, Gonzalo Correal Urrego and Hugo Armando Sotomayor Tribín in Bogotá, on the basis of the analysis of bone remains found in the departments of Cundinamarca and the Cauca Valley.

The presence of treponematosis from the earliest days of the Conquest is recorded in numerous narratives of the era’s chroniclers, and has been the object of study since that time. Venereal syphilis turned into a sanitary problem since the irruption of the Spanish colonizers; poverty and prostitution played an important role in its spread. The high incidence of syphilis at the end of nineteenth and early twentieth centuries led the government to reform and strengthen medical programs and to establish syphilography as a chair at universities17. Carate, which reached the point of becoming an element of ethnic identity among the natives, later turned into a public health problem, as yaws were from the sixteenth century and until the middle of the twentieth. For the good of all, the arrival of penicillin marked a milestone in the history of treponematosis and thanks to it Gerardo López Narváez treated the diseased on the country’s western coast for 14 years until yaws had been eradicated.

History of Skin Research, Bacteriology and Immunology

In 1760, José Celestino Mutis brought with him the enlightened ideas of the period; in 1842, José Joaquín García carried out the first research work on leprosy based on observation; in 1865, the Pharmacy chair took its first steps in research with the physician Osorio, at the Bogotá Medical School36, but it was at the end of nineteenth century and beginnings of the twentieth that the tradition of experimental research was launched and bacteriology turned into a means of dissemination of scientific thinking. Between 1880 and 1904, during the period that runs between the governments of Rafael Núñez and Rafael Reyes, the foundations were laid for scientific development in
Colombia. The chairs of bacteriology, histology, microbiology and syphilography were created; Epifanio Combariza and Liborio Zerda (Figure 18) played a major role, marking the era of bacteriology and microbiology; in 1900, Francisco Tapia created a laboratory at the National University in Bogotá, which later was transferred to the St. John of God Hospital. Juan de Dios Carrasquilla searched in serology for the possibility of a treatment for leprosy, for which purpose he used patients’ blood in horses; his serum traveled the world in 1896 leading to the creation of the Serotherapy Institute. Roberto Franco founded the chair of tropical diseases and with the assistance of the philanthropist Santiago Samper set up the laboratory at the St. John of God Hospital at which Jorge Martínez Santamaria and Gabriel Toro Villa carried out major research into yellow fever and tropical diseases. In 1904 Eliseo Montaña Granados launched the era of histology; Laurentino Muñoz defined him as “one of the creators of Scientific Medicine in Colombia.”

The Bacteriological Laboratory and that of the St. Vincent de Paul in Medellín were created in 1913. The Samper Martínez Private Hospital was created in Bogotá in 1917; it set up a milestone with the production of immune serums and vaccines, turning in 1946 into the National Institute of Health; in the 1920s, some United States universities launched chairs in Tropical Dermatology and private laboratories, where Colombian physicians went for training, strengthening research upon their return to the country; an important role was also played by the creation of the Pharmacy chair at the National University in 1927 by Andrés Bermúdez. Around those years, Gustavo Uribe Escobar carried out important research in Medellín on serological positivity in *carate*. In 1922 Luis Patiño Camargo, after exhaustive research, demonstrated in Bogotá that typhus and typhoid fever were different diseases, identifying the louse as vector of the former. Federico Lleras Acosta founded his own laboratory in Bogotá and launched his contribution to research with studies seeking the vaccine for anthrax and attempts to cultivate the Hansen bacillus. He tried out treatments for leprosy with diverse immunological preparations and described the Reaction that bears his name, seeking an early diagnosis through a specific method. His laboratory turned into the Dermatological Center that bears his name and that would find brilliant exponents like Fabio Londoño González, who for more than three decades was the engine of major research into many diseases together with Luis Alfredo Rueda Plata.

A new era in research began in Colombia starting in the 1950s, with figures like Alonso Cortés (Figure 19) and Gonzalo Calle Vélez of the University of Antioquia, who launched research based on prospective studies of patients and developed important clinical-epidemiological, therapeutic, diagnostic and histopathological studies. Some what later there would come the extremely outstanding mycologist Ángela Restrepo Moreno, who continues to this day. In Manizales, in the 1960s, Heriberto Gómez Sierra launched the application of immunofluorescence techniques. In 1969, at the University of Antioquia, Gonzalo Calle Vélez created the Immunodermatology Laboratory and that to this end summoned Myriam Mesa de Sanclemente and Stella Prada de Castañeda (Figure 20), who began studying and researching immunofluorescence techniques for bullous diseases and later topical immunotherapy, immunohistochemistry, molecular biology and immunointervention. Also working at the tissue cultures laboratory since 1999, and earning recognition, are Drs. Mary Ann Robledo Prada, Ana María Abreu, Margarita Velásquez and Juan Carlos Wolf.

In the 1970s, in Cali, Rafael Falabella launched, with the support of Nelson Giraldo and Carlos Escobar, important research into pigmentary alterations, particularly vitiligo, designing surgical methods for the repigmentation of skin, cultures and the implantation of melanocytes. In the 1980s the team was joined by Luis Hernando Moreno, Adriana Arrunátegui, María Isabel Barona, Claudia Covelli and Lucy García. In 1975, at the University of Antioquia, under the leadership of Alonso Cortés,
the Gustavo Uribe Escobar Dermopathology Laboratory was created; it was headed by the dermatopathologist Walter León Hernández. In 1976, María Mélida Durán delved into research in Bogotá; she was the noted, unforgettable, distinguished-looking teacher who carried our love with her to heaven and left us the legacy of her manifold studies into actinic prurigo in indigenous communities15, 40, 41.

In the 1980s, Guillermo Gutiérrez Aldana launched research into oncological Dermatology42, which was strengthened in 1992 with the creation of the subfield at the National Cancerosology Institute in Bogotá. There, Álvaro Acosta de Hart began major research into cancer surgery and tumescent technique31. On those same dates Felipe Jaramillo Ayerbe began important studies in Manizales on skin tumors, which he is currently continuing. There has also been notable research into Figure-chemotherapy as of the 1980s at the universities of Antioquia and Nueva Granada, as well as into the etiopathogeneity of acne carried out by Blanca Lilia E. Lesmes Rodríguez in Bogotá. Likewise in Bogotá, Jaime Soto Mancipe in the 1990s began to carry out significant studies into medical drugs, tropical diseases and the behavior of skin cancer43, 44. In 1993, Michel Faizal, along with his residents César Burgos and Guillermo Jiménez, associated with the Institute of Immunology headed by Manuel Elkin Patarroyo, developed a method for the diagnosis of skin tuberculosis based on molecular biology techniques45. Later, Evelyne Halpert, along with Elizabeth García, developed a line of research into immunopathogenesis of strophulus prurigo caused by flea bites. The group of researchers at the Institute of Health Sciences in Medellín received the acknowledgement of governmental institutions, through the award made to Ángela Zuluaga.

Since the late twentieth century, new and brilliant figures have begun their contribution to research, such as Rodolfo Augusto Trujillo Méndez in Cali and Gloria Sanclemente Mesa in Medellín, among others. At the present time the country’s diverse schools of Dermatology carry out innumerable lines of research.

HISTORY OF MYCOLOGY

The first studies of mycology were carried out by José Posada Trujillo at the University of Antioquia, in the 1930s. Gonzalo Calle Vélez (Figure 21), the first great promoter of mycology, arrived at the same university in 1954; he had studied at Ann Arbor, Michigan, and brought the first mycology collection to the country, where it served as the basis for study and research. This area was reinforced by Ángela Restrepo Moreno, who started out as medical technologist and managed to become the country’s most outstanding mycologist after innumerable research undertakings; among the first and most memorable were those carried out into histoplasmosis and paracoccidioidomycosis, which led to innovations in diagnostic techniques and epidemiological and therapeutic studies. In 1956, the valuable contribution of the physician Julio Sánchez Arbeláez stood out. Dr. Calle managed to get the study of mycosis included as part of the medical program. As from 1960, research began with a focus on histoplasmosis and paracoccidioidomycosis, with prospectivity studies of patients; the pathologist Mario Robledo Villegas played an important role in this work. At that time, the departments of Dermatology, Pathology and Mycology merged at that university. Since then Mycology is the object of study and research at the country’s diverse schools of Dermatology.

HISTORY OF DERMATOPATHOLOGY

Alfredo Correa Henao, who carried out his specialized studies in the United States and was Colombia’s first pathologist, launched the chair at the University of Antioquia and worked at the Prophylactic Institute, founded in Medellín in 1924 by Gustavo Uribe Escobar. In the 1930s, the first dermatopathologist, Mario Robledo Villegas, returned from Michigan; he has carried out major contributions to the study of dermatomycoses, and is a sage of noble simplicity. In 1960, Ernesto Correa
Galindo arrived in Cali; a dermatopathologist trained in Argentina, he launched the chair at the St. John of God Hospital; his legacy and human conditions were incomparable. Antonio José Torres Muñoz trained at his side, also carrying out further studies in Buenos Aires. In 1967 there arrived Nelson Giraldo Restrepo (Figure 22), who trained alongside Prof. Abulafia in Buenos Aires; together with Dr. Torres he founded the chair at the University del Valle in the 1970s. In Bogotá, in 1963, Luis Alfredo Rueda Plata, who had studied dermatopathology with professors Degos and Civatte in France, launched his important universal contribution, particularly on the study of the papova virus. In 1975, Alonso Cortés Cortés created the “Gustavo Uribe Escobar” dermatopathology lab at the University of Antioquia, headed by Walter León Hernández, a noted dermatopathologist and excellent teacher. The pathologist Aníbal Mesa Cock also stood out through his contributions. In Bogotá, in the 1970s and 80s, Fernando García Jiménez, Head of the Dermatology Service at the National University, gave it a significant dermatopathological approach; from the National Institute of Health, the pathologist Gerzaín Rodríguez Toro launched an extremely important collaboration that continues to the present time. Towards 1989, with the entry of Luis Fernando Palma, the subfield acquired even greater rigor through precise observations, under a strict criterion, which were added to this specialist’s noble humanistic conditions and interest in teaching. At the end of the 1980s Felipe Jaramillo Ayerbe returned to Manizales from New York University, becoming a pillar in the coffee-growing region. In the 1990s, other dermatopathologists arrived in diverse cities to expand the subfield: Mabel Yaneth Ávila Camacho in Bucaramanga and Ricardo Augusto Rueda Plata in Cali; the latter described the polymorphous and eosinophilic rash associated with radiotherapy. On June 22, 1996, in Bogotá, Antonio Barrera, Patricia DeCastro, Felipe Jaramillo, Leonor Molina, Luis Fernando Palma, Gerzaín Rodríguez, Luis Alfredo Rueda and Ricardo Rueda founded the Colombian Chapter of Dermatopathology and chose Antonio Barrera Arenales as first president (Figure 23).

HISTORY OF ONCOLOGICAL DERMATOLOGY

As of 1934, patients with skin cancer were treated at the National Radium Institute in Bogotá; but it was in 1978 that Guillermo Gutiérrez Aldana (Figure 24), from the National University of Bogotá, who also brought his knowledge to the National Cancerology Institute, designed the oncodermatological clinical record and started the oncodermatologic practice and teaching, which were consolidated under his guiding rules in 1992 with the creation of graduate studies in oncolgical Dermatology, which he asked Michel Faizal Geagea to design and which was continued by Álvaro Acosta de Hart. In the 1990s, Claudia Marcela Covelli Mora and Carmen Helena de la Hoz Ulloa began offering specialized treatment at the University del Valle in Cali. Several colleagues who trained abroad and completed graduate studies at the National Cancerology Institute have taken the subfield to diverse cities around the country.

HISTORY OF PEDIATRIC DERMATOLOGY

In the 1970s and 80s, pediatric Dermatology took its first steps, in line with the budding and increasing world interest in going deeper into the study of child Dermatology, with eager dermatologists undertaking the teaching. Standouts among them are: in Bogotá,
Mariano López and Manuel Forero at the Pediatric Hospital of Mercy, Enrique Suárez Peláez and Jaime Soto Mancipe at the Colsubsidy Children’s Hospital, and Antonio Barrera Arenales at the Lorencita Villegas de Santos Children’s University Hospital. In Medellín, Evelyne Halpert Ziskiend (Figure 25), a dermatologist of the University of Antioquia and Colombia’s first children’s dermatologist, a graduate of the National Institute of Pediatrics in Mexico in 1981, who created the service at the St. Vincent de Paul University Hospital, later headed by Amparo Ochoa, Martha Sierra and Gabriel Ceballos. In Cali, Guillermo González Rodríguez, Rafael Isaza Zapata and Jairo Victoria Chaparro, and in Manizales, Josefina Danies at the Children’s Hospital. In Cali, International Seminars on Pediatric Dermatology were launched; the first in 1989 was coordinated by Guillermo González and Rafael Isaza.

In 1992, at the close of the Nineteenth Colombian Congress of Dermatology in San Andrés, under the presidency of Flavio Gómez Vargas, a symposium was held on “The Teaching of Dermatology in Colombia,” during which Antonio Barrera said, “The unexpected scope and complexity of Dermatology, the diversity of pathological circumstances, are reasons that compel us to consider the urgent priority of increasing, expanding and deepening study and research in this specialized field in its diverse areas, without promoting a useless fragmentation and without proposing anything new... The convenience of creating and promoting subspecialized programs and services in some of the fields of Dermatology are tasks for a near future [as are] considerations on pediatric Dermatology, dermatopathology, dermatological surgery, oncological Dermatology, among others... as subspecialized programs with the possibility of being carried out at some of the country’s schools of Dermatology.”

In 1992, in Bogotá, Antonio Barrera, Josefina Danies, Manuel Forero, Guillermo González, Evelyne Halpert, Mariano López, Amparo Ochoa, Enrique Suárez Peláez, Jaime Soto and Jairo Victoria founded the Association of Pediatric Dermatology, choosing Dr. Suárez as its first president and Dr. Barrera as secretary. The subfield continues to grow and expand in the diverse services with the arrival of new specialists.

HISTORY OF CRYOSURGERY

Gilberto Castro Ron, President of the American College of Cryosurgery, started a cryosurgery course for dermatologists at the Luis Razetti Institute of Oncology in Caracas, which Carlos Horacio González Rojas and Sergio Cáceres Orozco participated in 1988, launching modern cryosurgery in Colombia. Dr. González founded the Cryosurgery Unit in the city of Armenia, dedicated to the teaching and practice of the technique, treating indigent patients for free. The dermatologists Luis Hernando Moreno, Ángela Seidel Arango, Rafael Isaza and Danilo Álvarez Villegas, and the maxillofacial surgeon Carlos Enrique Mora, studied under his guidance. Later they would be joined by the dermatologists María Bernada Gáfaro Barrera, Yamil Alberto Duque Ossman, Joaquín Eliécer Berrio Muñoz and Gema Esther Reveño Hernández and the dentists Diego Arango and Julio César Torres. The team later brought in colleagues from other cities, like Fabio Londoño, Juan Pedro Velásquez, Gustavo Acevedo Merino and María Mélida Durán, and received the cooperation of Gerzaín Rodríguez for the reading of biopsies. On December 3, 1991, in Guadalajara, Mexico, during the CILAD Congress, the Ibero-American Association of Cryosurgery was founded at the initiative of six dermatologists (Figure 26); Dr. Castro Ron was elected president, being succeeded by Dr. González, who at the second meeting of the Association in Cartagena (1999) (in which 270 national dermatologists and 70 from abroad took part in) managed to give the technique a greater boost. Many other outstanding colleagues have contributed to the history of the subfield, like Virginia Palacios Bernal and Luis Fernando Balcázar Romero.
On January 25, 1999, a gray day for Colombia and for cryosurgery, a devastating earthquake laid waste to 60% of the city of Armenia and to its Cryosurgery Unit; at that time, César Iván Varela was a standing visitor on Fridays. The Unit re-emerged from the rubble a year later under the leadership of the most excellent Ángela Seidel Arango, with the cooperation of all the colleagues in Armenia, expanding its scope of action and maintaining the philosophy of its founder with regards to teaching and treatment for the neediest.

Note: we deeply regret the death of Dr. Castro Ron a few days after finishing the writing of this chapter.

HISTORY OF DERMATOLOGICAL SURGERY

The first steps were taken by the local Indians with their procedures for the healing of wounds, draining and extractions. During the Conquest, the protomédicos (medical overseers) and barbers held sway, and later it was physicians and surgeons who offered services. In 1965 Flavio Gómez Vargas studied dermatological surgery at the University of Rio de Janeiro and on his return to Medellín introduced surgical techniques there. Later, in 1967, Juan Pedro Velásquez Berruecos became an expert in the new techniques and in the handling of equipment with state-of-the-art technology. A pioneer in radio-surgery, he has designed and taught manifold simple and effective techniques for consulting-room procedures. In Cali, in the 1970s, Rafael Falabella designed new techniques for the surgical treatment of vitiligo with minigrafts\textsuperscript{25, 28}; later, Carlos Escobar founded the chair at the University del Valle. In Montería, dermatological surgery started out in 1983 with the arrival of Adolfo Gómez Agámez, who studied in Mexico and trained in dermocosmetry in Argentina with Drs. Cordero; he was backed up in his work by Rómulo Vitar Zapa and Víctor Otero Marrugo. In 1992 the new era in dermatological surgery began in Bogotá with Guillermo Gutiérrez Aldana, when the graduate studies program in oncological Dermatology was created at the National Cancerology Institute. The first dermatological surgeons — Michel Faizal Geagea, who studied in Brazil, and Álvaro Enrique Acosta Madiedo de Hart, in Spain — were in charge of organizing and launching the programs and of the application of Mohs surgery\textsuperscript{31}, a surgical technique introduced in Cali by Claudia Marcela Covelli Mora and Carmen Helena de La Hoz Ulloa. Dr. Covelli introduced liposuction, followed by Pablo Alonso Tróchez Rodríguez. In 1994, in Medellín, the Institute of Health Sciences created the first supra-field dermatological surgery program. The majority of currently practicing dermatologists in the country carry out dermatological surgery on a routine basis and it is regularly taught at the diverse schools.

Dermatological institutions

César Iván Varela Hernández

HISTORY OF THE COLOMBIAN ASSOCIATION OF DERMATOLOGY AND DERMATOLOGICAL SURGERY; ITS CHAPTERS, BRANCHES AND REGIONS

The Colombian Association of Dermatology and Dermatological Surgery

At the Medical Club in Bogotá, on June 27, 1948, at 6:00PM, Drs. Manuel José Silva, Gonzalo Reyes García, Carlos Cortés Enciso, Miguel Serrano Camargo, Guillermo Pardo Villalba, Alcibíades Correal, Álvaro Medina, Tomás Henao Blanco, Gustavo Castellano M,
Alberto Medina Pinzón, Alberto Caballero, Rafael López Ruiz, Luis A. Díaz and Alfredo Laverde met for the purpose of creating the Colombian Society of Dermatology and Syphilography. They appointed, as President, Gonzalo Reyes García (Figure 27), Vice-president, Carlos Cortés Enciso, and Secretary, Guillermo Pardo Villalba. The society was created with the aims, among others, of promoting the development of the field, teaching, research, the prophylaxis of syphilis and tropical diseases, and protecting the interests of the membership. For the purpose of complying with its true character of being a nationwide institution, on June 27, 1959, Gonzalo Calle Vélez, Fabio Londoño González (Figure 28) and Hernán Tobón Pizarro requested from the founders that they repeal the obligation to live in Bogotá in order to belong to the Society, which was adopted. A year later, in Bogotá, the Society held its first National Congress, on December 8-10, 1960, Guillermo Pardo Villalba being President of the Board and Carlos E. Cortés Vice-president; legal status was obtained in 1961; in 1998, during the presidency of Mercedes Flórez, it changed its name to Colombian Association of Dermatology and Dermatological Surgery. In 2002 Arturo C. Argote Ruiz promoted the purchase of the current headquarters.

The Association has been presided by Gonzalo Reyes García, Guillermo Pardo Villaba, José Posada Trujillo, Hernán Tobón Pizarro, Álvaro Sabogal Rey, Fabio Londoño González, Gonzalo Calle Vélez, Heriberto Gómez Sierra, Luis Alfredo Rueda Plata, Fuad Muvdi Chain, Rafael Falabella Falabella, Adolfo Ormaza Hinestrosa, Guillermo Gutiérrez Aldana, Alonso Rebolledo Muñoz, Enrique Alonso Osorio Camacho, Juan Guillermo Chalela Mantilla, María Mélida Durán Merchán, Mariano López López, Flavio Gómez Vargas, Juan Pedro Velásquez Berruecos, Mercedes Flórez Díaz Granados, Carlos Horacio González Rojas, Ángela Zuluaga de Cadena and Evelyne Halpert Ziskiend.

At this writing, the Association includes 448 standing members, 20 honorary, 25 corresponding, 34 international members and 54 Dermatology residents, with a total of 581 member. It has carried out 24 national congresses, many symposia and national and international courses. Its information organ is the Revista de la Asociación Colombiana de Dermatología y Cirugía Dermatológica. Carlos Horacio González, Ángela Zuluaga and Evelyne Halpert have consolidated the regional chapters and strengthened its trade activity, with the national coordination of César Iván Varela and César Burgos, with a view to changes in the health policies imposed by Law 100 in 1993.

The regional chapters

a) Central Chapter, Bogotá, and Capital District, Cundinamarca. The first event carried out as a chapter was the founding of the Colombian Society of Dermatology and Syphilography, but the development of the schools and of the National Society itself did not, for many years, allow it to play a significant role. In 1990 the chapter was revived and Antonio Barrera Arenales acted as president, followed by Juan Guillermo Chalela Mantilla. In November 2002, at the initiative of Evelyne Halpert, the current stage was launched.
by integrating the colleagues of Cundinamarca and Boyacá and the election as President of Héctor José Castellanos Lorduy. It brings together 144 dermatologists.

b) Chapter of the Valley of the Cauca. It was created in Cali in 1963 by Hernán Tobón Pizarro, Jaime Betancourt Osorio — first President — and Ernesto Correa Galindo; it includes 66 standing members, 5 honorary members and 8 candidates. The roster of presidents has also included Rafael Falabella, Martha Helena Campo, Jairo Victoria, Luis Hernando Moreno, Myriam Jazmín Vargas, César Iván Varela Hernández (Figure 29) and Rodolfo Augusto Trujillo. Dr. Varela presided over the chapter from 1996 to 2004, carrying out significant administrative work and obtaining transcendental trade achievements; the vice-president, Jaime Gil Jaramillo (Figure 30), has carried out pioneering work in the dissemination of dermatological issues in the media. In 2003, the 40th anniversary of its founding was commemorated, on which occasion tribute was paid to the honorary members Jaime Betancourt, Antonio Torres, Rafael Falabella, Daniel González Bermúdez and Cecilia Moncaleano, and Dr. Varela presented his book *History of Dermatology in the Valley of the Cauca 1939-2003*. In recognition of the work performed, the Chapter and Dr. Torres were awarded the Order of Merit of the Valley of the Cauca by the departmental government.

c) Antioquia Chapter. The Antioquian Society of Dermatology was created in Medellín in 1997, inspired by its first President, Flavio Gómez Vargas, with Fabio Uribe, Juan Pedro Velásquez, Diego Jaramillo, Myriam Mesa, Beatriz Sierra, Gonzalo Gómez, Stella Prada, José Ignacio Gómez and the late colleagues Iván Rendón, Jorge López, Jorge Mesa, Aníbal Zapata, Enrique Saldarriaga and Libardo Agudeo, Jorge Mesa, Juan Pedro Velásquez and Diego Jaramillo have also presided the Association. José Ignacio Gómez doing so currently (Figure 31). It has 80 standing members and 8 honorary, 19 associate and 3 adjunct members. In 2002, on the occasion of the 25th anniversary of its founding, special recognition was offered to Prof. Alonso Cortés and homage was paid to the memory of José Posada, Carlos E. Tobón and Gonzalo Calle.

d) Chapter of the Atlantic. It was founded in Barranquilla in 1987 by Antonio Jaller, Álvaro Correa, Bernardo Huyke (Figure 32), Jairo Fuentes, Lesbia De León Ternera, Duhys Charris and Amín Ariza. In 1993 it affiliated dermatologists from other departments of the Colombian Caribbean. It has been characterized by its excellent organization and its permanent struggle for the working and social welfare of its members. It has carried out four successful Caribbean Symposia at the initiative of Álvaro Correa, Esperanza Meléndez and Bernardo Huyke.

e) Chapter of Nariño. Alfonso Rebolledo Muñoz (Figure 33) in 1977 created the Dermatology Service of the Departmental Hospital of Nariño in Pasto, offering teaching in the undergraduate medical program of the University. In 1990, along with César Gregorio Arroyo Eraso, he created the Chapter, which brings together the region’s 10 dermatologists and continues to be presided by its founder.

f) Chapter of Bolívar. On March 3, 1993, the Chapter was founded by Erick Álvarez, Nayib Ambrad, Francisco M. Camacho, Miguel Camacho Sánchez, Germán Enrique Covo, Carlos CÉSAR IVÁN VARELA HERNÁNDEZ
Alberto Garzón, Víctor Isaza, Gonzalo Marrugo Guardo (Figure 34), Luz Marina Lara, Guillermo Alejandro Mundi, Julián César Naar and José Pretelt; Alfonso Navarro César was appointed to the presidency, a post currently held by Luis Miguel Covo Segura.

g) Chapter of Santander. Álvaro Sabogal Rey (Figure 35) was the pioneer and dean of regional Dermatology, followed by other members including Virgilio Rodríguez, Alejandro Villalobos, Luis Moreno and Jaime Acevedo; Andrés Torres, Juan F. Hernández and Hernando Mosquera; Evencio Saza, Miguel Zárate, Zulma Plata, Pablo Rey, Donald Ortiz, Miguel F. Duarte and Luz Stella Montoya; Armando Vásquez, Jairo Sabogal, Alfinger Celi and his wife Lourdes Eid, Ricardo Flaminio Rojas, Edgar Moreno, Mabel Ávila, Carolina Chávez, Sandra O. Martínez, Martha S. Ramírez and Luisa H. Díaz. In June 1994 the Chapter was founded, and was brilliantly presided until 2002 by Luz Stella Montoya de Bayona, who was succeeded by Armando Vásquez Lobo.

h) Coffee-Growing Axis —Caldas, Quindío and Risaralda. The first to have a practice in Manizales was Heriberto Gómez Sierra, in 1965, aided by his disciple Jairo Mesa and by Bernardo Giraldo; Felipe Jaramillo, Lucía Van den Enden and John Harvey Gaviria practiced later. In Pereira the pioneer was Adolfo Ormaza; in Armenia, Fabio Rivera, María Bernarda Gáfaro, Julio César Vélez, Silvia Ferrer, Rafael Isaza and Carlos Horacio González. The Chapter was constituted on October 4, 2003, and is currently presided by Germán Santacoloma Osorio. It brings together 32 dermatologists and 2 honorary members, Adolfo Ormaza Hinestrosa (Figure 36) and Jairo Mesa Cock, who is at the present time the main Colombian figure in the field of ongoing education through virtual technology.

i) Chapter of the Center-East. It was founded in September 2003 in Bogotá by Michel Faizal Geagea; it is formed by the colleagues of the departments of Boyacá, Meta, Tolima, Huila and Caquetá and of the Cundinamarca city administrations other than Bogotá.

j) Chapter of Morrosquillo-Córdoba and Sucre. Hugo Corrales Lugo was the first to have a practice in Córdoba, followed by Albio Puche. In 1983 the new era in this field was launched with the arrival of the first school-trained dermatologist, Adolfo del Cristo Gómez Agámez (Figure 37), who studied in Mexico and Argentina and held the chair at the Medical School of the University Corporation of the Sinú (CUS). Later there arrived Rómulo Bitar, Víctor Otero, José Joaquín Meza, Catalina Zárate and Samira Acosta. In Sucre, Hugo Corrales Medrano was the pioneer; practicing at the current time are Mufith Salaiman, Jorge Vargas and Gabriel Rey. The Chapter was formed in 2004 and is presided by Catalina Zárate.

k) Chapter of Norte de Santander. Pedro Miguel Román Suárez was the pioneer, who promoted Dermatology in the region until his death in 2003. In April 2004 the Chapter was
officially launched in Cúcuta by Matilde Llanos Campo, Pablo Colmenares Porras, Emiro Andrade Chaparro and Sergio Cáceres Orozco, with the presidency of Álvaro Arévalo Durán.

1) *The Department of the Cauca.* The pioneers were José M. Delgado, Mario E. González and José F. Zambrano. As of 1983, Edgar Ricardo Altuzarra Galindo (Figure 38), dermatologist and epidemiologist, professor and Head of Departmental Sanitary Dermatology, has been practicing the profession in Popayán starting in 1983. Since 1992, Germán Velasco Cárdenas (Figure 39), a graduate of the University of Barcelona, and in 1999, José F. Ospina Alzate, of the University of Caldas and a university professor. In 2002 the dermatologists joined the Chapter of the Valley.

m) *Department of Boyacá.* The pioneer, as of 1968, was Antonio José Morales Segura (Figure 40), who on his return from Spain began his activities in a dedicated and highly competent manner, continuing up the present. Practicing since 1986 is Doris Stella León Romero (Figure 41) of the National University, who along with her husband, the physician-historian José Miguel Gaona, has been a major collaborator in this work; Aldo Fajardo Palencia, of the University del Valle, practices Dermatology since 1990.

I would like to recognize all the colleagues who have practiced and are practicing in diverse cities around the country, contributing to make our field greater, but am hindered by logical space considerations.

*The Branches*

a) *Colombian Association of Pediatric Dermatology.* It was created in Bogotá on December 12, 1992, by Antonio Barrera, Josefina Danies, Manuel Forero, Guillermo González, Evelyne Halpert, Mariano López, Amparo Ochoa, Jaime Soto, Enrique Suárez and Jairo Victoria. Enrique Suárez Peláez (Figure 42) was elected president and Antonio Barrera Arenales, secretary. The Association has as its goals to study, teach, and research and to promote new services. It is currently presided by Mariela Tavera. The First National Congress was held in 1994 in Bogotá, under the presidency of Dr. Suárez; a total of 6 national congresses have been held, 3 of them presided by Dr. Halpert.
b) Colombian Chapter of Dermatopathology. It was founded on June 22, 1996, in Bogotá, by Antonio Barrera (who was elected President), Patricia De-Castro, Felipe Jaramillo, Leonor Molina, Luis Fernando Palma, Gerzaín Rodríguez, Luis Alfredo Rueda Plata (Figure 43) and Ricardo Rueda. Among its aims are promoting and boosting study, teaching and research into the field and fostering the training of dermatopathologists.

c) Colombian Association of Oncological Dermatology. It was founded in Bogotá in August 2002 by Álvaro Acosta, Guillermo Gutiérrez, Xavier Rueda, Elkin Peñaranda and Guillermo Jiménez; the first three named were chosen president, vice-president and secretary, respectively. Despite being a recently created association, its members have carried out very sizable educational and community service work.

d) History Association of Colombian Dermatology. It was founded on June 12, 2004, at the initiative of César Iván Varela Hernández and Michel Faizal Geagea, with Antonio Torres, Jaime Gil, Danielle Alencar-Ponte, Jairo Mesa, Juan Pedro Velásquez, Evelyne Halpert, Flavio Gómez and Jaime Soto. Varela was chosen President, Faizal Vice-president and Alencar-Ponte Secretary. The main goals of the institution are to guard the conservation of the memory of the events and the figures of the specialized field, and to disseminate it through teaching (Figure 44).

Scientific publications

Since the seventeenth century, numerous publications have been issued in Colombia on medical matters, as well as on Dermatology. The contributions stem from the development of this specialty in our country, as can be seen in this paper’s bibliography. Here we limit ourselves to offering a brief outline of two of the main current publications.

The Colombian Journal of Dermatology (Revista Colombiana de Dermatología)

COLLABORATOR: Flavio Gómez Vargas

The Revista Colombiana de Dermatología (The Journal) is the official organ of the Colombian Association of Dermatology and Dermatological Surgery, its chapters and regional chapters. Its content is basically of a scientific nature although on occasion news
of a trade or informative nature is published. Its main mission is ongoing medical education. The Journal was born at the initiative of Flavio Gómez Vargas (Figure 45) during his presidency of the Association (1990-1992), with the cooperation of Mr. William Sánchez, an executive of the Essex Farmacéutica medical drug division of Schering Plough S.A. Dr. Gómez offered the editorship of the magazine to Carlos Enrique Escobar Restrepo (Figure 46); the latter was succeeded by Diego E. Jaramillo, Jaime Soto and Juan Jaime Atuesta. In 1998 Carlos Escobar returned as editor. Upon his death (1999) he was succeeded by María Isabel Barona and Lucy García and as of 2002, the editor is Luis Fernando Balcázar Romero. The first number appeared on July 1, 1999. The journal is published on a quarterly basis and prints 1,000 copies.

The Association’s Web page: <www.asocolderma.org>

Collaborator: Jairo Mesa Cock

Jairo Mesa Cock (Figure 47), who has devoted his life to teaching at the University of Caldas in Manizales, thought on retirement in 1994 that “computer technology and the Internet would be ideal tools that could be employed for many aims and among dermatologists... for educational purposes.” As of 1998 he organized a base of electronic addresses of dermatologists whom he regularly sent summaries and remarks on articles in diverse publications, which gave rise to the Club de Revistas. In the year 2000 Mario Linares Barrios, who heads the Foro Dermatológico in Cadiz, Spain, began to give the Journals Club dissemination. In 2002, another brilliant and eager Spanish colleague, Paco Russo, launched an analogous space on the Web, the Foro Bibliográfico, and invited Dr. Mesa to participate in it.

The Association’s Web page was created in September 2001, during the presidency of Ángela Zuluaga de Cadena; in 2002 it began to be sponsored by Laboratorios Aldoquín, thanks to its manager, Gabriel Peña. In October 2002, Jairo Mesa Cock let the new president, Evelyne Halpert, know of his wish to create a page on the Internet aimed at dermatologists, for educational purposes, a task he launched on January 1, 2003. Since then he has edited the page excellently, imprinting his personality, developing innovations, teaching and sowing the sense of belonging to the scientific community. It currently contains spaces for general information, announcements, academic and scientific events, members, list of addresses, residents, history, regional chapters, journals club, weekly minicases, special dermatological snippets, trade forum, the electronic Forum and outreach to the community, among others, with multiple links. The page is visited by colleagues from Ibero-America, turning into a reference point for unity, information and teaching.

### Scientific activities

Collaborator: Danielle Alencar-Ponte

The Colombian Association of Dermatology and Dermatological Surgery, as well as its branches, regional chapters, services and schools of Dermatology, have carried out numerous academic events. For reasons of space, only those that have been of a national and international nature are pointed out here.
The Association has held 24 national congresses, the first in Bogotá (December 8-10, 1960), the second in Medellín (1961), the third in Cali (1963), under the presidencies of Guillermo Pardo Villalba, José Posada Trujillo and Hernán Tobón Pizarro, respectively. The following ones took place in Bucaramanga, Bogotá, Barranquilla, Manizales, Pereira, Paipa, Pasto, Cartagena, San Andrés, Santa Marta and Bogotá (2004).

Six national congresses of Pediatric Dermatology have also been held (since 1964, every two years), and three national congresses of Dermatological Surgery (since 1999, every two years).

The Ninth Ibero-Latin American Congress took place in Medellín in 1979, under the presidency of Alonso Cortés.

Some other events held by schools and chapters include:
- 10 international symposia on Dermatology, Institute of Health Sciences (CES);
- 1 international symposium on Contact Dermatitis (Bolivarian Pontifical U.) and two international symposia (city of Medellín, University of Antioquia, CES and Bolivarian Pontifical U., in Medellín).
- 4 international seminars on pediatric Dermatology;
- 7 symposia on dermatological therapy;
- 2 courses of the International Society of Dermatology, U. del Valle;
- 18 courses of the International Society of Dermatology, organized by María Mélida Durán, Bogotá.
- Multiple dermatological sessions of the Coast, Bolivarian Society.
- 2 oncological Dermatology seminars and 1 course, School of Oncological Dermatology, National Cancer Institute.
- 4 dermatological symposia of the Caribbean, Association of Dermatologists of the Atlantic.
- Fifteenth Bolivarian Congress 2000 and Fourth Colombian-Venezuelan Encounter, Pereira.
- “Pedro Miguel Román Suárez” dermatological athenaeum, Chapter of North of Santander.
- 1 course on Progress in Dermatology, 1 course on Tropical Medicine and Sessions on “Skin Cancer Prevention”; Central Military Hospital, University of New Granada.
- 4 refresher courses and workshops, Association of Santander.

Teaching Dermatology: Dermatology schools-services

In Colombia the teaching of this specialized field has been carried out in the diverse Dermatology services, within the framework of academic and research and taking university hospitals, whose contribution has been fundamental for dermatological treatment for the community, as the base for action. Nine services exist with graduate studies in Dermatology at different universities in Bogotá, Medellín, Manizales and Cali, one oncological Dermatology subfield program in Bogotá and one dermatological surgery program in Medellín. In addition, various Dermatology services operate in many cities and offer undergraduate medical teaching.

Since they were launched in the nineteenth century, the services have turned into true schools of Dermatology that have accompanied the development of the field. During the first years they followed the guidelines of European schools, particularly that of the French, which became dogma in the medical world. At the beginning of the twentieth century it came under the influence of the United States school, which continues to this day. Since the mid-twentieth century it has also received the contribution from the Latin American schools, especially those of Argentina, Brazil and Mexico, since many dermatologists have traveled to those countries for their training. With these varied influences,
added to the personal imprint of the illustrious colleagues who have headed the diverse schools, most programs have developed an identity of their own.

**Dermatology Service of the National University of Colombia, Bogotá**

The teaching of Dermatology began in 1886. Its first professor, Gabriel José Castañeda, gave the chair an orientation toward the teaching of tropical pathology until 1898. Julio Escobar headed the chair from 1901 to 1903. Luis Cuervo Márquez continued teaching activities, now under the name of Dermatology and Syphilography Clinic; Luis J. Uricochea participated as of 1908, and José Ignacio Uribe as of 1910; starting with Uribe, Dermatology became catalogued as a specialized field. In 1927 Manuel José Silva, one of the main stalwarts of any era, implemented student care at the Water of God Leprosarium and created the Dermatological Wax Museum. The illustrious professor Gonzalo Reyes García taught from 1930 to his retirement in 1961. Professors Miguel Serrano Camargo, Carlos Cortés Enciso, José Ignacio Chala Hidalgo, Alfredo Laverde Laverde, Guillermo Pardo Villalba and Tomás Henao Blanco collaborated during that time. In 1936, Alfonso Gamboa Amador started out as a professor, teaching the course on syphilography.

At the end of the 1950s, Fabio Londoño González came in as a professor, in 1958 launching the graduate program in the framework of the new trends in the United States. He filled the top post until his retirement in 1966. Its first resident, who graduated in 1961, was Guillermo Gutiérrez Aldana, a great enthusiast and collaborator in this text, who reached the leadership position in 1965, replacing Miguel Serrano Camargo. Dr. Gutiérrez updated the service in the location, administrative and academic spheres; he upgraded the Max Museum and reformed the graduate program in 1973. In 1978 he extended his creative force to the National Cancerology Institute, where in 1992 he created the graduate course in dermatological oncology, for the design of which he turned to Michel Faizal Geagea and which was launched by Álvaro Enrique Acosta Madieno de Hart. Thus began the era of skin surgery and oncology. The second to graduate was Víctor Manuel Zambrano. From 1978 to 1984 Fernando García Jiménez led the service, being remembered for his diagnostic and pathological approach. In that period Gerazín Rodríguez Toro joined the Department of Pathology, at the National Institute of Health. Víctor Manuel Zambrano continued in the leadership until 1990. Manuel Forero came on board in those years; he launched the work on pediatric Dermatology. Joining in 1989 was Luis Fernando Palma, a pathologist of the National University and a dermatologist who had studied in Mexico and the United States; his unmatched academic training and his humanistic traits caused him to become an inestimable histopathological teacher; his practice is an example of book and life knowledge. In 1992, Héctor José Castellanos Lorduy began teaching; he headed the Service between 1994 and 1998 and reformed the academic program. He was succeeded from 1999 to 2002 by José Rómulo Villamizar Betancourt with great human and teaching qualities. Joining as a teacher in 1991 was Michel Faizal Geagea (Figure 48), a former student, who also studied dermatological surgery at the University of São Paulo and tropical Dermatology at the University of Amazonas (Brazil). He headed the service as of 2002, and as of 2004 was head of the Internal Medicine Department. Right from his arrival he launched the practice and teaching of dermatological, oncological, reconstructive and esthetic surgery, as well as Mohs surgery. In 1999, he restarted care at the Water of God Sanatorium; in 2000 he co-founded the Telemedicine Center and created the Teledermatology Center, which offers teaching and contributes solutions to dermatological problems in the Colombian-Brazilian-Peruvian Amazon region.

At the end of the 1990s the government, in a regrettable decision, decreed the closure of the St. John of God Hospital, a crisis which was overcome with dignity by officials,
professors and residents; at the suggestion of Luis Fernando Palma the Service was transferred to the Victory and Carlos Lleras hospitals; in late 2002, it also carried out activities at the St. Rose of Lima Clinic. In 2003, work was begun at the Samaritan Hospital. The Service has been a bulwark of academic and research work and many of its graduates teach at diverse institutions.

Dermatology Service of the University of Antioquia, Medellín

The chair of Dermatology and Syphilography was launched in 1920 with Gustavo Uribe Escobar, who held the position for approximately 20 years and had a disciple in José Posada Trujillo, who succeeded him in the chair (1936-1960) and made major contributions to the study of sporotrichosis, having Carlos Enrique Tobón as his great collaborator. In the 1950s, the door was opened to U.S. medicine, the teaching of the basic sciences was introduced and technological development brought in. Gonzalo Calle Vélez returned from Michigan in 1955, bringing the first fungus collection and launching research into that area. Returning in 1959 was Alonso Cortés Cortés, a privileged person as regards intellect and heart, a consummate teacher, whose lessons of semiotics had his students spellbound; his unquenchable thirst for knowledge kept his learning unscathed. With them, the specialized dermatological study program was launched in 1959, receiving governmental approval in 1963. Prof. Cortés was succeeded in the lead by Juan Pedro Velásquez Berruecos, Diego Elías Jaramillo and Fernando Vallejo Cadavid (Figure 49). In 1959 a union was instituted between the Dermatology, Pathology and Mycology services, an important role being played in this by the first dermatopathologist, Mario Robledo Villegas, who lacked pride or conceit over his incomparable knowledge and who facilitated the study of mycoses. Mycological research was reinforced in a fundamental manner in the 1960s with the outstanding mycologist and researcher Ángela Restrepo Moreno. Her contributions to the knowledge of that science, particularly paracoccidiodomycosis, are incalculable; her probing spirit has led her, up to the present, to carry out the most complex and specialized research at the national and international levels. In 1969 Gonzalo Calle, along with Myriam Mesa de Sanclemente and Stella Prada de Castañeda, brilliant and eager, introduced immunofluorescence into the country. In 1975 the “Gustavo Uribe Escobar” dermatopathology laboratory was founded, led by the eminent dermatopathologist and teacher Walter León Hernández.

The School has graduated 63 dermatologists. The first were Laureano Guerrero, Enrique Saldarriaga Arango, Mario Henao, Heriberto Gómez, Víctor Cárdenas, Fabio Rivera, Fernando García, Juan Pedro Velásquez, Jorge Mesa and Flavio Gómez Vargas — upright, strict in his teaching and full of cordiality, one of the most outstanding pedagogues until his retirement. The country’s first female dermatologist, Myriam Mesa de Sanclemente (Figure 50), graduated in 1971. More than half of the School’s graduates have had a teaching career and several have also stood out in public life as senators, governors, mayors, university presidents, ambassadors and ministers. The School has adapted to modern scientific development, consolidating research, and has always maintained the goal of searching for academic excellence and articulating it with the area’s and the country’s development.

Dermatology Service of the University of Caldas, Manizales

The School was founded in 1965 at the University Hospital of Caldas by Heriberto Gómez Sierra (Figure 51), a dermatologist of the University of Antioquia, on his return from Michigan, where the studied immunofluorescence. The first graduate, in 1968, was Jairo Mesa Cock, an extraordinary teacher for many decades,
head of the service, and dean, an invaluable collaborator for this text. In 1967 the group was joined by dermatologist and allergologist Bernardo Giraldo Neira, who studied in Cleveland and Minnesota. The heads of the service have been Heriberto Gómez (1965-1980 and 1986-1994), Jairo Mesa (1980-1985); since 1994, the post has been filled by Felipe Jaramillo Ayerbe, a graduate of the National University and, as a dermatopathologist, a disciple, of Bernard Ackerman’s; as full professor since 1988, he has brought in, as teachers, Lucía Van den Enden, Ana María Hoyos, Martha Cecilia Bernal and Germán Santacoloma, brilliant former students, and John Harvey Gaviria; Josefina Danies also taught there. The service, with Drs. Gómez Sierra and Mesa Cock at the head, in 1965 fostered the creation of the Bolivarian Federation of Dermatology. The School, which is noted for its high scientific, humanistic and cultural level, has graduated 22 dermatologists.

Federico Lleras Acosta Dermatological Center – Javerian University of Bogotá

In the 1920s, in Bogotá, Federico Lleras Acosta founded his Institute for Leprosy Research laboratory, which as of 1934 was called Central Laboratory for Leprosy Research and on his death, in 1938, was by national decree renamed Federico Lleras Acosta Institute. This institution, a pioneer in biomedical research in Colombia, developed the chair of leprology. In 1965 it turned into the Institute of Research and Special Study on Dermatology and Leprosy. The Institute’s founding master was succeeded in its leadership by his brilliant disciple Luis Patiño Camargo in 1938. Since the 1950s, the participation of Fuad Muvdi Chaín has been invaluable. In 1957, when Jorge Arenas Ramírez was the director, Fabio Londoño arrived spontaneously to offer treatment in Dermatology. The teaching of the specialized field was begun in 1967, aimed at the outset at medical undergraduates at the Javerian University and expanded later to those of the Higher School of the Rosary. On August 1, 1968, the graduate course in Dermatology was created under an agreement with the Javerian University; its founder, Fabio Londoño González (Figure 52), led its transition from research institute to treatment center. Dr. Londoño held the top post until 1989, replaced during 8 months (between 1984 and 1985) by María Mélida Durán Merchán. In those years, along with that of Dr. Muvdi, fundamental teaching cooperation was provided by Luis Alfredo Rueda, Rafael Uribe, Jorge Humberto Reyes and later on Alfonso Quintero. From 1989 to 1993, the leadership was exercised by the illustrious Prof. Mariano López, followed by Luisa Porras de Quintana.

What is now the Federico Lleras Acosta Dermatological Center has been a space for the teaching of undergraduate and graduate students of diverse universities. It has trained 108 dermatologists, starting with the first graduate, Mariano López López, in 1970. Several of the graduates have been professors, founders and heads of schools of Dermatology. From its beginnings, the school has been concerned with promoting clinical, therapeutic and research capabilities among its students; since 1993, emphasis has been laid on comprehensive human education, with consciousness of social responsibility, in the development of pedagogical, administrative and leadership abilities.

Dermatology Service of the University del Valle, Santiago de Cali

In 1956, Hernán Tobón and Jaime Betancourt launched the chair and the teaching of undergraduate Dermatology at the University del Valle. In 1970, Rafael Falabella Falabella (Figure 53) invited Jaime Betancourt Osorio and Nelson Giraldo Restrepo to found the Dermatology Service at the “Evaristo García” University Hospital del Valle, where they launched the graduate studies program in 1971. Hipólito González, a Panamanian, was the first to graduate, in 1973. Later the faculty would be joined by Antonio Torres and Carlos Escobar, the genius of Dermatology and of living, who in 1975 was the third to graduate; it was said of him that “he simply was a
man beyond the common mold by virtue of his simplicity, kindness, erudition and wisdom.” Without his contribution the School wouldn’t be what it is today.

Nelson Giraldo, Antonio Torres and Ricardo Rueda have been pillars of research and of dermatopathology. Carlos Escobar launched the era of dermatological surgery, continued in the 1990s and enriched with the Mohs technique by Claudia Covelli and Carmen De La Hoz and Pablo Tróchez in dermocosmetic surgery. In 1990 Rafael Falabella created the Dermatological Promotion and Development Fund (PRODERMA) which constitutes a major support for academic development, research and the treatment of patients; Jairo Victoria joined later. The School has 22 professors, most of them ad honorem, like Luis Hernando Moreno Macias (Figure 54), who additionally is a master in microbiology and has stood out as a pillar in the teaching field for more than two decades; Martha Campo and María Isabel Barona who back research; Adriana Arrunátegui, a fantastic teacher; Lucy García, researcher and master in microbiology; Luis Fernando Balcázar, Myriam Vargas, César Iván Varela and Doraldia Castro, among others. The service, headed by its chief, has deepened research into pigmentation diseases, particularly vitiligo, developing surgical techniques for treatment. It has had 46 graduates, and expanded the graduate program to 4 years as of 2004. Since its creation, the leadership has been held by Rafael Falabella, whose name takes the Service to perpetuity as of the year 2000.

Dermatology Service of the Central Military Hospital of the New Granada Military University, Bogotá

The Service started out in 1969 as an adjunct to the Internal Medicine Department with professors Alberto Medina and Luis Alfredo Rueda; Julio César Medellín and María Teresa Palacios joined in 1975, and in 1980 the pathologist Gerzaín Rodríguez. In 1983 the Service was founded by the brilliant and noted master Juan Guillermo Chalela Mantilla (Figure 55), who led it until 1991; he was succeeded by another luminary of the country’s Dermatology, Jaime Soto Mancipe (from 1992 to 1994); next by María Claudia Torres (between 1995 and 2003), and since then by Olga Patricia Escobar Gil. The service has held academic events in Dermatology and tropical diseases and important cancer prevention sessions. In research it has been a pioneer in PUVA treatment and the handling of mycosis fungoides. It has turned out 39 specialists, the first having been Nancy Castro in 1984.

Dermatology Service of the Institute of Health Sciences (CES), Medellín

The CES Medical School was founded in 1978; José Ignacio Gómez, Jorge Mesa and afterwards Diego Elías Jaramillo were the first professors of the undergraduate chair of Dermatology and those who organized the program and the first photographic archive. Ángela Zuluaga de Cadena (Figure 56) was the first professor named on an exclusive basis in 1984, followed by Amparo Ochoa. The graduate program in Dermatology, adopted in 1998, was written by Ángela Zuluaga, since then head and full professor, with Amparo Ochoa and Myriam Mesa. The faculty also includes Laureano Osorio, Olga Lucía Castaño, Claudia Uribe, Sol Beatriz Jiménez, Guillermo Jiménez and Isabel Cristina Vásquez. Its residents have rotated to Spain, Guatemala, United States, Canada, Mexico, Argentina and France. It has graduated 24 dermatologists, starting with the first, Luz Stella Abisaad, in 1991. In 1994 the service pioneered with the creation of the subspecialty program in dermatological surgery, graduating its first student, Guillermo Jiménez.
Calfat, in 1995. It has organized academic and scientific events, owns an excellent photographic archive and has carried out much research earning domestic and international recognition.

**Dermatology service of the Forest University, Bogotá**

The illustrious professor Mariano López López (Figure 57), who was working as director of the Federico Lleras Dermatological Center, in 1989 launched the Dermatology program of the Colombian Medical School, currently Forest University, adopted in 1992. From 1994 to 2003 it was led by Juan Guillermo Chalela Mantilla, followed by Adriana Motta Beltrán. It has turned out 21 dermatologists; Eduardo Salcedo and Mónica Rivera were its first graduates, in the year 1997.

**Dermatology service of the Bolivarian Pontifical University of Medellín**

In 1995 Guillermo Jiménez Calfat, dermatologist and oncologist, Rodrigo Restrepo Molina, pathologist, and Luz Marina Gómez Vargas (Figure 58), dermatologist of the Javerian University in Bogotá, drew up the project for graduate studies in Dermatology, which was adopted in 1996. It has produced 10 dermatologists; the first graduate was Paula Alexandra Mejía in 1999. Its residents have carried out rotations in Barcelona, London and Buenos Aires; it has participated in the organization of scientific and ongoing education events. This group of young figures has from the outset been under the leadership of Luz Marina Gómez Vargas, who imbues it with the dynamism and successful growth inherent in the region.

**School of Oncological Dermatology, National Cancerology Institute of Bogotá**

It had its origin in 1934 at the National Radium Institute, which changed its name to National Cancer Institute in 1953. Since 1979 it was led by the oncological dermatologist Guillermo Gutiérrez Aldana, who in 1992 created the subfield of oncological Dermatology, turning to Michel Faizal Geagea for its design. In that same year, Álvaro Enrique Acosta Madiedo de Hart (Figure 59) took over as head of the school. The first graduate was María Bernarda Durango in 1993, followed by Guillermo Jiménez, Elkin Peñaranda, Gustavo Pérez and Ana Francisca Ramírez. Residents from other schools carry out rotations at the Institute in their last year. In 1995 the Javerian University of Bogotá began to award the degree of specialist in Oncological Dermatology to the graduates of the School, where seminars and courses in the subfield are successfully carried out.

### Dermatology, art and culture

**Dermatology, literature and art**

Major Colombian writers have made reference in their works to skin diseases. By way of example: “While he carried the beat with his big walking feet cracked by saltpeter” (Gabriel García Márquez in One Hundred Years of Solitude). Others have been inspired by the beauty of the skin:
I am looking for a woman’s skin:
White or black, the color doesn’t matter.
Warm, although I prefer it ardent.
One which allows all caresses...
(Juan Jaime Atuesta in “Classified I”).

In their essence, medicine, and Dermatology in particular, contain a sensitivity toward art, and for that reason many dermatologists cultivate its diverse branches. Standouts among them are: in painting, Mary Ann Robledo, Ángela Londoño, Melba Labrada and Sergio Martínez; in drawing, Milton Mejía; in wood carving, Norma González; in stained-glass windows, Jaime Betancourt; in handicrafts, Lucía Van den Enden and Claudia Lozada; in sculpture, Jaime Betancourt and Hugo Espinal; in poetry, Jaime Betancourt, Luis Hernando Moreno, Adriana Arrunátegui, José Librado Vásquez, Martha Valbuena, Luis Arturo Gamboa, César Iván Varela and Blanca Lilia Lesmes; in musical composition, César Iván Varela; in photography, Juan Pedro Velásquez, Fernando Botero, Carlos Escobar, Jaime Gil, Carmen Alicia Martínez, Juan Jaime Atuesta, Xavier Rueda and Mabel Ávila (Figures 60, 61, 62, 63).

Today I looked at a flower, and in its petals your face drawn
Today I smelled a flower, and in its aroma your breath reflected
Today I touched a flower, and in its softness felt your skin
Today I drank from a flower, and in its nectar the aroma of your lips
Today I observed a flower, and in its brilliance the reflection of your tender
[and pure regard
Today I listened to the swaying of a flower, and in it I perceived
[your sweet voice...
(César Iván Varela Hernández, in “Thoughts”).

Today I lost a tear,
It got away without my noticing it
When I was thinking of you.
It was a furtive tear
Which nimbly rolled
Down my cheek and made
My longing evident...
(Carlos Aníbal Niño Calero, en “To Tania”).

. . . And I also tell them
With tearful eyes,
And a heavy heart,
That nothing is happening here
That they should carry on
Seeking little birds
Singing among the branches...
(Jaime Betancourt Osorio, in “Illusions”).

. . . Violins of the twilights in your enrapturing speech
Bright twinkling stars of blue like the sea’s
The mother-of-pearl of your skin sculpted in the clouds
Inspire, unmatched, my being, my light, my love.

The trill in your lips preludes the laurel
Taking our trip to the swaying of lilac cámbulos
My romance is paternal, an offering to the great creator.
(César Iván Varela H., in “Camila”).

. . . When your worries overwhelm you
Think of the good things,
Of the beautiful moments
And of the people you love.
Search in the bottom of your heart
And you will find the road to the stars.
Dream, have hope and patience,
They are the three moons that will lighten
The night of impossible things...
(Martha Cecilia Valbuena Mesa, in “When”)

“Each person has, as is obvious, had a different type of skin as its ideal of beauty; a snowy color, ivory-like, moonlike silver, among Europeans; golden, corn, for American Indians; black akin to “diamond-like night,” or ebony, for Africans...” (Jaime Gil Jaramillo, in “Skin,” non-fiction book).

“The amazement of looking at you even if I cannot see you. In comparison to you the smallness of my own matter amazes me. I would like to get to know you, to discover all your secrets. But I believe that at that instant my charmed dream would shatter into a thousand pieces and would lose all its magic...” (Luis Arturo Gamboa Suárez, in “To the Universe”).

Like a resplendent star at the height of the zenith,
You arrived with your brilliance, setting my feeling alight,
Your great eyes like the prairie in spring,
Your mouth painted by a brush, your skin like cinnamon,
Your grace is a charm, your speech a poem.
(César Iván Varela H., in “Natalia”).
Our medical history is based on the cultural development of the native societies, among which the myths and beliefs were transmitted as ancestral information from generation to generation. Among primitive cultures, religion, magic and medical treatment necessarily were utterly inseparable. The primitive patient and his healer sought supernatural origins for many events, including illnesses, and were psychologically predisposed to accept the efficacy of magic.\footnote{47}

Shamans had to be privileged and respected doctor-priests who followed the line of conduct of Chibcha medicine. The term tegua (healer) appeared with the arrival of the Spaniards, although it is a Muisca Indian word. In the lands of the chieftancy of Quemuenchatoca, in the Boyacá township of Campohermoso, there existed and exists the Teguas community, in which the Indians maintained a center for the education, from adolescence onwards, of the future zaques and other chiefs, of the priests and shamans. With the varied flora available there, the elect practiced and learned the therapeutic properties of plants. When the Spaniards learned about these practices, they began to give the name of teguas to the healers, herb doctors, witch doctors and natives with the ability to cure illnesses.\footnote{2}

Healers, shamans, teguas and medicine men have been regarded with distinction among primitive peoples, although each of them probably had different peculiarities. Shamans, possessing millennial knowledge, employed diverse psychotropic plans, some of them stimulants like coca or tobacco, others hallucinogenic like ayahuá, Banisteropsis caapi, or yopo, Virola sp; these plants serve to produce or accelerate alternate states of consciousness, by means of which it was possible to effect cures and establish contact with the supernatural world. Within their religious tradition, some groups of mixed-blood colonists admitted the use of psychotropic plants and Indian shamanism as a healing alternative. “Shamans, interpreters of natural events, fulfill a primordial political, social and religious role within the cultural contexts to which they belong, insofar as they provide protection for their group in the face of the aggression of beings and forces, and even in the face of the ritual and shamanistic attacks originating in other groups”\footnote{3}. The knowledge, handling and use of plants and of other elements of an animal or mineral origin constitute a fundamental part of the shaman’s power and, of course, of the efficacy of his practice in the search for the causes of diseases.

During the Discovery and at the outset of the Colony, the appearance of medicine men who performed the role of physicians, and of barbers who acted as surgeons, was the product of the urgent need for medical care among the population in the face of the scarcity of physicians holding degrees. The first medicine man that we know about was Diego de Montes in 1535.\footnote{9} Healers were harshly criticized for their lack of knowledge; nevertheless, in specific circumstances they played an honorable and/or necessary role in history.

From the book Dermaotology in France, which was given as a gift to those of us who participated in the last World Congress in Paris (2002), I have culled the following paragraph that appropriately reflects my way of thinking about the subject under discussion: “Within a few years, Dermatology has undergone an extraordinary evolution not to remain in the shadows. Centuries of beliefs in which medical practice did not stray far from the empirical practices of a popular medicine that could only resort to natural remedies or to untested conceptions. The development of rigorous scientific and clinical research and the generation of fortuitous therapeutic trials have revolutionized the progress of cures, efficiency being the winner. Nevertheless, the history of France teaches us that the spirit doesn’t always accept falling ill within the realm of reason; everyone has the right to believe in the irrational. In the face of what we today call the “placebo effect” and...
which years ago might have been termed a “mystery,” each one shall be free to resort to beliefs, spirituality, imagination or convictions.48.

Wax molds: the Dermatological Wax Museum of the National University of Colombia

COLLABORATOR: Michel Faizal Geagea

In the 1930s, at the National University in Bogotá, Manuel José Silva created the Dermatological Wax Museum, with the aim of having it provide study materials at the Medical School. Along with other professors of the time, he assigned the manufacture of the wax pieces to the sculptor Lisandro Morero Parra and to the master G. Restrepo, who engaged in prior training in France, which already possessed magnificent museums. The masters created more than 300 sculptures of tropical, infectious and venereal diseases, on a 1:1 scale, keeping secret the method of working with the wax and achieving a surprising realism (Figure 65).

I transcribe parts of a communication by Guillermo Gutiérrez Aldana to Michel Faizal Geagea, Head of the Dermatology Service and of the Department of Internal Medicine, that illustrates the beauty of the work: “Prof. Guillermo Pardo Villalba, who on many occasions witnessed the manufacture of these pieces, told me that the artist carried out a strict cleaning with antiseptics of that time; afterwards he applied a gypsum putty which he himself prepared secretly, allowed it to dry and carefully removed it. In it he poured paraffin wax of a color similar to that of the patient. The mask being obtained he colored it in front of the patient with tints chosen according to the clinical features of the selected lesion, giving it a truly surprising realism. The figures thus obtained were placed and fastened on wooden slats, labeled, classified and taken to display cases for exhibition and teaching.15.

The sculptures, located in the pavilions of the St. John of God Hospital, served for many years for the delectation of professors and students during Dermatology lessons; but modernism, the creation of photographic albums and afterwards of slides, caused the pieces in the Wax Museum to fall into academic disuse. In 1960, Prof. Gutiérrez Aldana rescued the Museum and transferred it to the St. Peter pavilion of the St. John of God Hospital, but when he retired from the service in 1979, it was once again abandoned. In 1995, when the hospital was closed down, it was transferred to the place it now occupies at the Museum of Medical History of the National University’s Medical School, under the care of director Emilio Quevedo and medical student Alain Alexander Camacho. Currently Dr. Faizal is devotedly carrying out the restoration and recovery of such a valuable historical jewel.

If this brief historical summary of Dermatology in Colombia, from the millennial wisdom of the Indians to that of our contemporaries, has recreated their moments of reading and contributed to the knowledge about our field in Latin America, it will be a source of satisfaction to all of us who in one way or another have contributed to preparing it. ■

September 2005

Acknowledgements

Acknowledgements to dermatologist colleagues

Alfonso Rebolledo Muñoz, Álvaro Arévalo Durán, Álvaro Correa Sánchez, Álvaro Enrique Acosta Madiedo de Hart, Ángela Zuluaga de Cadena, Armando Vásquez Lobo,
Acknowledgement to special collaborators

Dr. Evelyne Halpert Ziskiend, President of the Colombian Association of Dermatology and Dermatological Surgery.

Dr. Zoilo Cuellar Montoya, President of Colombia’s National Academy of Medicine.

Dr. Hugo Armando Sotomayor Tribín, Secretary of the Association of History of Colombian Medicine.

Dr. Emilio Quevedo, Director of the Medical History Center, National University of Colombia; student Alain Alexander Camacho, Monitor.

Dr. Jaime Gómez-González, Coordinator of the Hispanic American Medical Biographical Circle.

Ms. Diana María Martínez Renza, social communicator-journalist.

Ms. Dilia Franz Valencia, final grammatical proofreader.

Dr. Claudia Juliana Díaz Gómez, resident of the Dermatology Service. University del Valle.

Ms. Nelly Pinzón, secretary of the Colombian Association of Dermatology and Dermatological Surgery.

Dr. José Miguel Gaona R, physician and historian.

Mr. Fernando Joel Moreno, photographer.

References


11. Zuluaga G. El aprendizaje de


This paper offers a chronology that encompasses the following periods in Cuban history: Colonial period (1509-1902), Period of the Bourgeois Liberal Republic (1902-1958) and Period of the Socialist Revolution (since 1959).

Colonial period (1509-1902)

The history of skin diseases dates back to the dawn of civilization. In the sixteenth and seventeenth centuries knowledge had already been gained with regard to numerous ailments that were treated empirically with preparations of substances of various kinds, backed by religious prayers and invocations to the gods.

Like the rest of mankind, the first inhabitants of Cuba (Siboney, Taíno and Guanahatey) suffered skin diseases. According to Friar Bartolomé de las Casas and other chroniclers, the Cuban natives who had not been influenced by European culture were healthy people; nevertheless, they make reference to some skin diseases which they noted in the population, such as buboe, which the Indians called bipas or buaynara; they also mention the lesions caused by *Pulex penetrans*, known as nigua (chiggers).

Gonzalo Fernández de Oviedo, quoted by Pardo Castelló¹, narrates that in addition to the ailments pointed out by Father De las Casas, the first inhabitants likewise suffered from troublesome afflictions such as dermatitis venenata caused by the latex from the trees known under the names of guao and manzanillo². The conquerors’ observations are of extraordinary value, since they were carried out when the natives hadn’t yet come under the influence of European culture.

S. Picaza, for his part, in his monograph “Medical Study of the Cuban Indian,” sets out with absolute clarity the main ailments that afflicted our Indians, mentioning frambesía or pián and other vitamin deficiencies³.

Gordon (1894) mentions among the skin diseases suffered by the Siboney and Taíno one which they called caracol (snail), and which some authors identify with pellagra. Also present among our population were acne, ulcers, cases of albinism, lesions caused by insect bites and others.

On January 17, 1613, the first document was issued that indicates the beginning of endemic leprosy in our country. The Record of the Cabildo (municipal government meeting)
held in Havana on that date says literally, “The Aldermen or inhabitants of this city said that it had come to their knowledge that in it there are four or six people affected by the Disease of St. Lazarus, who have arrived from outside, and who promenade along the streets with great harm and damage in the city for its inhabitants because it is an infectious disease”\textsuperscript{4}.

The incidence of leprosy began to rise and new cases began to appear among the city’s inhabitants, as well as among newly arrived Spaniards and African slaves, which worried the authorities. In Cabildo records after March 10, 1662, the Agreement is recorded to “set aside a hut” to gather those who suffer the infectious Disease of St. Lazarus\textsuperscript{5}.

In 1840, the publication of medical journals began in Havana, which included numerous articles on Dermatology.

In 1873 the first government initiative took place that demonstrates the concern of the sanitary officials of that time over venereal diseases: the so-called Hygiene Hospital was founded and, in the face of alarm over the number of prostitutes existing in Havana, the first regulation of prostitution was issued, a \textit{Special Regulation of Public Hygiene}\textsuperscript{6}.

In November 1879, at the Academy of Medical, Physical and Natural Sciences in Havana, the Cuban sage Carlos Juan Finlay participated in an in-depth debate on the infection and compulsory isolation of leprosy patients\textsuperscript{7}.

During the nineteenth century, syphilography definitively became part of Dermatology thanks to the unsurpassable work of Ricard and Fournier, founders of clinical syphilography\textsuperscript{8}.

At the end of the century (1899) Dr. Raimundo G. Menocal was appointed professor of Surgical Clinical Medicine at the Havana University Medical School; his subject included what is today the field of Dermatology which includes leprosy and syphilis\textsuperscript{9} (Figure 1).

\section*{Period of the Bourgeois Liberal Republic (1902-1958)}

In 1901, in the midst of the United States intervention, Prof. Raimundo G. Menocal was put in charge of the Chair of Dermatology and Syphilography which had just been created with the launching of the education reform known under the name of \textit{Varona Plan}.

Prof. Raimundo G. Menocal was born in 1856 in San Felipe, San Antonio de las Vegas. He studied at the University of Madrid and took a degree at the Zaragoza Medical School in 1876, attaining a doctorate that same year at Havana University. His experience in Dermatology was attested by his work at the Saint-Louis Hospital in Paris, alongside outstanding professors of the glorious period of French Dermatology in the nineteenth century.

He collaborated with the fatherland’s independence founding the “Oscar Primelles” Revolutionary Club in the city of New York. He launched the teaching of Dermatology in the year 1903, offering complementary courses, lasting three months, for medical students, in what may be regarded as the first dermatological teaching activity on record in Cuba\textsuperscript{10}. A man of great pedagogical mastery and vast medical culture, he is regarded as one of the pioneers of Latin American Dermatology.

Menocal performed his teaching activities at the old Our Lady of Mercies Hospital (founded in 1886), the heir of the Royal Hospital of St. Philip and Santiago, also known as St. John of God (founded in 1598)\textsuperscript{11} (Figure 2). At the Mercies Hospital he created the first mycology laboratory that existed in Cuba and organized a museum of wax models where very faithful reproductions of diverse dermatological diseases were exhibited.

In 1906, the Hospital No. 1 (currently General Calixto García University Hospital)
opened the first room for the treatment of leprosy patients, headed by Dr. Matías Duque Perdomo, Cuba’s first Secretary for Health and Welfare, a clinical doctor and surgeon who studied that disease11 (Figure 3).

In 1907, after teaching numerous courses to medical students, Prof. G. Menocal saw the need to publish a text that would assist in the understanding of dermatological diseases. With that aim, he published the book *Notions of Skin Diseases and Syphilis*, followed in 1911 by the *Handbook of Skin Diseases and Syphilis*.

Among his merits was that of awakening in his students the interest in skin diseases. The most distinguished among them were Drs. Braulio Sáenz and Vicente Pardo Castelló, his continuators, who completed their dermatological training with study scholarships obtained as eminent students at the University of Havana.

Dr. Sáenz graduated as a medical doctor in 1909 and soon decided to specialize in dermatosyphilography, pursuing studies in Philadelphia, Paris, Vienna and Berlin. He returned to Cuba in 1914 and was appointed graduate assistant at the Prof. Menocal’s Dermatology and Syphilography Service9 (Figure 4).

Dr. Pardo, who graduated in 1914, acquired his first dermatological knowledge as an intern with Prof. G. Menocal. In 1915 he traveled to the United States where he worked with major dermatologists (Figure 5).

Menocal — the master — died in 1917; a year later, on September 4, 1918, Dr. Sáenz, in open contest, obtained the post of full professor. As of that moment, Dermatology acquired separate status as a specialized field and the chair was constituted with headquarters at the Our Lady of Mercies Hospital. For his part, in 1924, when the University Reform came into force, Dr. Pardo obtained the post of auxiliary professor heading the Dermatosyphilography Clinic.

In 1925, the Dermatology Service of the Calixto García Hospital was opened, constituted by Mycology, Dermatopathology, Clinical Laboratory, Radiotherapy, Surgery, Leprosy and Syphilis, Social Services and other sections; Prof. Pardo was appointed to head it.

Following the criterion of professors Sáenz and Pardo, the dean of the Medical School divided the course into two groups, one being headed by Prof. Sáenz at the Mercies Hospital and the other by Prof. Pardo at the Calixto García Hospital10; as of that moment the teaching of Dermatology began to be offered at the country’s two highest-level hospital centers.

As a private social action undertaking, the League for Social Hygiene was created in 1925; it had an ephemeral lifespan and was replaced in 1928 by the Cuban League for Social Prophylaxis, which carried out public information and dissemination activities.

In 1927 Prof. Pardo published his book *Notions of Dermatology and Syphilography*, re-edited in 1941, 1945 and 1953 under the title *Dermatology and Syphilography*. Noted dermatologists from Brazil, Mexico, Peru and El Salvador, as well as 21 Cuban authors, collaborated in these new editions.

In 1928, as part of the growth of the Mercies Hospital, the wing allocated to the Dermatology Service was built — endowing it with all the sections required by a treatment and teaching service — and it was given the name of “Raimundo Menocal.” In 1934, the upper story of the wing was built, bequeathed by Prof. Sáenz in memory of his wife and children, tragically lost in the Morro Castle maritime disaster12.
**Other noted events in this period**

On February 26, 1917, the St. Lazarus Hospital was inaugurated in the township of Rincón or Santiago de las Vegas, after a lengthy pilgrimage of the patients through diverse inhospitable and inhumane facilities. Its first head was Dr. José A. Clark, replaced soon afterwards by Dr. Benjamín Primelles.

In 1920 the Health Secretariat created the Venereal Prophylaxis Dispensary, which gradually went out of existence due to financial problems. Next, an office for the treatment of venereal diseases was opened at the Del Cerro First-Aid Center headed by Dr. Matías Duque. This service, along with those that operated at the Emergencies Hospital since 1921, gave rise to the Joaquín Albarrán Municipal Institute for Venereal Prophylaxis.

On June 26, 1928, the Cuban Society of Dermatology and Syphilography was founded, with the aim of promoting scientific exchanges through the presentation of cases for discussion and of papers allowing the development of links among Cuban and foreign dermatologists. The first governing board was presided by professors Sáenz and Pardo.

On June 1929, the first issue of the *Newsletter of the Cuban Society of Dermatology and Syphilography* was issued; the publication folded in the third quarter of 1930 owing to the grave political situation that was rending the country, to reappear in 1946 under the leadership of Drs. Ovidio de Laosa and J. R. Morales Coello. In that same year, the Joaquín Albarrán Institute for Venereal Prophylaxis was founded — an institution that brought together outstanding dermatologists of the city of Havana and that attained major importance in the treatment of patients with venereal diseases.

Before the opening of the above-mentioned Institute, there already existed the Dermatology services of the Mercies and Calixto García Hospitals, as well as the Skin and Syphilis services of the Tamayo and Red Cross dispensaries. As can be perceived, governmental services were scarce and insufficient, as they only existed in the city of Havana and in provincial capitals, with very limited resources.

In 1936 the Cuban Anti-Leprosy League was founded, an institution of a private nature, partly subsidized by the Government of the province of Havana. The League carried out public information campaigns in the written and radio media, to which was added a publication called *Newsletter of the Cuban Anti-Leprosy League*.

Presidential Decree of December 5, 1938, created the Board (Patronato) for the Prophylaxis of Leprosy, Syphilis and Skin Diseases (PLESC), Prof. Pardo being put in charge. Headed by a Committee of Patrons, it did not depend on governmental administration. Up to that time there had been no official organization for the handling and control of those diseases. The Board negotiated the purchase of land in Santiago de Cuba to build a hospital for leprosy patients and opened dispensaries in all the country’s provinces. At the same time, the first Cuban National Campaign Against Leprosy and Syphilis was launched, the results of which were announced at the First National Conference on Leprology, held in Santa Clara in 1944.

On August 3, 1936, an event unfolded that was of great significance for science and in particular for Cuban Dermatology: the *Treponema* that produces pinta was discovered at the Mercies Hospital, obtained from the lymph of skin lesions by means of the personal technique of Drs. José Alfonso Armenteros and Juan Grau Triana. The importance of this discovery was recognized, as of the moment of the first communication, by the highest-level dermatological institutions of the Americas and Europe.

In 1941, the fungus that causes chromomycosis was for the first time identified in Cuba by researchers at the Dermatology Services of the Calixto García and Mercedes hospitals.

In 1942, a leprosy census was carried out, in which the figure of 1,900 patients was recorded.

In 1943, the journal of the PLESC — *Revista de Sifilografía, Leprología y Dermatología* —
was founded; the first issue was published a year later. Also in 1943, with Dr. Fernando Trespalacios being the head of the St. Lazarus of Rincón Hospital, there began the treatment of leprosy with sulfa (which had appeared in the year 1941), in replacement of chalmugra oil.

On February 24, 1944, the St. Louis of Jagua National Hospital was inaugurated, within the Alto Songo municipal boundaries in Oriente province, devoted to the treatment of leprosy patients; its first director was Dr. Miguel A. González Prendes. On April 1 and 2, in Santa Clara, the First Cuban Conference on Leprology was held, during which Dr. Enrique Ríos León, a noted dermatology of that city, opened a PLESC dispensary.

In 1946, at the Dermatology Service of the Calixto García Hospital, Dr. Victoriano Bermúdez, for the first time in Cuba, employed treatment with BAL — a specific antidote for poisoning with heavy metals like arsenic and mercury that were employed for the treatment of syphilis\(^\text{17}\).

In 1947 professors Pardo Castelló, Francisco Tiant and Raúl Piñeiro maintained in diverse publications that lesions of peripheral nerve trunks in leprosy were a constant in any clinical form of the disease, a statement accepted by the majority of authors\(^\text{18}\).

The Fifth International Congress on Leprosy took place in Havana in 1948, on April 3 through 11, organized by the Cuban Society of Dermatology in collaboration with the International Leprosy Association. Previously, by Presidential Decree 4,500 of December 18, 1947, the Cuban Government had created the National Organizing Commission for the Fifth Congress, appointing Drs. Alberto Oteiza and Ismael Ferrer as President and Secretary, respectively\(^\text{18}\). The International Leprosy Association was represented by its President H. W. Wade and by Dr. Ernest Muir, Vice-president of the Congress\(^\text{13}\). At this meeting, the Pan-American Classification was adopted as International classification, and the inclusion of the “Non-Characteristic” (called “Undetermined”) group, proposed by Prof. Latapí, was approved. This classification was first employed in the Americas and afterwards at a worldwide level\(^\text{19}\).

The holding of this important Congress was celebrated by the issuance of a commemorative stamp by the Government of Cuba, which was put into circulation on April 9, 1948.

At the conclusion of the congress’ activities, on April 11, the Ibero-Latin American dermatologists present, gathered under the presidency of Dr. Pastor Fariñas and with Drs. Guillermo González Pérez and Ovídio de la Osa as secretaries, decided to form an organization with the aim of bringing together the specialists from Spanish-speaking and Portuguese-speaking countries. Thus was born the Ibero-Latin American Dermatology Association (CILAD), whose main goal was to promote scientific exchanges among the dermatologists of both continents.

At the founding ceremony, the bylaws were adopted and the first board was chosen, formed by Dr. José Aguiar Pupo of Brazil in the post of president, and three vice-presidents: Drs. Braulio Sáenz Ricard of Cuba, José Gay Prieto of Spain and Marcial Quiroga of Argentina. Dr. Humberto Cerruti of Brazil was appointed secretary. The first congress was held in Rio de Janeiro in the year 1950\(^\text{20}\).

On May 4, 1951, at the Auditorium of the Service at the Mercies Hospital, the Cuban Society of Leprology was founded, bringing together dermatologists mainly devoted to treating leprosy patients.

A group of dermatologists devoted to the vast field of Cosmetology gathered in Havana in May 1954, under the presidency of Prof. Carlos Castanedo, and created the Cuban Society of Cosmetology (Figure 6).

The Second National Conference of Leprology, sponsored by the Cuban Society of Leprology, was held in Havana on March 26 and 27, 1955, under the presidency of Dr. Pastor Fariñas. A detailed presentation of the scope of the South American Classification of Leprosy, adopted at the Fifth International Congress, was given at this forum.
In 1955 Dr. Horacio Abascal, director of the Venereal Prophylaxis Service, published an interesting work on pellagra and frambesia, establishing a definitive guideline on the philological issue posed.21

In 1956 the Cuban Government issued a commemorative stamp on the centennial of the birth of the pioneer of Latin American Dermatology, Prof. Raimundo G. Menocal.

In June 1958, Drs. Guillermo Fernández Hernández-Baquero and Fernando Trespalacios published a preliminary article on the first case of piedra seen in Cuba, produced by *Trichosporum beigelii* (Figure 7). In December, Drs. José Alfonso Armenteros and Oscar Romero revealed a new clinical form of chromomycosis which they called *pseudocheloidea*.22,23

## Period of the Socialist Revolution (since 1959)

On January 1, 1959, the victory of the Revolution took place — a historic event that would give rise to thorough political, economic and social transformations in our country.

The previous stage had featured the absence of a health policy, scarce development of governmental public health institutions, lack of medical attention for the rural population and non-existence of a program for the training of specialists. The country was in a precarious situation, in which administrative corruption and social neglect were predominant, with high indices of poverty, illiteracy, unemployment and parasitism, among others, with scarce health services and high indices of morbidity and mortality due to avoidable diseases, as well as high rates of child mortality.

Recognition of health as a human right and an obligation of the State has given rise to the elimination of all the failings and negative factors that opposed that inalienable right.

The first revolutionary measures were aimed at bringing medical attention in a free and accessible manner to the entire country and carrying out health activities of a markedly preventive manner to diminish and eradicate diseases by means of the development of a national health system, with a major participation of the organized popular masses.

In June 1959, Dr. Serafín Ruiz de Zárate, a noted dermatologist of the province of Villa Clara (Figure 8), was appointed Public Health Minister.

In the first years of this period there was a very large exodus of physicians abroad, so that the country was left with a limited number of dermatologists, who honorably took on the task of medical assistance to our people and contributed to the training of new generations of physicians and specialists, in the face of the overriding need to move ahead with the development of the social and health programs that the country’s leadership had set itself from the outset.

After the professors at the Chair of Dermatology were weeded out by the University Reform, in the second semester of 1960 new professors were brought in, by competition, who had already been working as adjuncts, instructors, associates or residents; in this way, all activities were gradually normalized.

In 1960, the PLESC closed down, to be replaced by the Leprosy Section (later Department of Dermatology), under the aegis of the Hospital Treatment section of the Public Health Ministry.

Law 723 of January 22, 1960, created the Rural Medical Service, which was of the utmost importance for the populations located in the country’s most remote areas, especially in the mountainous regions where a doctor had never been seen.

Between the years 1961 and 1962 the University Council appointed Drs. Raúl Piñeiro and Guillermo Fernández Hernández-Baquero full professors and, as auxiliary professors, Drs. Andrés Valdés Alvariño, Bartolomé Sagaró and Carlos Castanedo, later promoted to full professors.
The first Leprosy Control Program was established, led by Prof. Bartolomé Sagaró (Figure 9); it has been updated over time in accordance with new scientific knowledge and the development of the country’s National Health System.

In the first half of the 1960s compulsory internships were created for all students as well as the Dermatology residency; the internship was performed in the sixth year of the study course and the residency in a graduate studies program lasting two years.

In 1966, the first Instructors of the period’s Chair of Dermatology were appointed: Drs. José Díaz Almeida, Alfredo Abreu, José Díaz de la Rocha, Fernando Fernández and Pedro Regalado Ortiz; in 1969 they were promoted to auxiliary professors and in 1977 to full professorships.

Over the course of this process, the teaching of Medicine, and with it that of Dermatology, spread to the entire country.

In 1966, teaching activities were launched in Santiago de Cuba and Dr. Miguel Ángel D’Alessandro, a noted dermatologist from that province, was appointed professor.

Dr. Enrique Llanos, an outstanding dermatologist from Camagüey, was named professor in that province.

In the province of Santa Clara a professorship was granted to Dr. Serafín Ruiz de Zárate, a prestigious specialist from the country’s central region.

When teaching was launched in the province of Matanzas in 1969, Dr. Zobeida Lovio, endowed with outstanding qualities in both teaching and treatment, was appointed professor.

In the province of Pinar del Ríos Dr. Luis Ruqué, who had been working as a dermatologist, was appointed to carry out professorial duties.

In the administrative structure of the Public Health Ministry, nationwide and provincial groups were set up, constituted by physicians of a high scientific level and acknowledged prestige, to advise on the diverse medical subfields. Dr. Bartolomé Sagaró was appointed Head of the National Dermatology Group; as of 1972 he was replaced by Dr. Alfredo Abreu, who has continues in the post up to the present.

More than 20 books and monographs were published over this period; standouts among them are *Dermatological Propedeutics*, by Prof. Hernández Baquero, *Dermatology for Students and the Practical Doctor*, by Prof. Miguel A. González Prendes, *Histomorphology of the Skin*, by Dr. DaRíos Argüelles, *Mycology*, by Dr. Alfonso Armenteros, and the first official textbook for students written by the Collective of the Chair of Dermatology.

At the conclusion of the first decade the specialized field had been strengthened, with a larger number of specialists having graduated, a better organization of the Services and treatment coverage that encompassed all of the country’s provinces.

In October 1970 Dr. José Arvelo, a PAHO consultant, carried out an advisory visit on “Prevention and rehabilitation of physical disabilities among leprosy patients,” during which the First International Course on Prevention and Rehabilitation of Leprosy Disabilities was taught (Figure 10).

The evaluation and restructuring of the “St. John of Jagua” National Hospital was carried out in the same year, with a view to deactivating it, in accordance with the modern criteria on the epidemiology of leprosy as regards the rehabilitation of patients and abandonment of compulsory interment.

In 1972 Prof. Carlos Castanedo published the book *Allergy, Dermatology and Associated Phenomena*, in which he sets out his own experience.

In 1973, Prof. José Díaz Almeida (Figure 11) carried out the first study performed with electronic microscopy in our country of leprosy in peritoneal macrophages of the rats.

In December 1975, in Matanzas, the Second Provincial Session on Dermatology was held, at which the Branch Office of the Cuban Society of Dermatology in that office was set up and the Second Provincial Seminar of Interviewers – Pollsters was closed.
A training course for dermatologists on rehabilitation and prevention of disabilities in leprosy patients, coordinated by Dr. José M. Pereira, was held on June 14 through 19, 1976, at the “Ambrosio Grillo” Clinical Surgical Hospital in Santiago de Cuba.

The Second National Seminar on Epidemiology and Control of Venereal Diseases, of great importance for Dermatology by virtue of the subject matter of the workshops held, took place in late 1976; dermatologists and epidemiologists from around the country took part.

In 1977, the new Leprosy Control Program came into force, in which rifampicin was included as main drug for the treatment of the disease.

Also in 1977, Dr. Alfredo Abreu was appointed Leprosy Consultant to the WHO, advising Asian and African countries on their programs for the control of the disease. At a later date he was appointed as a member of WHO’s Panel of Leprosy Experts.

In 1979, during the unfolding of the First National Congress of Dermatology in the city of Cienfuegos, Drs. Carlos Miyares Cao and Manuel Táboas announced the results of their experimental and clinical study of the epidermic pigmenting effect of human placental extract, known under the name of melagenin, for the treatment of vitiligo (Figure 12).

On May 12, 1980, the awards were received on the “250th Anniversary of the University of Havana” with medals to Dermatology professors Guillermo Fernández Hernández-Baquero, Bartolomé Sagaró, José Díaz Almeida and Fernando Fernández. In June, Dr. Alfredo Abreu was chosen President of the Cuban Society of Dermatology.

The Ameijeiras Brothers Clinical Surgical Hospital was opened in the city of Havana in 1982, with a Dermatology Service led Prof. Bartolomé Sagaró.

The Second National Congress of Dermatology was held in 1983 in the province of Santiago de Cuba; Dr. Abreu was re-elected President of the Society.

In 1984, a new model for medical treatment was created, incorporating the family physician and nurse in all consulting rooms; this entailed positive modifications in the form, content and practice of medical treatment, and on this level the dermatological training of these professionals is of great importance because of the incidence and prevalence of skin diseases among the population.

On July 24, 1984, a Psoriasis Clinic opened in the locality of Santa María del Mar, founded by Prof. Baquero, with Prof. Marta Cortés as first director.

In 1985 the Scientific Degrees Commission of the Ministry for Higher Education awarded the degree of doctors in Sciences to professors Fernández Hernández-Baquero and Bartolomé Sagaró. At a later date it was received by professors José Díaz Almeida, Pedro Regalado Ortiz, Julián Manzur and Rafael Grillo.

In 1986 the Public Health Ministry, through the Higher Institute for Medical Sciences of Havana, instituted the program for the study course in Dermatology across the country, establishing, as a teaching strategy, short-stay activities — one of them in Pediatric Dermatology — with a duration of three weeks.

Likewise that year, a new edition was issued of the textbook on the subject by Prof. Baquero and collaborators. In July Prof. Marta Cortés obtained the rank of Doctor in Medical Sciences at the Dermatological Institute in Moscow, becoming the first dermatologist to defend a scientific degree abroad.
In the same year, the first case of AIDS appeared in Cuba. It should be pointed out that, already in 1983, the Public Health Ministry, aware of the magnitude of the pandemic, had created the National Commission charged with drawing up a program to avoid the spread of the disease in the country.

In 1988 a new program was instituted for the control of leprosy in Cuba, which instituted the standardized polychemotherapy treatment recommended by WHO against its prevalence and incidence.

The Third National Congress of Dermatology was held in the province of Camagüey in 1988, with Drs. Amado Saúl, Roberto Arenas, Lourdes Tamayo and Juan Manuel Garibay present as guest professors.

In September 1989, the Conventions Palace in Havana was the venue of the Seventh Latin American Congress against sexually-transmitted diseases, an event of major importance that made scientific exchanges possible among Cubans and participants from other latitudes.

At the end of the 1980s the country exhibited social and economic stability, dermatological coverage continued and an increase was taking place in the number of graduate specialists in Dermatology, trained in all of the country’s provinces. The programs against leprosy and sexually-transmitted diseases were unfolding successfully.

As of 1990, in the international sphere, the crisis in the socialist camp worsened until the point of its disappearance was reached, which entailed a serious blow for our country owing to the grave consequences it generated in all sectors and branches of the economy and particularly in health and education; all of this was heightened by the tightening of the blockade imposed on Cuba by the United States government for more than four decades.

In the first years of this period of economic crisis Dermatology was, like other specialized fields, affected mainly as regards medical drugs and equipment; nevertheless, medical treatment of the population was maintained at the level reached in previous years, as was the development of the plans for the training of physicians and specialists at all of the country’s Medical Schools.

The Cuban Society of Dermatology already had branches in all provinces. In this new stage, scientific activities were organized on the basis of regions, and provinces were grouped into western, central and eastern sections, rotating the venues for holding events.

During the year 1990 there were advancements in teaching categories and scientific degrees were obtained by our dermatologists; among them, the degree of doctor in Medical Sciences was attained by Dr. Damisela López Osorio, Prof. Ramón Daniel Simón and Prof. Myra Guerra Castro.

The Course on Management and Epidemiology of the Control of STDs was held in the city of Havana on October 19 through November 7, 1991, its aim being to train and update dermatologists and epidemiologists in the basic elements — administrative and epidemiological — for drawing up and improving a program for the control of STDs.

In 1993, as a result of the development of the Leprosy Control Program based on the application of polychemotherapy, the country presented levels lower than the figure of 1 per 10,000 inhabitants.

In the second semester of 1993, undergraduate teaching of Dermatology was launched at the Luis Díaz Soto Clinical Surgical Hospital in La Habana del Este for students of the Military Medicine study course; Prof. Santiago Alfonso was appointed head of the Service.

On January 31, 1994, the Public Health Ministry’s Teaching Board published the new rules for the Dermatology Residency.

On July 7, 1995, the First Internal Session on Dermatology of the Calixto García Hospital and Ninth Provincial Session on Dermatology were held in commemoration of the centennial of the hospital’s founding, sponsored by Prof. Díaz Almeida and Prof.
Fernanda Pastrana, Head of the Provincial Dermatology Group of the City of Havana, with the coordination of Prof. Adis Abad.

In the new elections to constitute the Governing Board of the Cuban Society of Dermatology, Dr. Alfredo Abreu (Figure 13) was elected President, Dr. José Díaz Almeida, Vice-President, Dr. Zobeida Lovio, Secretary, and Dr. María Antonia Díaz, Treasurer.

The Territorial Session on Dermatology of Santa Clara — Session of Cienfuegos — was held in 1996, in the month of July, with the participation of dermatologists and epidemiologists from all parts of the territory, under the coordination of Dr. Roberto Seife. In November 8 and 9, 1996, the Thirteenth Provincial and Second Territorial Session on Dermatology took place in Santiago de Cuba, sponsored by the Cuban Society of Dermatology-Santiago de Cuba Branch; the coordinator was Dr. Yolanda Columbié. On November 28, the “37th Anniversary of the Amalia Simoní Clinical Surgical Hospital” Scientific Session was held in the city of Camagüey; Prof. José Rodríguez Machado, Head of the Dermatology Service, referred during this session to the application of cryosurgery, introduced in his service as of 1991, with the great merit of employing instruments designed by his Collective and manufactured by the province’s mechanical industry. The First Portuguese-Cuban-Spanish Session of the Atlantic Dermatology Group took place on November 30 at the Miguel Enríquez Clinical Surgical Hospital of the city of Havana; an interesting gathering on cases for diagnosis was held during this event.

On February 3 through 7, 1997, in the city of Havana, the First International Conference of Cuban-Italian Dermatology was held; Cuban and Italian professors participated as speakers. In that year, the Higher Institute of Medical Sciences of Havana elevated professors José Díaz Almeida, Alfredo Abreu, Julián Manzur and Pedro Regalado Ortiz to the rank of Consulting Professors.

The First Portuguese-Cuban Session on Dermatology and General Clinical Medicine unfolded at the Miguel Enríquez Hospital in the city of Havana on September 2 and 3, 1998, and made the development of Dermatology in both countries evident. On December 17 and 18, the FOTOTER 98 Session was held, sponsored by the University of Havana, at which Esperanza Furones, who had promoted this undertaking, and professors José Díaz Almeida, Adis Abad, Victoria Fundora and Pedro Balaguer, dermatologists at the General Calixto García Hospital, presented numerous papers related to the application of the Fototer in Dermatology.

We thus reached the year 2000 with a substantial improvement in the country’s social and economic situation, which had been taking place in a sustained manner as of the second half of the 1990s. As main indicators, we point out:

Education is developing at all levels.

The number of graduate specialists in Dermatology has increased until it has reached the number of 546 for a population of 11,229,688 which entails an average of 1 dermatologist per 20,567 inhabitants.

The country’s higher institutes of Medical Sciences have developed and the number of Medical Schools has increased to reach 22, including the Latin American School of Medical Sciences (ELAM).

Dermatology is present in all of the country’s polyclinics.

A collective of professors of the higher institutes of Medical Sciences of Havana, Villa Clara and Santiago de Cuba has concluded the most recent textbook on the subject for Dermatology students and residents.

Graduate courses on Dermatology have been increased at all the Medical Schools.

The training and specialization of the teaching staff continues and the number of professors with a scientific degree has risen.

Major national and provincial gatherings have taken place for the discussion and analysis of the leprosy and STD programs.
Leprosy has ceased to constitute a public health program with a rate of prevalence of 0.2 x 10,000 inhabitants.

Congenital syphilis has been virtually eradicated.

As regards HIV/AIDS, the prevention and promotion program has been improved with comprehensive treatment for all patients.

The international aid provided by our dermatologists has increased.

September 2005

References

3. Gordon A. Medicina indígena de Cuba y su valor histórico. La Habana: Anales de la Academia de Ciencias; 1894.
7. González Prendes MA. Finlay ante la lepra. Rev Sif Lep y Derm. 1957;13(2):5-43.
This paper represents a preliminary study of some of the main aspects of Dermatology in Chile, according to the records we have been able to gather and the verbal testimony of numerous people. Thus, this overview is far from an exhaustive work and requires being reviewed and improved in coming years.

We have abstained from dealing with some subjects of great interest, owing to the urgency in writing this outline for the Twenty-First World Congress. Among them: 1) a historical research into certain facets of Dermatology during pre-Columbian, colonial and republican Chile (including the diachronic Indian Chile) up to the mid-twentieth century, for example the prevailing dermatological pathologies, the practice of medicine and paramedicine, the changes in therapeutic handling in each period and the individual contributions of prominent figures; 2) the evolution of the policies of public and private institutions regarding preventive, healing and rehabilitation aspects of diverse dermatoses and sexually transmitted diseases (STDs); 3) a study of Santiago’s St. Louis Hospital (now vanished), including its origin, development and impact on Chilean dermatovenereology; 4) studies of some other disciplines within Dermatology, including dermatopathology, occupational dermatoses, cutaneous oncology and regional pathologies with a cutaneous impact (for example, chronic hydroarsenicism), and 5) private medical practice of Dermatology in the country’s consulting rooms and large clinics, including its impact on the control of dermatological ailments and STDs.

Dermatology as a specialized field in Chile

First half of the twentieth century

Both the evolutionary development of Dermatology in Chile and its recognition as a specialized branch have been affected by the influence of European medicine, by the late and numerically limited creation of medical schools in Chile in comparison to Europe, the United States and several Latin American countries, and by the country’s special geographical isolation in the world.

In the first decades of the twentieth century, Dermatovenereology began to insinuate itself in Chile as a necessary specialized field within medicine both because of the
complexity of the dermatological and venereal ailments and because of the difficulty experienced by general practitioners and internists in handling these pathologies. This was reinforced by the recognition of Dermatology as a specialized field by French medicine, at the time the overall guide for medical knowledge and practice in South America. Around 1914, the University of Chile (UCH) introduced the teaching of Dermatology for its medical students, followed by the University of Concepción, the Pontifical Catholic University (PUC) and later others. Two centers for dermatological care led not only in the treatment of dermatological and venereal patients, but also in teaching and the legitimization of the specialized field. These were the St. Louis Hospital, founded toward the end of the nineteenth century to treat dermatological and venereal diseases, and the Skin and Syphilis Clinic at the St. Vincent de Paul General Hospital, created at the outset of the twentieth century on an undetermined date.

There is no doubt that the visual rawness of dermatological diseases, the social reticence vis-à-vis venereal diseases, and the lack of therapeutic resources contributed to the lack of attraction exercised by Dermatology on younger doctors. Whatever the mechanism to gain access to it, it was always a second choice in Chile. Of those who ultimately practiced it, many turned to it accidentally and, certainly, the vast majority were not included among the top graduates of the medical schools, save for honorable exceptions such as Hernán Hevia Parga, the best student of the class of 1938 at the PUC.

Access to this branch of medicine thus involved a relatively easy process, through lack of competition for the working posts. It consisted in signing up, with or without pay, with the Dermatology services existing in Santiago, Valparaíso or Concepción, in order to acquire, through practice extending over weeks, months or years, a varied training allowing the garb of dermatologist to be donned. Despite this, the scarce attraction of Dermatology always led to a major paucity of specialists throughout Chile, especially acute in the provinces. Among non-dermatologist physicians it was commonly remarked that Dermatology was an easy, not very earnest and not very scientific specialty. This discredited image was fed by the widespread opinion that those who became dermatologists were those who failed in other fields. In this way, there never were in Chile, working simultaneously, more than a couple of dozen dermatologists with sufficient training, almost all of them being in Santiago and a few in Valparaíso and Concepción. The scarcity mentioned, especially in the provinces, caused some general practitioners or urologists, acting for humanitarian or economic reasons but without much training, to treat patients with dermatoses and/or STDs rejected by other colleagues, thus turning into the dermatologists of their regions.

**After 1952**

In 1952 the creation of the National Health Service (SNS) under Law 10,076 meant the establishment of a policy of compulsory health care coverage for all the country’s inhabitants, to which end all the hospitals and polyclinics in Chile with community treatment, whatever their rank, were merged into one sole structure. As a result, the SNS’s activities manifested a major shortage of physicians in various specialized fields, including Dermatology, both for preventive care (mother and child, tuberculosis, STDs, and others) and for treatment purposes. The causes of this shortage were, on one hand, the imbalance in the distribution of specialists, who preferred to work in Santiago, and on the absence of a policy of incentives for young doctors so as to obtain the diversification of specialists and a minimum number sufficient for meeting the country’s needs. In addition, the small number of graduating physicians caused the choice of specialized fields to be determined solely on each doctor’s personal choice, related, in general, with a specific job offer at a hospital center.

This changed radically for all specialized fields — save Dermatology — when in 1958
the system of zonal general practitioners was launched: these were newly graduating physicians who were sent to the provinces (mainly to areas lacking in doctors) as part of the country's national public health programs, with excellent pay, for 3 to 5 years. At the end of that period they could choose, as a reward, to obtain training in the medical branch and hospital center of their choice, with pay. Nevertheless, these doctors showed almost no interest in choosing Dermatology, because of the latter's scarce attraction. The lack of dermatologists in Chile became very marked: in 1970 there were around 30 trained dermatologists and another score without special training. Patients were in a triple bind: the rejection of their damaged bodies by their community groups, the difficulty in obtaining sufficient and regular medical attention, and the lack of effective drugs for their pathologies owing to the limited progress of dermatological medical science up to that time. That led to their lesions becoming chronic and more serious, with greater rejection still by their family or community group and, what was worse, a reticence by general practitioners to provide them with therapeutic treatment. Only after 1980 would the awakening take place of a consistent interest in the specialized field among younger doctors.

Changes in the preference for Dermatology and reduction of the scarcity of specialists

In the last 15 years of the twentieth century and in the first years of this century, interest in Dermatology among young doctors has notably increased. In this period, the rising demand has surpassed the availability of posts as residents in training at the major dermatological centers. This change had several causes: 1) the creation of a national program of graduate training rigorously organized into theoretical and practical subjects and with the teaching support of the country's main dermatologists; 2) the spectacular rise in the scientific status of Dermatology within the concert of medical branches, owing to the notable penetration of the basic sciences (genetics, biochemistry, immunology, physiology) in the knowledge of the skin and its pathologies; 3) the significant increase in effective treatments (antibiotics, corticosteroids); 4) the reduction in demand for urgent treatment and with this the possibility of treatment within organized timetables, specially attractive to female physicians; 5) stable economic income derived from private care of patients, and 6) over the last five years, the considerable attraction of dermatocosmetic surgery. The consequences of this switch were: a) Dermatology as one of the five specialized fields most preferred by the doctors newly graduated from medical schools with top grades, b) a marked reduction in the scarcity of dermatologists in the country, and c) a clear improvement in dermatological treatment of patients in large cities.

Nevertheless, the problem of a persistent imbalance in the distribution of dermatologists remains; thus there exists large sectors of our far-spread country with a scarce presence of specialists. Several causes contribute to this inequity: not only the natural preference for the quality of life at the urban centers (especially Santiago) and the quality of medical progress at the large hospitals, but also the poverty of means of the Health Ministry and of the regional health services to provide an economic stimulus to graduates to study this specialized field or to endow them with material and human resources for the treatment of patients and for preventive activities.

Chilean Dermatology as a young and predominantly female medical branch

Toward 1970 a huge generation gap developed in Chile: on one hand, dermatologists who were almost all older than 50; on the other, a timid emergence of youths under 30, with very few filling the gap between the two extremes. Given the explosive recent increase in the number of young dermatologists and the retirement or death of the older
ones, the immense majority is currently less than 50 years old and represents potential capital for the progress of Chilean Dermatology.

Meanwhile, while before 1960 there were no female physicians in this field, at the present time a clear majority of dermatologists are women, not only because they often surpass males in undergraduate grades and so gain access to scholarship/residency quotas (several have been the best students at their respective medical schools), but also because, as already pointed out, the practice of this specialized field is very compatible with their family responsibilities. Many have stood out in diverse areas of Dermatology and also in executive roles: four of the last six presidents, six of the last seven vice-presidents and the last eight secretaries-general of the SCDV have been women.

Estimative legitimization as a specialist in the past

The lack of legal guidelines to define the branches of medicine and their practices is commonplace in South American countries and certainly so in Chile. Any physician can claim any specialization, even if it becomes daily more difficult to maintain the claim vis-à-vis his or her peers, patients and the community. Nowadays patients’ rights and certain legal reasons (lawsuits for malpractice or errors of any kind) justify and demand of consistent and solid training in a specialized field.

Since, in Dermatology, there was no graduate training with scholarships/residency until 1966, nor any other national system of trustworthy accreditation until 1991, the ranking of physicians as capable and knowledgeable in dermatology was essentially only estimative and informal. Their legitimization was until that time mediated by their background including affiliation, with or without pay, with a Dermatology service or unit at public or university hospitals, within a system that in Chile has been called “training through practice.” De facto acceptance as qualified dermatologists was given to all those who had worked for several years at the Dermatology units of large hospital centers such as the St. Louis, St. Vincent de Paul (later José Joaquín Aguirre), St. John of God, Barros Lucas, the Concepción Regional Hospital and others, the more so if the latter were associated with medical teaching. Nevertheless, in some cases, the period of permanence at dermatological centers to allow a self-description as a dermatologist reached as low as one to six months, and, in other — not very frequent — cases only entailed occasional visits to those centers. As has already been mentioned, other doctors were self-legitimated as dermatologists only by virtue of the fact of treating dermatological ailments or STDs in the provinces or big-city neighborhoods.

Formal accreditation as a specialist in the immediate past

Several direct and indirect steps have been taken for the accreditation of a doctors as specialists in Dermatology and Venereology in Chile. The first step was constituted by the founding of the Chilean Society of Dermato-syphilology (SCDS), afterwards called Chilean Society of Dermatology and Venereology (SCDV), in 1938. Its members were then naturally legitimated before their peers and before the members of the Medical Society of Santiago, of which the SCDS was an affiliate from the outset. Nevertheless, before the other institutions and the national community, that affiliation only represented an estimation by consensus (but not a codified one) of the condition of specialist. We do not know the requirements to be a member of the SCDS (later SCDV), during its first historical period (1938-1980) (vide infra).

The second step was constituted by the launching of the graduate training program for specialist in Dermatology awarded by the UCH as of 1966. However, at least until 1990, only a minority of the dermatologists practicing in Chile were graduates of this program; in recent years, on the other hand, their number has been significant.
The third step was taken by intensive work carried out by the SCDV which, in the absence of records of members affiliated with the SCDV since its founding, in 1986 began a rigorous inspection of backgrounds, in accordance with the bylaws of 1985, for a validation of physicians as dermatologists and hence as members of the SCDV, which ended in November 1987 with an official list of 130 full members. With this, members formally recognized one another as peers.

The fourth step was taken in 1988 when the SCDV accepted an invitation of the National Specialized Medical Fields Accreditation Corporation (CONACEM) — an autonomous, private institution formed by the Chilean Medical Association, the diverse societies of Chilean specialized medical fields and the Association of Chilean Medical Schools (ASOFAMECH) — to launch a formal process for the accreditation of physicians in Dermatology and Venereology based on the general guidelines established by CONACEM, thus joining other medical societies which had already begun such an accreditation. To that end, a specific, five-member commission was formed by Rubén Guarda as president, appointed by the CONACEM board, Juan Honeyman and Daniel Villalobos, appointed by ASOFAMECH, and Manuel Melis and Julia Oroz, appointed by SCDV.

In 1990, after several proposals and modifications, this commission and the CONACEM board agreed on the final statement of requirements for that accreditation in “Dermatology and Venereology.” The main working problems faced by the commission were: 1) adaptation to the national reality of limited regular training of specialists; 2) the incorporation of the word “Venereology” to the field (since doctors from other branches of medicine treated patients with STDs); 3) the ranking of Dermatology and Venereology as a “primary specialized medical field”; 4) the implementing of requirements in terms that would allow the accreditation of doctors with a lengthy, proper and knowledgeable practice in the field (especially in the provinces) yet lacking in formal training within it, and at the same time would prevent the undeserved accreditation of physicians with insufficient training. In sum, it was determined that the following would qualify for accreditation: a) accredited ordinary Professors of Dermatology at recognized Medical Schools; b) those holding titles from official graduate programs in Dermatology and Venereology from accredited Medical Schools; c) doctors having five years of on-the-job training at Chilean dermatological centers complying with certain stipulated requirements, and d) physicians trained in this specialized field at foreign Medical Schools having similar programs to those of Chilean Medical Schools. The physicians who qualified for one of the latter two groups only submitted to a five-day practical exam, until in 2002 a theoretical exam was added to pre-qualify for the practical exam.

The CONACEM certification process for specialists in Dermatology and Venereology was launched in 1991 and continues to this day. It is carried out through a technical group known as the Dermatology and Venereology Commission which analyzes the voluntary applications of the physicians seeking accreditation, sent to it by the CONACEM board. This commission is formed by five members: one (the president) appointed by the CONACEM board, two by SCDV and two by ASOFAMECH. Three dermatologists have formed part of this commission from its outset and to this day: Rubén Guarda as president, Manuel Melis for SCDV and Juan Honeyman for ASOFAMECH. The other two members have rotated and have been, for SCDV, Julia Oroz and Félix Fich, and for ASOFAMECH, Daniel Villalobos, Mirtha Cifuentes and María Luisa Pérez-Cotapos. Up to September 2004 this commission had accredited 179 doctors as specialists in Dermatology and Venereology.

As no law on specialized fields exists in Chile, accreditation by CONACEM is the only process attaining legitimacy vis-à-vis private health institutions, universities and trade and scientific medical associations. Only the Health Ministry has been reticent to legitimate these accreditations and to demand them to fill the posts of specialists at public hospitals, mainly due to a contingent policy, namely that of retaining the possibility of
medical appointments for not strictly technical reasons. In this manner, the legitimiza-
tion of specialists hasn’t yet been completed in Chile and will not represent a truly effi-
cient instrument until all the national institutions agree on a sole process.

The teaching of Dermatology in Chile

Introduction

Teaching activities in relation to Dermatology were until 1966 limited only to giving
instruction in this discipline to undergraduate students at existing medical schools and
to the teaching of some selected subjects related to social hygiene to students from other
schools. No trustworthy data (dates and circumstances) exist regarding the launching of
the teaching of Dermatology as a separate discipline in undergraduate studies. In Chile
Dermatology has traditionally been viewed as a subordinate, less significant discipline
within the overall study syllabus. Even now students are only allocated two full-time
weeks for practical activities and theoretical classes, which is regarded as insufficient in
view of the impact and prevalence of dermatoses in the daily practice of general practi-
tioners and pediatricians.

It lies beyond the aims of this summary to go into the life and contribution of the most
outstanding professors in Chile (with some exceptions) as well as to mention all the der-
matologists who have worked at the services and chairs linked to undergraduate and
graduate teaching.

Undergraduate teaching in Santiago

The UCH was the pioneering and sole institution responsible for this teaching until
1983. The beginnings of the incorporation of Dermatology to the study syllabus for med-
ical students at the UCH and their first professors are still uncertain. The first name for
the discipline was “Skin and Syphilography,” and the first professor was Mamerto Cádiz,
an epidemiologist, but his title, place of work and personal references are unknown.
Classes were originally held at the St. Louis Hospital until the creation of another chair
at the St. Vincent de Paul Hospital. Luis Puyó Medina, who had studied in Paris, was —
apparently — the person who formally set up the first chair, and who gave the teaching
the seal of French Dermatology, widely predominant in the countries of South America
in the first half of the twentieth century; however, we don’t have trustworthy data on Dr.
Puyó’s workplace and period heading the chair. Furthermore, we are unsure when the
ranks of full professor and extraordinary professor of Dermatology were created.

Although we know that for the most part of the first half of the twentieth century two
undergraduate chairs existed (St. Louis and St. Vincent de Paul hospitals) with their re-
spective professors or physicians in charge of the chairs, we don’t know the relative im-
portance of these chairs in terms of students attracted, budgets and faculty; in 1938
there coexisted a full professor (Luis Prunés Risetti) and an extraordinary professor
(Roberto Jaramillo Bruce), both of them bulwarks of Chilean Dermatology and with a
known rivalry. These posts were apparently obtained by competition based on back-
ground and master classes. At an indeterminate date it was established that the full pro-
fessor had to be at the St. Vincent de Paul Hospital, while the extraordinary professors
could be at either of the two hospitals.
Undergraduate teaching at the St. Vincent de Paul and José Joaquín Aguirre hospitals

The St. Vincent de Paul Hospital, in the northern area of Santiago, was the seat of the country’s first autonomous chair of Dermatology, within the UCH Medical School. This chair was headed by Luis Montero Rivera between 1914 and 1938, and by Luis Prunés Risetti between 1938 and 1954. Further information on Dr. Montero is unavailable. Dr. Prunés (1883-1970) studied for three years at the Saint-Louis Hospital in Paris after the First World War, with professors Darier, Brocq, Civatte and Sabouraud. On his return to Chile, he joined the St. Louis Hospital in Santiago, in the 1920s, reaching the post of head of section B and extraordinary professor of Dermatology until called in 1938 to exercise the leadership and the title of full professor of what was then called “University Clinic for Skin and Syphilis” at the St. Vincent de Paul Hospital. This clinic had two wards of 30 beds each (men and women) and an outpatients’ office.

Dr. Prunés is remembered as an illustrious figure of Chilean Dermatology; in 1938, along with Roberto Jaramillo, he led the founding of the Chilean Society of Dermatosyphilology, of which he was the first president; he introduced the diagnostic methods for syphilis (dark field microscopy and serology) into Chile and the use of arsenicals for its treatment, and heralded the diagnostic importance of skin biopsies. He was a humanist/moralist of high standing and an admired educator; he reached the rank of president of the Medical Society of Santiago and Health Minister of the republic, with outstanding work in social hygiene and control of STDs. He died in 1970.

In 1952, when the St. Vincent the Paul Hospital was closed, the University Clinic for Skin and Syphilis was transferred to the newly founded José Joaquín Aguirre Hospital of the UCH, changing its name to that of Dermatology Service, which it still retains. When Dr. Prunés retired in 1954, two new full professors of Dermatology were appointed, both from the St. Louis Hospital: Florencio Prats González at the Aguirre Hospital and Mauricio Weinstein Rudoy at a new chair created at the St. John of God Hospital. Dr. Prats (who died in 1960) came from the St. Louis Hospital where he was already head of section B and extraordinary professor of Dermatology. In 1969, months before his death, Dr. Prats edited the first Chilean Dermatology textbook, which had several authors and was aimed at undergraduates although, because of its scope, it turned out to be a reference book for dermatologists and general practitioners. The list of the most outstanding dermatologists at the St. Vincent de Paul and Aguirre hospitals until 1970 includes, in addition to the aforementioned, Roger Lamas, Ignacio González Díaz, Eugenio Robles, Mauricio Weinstein, Federico Pescetto, Oscar Klein, Raúl Alarcón and Marco Antonio de la Parra. At the chair at the Aguirre Hospital (Northern Area) there were almost always nine staff physicians until 1970.

In the 1960-1970 decade the teaching of medicine at the UCH was divided into five campuses in different areas of Santiago: north, east, central, south and west; each venue acquired independence as regards its Dermatology chair. The main protagonists of these chairs are described below.

Hernán Hevia Parga succeeded Dr. Prats as full professor, a post he held between 1961 and 1969. Dr. Hevia (1914-1997) worked from its launching as dermatologist at the St. Vincent de Paul Hospital; previously, in 1951, he had been appointed extraordinary professor. He is unanimously regarded as the major figure in Chilean dermatological teaching in the second half of the twentieth century. Although he wasn’t very prolific in clinical or research scientific articles (he wrote preferentially on syphilis), he was the prototype of the illustrious medical professor, standing out for his great devotion to public hospital patients and to students until the end of his career. He was a tireless reader of world Dermatology journals, a transmitter of bibliographical interest as the best method for remaining up to date in Dermatology for generations of physicians in his corner.
of the world, a notable clinic who posed critical differential diagnoses, an expert skin histopathologist, kind counselor and provider of encouragement for young doctors. Above all, he always taught: in undergraduate classes over his entire teaching career, in corridors, when seeing patients and at clinical meetings, in personal writings on each subject of the Dermatology of that time, aimed at a better understanding by students; but he could not tolerate an uncaring attitude among students or teaching dermatologists. After his retirement in 1969, he continued working and teaching youth at the Aguirre Hospital up to his death in 1997 at the age of 83, while on his way to the Tuesday clinical meeting at the hospital. He was appointed post mortem honorary member of the Chilean Academy of Medicine of the Chilean Institute in 1988 for his outstanding contribution to medical science in Chile.

He was succeeded by Oscar Klein Kohn, who held the post between 1969 and 1971, a notable clinical professor and enthusiastic trade leader (he reached the vice-presidency of the Medical Association of Chile). From 1971 to 1973 the full professor was Marco Antonio de la Parra Enríquez, a dermatologist and microbiologist, who was a devoted organizer of undergraduate teaching. Following the military coup of September 11, 1973, and for political reasons, he was unfairly removed from the post of head of the service by the military trustee of the Aguirre Hospital (although he was later brought back in, in other roles, by the same Dermatology service). A few days after that event, Juan Honeyman Mauro was appointed interim head of the service and chair, being later confirmed in those posts and appointed full professor in 1975, a rank he retains in activity to this day. Because of university structural reforms, the Dermatology Department of the UCH Medical School was created in 1991 to centralize the undergraduate and graduate teaching of Dermatology at the Santiago hospitals associated with that university, splitting away from the treatment role of the Dermatology service at the Aguirre Hospital. Dr. Honeyman was then chosen director of that Department and María Elsa Maira was named head of the service, posts they currently retain. Although he has shown little interest in personal and direct teaching of undergraduate and graduate students, Dr. Honeyman has had a very significant role in Chilean Dermatology.

The coordination of undergraduate teaching was handled by Marco Antonio de la Parra and Raquel Nahuel until 1983, María Elsa Maira since 1983 and Rodrigo de la Parra since 1987. The list of outstanding teaching dermatologists from 1970 onward, in both undergraduate and graduate education, includes, in addition to those already mentioned, René Wolf, Raquel Nahuel, Ana María Cabezas, Gonzalo Eguiguren, Rubén Guarda, Leonardo Sánchez, María Teresa Molina, Tirza Saavedra, Pilar Valdés, Iván Jara, Raúl Cabrera, Walter Gübelin, Emilia Zegpi, Hilda Rojas and Orietta Gómez.

**Undergraduate education at the St. Louis and Savior hospitals**

The St. Louis Hospital, in the eastern part of Santiago, launched its activities as the nineteenth century gave way to the twentieth to treat patients from around the country with skin and venereal diseases; over time it gradually absorbed chronic patients with ulcers of any origin (preferentially vascular), large burns and their aftereffects, paraplegia and other pathologies unrelated to the skin. Around 1950 a number of 300 hospitalized patients was customary, outpatient care of more than 100 patients a day and a staff of 10 to 15 doctors. It had two sections called A and B, each with its own chief and team of dermatologists. Numerous doctors who trained at this hospital went on to fill posts or chairs at the St. Vincent de Paul Hospital or vice-versa. It was at the St. Louis Hospital where the first undergraduate Dermatology education in Chile was imparted (ad honorem). One or both heads of section were in charge of the chair; they might or might not hold the title of professor conferred by UCH. The full list of chiefs/heads of the chair is unknown, but it includes Mamerto Cádiz, Luis Puyó, Roberto Jaramillo, Florencio Prats,
Gastón Ramírez and Raúl Alarcón. From that list, Roberto Jaramillo (head of section A), Florencio Prats (head of section B) and Gastón Ramírez were extraordinary professors of Dermatology at UCH.

Dr. Jaramillo (1884-1951) was one of the most outstanding figures in Chilean Dermatology between 1935 and 1950; he was educated in Europe, at the Saint-Louis Hospital in Paris, among other institutions, in the years before the First World War. He was a declared enemy of scientific dogmatism, and a pioneer of histopathology in Chile, following the line of the celebrated European pathologists of the early twentieth century; it was at his proposal that the histopathology laboratory was set up at the St. Louis Hospital. In 1951 he was succeeded in the chair by Gastón Ramírez who held the post until 1968.

Dr. Ramírez (1904-1996) trained first at the St. Louis Hospital and later at the St. Vincent de Paul Hospital, where he obtained the title of extraordinary professor in 1947, to return to the St. Louis in 1954. At the histopathology lab, Dr. Jaramillo was succeeded firstly by a brilliant dermatopathologist, Luis Toro Genkel, and later by Raúl Alarcón Casanueva. The latter won the competition to head the St. Louis Hospital in 1969 and during his tenure the service and chair of Dermatology were transferred to the neighboring Savior Hospital, when the St. Louis ceased operations in 1978.

During this period, Adelaida Tolic and Fernando Oyarzún also distinguished themselves as educators. In 1982, upon Dr. Alarcón’s retirement, Carlos Vera Mora was appointed head of that service, and he immediately turned teaching over to Ximena Raggio, who fulfilled that role until 1998. She was succeeded by Enrique Mullins up to the present. In this way, the Dermatology service of the Savior Hospital (as the heir of the St. Louis Hospital) is the oldest in the country in undergraduate education and the treatment of dermatological and venereal diseases.

Undergraduate education at the hospitals of the central and western areas of Santiago associated with the University of Chile

At the St. Borja Hospital in the central area, the first undergraduate teaching of Dermatology was handed to Hernán Hevia in the 1950s, while Florencio Prats taught at the Aguirre Hospital; the former was interrupted when Dr. Hevia took over as full professor at the Aguirre Hospital in 1960. In 1972, those courses were set up again at the St. Borja Hospital under Daniel Villalobos, until his resignation in 1990, which brought an end to teaching in that area. At the Barros Luco and Trudeau hospitals in the southern area, UCH appointed Ignacio González Díaz as the first head of education, from the late 1950s to 1972; he was then succeeded Jaime Ruiz (1972-1996), Alfredo Cardemil (1996-2002) and Héctor Fuenzalida (2003-).

At the St. John of God Hospital (western area), linked to UCH, the first extraordinary professor was Mauricio Weinstein, from 1954 to 1970. Dr. Weinstein had started out at the St. Louis Hospital to later join the St. Vincent de Paul Hospital. He was succeeded by Isidoro Pasmanik from 1970 until his retirement in 1990. Since then there have been no accredited professors at that hospital, but the following have successively been at the head of the undergraduate chair: María Isabel Benavides (1982-1993), María Isabel Herane (1993-1998) and Emilio Sudy (1999- ). Ximena Ancic, Ximena Moncada and Francisco Urbina have also been outstanding teaching dermatologists at this hospital.

Undergraduate education at the Pontifical Catholic University of Chile (PUC)

The Medical School at PUC in Santiago delegated undergraduate education in Dermatology for its students to the chair at the St. Vincent de Paul Hospital (later UCH’s Aguirre Hospital) for several decades, from the incorporation of this discipline into the
undergraduate syllabus (at an unknown date) until 1989. In March 1954 PUC created the formal Dermatology chair and appointed Hernán Hevia Parga as professor; he taught at the same Aguirre Hospital where he worked. Around 1975 PUC formed a small teaching faculty associated with the Aguirre Hospital to teach its students and interns, to collaborate with Dr. Hevia; it included Drs. Honeyman, Eguiguren and Guarda.

In 1980 Dr. Hevia was appointed PUC’s first full professor of Dermatology. After his retirement from this role in 1983, the chair was turned over to Juan Honeyman Mauro, named full professor in 1990. In 1983 PUC created the Associated Dermatology Teaching Unit with an autonomous physical venue, located at the PUC outpatient offices at its southern university campus, with its own staff of dermatologists; at the outset only treatment was offered, and the first dermatologist hired was Dr. Mirtha Cifuentes; later, teaching work was also undertaken for its undergraduate students. Other teaching dermatologists at PUC have been María Luisa Pérez-Cotapos, Montserrat Molgó, María Soledad Zegpi, Rosamary Soto, Ariel Hasson and Sergio Silva, among others. In the year 2000 the post of head of the service and of the chair was taken over by Dr. Pérez-Cotapos.

Undergraduate education at provincial universities

We shall only mention undergraduate education at those medical schools in the provinces that belong to ASOFAMECH. At the University of Concepción, the first doctor linked to Dermatology was Raúl Puga, who did treatment work and apparently collaborated in teaching, although further information on him is unavailable. Around 1950 the autonomous chair of Dermatology was created, Alberto Brieva Durán being appointed as the first professor; he held the post until 1964. He was succeeded by Juan González Martín (1964-1972), Ezio Olivari (1972-1987), Lidia Medina (1987-2003) and Rosario Alarcón (2004-).

Until 1973, the Medical School of the Southern University of Valdivia sent its students to Santiago for very brief courses in Dermatology and other specialized medical fields; in 1974 and 1975 it invited Ignacio González Díaz of UCH to give courses in Valdivia, lasting five days annually, to teach some cutaneous pathologies. Between 1976 and 1979, Daniel Villalobos (as guest professor in charge of the chair), Manuel Melis and Félix Fich (as collaborators), dermatologists at the St. Borja-Arriarán hospital complex in Santiago, were invited to develop the first formal course of Dermatology in Valdivia. In parallel fashion, in Santiago they trained Isabel Moreno and Mónica Hering as dermatologists in order to later take on teaching responsibilities. In consequence, from 1980 to date, the chair has been headed by Dr. Moreno, with Dr. Hering’s collaboration since 1984.

At the Medical School of the Frontier University of Temuco, Patricio Rifo has been in charge of the chair from its creation in 1975 to date. At the University of Valparaíso the first doctor in charge of the chair was Ramón Staforelli (1974-1990); he was succeeded by Jorge Testart (1990-1991) and Antonio Guglielmetti from 1992 to date.

Undergraduate education at the new medical schools at traditional or private universities

At the University of Santiago, the first course on Dermatology was taught in 1998. Alfredo Cardemil and Héctor Fuenzalida have been successively in charge. At the University of the Andes – the first private university to open a medical school – the first Dermatology course was given in 1995; the professor in charge of the chair, up to this time, has been Walter Gübelin. At the Higher University, the first course on Dermatology was given in 1991 and Lilian Pérez has been in charge of the chair. At the Catholic University of Concepción, Dermatology is not taught as an autonomous discipline but as part of a unified medical course. At St. Sebastian University of Concepción, the Dermatology
course was launched in 1998 and Enrique Wageman has been in charge since then. Other new medical schools are not mentioned because they are very recent, because their Dermatology courses are still incipient or because of the difficulty in obtaining data.

**Textbooks for undergraduate education**

Until 1960 there were no undergraduate Dermatology textbooks published by Chilean dermatologists, so that only the publications of French Dermatology and those of Spanish or Argentine dermatologists were employed. The textbook by Jean Darier, later published by his disciples (Jean Givatte among them), was the main reference source for specialists. Students used to employ informal classroom notes taken in previous years or handed over by the professors themselves as outlines, until in 1960 Florencio Prats published a multi-author book written by him and the collaborators of his chair at the Aguirre Hospital. Nevertheless, that book never managed to became established as a textbook in common undergraduate use because its contents were more ambitious. Later, for many years an unpublished compendium of class notes was used, written by Hernán Hevia and some of his collaborators. This compendium served as the basis for the publication, toward 1990, and appropriately updated, of a multi-author collaborative textbook by the professors of the same chair; Juan Honeyman and Raquel Nahuel acted as editors. Two other multi-author textbooks have also appeared: one in 2001, edited by María Isabel Herane and Francisco Urbina, and another in 2003 edited by María Luisa Pérez-Cotapos and Ariel Hasson of PUC; both books constitute a worthy contribution, although they surpass the scope of an undergraduate course.

**Graduate education**

Until the 1960s, the graduate teaching of Dermatology to physicians for the express purpose of training specialists was carried out in an informal and irregular manner at the major hospital centers. In general, knowledge of the specialized field was acquired by a kind of practical training ensuing from young doctors, paid or unpaid, joining treatment services at services and chairs, learning Dermatology from strict observation of diagnostic and therapeutic conducts of the professors or dermatologists with greater experience. Dermatologists already trained and linked to teaching hospitals or to those solely providing treatment always willingly took on the responsibility of training these young physicians who joined voluntarily.

In 1966 UCH launched the offer of quotas in scholarships/residencies in Dermatology, lasting 2 years, leading to the degree of specialist. This represented the first step taken by a university in Chile to offer graduate studies in this specialized field; the first to take the course and graduate from it was Alan Rojas Canala (1966-1968). The UCH quotas in scholarships/residencies in Dermatology were not filled for several years because of the abovementioned scarce interest in this specialized branch; the cases of Carlos Vera and Fernando Oyarzún were exceptions. The lack of interest was demonstrated by the low number of physicians (only 12) who undertook this program between 1966 and 1980. The UCH centers that offered training for dermatologists were at that time the Aguirre, St. John of God and St. Louis/Savior hospitals. Over those 14 years, education was haphazard, without a definite internship program nor theoretical courses, and included the treatment both of outpatients (general and STDs) and of hospitalized cases, with partial tutorship by teaching dermatologists; regarding this period the residents in training especially remember Hernán Hevia, Roger Lamas, Ignacio González Díaz, Marco Antonio de la Parra, Raúl Alarcón, Isidoro Pasmanik, Daniel Villalobos and René Wolf as notable tutors.

In 1980 the full professor Juan Honeyman named Rubén Guarda as coordinator of graduate education to redesign the UCH program for the training of specialists. Dr.
Guarda’s program, launched in April 1980 and whose venue was the Aguirre Hospital, established: (1) a compulsory system of internships in all the practical areas of Dermatology, which included STDs, laboratory, histopathology, immunodermatology and surgery, among others; (2) compulsory theoretical courses on the subjects that go beyond the routine clinical practice of Dermatology, such as cutaneous pathophysiology (including genetics and biochemistry), immunology, pharmacology/therapeutics, histopathology and fundamental surgery, for the purpose of updating and raising the level of Chilean Dermatology, hitherto of scarce prestige among doctors in other specialized fields; (3) a rigorous evaluation of practical and theoretical activities, with a compulsory final examination prior to the degree, and (4) a system for integrating the best professors in Santiago (wherever they might be working) into graduate education to optimize the training of the residents. This program was complemented as of 1983 by gradually bringing in the Santiago Dermatology services for carrying out practical work.

In order to institutionalize the inclusion of the Santiago Dermatology professors and services, Dr. Guarda drew up a new syllabus with the four principles listed above, which was adopted in 1985 at a solemn session at the Graduate School of the UCH Medical School with the presence and signature of Isidoro Pasmanik, Daniel Villalobos, Juan Honeyman, Carlos Vera and Marco Antonio de la Parra, in representation of all the hospital areas of Santiago, plus Dr. Guarda and the head of that School, Mauricio Parada. As a consequence of this, within a few years Dermatology went from a depressed situation to one of being one of the specialization options most in demand among young doctors, including the inflow of numerous physicians with the highest graduating grades from the diverse medical schools, which generated an explosive growth in the number of dermatologists. Taking into account the doctors who joined the training in Dermatology linked to the above-mentioned Graduate School, the figure went from 7 doctors in 1966-1972 six-year period, to 10 in the 1973-1979 six-year period, and to 51 between 1980 and 1986, these figures continuing to rise until now.

Since 1991, graduate teaching at UCH has been a dependency of the newly created Dermatology Department of its Medical School. Since 1993 the training program lasts 3 years (previously, 2 years) with exclusively dermatological subjects (it excludes general clinical medicine). In the year 2004 the total of UCH scholarship holders/residents in the 3 years of training stood at 25. The annual quota for new residents is currently 10. The coordinators of the graduate program have been Rubén Guarda (1980-1986), María Elsa Maira (1987-2001) and Iván Jara (2001 to date). The following have stood out coordinating theoretical and practical graduate courses at UCH: Augusto Alvarez Salamanca (surgery), Rubén Guarda, Raúl Cabrera and Iván Jara (immunodermatology and cutaneous pathophysiology), Hernán Hevia, Immo Rohmann, María Elsa Maira and Hilda Rojas (dermatopathology), Daniel Villalobos, Walter Gubelin and Orietta Gómez (STDs), Juan Honeyman (therapeutics) and Rodrigo de la Parra (laboratory), among others.

The PUC created the first scholarship/residency spot for Dermatology in 1972, when it was won by Gonzalo Eguiguren. The following isolated quotas offered by PUC were carried out at UCH’s Aguirre Hospital, until in 1993 a program of its own was launched for the training of specialists in Dermatology, basically similar to that of UCH and integrated with the latter as regards theoretical courses and some practical internships. In 2004 there are four scholarship holders/residents for the 3 years of training. Up to 2004 only UCH and PUC carry out programs for the training of specialists in Dermatology in Chile.

**Textbooks for graduate education**

Until 1970 the main reference textbooks were successively those published by Jean Darier and disciples, Florencio Frats et al. (1960) and the French Encyclopédie Médico-Chirurgicale. From that time until the present, the main textbooks of general Dermatology
have been those published by Arthur Rook et al. and Thomas Fitzpatrick et al. in their successive editions. In specialized subjects, those published by Sydney Hurwitz (Pediatric Dermatology), Mark Dahl (Immunodermatology), Walter Lever and Bernard Ackerman (Dermatopathology), among others. This reveals the significant change in influences on Chilean Dermatology: from French to British and U.S. Dermatology.

■ Overviews of some dermatological disciplines

Pediatric Dermatology

Until 1950 children’s dermatological diseases were treated by general pediatricians and dermatologists, without much exploration of their wide spectrum not dedication to them as a central goal of treatment. Those who opened up the path for the development and the progress of child Dermatology were Ignacio González Díaz (trained as a dermatologist) and Pedro Cofré (trained as a pediatrician), who, in Santiago, took on the handling of child Dermatology at the Roberto del Río and Calvo Mackenna pediatric hospitals, respectively.

In 1958, Dr. González was sent by UCH to carry out two crucial tasks: creating the undergraduate chair and dermatological treatment at the Barros Luco Hospital (which later entailed the creation of that hospital’s Dermatology Service), and launching dermatological care at the Roberto del Río Hospital belonging to UCH; he was the first dermatologist linked to a Chilean pediatric hospital. From that position, he contributed not only to training scholarship-holding residents in general pediatrics and in Dermatology, but to establishing the basis of child Dermatology.

The only structure with beds and outpatient care at Chilean hospitals that received the name of “child Dermatology service” was created at the Roberto del Río Hospital at an uncertain date, presumably before 1960; its chiefs were successively Ignacio González, María Elsa Maïra and Julia Oroz, until it was suppressed in 1976. As of 1966 and for some years, Alan Rojas collaborated with Dr. González in treatment work. Julia Oroz, who had concluded her residency in pediatrics in 1965, trained as a dermatologist between 1968 and 1970 at the above-mentioned hospital and with Dr. Hevia at the Aguirre Hospital; after working for some time in Valdivia, she returned in 1973 to take over the child Dermatology care at the Roberto del Río Hospital left vacant by Dr. González who retired in 1972. During that interval, treatment was provided by the pediatrician María Elsa Maïra, who had worked with González in the 1970-1972 period. Dr. Oroz has, since then, been in charge of the practical and theoretical education in child Dermatology of the vast majority of scholarship-holding residents in Dermatology who have been sent to her by Chile’s universities, thus turning into an essential pillar of the development of this subject thanks to her drive, desire for improvement and capacity to stimulate the new generations.

From 1976 to 1990 she was joined by another pediatrician, Winston Martínez, who at the same time completed his training as a dermatologist. Dr. Martínez was replaced by Sergio Silva in 1990. In 1983, a new post was created expressly for dermatological care, filled successively by Gabriela Smoje, Paulina Grandi and Paula Castillo.

Pedro Cofré, the other central figure in the early days of child Dermatology in Chile, was a pediatrician at the Calvo Mackenna Hospital (eastern area) with a great interest in treating children with dermatological problems. This led him to train in Dermatology simultaneously with his friend and fellow medical student Hernán Hevia at the Aguirre Hospital between 1959 and 1960; then, around 1961, at the Calvo Mackenna Hospital, he launched the second outpatient office in Dermatology at a Chilean children’s hospital, where he worked as the sole full-time dermatologist until his retirement in 1973. He was

In the central area, the principal figure has been Manuel Melis. After his graduate training in pediatrics, he trained in the practice of child Dermatology with Ignacio González Díaz and Pedro Cofré between 1970 and 1972 and general Dermatology with Daniel Villalobos as the St. John of God Hospital in 1973. In April 1974 he took office at the Arriarán pediatric hospital, within the St. Borja-Arriarán hospital complex, whose chief of Dermatology, since 1974, was Daniel Villalobos.

In Chile today, pediatric Dermatology is a discipline only open to physicians who have undergone specialized studies in Dermatology and Venereology; being a pediatrician is not a requirement, but being a dermatologist is. It doesn’t yet represent an authentic specialized subfield with ad hoc graduate studies. To date no structure called “children’s Dermatology service” exists in the organizational chart of Chilean pediatric hospitals. In 2004 there exist around 20 dermatologists with preferential dedication to pediatric Dermatology and around ten with exclusive dedication to children. Since 1990 they have organized the working group on child Dermatology, displaying a notable drive and quality, with very successful periodic meetings, with clinical cases and reviews of issues of great impact and very attractive for all national dermatologists. This has been the most successful of all the working groups created with the support of the SCDV. After the first coordinator, María Soledad Zegpi, several others have rotated in the post. Standouts on the national and international stage have included, among others, Julia Oroz, Manuel Melis, Julita Cofré, Mónica Jara, Winston Martínez, Jaime Ferrer, María Soledad Zegpi, Fanny Guerstein, Sergio Silva, Gabriela Smoje, Paulina Grandi, Lilian Pérez, Christel Bolte and Paula Castillo.

Immunodermatology

Immunodermatology constitutes a discipline that has placed Chilean Dermatology in the vanguard of South American Dermatology over the last two decades. Its main promoters were Juan Honeyman and Rubén Guarda. Both disseminated and taught the immunological approach to dermatological diseases. Their continuators and distinguished disciples were Iván Jara and Raúl Cabrera. While carrying out his graduate studies in Dermatology in Oregon (USA) between 1969 and 1971, Dr. Honeyman participated in the immunology working group of the American Academy of Dermatology. In Chile, in 1971, he introduced the modern study of autoimmune bullous diseases with immunofluorescence techniques; he published some outstanding articles on bullous pathologies in Archives of Dermatology and was the first to envision the future impact of immunology in Dermatology. In 1972 he contributed to bringing Dr. Guarda — who had just completed his scholarship/residency in internal medicine and his training in immunology — into the Aguirre Hospital. In addition to his training in Dermatology, Dr. Guarda took over the handling of collagen vascular diseases and immunological hypersensitivity dermatoses. They both worked for years in the UCH Medical School’s department of experimental medicine and contributed to disseminate the theoretical foundations of immunology applied to clinical treatment through many participations in graduate courses, not only in Dermatology but also in other specialized fields, including internal medicine, pediatrics, gynecology and obstetrics, neurology and general surgery.

Between 1970 and 1975, Drs. Honeyman and Guarda, along with Marta Velasco (hepatologist), Ricardo Sorensen (pediatrician), Mario Andreis and Sergio Aguilera (rheumatologists), Ricardo Sepúlveda (pneumologist), Alberto Daiber and Timoleón Anguita (hematologists), were the first clinical doctors in Chile to embrace clinical immunology as the center of their daily activity. Dr. Honeyman was a founding member of the Chilean Society of Immunology. Dr. Guarda in 1980 introduced the compulsory theoretical teaching
of immunodermatology in the syllabus of graduate education in Dermatology, still in applica-
tion. Both have stood out in the early spread of immunodermatological concepts in South America. Drs. Honeyman, Guarda, Cabrera and Jara have led the main courses and symposia on this subject at the key dermatological events in Hispanic America over the last 20 years.

Venereology

The St. Louis hospital was the major referral center for the treatment of patients with
STDs, principally syphilis, in all of the first half of the twentieth century; a major share of
its 300 beds were filled by patients in the diverse stages of syphilis and other STDs.
Gradually, other hospitals in Santiago, Valparaíso and Concepción took an active role in
outpatient and hospitalization care of STDs (among them, the St. Vincent de Paul Hospi-
tal). We haven’t located bibliographical references on the characteristics and personali-
ties linked to the handling of STDs before 1950. We know that after 1940, with the
creation of the Social Insurance Service, mass serological testing for syphilis was carried
out, which showed that 10% of insured Chileans were positive; this led this hospital to
launch the mass use of arsenoxide in phleboclysis, with which an extraordinary achieve-
ment was obtained: a drop in the rates of prevalence and incidence of syphilis before the
arrival of penicillin. Between 1953 and 1970, by virtue of the massification of the em-
ployment of antibiotics and of programs for the control of sexually transmitted diseases
(STDs), syphilis lost epidemiological and clinical importance in Chile (as in other parts of
the world) and ceased to be the obligatory reference point of the differential diagnosis of
cutaneous ailments. The consequent neglect of those programs was the cause of an in-
crease in the incidence of gonorrhea and non-gonococcal uretritis and later likewise of
syphilis. The Pan American Health Organization (PAHO) then promoted the setting up of
new STD control programs under the vigilance of the National Health Service and ap-
pointed Chile (specifically, the St. John of God Hospital) for the development of pilot pro-
grams for the control, epidemiological follow-up and treatment of STDs; Isidoro
Pasmanik was named to implement this. As a result of these programs the figure of zero
cases of congenital syphilis was achieved.

For 10 years, with the backing of PAHO, ULACETS, the Health Ministry and the
Chilean Public Health Institute, international courses were offered in the handling of STD
control programs, with the participation of the heads of programs and Dermatology ser-
vices of several Latin American countries, led by Isidoro Pasmanik and with the collab-
oration of Daniel Villalobos. Dr. Villalobos collaborated in the 1980s in educational
programs for the control of STDs promoted by Canada’s IDRC and by the Association for
the Protection of the Family.

When the St. Louis Hospital disappeared in 1972, despite the antivenereal struggle
centered at the St. John of God Hospital the care of patients with STDs associated with
hospitals became insufficient and coincided with a rise in STDs. Nevertheless, the deter-
mined participation of the Health Ministry in the national control of STDs contributed to
substantially improving the situation. From 1980 to 1987 Daniel Villalobos was the na-
tional chief for the control of STDs, at the Health Ministry; under his leadership, the first
national guidelines were drawn up for the treatment and control of STDs, with the back-
ing of PAHO, which constituted a milestone for public health in the country. In 1987
Blanca Campos was appointed head of the Health Ministry’s national program for the
control of STDs. The second national guidelines for STDs were drawn up in 1990 and the
third in 2000. Participation in drawing up all these rules, in addition to Drs. Villalobos
and Campos, were Aurelio Salvo, Liliana Urra, Félix Fich, Aníbal Hurtado, Rinna Ortega
and Ester Santander.

Until the 1970s, all dermatologists were prepared for the routine treatment of STDs.
Afterwards, although concern for training in STDs continues among medical students and physicians undergoing graduate training in Dermatology, that universal dedication to STDs has given up ground owing to the diversification toward other fields of Dermatology. Nevertheless, the physicians in charge of treating (non-AIDS) STDs continue to be mainly dermatologists, although in a more limited number; the treatment of patients has concentrated at the so-called STD centers, facilities associated with the 18 health services spread throughout Chile. These STD centers are the modernized heirs of the so-called Committees for Anti-Venereal Struggle created at Chilean Hospitals by Isidoro Pasmanik and other dermatologists in the 1960s. As an example of the permanence of the venereological mission among dermatologists, the six STD centers of the six health services of the Metropolitan Region are run by them. A brief listing of the most outstanding dermatologists in the treatment of STDs in the second half of the twentieth century includes, in addition to the already mentioned Drs. Pasmanik, Villalobos and Fich, Horacio Espoz, Rafael Arroyave, Carmen Bruning, Aurelio Salvo, Vesna Dragicevic, Ximena Moncada, Walter Gubelin, Orietta Gómez, Aníbal Hurtado, Ester Santander, Enrique Araya and Blanca Campos, among others.

The Latin American Union Against STDs (ULACETS), enjoying the backing of PAHO, was very significant in the antivenereal struggle in Chile, both in supporting programs and individuals and in the organization of international courses in diverse cities of South America. The Chilean branch of ULACETS played an important role when AIDS appeared because it created the first laboratory for the detection of HIV antibodies (which offered free services and lasted one year) and a telephone consultation service. The ULACETS congress was held in Santiago in 1995. Several Chilean dermatologists have participated in an outstanding manner in ULACETS: Dr. Pasmanik was founder and vice-president, Dr. Villalobos was secretary and treasurer, Dr. Fich was vice-president from 1995 to 1999 and advised Uruguayan dermatologist Hilda Abreu in the organization of the most important event carried out in South America in the STD area: the World Congress of STDs and AIDS (Punta del Este, Uruguay, 2003); Blanca Campos presided over the ULACETS congress of 1995.

The appearance of AIDS gradually and substantially altered the structures and personnel linked to STDs. In 1984 the first Chilean cases of HIV/AIDS were diagnosed by dermatologists (Juan Honeyman, Daniel Villalobos and Félix Fich, in that order). Since 1985 Chile has participated actively in the international task of controlling AIDS. From then until 1990 AIDS formed part of the STDs included in the national STD control program, headed by Dr. Villalobos and later by Blanca Campos. At the same time, infectologists and epidemiologists have shown a notable interest in heading the AIDS programs and treating its patients. In 1990, the National AIDS Commission was created (CONASIDA), a dependency of the health Ministry, which was headed by an epidemiologist (Raquel Child), the program for the control of non-AIDS STDs, led by Dr. Campos, being maintained. Nevertheless, around 1993, CONASIDA took control of the non-AIDS STD program and appointed the dermatologist Aníbal Hurtado to head it. In 2003, through a political decision of the Ministry’s, the participation of dermatologists in CONASIDA was suspended.

History of the Chilean Society of Dermatology and Venereology

Founding

The Chilean Society of Dermatology and Venereology (SCDV) was founded on March 29, 1938, under the initial name of Chilean Society of Dermatology and Syphilology, as a branch of the Medical Society of Santiago. Since 1976 it bears its current name, which became definitively stipulated in the bylaws in 1985. The record of its founding...
disappeared from the archives of the Medical Society of Santiago. The founding members, according to an ad hoc document requested in 1987 by the Board of the SCDV from a commission formed by Hernán Hevia, Eduardo Silvestre, Gastón Ramírez and Antonio Mascaró, are believed to have been the following physicians: Cristián Barría Morales, Gustavo Bendek, Raquel Bravo, Manuel Castellón, Juana Díaz Muñoz, Israel Drapkin, Rodolfo Frey Gabler, Julio González Chacón, Héctor González Rioseco, Víctor Gianelli, Norberto Heins, Hernán Hevia Parga, Roberto Jaramillo Bruce, Néstor López Cortés, Antonio Mascaró Blanco, Raúl Morales Beltrán, Luis Montero Riveros, Manuel Oporto García, Gonzalo Pérez de Arce, Florencio Prats González, Luis Prunés Rissetti, Gastón Ramírez Bravo, Eduardo Sylvester Rasch, Luis Toro Genke, Bernardo Vaisman, Mauricio Weinstein Rudoy and Daniel Yáñez Garrido.

First historical phase

We thus call the period extending between the SCDV's founding and 1980, characterized by the form of periodic scientific meetings with the institutional backing of the Medical Society of Santiago (without other sustained societal roles), based on the goodwill of its members and lacking in legal standing, bylaws, rules, regulations, headquarters and locatable secretariat archives and therefore in illustrative written data. Between 1938 and 1985 the SCDV operated under the aegis of the legal standing of the Medical Society of Santiago, of which it was a branch; clinical/scientific meetings were organized once or twice a month, customarily held at the St. Louis Hospital and, after its dissolution in 1972, at the José Joaquín Aguirre Hospital.

In 1976 the SCDV began to hold the so-called Annual Session in the spring months. Lacking a physical venue of its own, the SCDV's activities centered on the actual person of the president in office, who worked side by side with his secretary at their workplace (hospital). On occasions the president was his own secretary and personally handled the written and verbal information inherent in his mandate, which has been lost to this day. Presidents were appointed orally by the members for reasons of scientific weight or group influence. Unfortunately the complete roster of SCDV presidents and their periods in office during this historical phase is unknown; neither have the records been kept of the board or membership meetings, if such there were, nor the information regarding the handlers and participants in SCDV activities. Some data that have recently been recorded orally tell us that the first president of the SCDV and one of its main promoters was Luis Prunés Rissetti, who later was also elected president of the Medical Society of Santiago; another strong pillar was Roberto Jaramillo Bruce. We know that the presidents included Daniel Yáñez Garrido (of the St. Louis Hospital) in 1945 (with Hernán Hevia Parga as secretary), Gastón Ramírez between 1946 and 1947 and Hernán Hevia between 1952 and 1953.


Transitional phase

Between 1980 and 1986, a period in which the presidents were Julia Oroz Montiglio
(1980-1981), Gonzalo Eguiguren Lira (1982-1983) and Carlos Vera Mora (1984-1986), the SCDV experienced a period of transition characterized by the search for a better structure and the drawing up of bylaws that would make it legally independent of the Medical Society of Santiago. This process began in 1981 and ended in 1985 with the approval of the SCDV’s legal standing and adoption of its bylaws. In addition, the *Chilean Journal of Dermatology*, initially called *Dermatología (Chile)*, was also created in 1985 as the official organ of the SCDV, furthered by Carlos Vera and Juan Honeyman; the first three issues appeared during 1985. Its publisher/editor since then has been Dr. Honeyman. During this period some scientific gatherings were held and the Annual Sessions continued to be held in spring. As happened with all the information prior to 1986, in this transitional phase the SCDV didn’t preserve written data on its activities either, for similar reasons to those of the first historical phase.

**Second historical phase**

This is the name given to the period (1986 onwards) characterized by the conservation of trustworthy and complete written information on the SCDV. In May 1986 there took place the first election of a president by democratic vote, which launched the rigorous and systematic application of the bylaws adopted in 1985 with periodic board elections. When Rubén Guarda took over the presidency in 1986 he was unable to obtain prior documentation on the society nor any records at all, because there had hitherto been no continuity in the secretariat nor information from one board to the next. In this period, the presidents have been: Rubén Guarda Tatin (1986-1988), the above, re-elected (1988-1990), Juan Honeyman Mauro (1990-1992), Félix Fich Schilcrot (1992-1994), Tirza Saavedra Umpierrez (1994-1996), María Isabel Herane (1996-1998), Iván Jara Padilla (1998-2000), Mirtha Cifuentes Mutinelli (2000-2002), Raúl Cabrera Moraga (2002-2004) and Hilda Rojas (2004-2006).

The fundamental hallmarks of this second historical phase were the following:

1. Democratic elections of the president and his or her board every two years, in the month of April.

2. Continuity in the secretariat, documentation archive and administration. Its administrative secretary, Sandra Díaz, hired in June 1986, has been a central factor in the continuity of the systems up to now.

3. Monthly board meetings from March to December.

4. Regular meetings of the membership, customarily monthly from March to December, with the presentation of scientific issues, reports by the president in office on the activities and agreements of the board and committees and discussion of society matters.

5. Headquarters. The first autonomous venue of the SCDV in its history, with secretariat, documentation, board and committee meeting functions, was a room rented on Salvador Donoso street in the Bellavista neighborhood, municipality of Providencia, between January and December 1987, under the presidency of Rubén Guarda. Afterwards the SCDV, with the financial backing of the Alcon company, bought an office in the building of the Medical Society of Santiago, on Presidente Riesco street, municipality of Las Condes, where it moved in December 1987; this office was given up in 1994 owing to the compulsory departure of the Medical Society of Santiago of that building. Then followed a period without a headquarters, with a dispersal of the archive and library and work parcelled out at the houses or offices of the members of the Governing Board and of the administrative secretary. Nevertheless, in 1993 and under the presidency of Félix Fich, it was agreed to negotiate the purchase of a new office-headquarters, which took place in December 1995, under the presidency of Tirza Saavedra; it was located on La Concepción street, municipality of Providencia, and served the SCDV until it was sold in 2002. In June 2003, the SCDV, under the presidency of Raúl Cabrera, bought its third,
bigger headquarters, on Luis Pasteur street, municipality of Vitacura, in use since then.

6. Number of members. After a process lasting several months, in May 1987 the SCDV board completed the first official registry of full members, who added up to 127; in October 2004 the full members number 222, who are rated in accordance with compliance with the entry requirements in the bylaws. These figures need to be compared with the membership of 30 presumably existing in 1970. The notable increase over 34 years demonstrates the efficiency of the plans for the training of new specialists, the renewed interest in the specialized field and the joint effort of Chilean dermatologists in direct teaching activities.

7. Branches. Chile’s length gives rise to a relative geographical isolation of many cities at a distance from Santiago, generating a need for branches that will bring SCDV members together for reasons of closeness. Under the aegis of the SCDV, in the mid-1980s the South and North branches were born, fostered by Patricio Patricio Rifo (Temuco) and Alex Arroyo (Antofagasta) respectively. The first regulations on branches, later modified, was adopted in 1988. At the present time, the following branches are in operation: North (headquarters in Antofagasta), Fifth Region (headquarters in Valparaíso/Viña), Bío-Bío (headquarters in Concepción) and South (headquarters in Temuco). These branches have organized numerous intraregional scientific meetings – sometimes with guests from Santiago – and several Annual National Sessions.

8. Permanent committees. In 1986, under the presidency of Rubén Guarda, the permanent working committees were launched to advise the board on bylaw, administrative and internal and external relations matters, which at the same time made it possible to expand the representativeness of the decisions taken. These committees meet autonomously or at the request of the board, their members last two years, their roles are subject to rules and their resolutions require the final approval of the board. The committees in operation since 1986 are: (1) Bylaws, Rules and Acceptance of Members, (2) Ethics, Discipline and Professional Relations, (3) Fees and Services, (4) Scientific and Ongoing Education, (5) International Relations, and (6) Editorial Committee of the Revista Chilena de Dermatología. Afterwards, the committees on (7) Library and Computer Systems and (8) Welfare were added.

9. Working groups. Although some working groups previously operated in a sporadic manner (for example, Occupational Dermatosis and Contact Dermatosis), in 1990, under the presidency of Juan Honeyman, the SCDV institutionalized and promoted the setting up these groups, conceived as clusters of members with affinities in certain scientific subjects for the purpose of exchanging experiences and generating SCDV papers or positions, through periodic working meetings. Thus far, the groups with the most regular activity have been those on Pediatric Dermatology, Dermatological Surgery, Acne/Rosacea and Laser. Other groups have been those on STDs, Cosmiatrics, Cutaneous Oncology, Psoriasis and Internal Medicine.

10. Ongoing education sessions. With the aim of reviewing and updating knowledge on specific subjects in afternoon hours, from 1986 to 1989 the SCDV carried out several ongoing education sessions for its members. These have been restarted as of 2002.

11. Chilean Congresses of Dermatology and Venereology every 2 years.

12. Annual Sessions and Spring Sessions.


14. Library and computer systems. In 1989 a library began to be assembled with the main international journals on Dermatology and some books for use by members. It has operated at the SCDV venues. In 2001 the SCDV’s web page was launched, <www.sochiderm.cl>.

15. Scholarships for further studies. In 2002, upon a proposal by its president Raúl Cabrera, the SCDV agreed to create scholarships for members, of brief duration (a minimum of five weeks), at foreign centers, on specific subjects suitable for application in Chile, for a fixed amount of 3,000 dollars, financed by large pharmaceutical firms and
allocated by an ad hoc jury through a competition based on background. Three scholar-
ships have already been awarded, financed by the Galderma, GlaxoSmithKline and
Stiefel companies.

16. CONACEM. The SCDV joined CONACEM in 1987, fulfilled the requirements for
Dermatology and Venereology in 1989 and from 1990 to the present has participated
with two representatives in the CONACEM Dermatology and Venereology Committee.

17. International relations. The SCDV is a member of the International League of Derm-
atological Societies (ILDS) and is the most important spokesman for Chilean dermatol-
ogists before the American Academy of Dermatology (USA).

18. National relations. The SCDV is affiliated with the Medical Society of Santiago,
CONACEM and the National Association of Medical Scientific Societies.

19. Community-oriented campaigns. In 1997, during the presidency of María Isabel
Herane, a series of annual campaigns was launched for the prevention of skin cancer,
which had a major impact; they were continued by the succeeding boards and backed by
the Health Ministry and pharmaceutical companies.

20. New bylaws. In November 1999 the annual meeting of the membership adopted
a modification of the 1985 bylaws. These new bylaws are in the final stage of approval
by the Justice Ministry.

Known boards during the first historical phase
and the transitional phase

(Records preserved in incomplete fashion.)
1958–1960 President: Roger Lamas Grubesich
1960–1962 President: Samuel Abeliuk Raschokvan
1962–1964 President: Raúl Alarcón Casanueva; Secretary: Samuel Abeliuk Raschokvan
1964–1966 President: Oscar Klein Kohn; Secretary: Federico Pescetto
1966–1968 No records preserved
1968–1970 President: Isidoro Pasmanik Guíñerman
1970–1972 President: Pedro Cofré; Secretary: Alan Rojas Canala
1972–1974 President: Daniel Villalobos Toro; Secretary: Adelaida Tolic Rodríguez
1974–1976 President: Alan Rojas Canala; Secretary: Fernando Oyarzún Carrillo
1976–1978 President: Oscar Klein Kohn
1978–1980 President: Marco Antonio de la Parra Enríquez; Secretary-General: Jorge
Abeliuk Sharager
1980–1982 President: Julia Oroz Montiglio; Secretary-General: María Elsa Maira Palma
1982–1984 President: Gonzalo Eguiguren Lira; Secretary-General: Leonardo Sánchez
Millán
1984–1986 President: Carlos Vera Mora; Secretary-General: Mónica Ross Maldonado

Boards of the second historical phase, 1986–2004

1986–1988 President: Rubén Guarda Tatín; Vice-president: Manuel Melis de la Vega;
Secretary-General: Raúl Cabrera Moraga
1988–1990 President: Rubén Guarda Tatín; Vice-president: Félix Fich Schilcrot; Sec-
retary-General: Iván Jara Padilla
1990–1992 President: Juan Honeyman Mauro; Vice-president: Félix Fich Schilcrot;
Secretary-General: María Luisa Pérez-Cotapos Subercaseaux
1992–1994 President: Félix Fich Schilcrot; Vice-president: María Isabel Herane; Sec-
retary-General: Monserrat Molgó Novell
1994–1996 President: Tirza Saavedra Umpierrez; Vice-president: María Isabel Her-
ane; Secretary-General: Pilar Valdés Arrieta
### Dermatological journals in Chile

The SCDV’s first known publication was the *Boletín de la Sociedad Chilena de Dermatología y Sifilología* (its official organ), which appeared in 1945 and which only published three issues; the reasons for its folding are unknown. The main party responsible for this bulletin was the then-secretary of the Society, Hernán Hevia, assisted by Florencio Prats, Mauricio Weinstein and Roger Lamas. During his presidency (1972-1974), Daniel Villalobos published some SCDV bulletins with scientific and Society contents. Carlos Vera founded the *Dermosur* journal, devoted to contact and occupational dermatoses, which had a brief existence.

The first substantial journal of Dermatology in Chile was promoted by the SCDV as its official organ and appeared in 1985 under the presidency of Carlos Vera, with the name of *Dermatología (Chile)*. Juan Honeyman has been its editor in chief from the first issue to the present. His untiring and meticulous work, as well as that of the members of the successive editorial committees (all of them outstanding members of the SCDV), particularly Pilar Valdés, Soledad Bertoló and Félix Fich, has enabled that journal to be published uninterruptedly up to the present, with two issues a year up to 1993, later with three issues a year and, since 1998, with four per year. It has been structured around original papers, clinical or experimental, bibliographical reviews, minicases and information of interest to the Society. With a certain frequency, this journal receives the input of foreign authors and enjoys widespread distribution nationally and in neighboring countries.

### National scientific gatherings

During the SCDV’s first historical phase, its members met either once or twice a month at scientific gatherings or assemblies for the discussion of cases and presentation of original experiences or reviews of issues, primarily at the St. Louis Hospital. Although the contribution of cases for these meetings came mostly from the physicians at the St. Louis and St. Vincent de Paul hospitals, they also originated at other hospitals and even in the provinces (among them, Valparaíso). In board records of 1945 it is found that in that year there were 16 gatherings with a total of 21 original papers and 56 presentations of clinical cases, all of them published in the three issues of the already mentioned *Boletín de la Sociedad Chilena de Dermatología y Sifilología*. The most prolific author of reports presented before the SCDV from its founding until 1980 was Hernán Hevia, with around 200 papers.

In December 1968 a major meeting of the SCDV was held at the St. Louis Hospital, called Meeting of the Thirtieth Anniversary of the SCDV, lasting three days in morning and night hours, with the presentation of cases and original papers. This meeting brought together all Chilean dermatologists and preceded other similar ones held by the SCDV under diverse names: Chilean Sessions of Dermatology, carried out in Santiago and
Valparaíso in 1970, presided by Pedro Cofré, and National Sessions of Dermatology carried out in Santiago in 1974 and 1975. Since 1976 they have come to be called Annual Sessions of Dermatology and Venereology, with Santiago as the customary venue until 1985. Nevertheless, from 1990 onwards (save in 1999), these Annual Sessions have been held in provincial cities with the aim of promoting the dissemination of the specialized field and the decentralization of SCDV. The nature of these meetings has been both scientific (advances in Dermatology and presentation of original papers with the participation of top-level foreign guests) and social, since unity and fruitful coexistence and friendship among Chilean dermatologists is an essential task of the SCDV. Since 1997, finally, they have been given the name of Prof. Hernán Hevia Parga Annual Sessions of Dermatology and Venereology, in homage to the great Chilean professor.

Between 1986 and 1989 the so-called Spring Sessions were carried out in Santiago, four in all (one per year). They were proposed by Leonardo Sánchez and Patricio Rifo and organized under the presidency of Rubén Guarda, with the exclusive aim of presenting the papers and problem cases of provincial dermatologists for discussion with the dermatologists of Santiago, enriched by the presence of a foreign guest per session. The goal was support of scientific progress and social getting-together within the midst of the SCDV. They recorded a notable success in attendance and contributed not only to solidary unity among the country’s dermatologists, but also — at anecdotal level — to the elimination of the chronic resistance by members to the payment of their dues.

In May 1986, upon taking office as president of the SCDV, Rubén Guarda proposed founding the Chilean Congresses of Dermatology and Venereology as periodic major gatherings of Chilean Dermatology, lasting three days, with sessions offering selected contributions on research and experiences, symposia, workshops and conferences, with the participation of foreign guests of high scientific standing. The first Chilean Congress, presided by Dr. Guarda, was held in April 1988 with the four guests from the United States: Mark Dahl, Marcus Conant, Bijan Safai and Jon Hanifin. Since then, a total of eight Congresses have been held, every two years in Santiago in the month of April, except in 1992 (suppression originating in the holding of the RADLA congress in Santiago), with the participation of numerous and very distinguished dermatologists from Europe, the United States and Latin America and attendance by 200 to 400 physicians. Their presidents have been Rubén Guarda (1988), Daniel Villalobos (1990), Félix Fich (1994), Tirza Saavedra (1996), María Isabel Herane (1998), Iván Jara (2000), Mirtha Cifuentes (2002) and Raúl Cabrera (2004).

Many dermatological meetings of a high scientific level and with foreign guests have been organized by diverse institutions; the most traditional and best-attended have been: (1) the annual course/session of the Aguirre Hospital’s Dermatology service (since 1988), lately devoted to dermatological therapeutics and generally headed by Juan Honeyman; (2) the annual symposium/course of the PUC’s Dermatology unit (since 1990), with alternating presidents; and (3) the annual course/session of the German Clinic in Santiago: the first in 1991, headed by Rubén Guarda, and then, uninterruptedly from 1995 to date, under the presidency of Raúl Cabrera.

### Chilean Dermatology in the international concert

**Presence of Chilean dermatologists at international meetings**

Until the mid-1970s Chilean dermatologists only rarely participated in institutions and gatherings of an international character. Contributing to this was the fact that Chile is the American country furthest from Europe and the South American country furthest from the United States. Although there were contacts of a personal nature with French
Historical sketch of Chilean Dermatology

Dermatology, through some professors (for example, Puyó, Jaramillo and Prunés) and with Argentine Dermatology (for example, Prats and Brieva), the first fruitful institutional contacts were made by the physicians connected with STDs, mainly Isidoro Pasmanik and Daniel Villalobos. Dr. Pasmanik, as head in Chile of the PAHO pilot program for the control of STDs since 1960, participated in diverse joint activities with representatives of other Latin American countries; he was also an untiring traveler to many congresses of Dermatology and STDs and until 1975 almost always the only Chilean presence. Along with Drs. Villalobos and Fich he actively participated in international gatherings on STDs and AIDS, including the ULACETS congresses. Félix Fich was vice-president of ULACETS in the 1995-1999 period.

Between 1976 and 1990, Juan Honeyman’s role was crucial in the participation of Chilean dermatologists, both to attend and to present papers at international medical gatherings, which can be summarized as follows: (1) as of his dermatological training in Oregon, he was the main promoter of the participation of young dermatologists in the meetings of the American Academy of Dermatology (AAD) and their membership in it; (2) he furthered the affiliation of the SCVD to the International League of Dermatological Societies; (3) as of his first attendance at a RADLA in Guarujá (1976), he stimulated the incorporation and participation with papers of a great number of Chilean dermatologists in the main annual event of South American Dermatology, the Annual Gathering of Latin American Dermatologists of the Southern Cone (RADLA); lastly, (4) he did the same boosting work for the carrying out of the congresses of the Ibero-Latin American Association of Dermatology (CILAD).

Since 1977 Chilean dermatologists have been very active as participants, speakers and officials of the RADLAs of the Southern Cone. Juan Honeyman, Carlos Vera and Rubén Guarda have been presidents of the organization, and, therefore, permanent delegates to its council. Participating as renewable delegates have been Isidoro Pasmanik, Gonzalo Eguiguren, Julia Oroz, Leonardo Sánchez, Iván Jara, Raúl Cabrera, Félix Fich,Montserrat Molgó and Orietta Gómez. Chile’s participation in the coordination of scientific and speaker activities is already a tradition, particularly in immunodermatology and skin oncology. The Chilean presence in CILAD and its congresses has been somewhat less numerous. Juan Honeyman was national delegate to CILAD for Chile from 1975 to 1999, area vice-president of CILAD between 1995 and 1999 and first vice-president from 1999 to 2003. Since 2000 Rubén Guarda has been national delegate to CILAD for Chile, re-elected by a vote in 2003.

In sum, the presence of Chilean dermatologists is constant and sometimes very numerous at the meetings of the AAD, the world congresses of Dermatology and Pediatric Dermatology, at the CILAD, the RADLAs and a varying number of events in the Americas and Europe. This has contributed to improving and updating Chilean dermatological science. Juan Honeyman, Rubén Guarda, Raúl Cabrera, Iván Jara, María Isabel Herane and many others have frequently been invited to the national dermatological congresses of diverse Latin American countries. Dr. Honeyman is a member of numerous national societies of Dermatology; he has been, like Pasmanik before him, an untiring traveler and lecturer at medical gatherings in many countries. Dr. Guarda has also been a constant invited speaker at the allergy and immunology congresses of neighboring countries. There is a successful institutional exchange of young physicians between the AAD and the SCVD for their respective congresses, owing to the mutually advantageous terms offered for stays and registrations.

Principal international dermatological events in Chile

Chile has been the very successful venue of the following international dermatological events: (1) RADLA of the Southern Cone 1985, the first to be held in Santiago (president, Juan Honeyman; secretary-general, Gonzalo Eguiguren), with 400 participating
physicians from the RADLA countries (Argentina, Bolivia, Brazil, Chile, Peru, Paraguay and Uruguay); (2) RADLA of the Southern Cone 1992 in Santiago (president, Carlos Vera; secretary-general, Mirtha Cifuentes), with 500 doctors attending; (3) RADLA of the Southern Cone 1997 in Santiago (president, Rubén Guarda; secretary-general, Raúl Cabrera), with 950 physicians attending; (4) Congress of ULACETS 1995 in Santiago (president, Blanca Campos; president of the scientific committee, Félix Fich) with 1,800 participants from 35 countries. Santiago is preparing to receive a new RADLA in 2006 under the presidency of Raúl Cabrera.

Other international dermatological events in Chile

In the second half of the twentieth century two cycles of meetings were held between dermatologists from Argentina (mainly from Cuyo, the Argentine region closest to Santiago) and Chile: (1) the first cycle corresponded to the so-called Andean Meetings of Dermatology, one carried out in Mendoza (1969) and the other in Santiago (1970), proposed by Isidoro Pasmanik and Alberto Torres Cortijo (Mendoza) and organized by the SCDV and the Argentine Society of Dermatology (Cuyo branch), with a significant success for Chilean-Argentine brotherhood; (2) the second, longer series corresponded to the so-called Trans-Andean Sessions of Dermatology, which were annual events, with alternating venues: Santiago in the fall and Cuyo in spring, between 1989 and 1995, initially proposed by Cristóbal Parra (Mendoza) and Rubén Guarda (Santiago) and agreed on between the SCDV and the Cuyo branch of the Argentine Association of Dermatology (Nélida Pizzi, Cristóbal Parra, José Leonforte and Elías Bittar). The SCDV put its Fifth Region branch in charge of the Chilean responsibility for these Sessions, which saw the mass participation of dermatologists from Cuyo and Chile.

Another series of meetings were the so-called Inter-Andean Sessions, held between 1994 and 2000, which brought together the dermatologists of northern Chile, the Argentines of Salta, the Bolivians of La Paz and Cochabamba and the Peruvians of the south (Arequipa, Cuzco and Tacna), as well as several from Santiago and Lima. They were fostered by Juan Pedro Lonza and other dermatologists of northern Chile and backed by Juan Honeyman (Santiago), Fernando Magill and Emilio Carranza (Lima), with a large number of attendees. The meetings held were four: Iquique 1994, Cuzco 1996, Cochabamba 1998 and Salta 2000.

References


COMPLEMENTARY SOURCES

Ecuador's coastal or littoral region is the portion of territory lying between the Pacific Ocean to the West, the first slopes of the Andes to the East, the Colombian border to the North, and Peru to the South.

This territory measuring 800 km in length and approximately with a surface of 80,000 sq. km is mostly a coastal plain with some elevations of little height, especially in its central and northern parts.

Since it lies in the equatorial area, like the rest of the country, and since it is at sea level, this coastal region presents a tropical climate with average temperatures between 23 ºC and 26 ºC, with two weather seasons, one from December to April — characterized by the presence of heavy rainfall and an increase in the average temperature — and the rest of the year with very scarce rainfall and cooler weather.

Historical aspects
Pre-Hispanic Times

Among the different native peoples who inhabited the Ecuadorian littoral before the arrival of the Spaniards, the Huancavilca are those who have received the most attention from researchers of our medical past. This is why our article is based on the data obtained about this culture, made up of many tribes that populated the area that corresponds to present-day Guayas Province and part of Manabí and Los Ríos provinces.

Located in the midst of the tropical area, the Huancavilca suffered the harshness of the climate; however, their pathology was not very varied, and this caused the Spanish conquistadors to consider these lands to be very healthy. Their cutaneous pathology could be summed up as some infectious diseases, parasitic skin ailments, insect bites and cutaneous manifestations of drunkenness induced by the use of fermented drinks or of poisoning by substances consumed or used on their spears.
According to most historians, syphilis also existed in this area before the arrival of the Spaniards. Its external manifestations were referred to as buboe or warts, often observed not only among inhabitants of the area, but also among many persons “coming from elsewhere,” who came to this area looking for relief, since the region was considered to be of “good temperment” for the healing of many diseases, both for its warm climate and the fame of its herbal medicine, and especially because sarsaparilla grew on the banks of the Guayas River — a plant to which major therapeutic results, even in the treatment of syphilis, were attributed. Cieza de León says about this: “And many who had their entrails damaged and their bodies rotten became healthy just by drinking water from these roots [...] and others who were suffering from buboe and had them inside their bodies, also healed through drinking this water on suitable days. In sum, many were swollen and others sore and went back home healed.”

Skin parasites included chiggers — which caused ulcerations and which were later one of the cruelest scourges for the Spaniards — as well as the body louse and the head louse. This native medical situation is known basically through the accounts of the first Spaniards; the chroniclers of the Indies describe to us a medicine of the pre-conquest period with instinctive, demoniacal, magical and priestly characteristics; according to González Suárez “all its healing system was reduced to baths, potions and rubs, the efficacy of which they had learned from experience.”

The Conquest

As of the arrival of Bartolomé Ruiz — a skillful Spanish pilot and the first European to step on Ecuadorian land, followed by the great conquistador Francisco Pizarro — the Spaniards found in these lands pathologies that were conditioned by the tropical environment.

Perhaps the ailment they had to face most often was malaria. This disease was endemic among the tribes of the Ecuadorian coast; the Spaniards suffered even worse from the consequences of mosquito bites infected by hematozoa, to the point that, according to chroniclers, these bites “took many of them to their graves and made most of them ill.”

On his third trip along the southern coasts, Francisco Pizarro disembarked in San Mateo Bay in early 1531. From there, he went on to the Coaque and Puerto Viejo settlements, in present-day Manabí Province, where the Spaniards suffered one of the biggest and most unknown plagues, which they called “wart-plague.” This epidemic seems — according to studies carried out in the twentieth century by some researchers — to be attributable to frambesia, although there are still some who think it could have been Peruvian wart.

Another frequent disease at that time was smallpox. In relation to March 1531, Mercedarian Friar Pedro Ruiz Naharro says: “In this Bay of Quaque some of our Spaniards became sick with smallpox and buboe attacks, causing the death of some, while others ended with their faces full of holes and extremely ugly, an effect caused by smallpox.”

Shortly after its foundation, the city of Guayaquil, the main Ecuadorian port, had a hospital where many sick people went from different points of the coast, attracted by the healing fame enjoyed by fresh sarsaparilla. This hospital had a pharmacy containing all the drugs used at the time; these included the “black soap” prepared — as taught by the Spaniards — with lye obtained from the ashes of certain woods and mixed with tallow; this product was of very popular use in baths and especially to wash the hair and help in the control of lice.

Colonial period

In the early seventeenth century, the Huancavilca natives had almost died out, as a consequence, to a great extent, of the carelessness the Spanish settlers with regard to
the Indians’ health. The health of the inhabitants of the Ecuadorian coastal area was in the hands of medicine men, and the presence of a certified doctor in these lands was considered by many as a work of Divine Providence. At the Guayaquil Hospital, the treatment of patients was usually provided by a Catholic priest with practical knowledge.

Little is known about the diseases that were present in the seventeenth century. In the chronicles, measles and smallpox epidemics, like those that caused major damage in our population, are mentioned.

In the early eighteenth century, Guayaquil suffered another smallpox epidemic that caused great mortality among its population, which in 1708 was around 4,000. Towards the second half of the century, Guayaquil ceased to be a city abandoned by medicine, and a larger number of doctors appeared who devoted themselves to the treatment of patients at the hospital or privately.

With the presence of doctors, more technical descriptions of diseases were achieved in that period, and more detailed reports on certain skin ailments and on their different forms of treatment began to appear. An example of this was, in 1776, the use of “a wonderful medicine” used to extirpate a parasite from the skin that was a true plague both for the Spaniards and for Indians and people of mixed race: chiggers. The wonderful remedy consisted in “smearing the parts where the chiggers reside with unheated olive oil, and after they die the small sacks that contain them come off easily.”

Chiggers and lice are parasites that have been present since the times of the natives, and which, right through the conquest and the colonial period, have made it to our days. Chiggers cause the well-known local complaint, and lice even produce exanthematic typhus mentioned many times in chronicles of the colonies.

As had happened in previous centuries, smallpox and measles also were common and serious problems in the eighteenth century. It is necessary to point out that during the entire colonial period these two diseases were endemic in our coastal area and particularly in the city of Guayaquil, but from time to time, acquired the character of an epidemic. Such was the case of the new smallpox epidemic of 1785.

In the archives of the conquest, there are no indications that leprosy might have existed in our environment at that time. It is likely, as is believed in other American countries, that our natives did not suffer it, and that it was imported from Europe and possibly also from Africa through black individuals brought for certain tasks.

Only in the eighteenth century can we find a ruling that lepers had to be sent to the Cartagena of Indias Leprosarium, which was difficult to comply with, given the distances and the bad roads; this is why the sick moved about freely on the streets of Guayaquil. Then arose the idea of identifying all lepers in the city and planning the construction of a special site where they would be secluded and isolated.

In 1795, a census of people affected by leprosy established that there were 24 lepers in Guayaquil, and it was determined that some of them were to be sent to the Cartagena of Indias Leprosarium and others to the recently-created Quito Leprosarium.

Due to the emergence of new cases of leprosy, the need for a site of contention became evident; in 1818 the first lazaretto in the Ecuadorian coastal area, set up in the city of Guayaquil, began its activities.

**Independence (1820-1830)**

During this period, medical practice maintained the routine practices established during colonial times, and scientific contributions were scarce; these contributions were attained by the few people who, after studying medicine in more advanced centers abroad, returned to these lands.

A curious fact which worth mentioning is brought up by various authors of this time regarding the color of the skin of Guayaquil inhabitants, in particular of its women.
Basil Hall, in his book *Extracts from a Journal: Written on the Coasts of Chili, Peru and Mexico in 1820, 1821 and 1822*, refers to Guayaquil women in the following manner: “Oftentimes we had heard praises of the light skin of Guayaquil women, but we had imagined that it was an exaggeration. That is why we were surprised to find these ladies, white and blonde like any European. Their eyes, different from the Spaniards’, were blue, and their hair, fair. This is even more extraordinary given that Guayaquil is located a little more than two degrees south of the Equator, and, located at sea level, is excessively hot all year round.”

In their *Travel to South America* Jorge Juan and Antonio de Ulloa also pointed out the fact that despite “that country being so warm, its natives are not dark-skinned and that the Spaniards not having the skin so naturally white, like the nations of the north, their children there are blond.”

The reasons that Dr. Abel Brandín gave in 1826 for this characteristic were “the influence of the humidity of the weather, the lifestyle of the women, their perfect inactivity and avoidance of light; just like plants devoid of any exposure to the sun and to any light, and that they wither, lose their colors […] The lack of exercise, of movement, with the heat and the humidity, favor the development of cell tissue, satiate it, impregnate it with humidity, and favor the whiteness of the epidermis.”

The most common diseases among the Guayaquil population then were malaria, dysentery, smallpox, tuberculosis, measles and syphilis.

**Republican period (1830-1900)**

From the beginning of this era, the hitherto free province of Guayaquil and now part of the Republic of Ecuador exhibited sustained progress in all aspects; and medicine, with the arrival of some doctors who decided to settle at this location, also showed remarkable and constant development.

During the first decades of the republican era, medical studies had to be carried out in the city of Quito, the only one in Ecuador to have a Medical School at that time; this is why doctors from our coastal region were natives who had to travel to other places in order to study, or foreigners who stayed mainly in Guayaquil. None of this kept Guayaquil doctors, willing to achieve scientific improvement, from, in 1835, constituting the Departmental Medical Board, and, very shortly afterwards, the Guayas Medical Society.

The emergence of the Guayas Medical Society marked a stage of advancement and progress in Guayaquil medicine, since during its long and fruitful existence, it was in charge of issuing rulings to combat epidemics, defend physicians, appoint the city’s medical authorities and participate in the founding of hospitals.

The activity of Dr. Mariano Arcia is worth recalling: possibly influenced by accounts of Alibert healings in the sulfurous waters of the Tivoli, Dr. Arcia thought that our lepers would be able to heal with the sulfurous waters of the Santa Elena peninsula. To this end, he obtained the means for the construction of a leprosarium at the very sites where the Santa Elena thermal waters emerge, which began treating patients in late 1837.

Between 1842 and 1867, the Ecuadorian coastal area, and especially the city of Guayaquil, suffered three yellow fever epidemics that caused high mortality among its inhabitants.

In December 1867, the University Board began to operate in Guayaquil — an organization whose role was to receive the admission exams of those who wanted to practice in Guayaquil or in the province. Ten years later, in 1877, the Guayaquil Medical School opened its doors, launching a new and more successful period for local medicine.

Guayaquil was attacked by a new yellow fever epidemic in 1880. This disease and dengue, smallpox, measles, cholera and dysenteries were the most frequent ailments of the region in the last quarter of the nineteenth century.
The Twentieth Century (1900-1950)

At the beginning of the century, it was already possible to perceive a certain inclination towards Dermatology among clinical doctors on the Ecuadorian coast, and their valuable observations began to be known through the journals of the times. Among those publications, we mention the following:


As the century advanced, attention to skin ailments grew. In addition to the names of eminent clinicians who presented publications on the subject — such as Alfredo Valenzuela Valverde, Armando Pareja Coronel, José Falconí Villagómez — there were also doctors who began to show a preferential interest in Dermatology, like José Víctor Payese Gault, with whom the Dermatology Chair was started at Guayaquil University’s Medical School, which was initially called “Urology, Venereal Diseases and Dermatology.”

When Dr. Payese died, he was succeeded by Dr. Gustavo Adolfo Fassio; at that time, the Chair was split, and began to be called “Dermatology Chair.”

Dermatology as a Specialized Field (1950-2005)

Toward mid-twentieth century, in the Ecuadorian coastal region, and specifically in Guayaquil — a city that we take as reference because it was the one with the largest population and medical development in the region — Dermatology was seen as part of internal medicine, and, as such, was practiced mainly by clinical doctors. Towards the late 1940s, some clinical doctors began to show a special dedication to problems of the skin, and a new mentality began to emerge, sketching the beginnings of Dermatology as a specialized field.

The definitive change occurred with two events that happened in the 1950s. The first was the creation of Dermatology services at our hospitals; the second, the emergence of doctors with exclusive dedication to Dermatology, among whom were the first specialists who had graduated as dermatologists abroad, and who contributed new ideas that were immediately welcome.

The first hospital service providing dermatological treatment in the city of Guayaquil was created in 1952, at the St. Louise Ward of the “Luis Vernaza” Hospital, of the Guayaquil Welfare Council; this service had Dr. Enrique Uraga Peña as its creator and first head.

Shortly afterwards, the Dermatology Service at the Vernaza Hospital brought in Drs. Wenceslao Ollague Loayza — who graduated as dermatologist from the Madrid Professional School of Dermatology — and Luis Carvajal Huerta, who, together with Dr. Uraga Peña, were the initiators of Guayaquil Dermatology.

With this background, the time was right for the development of Dermatology and, consequently, the number of doctors who devoted themselves to the specialized field increased. Some were trained in our hospital wards and others had the chance to study abroad. Thus there came, among many others, Drs. Espinoza Bravo, Arcos, Lasso and Murgueytio in Quito; L. Cordero, J. Vintimilla, A. Quezada and C. Arias in Cuenca, and G. Fassio, W. Ollague and L. Carvajal in Guayaquil, who, together with those already
mentioned, and with the collaboration of other colleagues who were also partially dedicated to Dermatology, began to shape the specialized field in our country.

**Founding of the Ecuadorian Society of Dermatology**

In the above-mentioned circumstances, the early 1960s presented a propitious situation for all these physicians to come together in a single collegiate body that would be fully dedicated to the promotion of research, dissemination and teaching of the specialized field. The idea came up in the city of Guayaquil, and Drs. Enrique Uraga Peña, Wenceslao Ollague Loayza and Luis Carvajal Huerta made it a reality: they began the preliminary meetings with diverse physicians in the country who practiced Dermatology or other related specialized fields. Thus the need to create an Ecuadorian Society of Dermatology emerged, and a date and place were fixed to hold a national meeting at which the founding of the entity would take place.

Consequently, on May 15, 1963, twenty-three prestigious physicians met in the city of Guayaquil, at the Medical Club (Figure 1) located on the fourth floor of the building that still exists on the northwestern corner of the intersection of Baquerizo Moreno and Nueve of Octubre streets, and decided to form the Ecuadorian Society of Dermatology, whose founding charter we transcribe:

**FOUNDING CHARTER OF THE ECUADORIAN SOCIETY OF DERMATOLOGY**

In the city of Guayaquil on the fifteenth day of the month of May, Nineteen Seventy-Three, the following physicians met in the halls of the Medical Club, following a summons by Drs. Enrique Uraga Peña, Luis Carvajal Huerta and Wenceslao Ollague Loayza: Edmundo Blum, Bertha Duarte of Rendón, Elena Yerovi, Silvio Torres, Germán Moreno Valero, Carlos Hidalgo González, Otto Arias, Claudio Arias, Carlos Timm, Bolívar Estrella, Francisco Parra, Roberto Jálón, Eduardo Reina, Domingo Paredes, Jorge Ramírez, Eudoro Moscoso, Jorge Bermeo, Carlos Espín, Felipe Aroca and Servio Peñaherrera; who, after having listened to the speech given by Dr. Uraga Peña, in which he pointed out that the fundamental goal of the meeting was to constitute, if they considered it convenient, an entity that would group all the doctors who had a special dedication to Dermatology, Syphilography and Leprology, with the aim of incrementing the study of those branches of Medicine and to encourage, employing all means, its greater dissemination and enhancement, have agreed to set themselves up as a General Meeting and to that effect have appointed Dr. Uraga Peña as its Director and Dr. Ollague Loayza as Secretary, and after listening to various views favorable to that criterion, have at last resolved to form the Society and that after being approved by it have submitted them to consideration by the Administration for its approval in conformity with the pertinent legal rulings.

**Dr. Servio Peñaherrera A.**

**Dr. Enrique Uraga P.**

Immediately after the constitution of the Society, its Bylaws were drafted, after being discussed and approved in General Meeting sessions held on May 19, 21 and 22 of that same year. These initial bylaws were made up of 79 articles, of which we quote the first and last:

**Art. 1.** - With the name of Ecuadorian Society of Dermatology a Scientific Association of a private legal character and of national scope is created, located in Guayaquil, which will be governed by the following Bylaws.

**Art. 79.** - The Assembly decides to elect a Provisional Board of Directors in this one instance, until the next month of May.
The General Meeting that gathered for the adoption of the Bylaws, and abiding by what was resolved in Art. 79, elected the Provisional Board of Directors; Dr. Enrique Uraga Peña was chosen first president of the Society.

Shortly afterwards, on July 31, 1963, at its first session, held at the Assembly Hall of the University, Dr. Uraga Peña, as president, declared the inauguration of the Society.

From the moment of its founding, the Ecuadorian Society of Dermatology was located in Guayaquil, the city with the most intense scientific activity in the dermatological field at the time. This would be so until 1986, when a bylaw reform, described below, would give the Society a participation and representation of national character.

In 1965, Dr. Uraga was elected president of the Society for a second period. During his administration, the entity developed efficiently both at the national level as well as in its relations with Dermatological Societies of America and Europe.

**The First Dermatological Journal**

On July 21, 1966, Dr. Wenceslao Olague Loayza was elected president; he was accompanied by Dr. Luis Carvajal Huerta as vice-president and Dr. Servio Peñaherrera Astudillo as secretary. This board outlined a broad plan of activities aimed at spreading and enhancing Dermatology in all of Ecuador; in this plan, Dr. Olague’s idea of having a journal of its own in the specialized field, in which dermatologists could communicate their experiences and thus disseminate Dermatology throughout the country, stands out. The idea materialized in September, 1966, when the first issue of the *Dermatología* journal came out; several issues were published up to late 1969, when its publication was suspended due to financial problems (Figures 2 and 3).

**Founding of the Cuenca Nucleus**

In 1971, the incumbent board of directors, presided by Wenceslao Ollague L. and Servio Peñaherrera A., met in Cuenca with a select group of doctors — among whom were Leoenocio Cordero J., Julio Sempéretegui V., Enmanuel Peña U., Eudoro Moscoso S., Jaime Vintimilla A., Vicente Ruliva S., Octavio Neira P., Claudio Arias A. and Jorge Palacios A. — and proceeded to the constitution of the Azuay Nucleus of the Ecuadorian Society of Dermatology, at the same time electing its first board of directors presided by Dr. Claudio Arias Argudo.

**The Ecuadorian Sessions of Dermatology**

A milestone in Ecuadorian Dermatology was the holding, in 1973 in the city of Guayaquil, of the Second Bolivarian Congress of Dermatology, an event during which, before many foreign dermatologists, the Ecuadorian specialists showed their research capabilities presenting their work on cutaneous amyloidosis with a new classification, the product of an extensive case load.

At the same time, the First Ecuadorian Sessions of Dermatology were launched; they were held on three occasions between 1973 and 1979 and were the precursors of the Ecuadorian Congresses of Dermatology.

**Founding of the Quito Nucleus**

Ecuadorian Dermatology grew in a sustained fashion. One of its promoters was Dr. Wenceslao Ollague Loayza, who, together with a group of Guayaquil dermatologists,
periodically traveled around different regions of Ecuador to conduct research on cuta-
neous pathologies specific to those areas and, at the same time, to spread knowledge and
the specialized field.

The initiative, mediation and direct intervention of Dr. Ollague made possible the
gathering of a group of dermatologists of the city of Quito to found the Ecuadorian Soci-
ety of Dermatology-Quito Nucleus, in June 1978. The founders were Raúl Murgueytio
Stacey, Jorge Ruiz Espinoza, Magdalena Vanoni Martínez, Galo Montenegro López and
Ernesto Caviedes López. The first board of directors of the Quito Nucleus had Dr. Raúl
Murgueytio as president, Dra. Magdalena Vanoni as vice-president, and Dr. Galo Mon-
tenegro as secretary.

THE TRIANGULARS OF DERMATOLOGY

Another important event in Ecuadorian Dermatology was thought up and effected
during the administration of Dr. Gonzalo Calero H.; in 1978, with the desire to exchange
knowledge and experiences and to tighten personal bonds among Ecuadorian dermato-
logists, the events that were initially called “Triangulars of Dermatology” were created,
their name due to their being planned as three annual meetings taking place alterna-
tively in Guayaquil, Quito and Cuenca, with the joint attendance of the specialists of those
cities. From their beginnings, the Triangulars became one of the most appreciated and
attended meetings of Ecuadorian dermatologists, since, in addition to the exchange and
updating of knowledge, they included the presentation of special dermatological cases,
widely discussed and commented on by the attendants.

The Triangulars of Dermatology have to this day maintained the same spirit and mo-
tivation with which they were created; however, starting in 1980, due to changes in their
sponsoring, they became known as “Regional Sessions of Dermatology.” Subsequently,
from 1991 to the present, they have been called “National Sessions of Dermatology,” be-
cause the broad spread of the specialized field across the country led to the inclusion of
other cities in the organization and in active participation. In more recent years, these
Sessions have been held every other year, to avoid coinciding with the National Con-
gresses; they have been held already on 34 occasions.

ECUADORIAN CONGRESSES OF DERMATOLOGY

The Ecuadorian Sessions of Dermatology held in the 1970s were the basis for the sub-
sequent organization of the Ecuadorian Congresses of Dermatology, which were started
in the city of Guayaquil, in July 1981, under the presidency of Dr. Wilson Correa Busta-
mante. Since then, eleven National Congresses have been held, usually every two years,
constituting the event garnering the most attention and recognition by Ecuadorian spe-
cialists.

A chronological listing of the Congresses of Dermatology held in Ecuador is presented
below:

- Second Ecuadorian Congress of Dermatology, Quito, November 9-12, 1983.
- Fifth Ecuadorian Congress of Dermatology and Ninth Bolivarian Congress of Der-
  matology, Quito, October 7-12, 1990.
- Eighth Ecuadorian Congress of Dermatology and First Dermatology Meeting of the
  Bolivarian Area, Quito, May 1-6, 1997.
THE GRADUATE DERMATOLOGY PROGRAM IN ECUADOR

Until the early 1980s, Ecuadorian dermatologists had to train abroad in order to obtain their specialist degrees; they studied in Spain, France, the United States, Mexico and Brazil, among other countries.

In 1982, the first graduate program in Dermatology was launched at Guayaquil University, under the management of its promoter, Dr. Wenceslao Ollague Loayza, at the Dermatology, Venereology and Allergy Unit of Dispensary 31 of the Ecuadorian Social Security Institute.

The first three dermatologists to graduate from an Ecuadorian University got their degrees in July 1985. Since then, the incorporation of dermatologists takes place annually, and the number of graduate schools has increased to three: two in the city of Guayaquil and one in Quito.

REFORM AND APPROVAL OF THE NEW BYLAWS OF THE SOCIETY OF DERMATOLOGY

Until the year 1986, the Ecuadorian Society of Dermatology, founded in Guayaquil, had carried out an efficient task disseminating, in various ways, Dermatology as a specialized field all over the country. With that aim, and, as was described earlier, it had also encouraged and participated actively in the setting up of the Azuay and Quito Nuclei. However, the legal framework within which the Society acted determined that each of the nuclei formed should carry out its activity independently, without the proper integration of their bylaws that would give it a true national representation.

Due to these circumstances, the representatives of the country’s Nuclei began in 1984 to hold a series of meetings aimed at reforming the bylaws for the Society to achieve a truly national character.

By the end of 1985, a bylaws reform project had already been drafted, and it was submitted for its legal approval by Ministerial Agreement No. 697 of May 26, 1986, signed by Dr. Jorge Bracho Oña, Minister of Health at the time.

From that moment, the national headquarters, which for twenty-three years had been exclusively in Guayaquil, acquired a rotating character. Every two years, it must change to the Nucleus that is host to the Congress; and, at the same time, the Delegation of that Nucleus acts as national board of directors during the corresponding period.

NEW PUBLICATIONS IN DERMATOLOGY

As was mentioned earlier, the first Dermatology journal in Ecuador came out in 1966; a few issues were printed in a somewhat irregular manner, until its publication ceased in 1969. Since then, special issues have been published in an isolated fashion, but Dr. Wenceslao Ollague Loayza’s drive led to the birth of a new journal entitled Dermatología Ecuatoriana, which in 1986 became the official organ of the Ecuadorian Society of Dermatology.

In January, 1992, Drs. Patricio Freire, Santiago Palacios and Luis Moncayo, members of the Quito Nucleus, adopted the initiative of continuing to publish the work of our specialists in a journal with the same title of that originally published by Dr. Wenceslao Ollague in 1966; thanks to the enthusiasm and dedication of its editors, this new Dermatología has lived on, to this day, as the official organ of the Society, more than twenty issues of valuable scientific content having already been published.

FOUNDING OF THE LOJA PRE-NUCLEUS

In the 1990s, Ecuadorian Dermatology grew significantly; in many cities in the country there were specialists who, while actively participating in the life of the Ecuadorian Society of Dermatology, also began to form groups that aspired to become Nuclei of the Society.
In the city of Loja, Dr. Jorge Bermeo Vivanco was one of the Dermatology pioneers; in 1962 he studied with professors Ollague and Uraga in Guayaquil, and in 1978 he was appointed professor of Dermatology at Loja University’s Medical School. Dr. Juan Jaramillo Puertas was in charge of the Dermatology area of the St. John of God Hospital of that city since 1968.

In 1985, the first doctors who trained and graduated as dermatologists with Prof. Ollague in Guayaquil began to arrive in Loja. The first was Beatriz Ojeda and then Antonio Reyes; together, in 1994, they set up the Loja Pre-Nucleus, which other specialists subsequently joined.

**Ecuadorian-Peruvian Sessions of Dermatology**

An event that became a true milestone in the history of Ecuadorian Dermatology was the Ecuadorian-Peruvian Sessions of Dermatology, scientific and fraternal meetings between Peruvian and Ecuadorian physicians, which not only represented a valuable international exchange, but were also specially significant because of the moment and the peculiar circumstances of the Cenepa War between Ecuador and Peru.

The promoter of these Sessions was Dr. Gonzalo Calero Hidalgo, who organized them together with Dr. Luis Chiriboga Ardito, at that time president of the Guayas Nucleus.

The first Ecuadorian-Peruvian Sessions were held from May 28 to 30, 1999, in the Ecuadorian city of Machala. Since then, alternating between different cities of Ecuador and Peru, four Sessions have been successfully held, and the fifth one will take place in the city of Guayaquil in July 2005 (Figure 4).

**Ecuadorian Dermatology at the present time**

At this time, Ecuadorian Dermatology has the Ecuadorian Society of Dermatology as its official organ, with a presence throughout the national territory through its 119 members who work in the country’s main cities. The total number of dermatologists in Ecuador is slightly higher, due to the fact that, for different reasons, some specialists are not registered in the Society.

The management of the Society is carried out in a rotating manner by the Guayaquil, Quito and Cuenca nuclei for two-year periods.

In the current period (2003-2005), the national management of the Society lies with the Azuay Nucleus, with Dr. Víctor León Chérrez, from the city of Cuenca, as local and therefore also national president.

The teaching of Dermatology as a specialized field takes place at the three graduate schools already mentioned, which currently accept an average of ten dermatologists a year. Hospitalization for patients with dermatological ailments is currently a constant in the Dermatology Services of the hospitals of the main Ecuadorian cities. Outpatient dermatological treatment takes place at most of the country’s hospitals as well as in lower level Units or at dispensaries dedicated to the specialized field.

At a national level, the presence of the specialized field is constant by means of courses, sessions and congresses; and our dermatologists regularly take part in the most important international events to share and acquire knowledge.

**Presidents of the Ecuadorian Society of Dermatology**

Dr. Enrique Uraga Peña 1964-1965 / 1965-1966
Dr. Humberto Ferretti Jurado 1978-1979
Dr. Luis Chiriboga Ardito 1983-1985
Dr. José Ollague Torres 1986-1988
Dr. Carlos Carvajal Hernández 1988-1990
Dr. Franklin Encalada Córdova 1990-1992
Dr. Oswaldo Reyes Baca 1995-1997
Dr. Marcelo Merchán Manzano 1997-1999
Dr. Franklin Madero Izaguirre 1999-2001
Dr. Santiago Palacios Álvarez 2001-2003
Dr. Víctor León Chérrez 2003-2005

Great Ecuadorian dermatologists

We here present brief biographies of some of the most influential dermatologists in the country, selected from among those who are no longer with us, in homage to their memory and to the work that they did for the benefit of Ecuadorian Dermatology.

DR. ENRIQUE URAGA PEÑA (1902-1980)
He was born in the city of Guayaquil. Founder and first Head of the Ecuadorian Society of Dermatology, an office he held for two periods before becoming Honorary President. Founder of the first Dermatology Service of Guayaquil. Full professor of Dermatology at Guayaquil University. Head of Guayaquil University’s Medical School. Member of various Dermatological Societies of Latin America (Figure 5).

DR. WENCESLAO OLLAGUE LOAYZA (1927-1990)
He was born in the city of Santa Rosa, province of El Oro, but carried out his professional activities in the city of Guayaquil. Considered by many to be the most outstanding Ecuadorian dermatologist, he studied in Madrid with Gay Prieto and Gómez Orbanejas. Founder of the Ecuadorian Society of Dermatology, of which he was president on several occasions. He held the highest posts at the Bolivarian Federation of Dermatology and at the Ibero-Latin American Association of Dermatology. Founder of the Dermatology, Venereology and Allergy Unit of the EISS in Guayaquil, which now carries his name. Full professor of Dermatology at the Medical School of Guayaquil University and of the Santiago de Guayaquil Catholic University. Author of the Dermatology Handbook. A profound researcher, he carried out much scientific work that yielded publications in national and foreign journals. His greatest merit was to take Ecuadorian Dermatology to the highest world levels (Figure 6).

DR. RAÚL MURGUEYTIO STACEY (1924-1992)
He was born in the city of Jipijapa, province of Manabí, and carried out his professional activities in the city of Quito. Trained at Baltimore, Philadelphia and New York hospitals, he returned to work as a dermatologist at the Baca Ortiz, Andrade Marín and SOLCA Hospitals. Professor of Dermatology at Quito Central University’s Medical School. Founder and first president of the Ecuadorian Society of Dermatology, Quito Nucleus. Member of the American Academy of Dermatology, of the Ibero-Latin American Association of Dermatology, of the Ecuadorian Society of Pediatrics and of the Ecuadorian Medical Academy (Figure 7).
DR. SERVIO PEÑAHERRERA ASTUDILLO (1932-1995)
He came from Girón, province of Azuay, performing his professional activities in the city of Guayaquil. He carried out specialized studies in Public Health and Dermatology in Brazil. He was a Founding Member of the Ecuadorian Society of Dermatology and its president on four occasions. He was also professor of Epidemiology and Biostatistics, undergraduate and graduate Dermatology professor, deputy head and head of Guayaquil Catholic University’s Medical School, Deputy Regional Health Secretary and author of many scientific papers and medical publications (Figure 8).

DR. LUIS CARVAJAL HUERTA (1925-2001)
He was born in Quito, and studied Dermatology in Argentina and the United States in order later to work in the specialized field in Guayaquil. He was Head of the Dermatology Service at the Luis Vernaza Hospital, full professor of Guayaquil University’s Dermatology Chair, professor and Head of the graduate Dermatology program of the Guayaquil Catholic University and president of the Ecuadorian Society of Dermatology. He was the author of diverse original research work that earned him international recognition (Figure 9).

DR. FRANKLIN ENCALADA CÓRDOVA (1944-1991)
He came from Limón, province of Azuay. He began his Dermatology studies with Prof. Wenceslao Ollague and then went to Argentina, where he obtained his degree of specialist in Dermatology. He carried out his professional activities in the city of Cuenca as a dermatologist at the Vicente Corral Moscoso Hospital. Full professor of Dermatology at Cuenca University’s Medical School and president of the Azuay Medical Association and of the Ecuadorian Society of Dermatology (Figure 10).

References
Correa Bustamante W. Discurso de inauguración del 1º Congreso Ecuatoriano de Dermatología. Dermatología. En-jun 1983;V(1).
Madero Moreira M. Historia de la Medicina en la provincia del Guayas. Imprenta de la Casa de la Cultura, Núcleo del Guayas. 1955.
II. Dermatology in Quito

Galo Montenegro López

It is important to know the past in order to live the present and project into the future.

In this chapter, I have deemed it appropriate to point out some facts related to the emergence, development and achievements of this young Society, as well as to the doctors who launched Dermatology in the city of Quito and projected it to the national and international arena.

The history of Ecuadorian Dermatology, and especially that of our city, is not new. Many skin diseases were treated by Ecuadorian doctors whose names were known only to the generations that had the privilege of being treated by them.

But in 1910, Dermatology began in Quito as a special medical branch. The pioneer of this feat was Dr. Ricardo Villavicencio Ponce, who, upon returning from Europe as a surgeon, also practiced Dermatology, to which he enthusiastically devoted a major portion of his time.

In the biographical notes put together by Eduardo Samaniego and Álvarez (1), Dr. Villavicencio states verbatim: “I am the creator of the Chair of Dermatology. How were skin patients treated at the hospital previously? All of them with the soldier’s ointment. Have I not trained disciples in this branch? There are the dermatologists Espinoza Bravo, Lasso, Arcos, and, in syphilography, Zambrano and Ricardo Paredes. I am interested in lepers, asking to have a young doctor sent to the United States of America to study the progress in the treatment of this disease.” In July 1929, his appointment as professor was ratified and broadened in the Chairs of Surgical Clinic, Gynecology, Dermatology and Syphilography.

It is also worth pointing out that Dr. Villavicencio held the presidency of the House of Representatives, where he stood out for his patriotic spirit, which was characteristic of those times. After long and fruitful work, he died on April 10, 1934.

He was succeeded by his disciple, Dr. Manuel Villacis, who in 1948 continued with the Chair of Dermatology and was Head of Dermatology at the St. John of God Hospital. He drafted several papers on leprosy, scabies, exfoliative dermatitis and carbuncle, among others, which were published in the journal of the St. John of God Hospital. To his son, Dr. Eduardo Villacís, he dedicated a paper on “Elephantiasis nostra,” published in Guayaquil’s Medical Gazette. He died on December 27, 1979, at the age of eighty, having been an example of hard work and dedication for future generations.

We can also mention Dr. Luis Rendón, who gave classes as an associate professor and carried out studies in the specialized field in the United States.

Due to political reasons, during 1959-1960 the Chair was suspended, but it was re-opened in September 1961, headed by Dr. Ernesto Caviedes. Subsequently, Dr. Raúl Murgueytio, who became a specialist in the US, took over the Chair, to which he contributed his knowledge.

The work of Dr. Luis A. León is also remarkable; a disciple of Dr. Villavicencio, in 1944 he founded the Chair of Tropical Medicine — which continued until 1972, when it was
dissolved for political reasons — including it within Epidemiology. Dr. Luis A. León contributed diverse papers on Tropical Dermatology; the more important ones include “Treponematous Etiology of the Mottled Disease” and various investigations on leishmaniasis in collaboration with his son, Renato. He made other contributions in the realm of deep mycoses such as rhinosporidiosis, coccidiodomycosis and paracoccidiomycosis. At the Bolivarian Congress of Dermatology held in Guayaquil in 1973, he presented the essay “Scabies in America.” He was also responsible in 1952 for the reporting of the existence of onchocerciasis in the country, in his essay “On the Simulid Transmitters of the Disease.” It is worth pointing out that Dr. León was the Ecuadorian doctor who has published the largest number of papers in the specialized field: more than 150 studies, published in foreign and national journals.

The names of Drs. Holger Garzón, Jorge Ruiz and Galo Montenegro — the latter two having carried out their studies in the specialized field in Brazil — have in recent years been linked to the Chair of Dermatology.

An event that was closely linked to the specialized field was the creation of our Society. After many frustrated attempts, in November 1977 the Society of Dermatology-Quito Nucleus was founded, an event that was given legal standing through ministerial agreement No. 9956, on June 20, 1978, with Dr. Asdrúbal de la Torre being minister. Dr. Raúl Murgueytio was its first president, and Drs. Jorge Ruiz, Mario Sarzosa, Holger Garzón, Magdalena Vanoni and Galo Montenegro joined the group.

In its bylaws, the first article stands out: “The Society was founded to encourage the study of dermatological diseases and to encourage friendship and professional cooperation among its members.”

The board of directors is renewed every two years. Its presidents have been Drs. Magdalena Vanoni, Jorge Ruiz, Galo Montenegro, Carlos Carvajal, Dolores Fusseu, Ramiro Campuzano, Oswaldo Reyes, Julia Villanueva, Santiago Palacios and currently Dr. Eduardo Garzón.

Since its founding, its constant activity has been represented by the monthly sessions of its members, held on the third Thursday of each month at the hospitals where its members work, that is, Enrique Garcés del Sur Hospital, the Military Hospital, the EISS Hospital, the Gonzalo González Dermatological Hospital, and, on some occasions, the Voz Andes Hospital. The presentation of clinical cases is important, as well as considerations regarding current dermatological problems.

It is worth mentioning that, once the Society was formed, the Triangulars of Dermatology began to be held with the sponsorship of the U.S. Schering company; thus, the name of Mauricio Camilo Ede, at that time its manager, is tied to the history of Dermatology. The cities of Guayaquil, Quito and Cuenca have always cordially received all members to comment on the topics of greatest interest in Dermatology and to observe the clinical cases of greatest diagnostic difficulty. Later, the Triangulars were called “Sessions,” but the same attitude continued, in other words, exchanges among members and the progress of the Society.

In 1983, the Second Congress of Dermatology was held in Quito. National and foreign professors attended; the main topic debated with the contribution of the Quito Nucleus was “Main Dermatoses in Regions of Ecuador.”

The subject of leishmaniasis was also taken up by the Quito Nucleus at the First Congress of the specialized field held in Guayaquil, in 1981. During the Third Congress in Cuenca, the collaboration subject was: “Study of Basocellular Epithelioma at the Quito Hospitals.”

It is important to point out here the history of the Gonzalo González Dermatology Hospital, which grew in tandem with Dermatology in Quito. In 1785, leprosy patients were isolated at the Lord’s Mercy Hospital. In 1882, they were sheltered at the St. Lazarus hospital and insane asylum, where they received rigorous and inhumane isolation, since they were persecuted and then abandoned to their fate.
In 1911, under the presidency of General Eloy Alfaro, the patients were moved to Pifo, to a building that belonged to the community of Jesuit Fathers that had been expelled.

In 1922, with Dr. Isidro Ayora as president, the Green Cross leprosarium was built, with a capacity for 150 patients; it was inaugurated on April 2, 1927, as a national leprosarium. Its first head was Dr. Eduardo Egas, who stayed in office until 1933. The asylum was built with the aim of isolating patients: it was a “jail-hospital.” Nowadays, small walls from that time still subsist. There were “speaking windows” with nets and wire through which patients talked with their relatives or dictated their letters. There was no currency there, and instead, stamps equivalent to paper currency circulated. Social welfare helped with what was known as \textit{la masita} (“the small amount of dough”), a daily subsidy of which the denomination is still used, and which comes from a piece of dough to make bread that patients were given when they stayed at the St. Lazarus Hospital. They were kept isolated behind closed doors for the rest of their lives.

In 1933, Dr. Luis Rendón, who had carried out Dermatology studies in the United States, was appointed Head, remaining in office for seventeen consecutive years and being fortunate enough to be witness to the emergence of the miraculous drug against leprosy: sulfones. He took the necessary steps to have it brought into the country, where it began to be used in 1947. With Dr. Rendón, the anti-leprosy campaign started in Ecuador.

In 1948, in Quito, Dr. Gonzalo Hernández completed his Ph.D. thesis on “Census of Leprosy in Ecuador” and replaced Dr. Rendón at the head of the campaign; he found that the most affected provinces were El Oro, Azuay, Loja, Imbabura, Bolívar and Carchi.

In 1957, Dr. Gonzalo González was appointed Head; he had written his Ph.D. thesis in 1947 on the treatment of leprosy with promanade. At this time the leprosarium experienced notable changes and transformations. The old barriers of distrust crumbled. The handling of money and the free exchange of mail became permitted; the speaking windows disappeared, and the place began to look like a true hospital. Thanks to the Hardeseeen German Catholic foundation, the construction of the hanseniasis patient citadel was begun. Dr. González remained as Head until 1968, when he died prematurely.

As of that date, Dr. Mario Sarzosa took over, continuing to work with the same enthusiasm for the rehabilitation of the hanseniasis patient. The leprosy asylum was transformed into a Sanatorium that carries the name of the illustrious Dr. Gonzalo González. Dr. Sarzosa devoted more than thirty years of his life to the rehabilitation of the hanseniasis patient.

In February 1970, Dr. Holger Garzón was appointed Head; he wrote his Ph.D. thesis on “Epineurolysis of Peripheral Nerves.” He took care to continue the transformation of the Sanatorium; he gave a different look to the infirmary services, created the Dermatology outpatient unit and finished the construction of sixteen houses for patients of Hansen’s disease.

In accordance with the requirements of the WHO, he requested and obtained the transformation of the Sanatorium into the Gonzalo González Dermatology Hospital through ministerial agreement No. 3,131, dated August 14, 1980, published in official record No. 257, of August 21 of the same year, signed by Dr. Humberto Guillén, Minister of Health.

In the last two decades of the twentieth century, Quito’s Dermatology has constantly grown. Congresses, Sessions and every other dermatological event held at the national level always had the active presence of its dermatologists.

Added to this participation is the carrying out in Quito of the most important dermatological events, as can be shown by the organization and holding of the Second, Fifth, Eighth and Eleventh Ecuadorian Congresses of Dermatology, the latter one in July 2003. Two of what were formerly called Triangulars of Dermatology and more than ten National Sessions of Dermatology have also been held.
Dermatology meetings of various types have been organized: Pediatric Dermatology courses, Cosmiatry courses, Dermatology updating courses; the “Mole Week,” a research and community service undertaking; Cutaneous Manifestations of AIDS Symposium, Symposium-Workshop of General Dermatology, Gonzalo González Dermatology Hospital Anniversary Meetin; Dermatology talks, inter-hospital meetings and the creation of the Psoriasis Ecuadorian Foundation, among many others.

The Quito Nucleus has also facilitated scientific, cultural and social exchanges among its members through the “House of the Dermatologist,” which opened its doors in November 1997, and a little later, in 1999, acquired its own premises, where the Nucleus Headquarters are currently located.

The teaching of Dermatology has been strengthened with the launching of the Graduate Dermatology School, which is linked to the Central University and is currently a source of future generations of Quito dermatologists.

### Reference


### III. Dermatology in Azuay

Mauricio Coello Uriguen, Claudio Arias Argudo

*In order to know how our present has been forged, to be able to value it and to dare to change, improve and project into the future, it is necessary to pry into the depths of our past without ignoring our roots and denying our history.*

Owing to what is stated in the opening thought, and as a preamble to the true history of Azuayan Dermatology, we have deemed it necessary and indispensable to outline a quick and succinct look back at some of the milestones that have marked our history, for that struggle to be brought back to life and therefore remembered.

**Dermatology in pre-Hispanic times**

“Some dermatological representations of pre-Columbian times are preserved through paleontology; certain very interesting ceramic pieces representing diseases such as smallpox are known”¹.

In the fifteenth century, the inter-Andean region was inhabited by various native tribes: the Quitu (Pasto, Quillacinga, Caranqui, Otavalo, Panzaleo), the Puruhae (Liribamba), the Cañari (Tomebamba, Guapondélìg) and the Palta, Zarza (2). Guapondélìg — which in the Cañari language means “plains as big as the sky” — occupied a territorial area blessed by nature in terms of its beauty and the generosity of the land; this area corresponds mainly to the Cañar and Azuay provinces. From 8000 to 6000 B.C. the Cañari Ayllu (Cañari communities), and before them nomad settlements of hunter-gatherers, inscribed their authenticity in archeological vestiges (Chobshi Cave: Sigsig). Agricultural and pottery communities derived from the former peopled the Guapondélìg valleys and gave the race a destiny as potters, artisans and farmers³.

The Inca conquest, with Yupanqui (Huayna-Cápac’s grandfather), after a long and
prolonged incursion that started in 1450, subjugated the whole inter-Andean region after bloody battles, which ended in the strategic submission of the Cañari and the imposition of certain previous conditions on the occupation of the plain that they called Tomebamba, which they made into the second capital of the empire⁴; in this way they imposed their Cuzco culture, contributing Quechua elements to native life.

The Inca Túpac-Yupanqui brought his main wife Mama Ocllo from Cuzco (1450), and the heir of the “Sons of the Sun” was born here: Huayna-Cápac (1452). “Tomebamba became the site and sanctuary of the highest category, after the mythical capital of the messianic empire”; it was then the second capital that sought to emulate, at length, the splendor of Cuzco. The highest military, administrative and religious functions were concentrated here; and here the greatest of Inca rulers, Huayna-Cápac, lived for many years⁴.

The medicine of sorcerers and amautas in those pre-Columbian times was mainly theotherapeutic (spells and amulets), phytotherapeutic (antitoxic, cathartic, narcotic, anti-fever), magical and religious (use of herbs and vegetable products, which in all likelihood originated many cases of what we know today as phytodermatosis), but also surgical (curing ulcers, mumification, trepaning, dental drilling, cranial reduction — tzantzaz), and not lacking in some anatomical knowledge and a certain discernment regarding diseases, epidemics and endemic ailments².

Of epidemics, smallpox decimated the indigenous population and later also the Spanish colonizers¹. According to Cieza de León, in 1526 the very emperor of the Tahuantinsuyo, Huayna-Cápac, fell ill with smallpox and ultimately died because of this disease⁵. But not only smallpox was known; there were also representations of Chagas disease, leishmaniasis, tuberculosis and syphilis, which attacked the Indian population¹.

Upon the death of Huayna-Cápac, his testament divided the kingdom between his two sons: Huáscar in the South (Cuzco) and Atahuallpa (son of a Quito princess) in the North; in this way, the unity of the empire was dissolved.

Around 1530–1531, due to the defeat of Huáscar by Atahuallpa at Huamachuco, a typhus epidemic was described for the first time in the territory of present-day Ecuador. Years later, in 1536, Atahuallpa was clubbed to death in Cajamarca⁵. Despite the above, history recorded the first smallpox epidemic in Ecuador only in 1533².

**Dermatology during the Hispanic and Pre-Republican era**

When we talk about the Hispanic and Pre-Republican era, it is worth reviewing some aspects of Dermatology in traditional medicine. Following the conquest of the New World, Spain marveled at references of healing plants that enthused sixteenth-century doctors and society. Philip II himself ordered Mexico’s most famous species to be collected and taken to the Peninsula.

*De historia plantarum novae hispanie* is a revolutionary work by the physician Francisco Hernández⁶, which lists all the plants known by the Indians that served to cure hopeless patients abandoned by doctors. Explorers and adventurers with greater or lesser fortune traveled along Columbus’s route with loads of marvelous herbs.

We thus come face to face with the “other medicine,” relegated to marginal fringes with a certain disdain for being considered a matter of “medicine men.” The existence of this medicine, which was born at the dawn of cultures, has been recognized by WHO⁷; its popular stock, considered empirical, based on a certain experience or knowledge, explainable or not, has not prevented it from breaking the limits of conventional medicine and lingering as an oftentimes complementary activity, in response to convictions deeply rooted in people who are a product of cultural crossbreeding. The scope of these two “schools” is marked by the aboriginal conception of the nosology of diseases.

Indeed, there is talk of countryside or street diseases and of “diseases of God”⁸. The former have a supernatural origin; their magical-religious roots make them a matter for
medicine men; while the latter belong to the medical terrain. Some fundamentalist criteria insist that a street disease is not cured by the physician; likewise, if the healer does not relieve it, it falls into the scope of the doctor.

The sum of more or less experimented herbal knowledge and the conception that disease was linked to cosmic phenomena and magical-religious convictions gave rise to therapeutics based on such determinations; the use of certain vegetables such as rue (*Ruta graveolens*), feverfew (*Pyrethrum parthenium*), figs (*Ficus carica*) and garlic, used in “cleansings” and other maneuvers, leave certain dermatitis on the forehead and navel, as well as on the rest of the body, following the path of sensitizing herbs. This happens in treatment processes for the Evil Eye, the Evil Air and the Fright which are part of the cosmic and supernatural pathology with clinical statuses defined by experience.

Strong interpretations of “damages” (caused by man) fell on vitiligo; here, the iguana had a starring role in the fantasy and in the belief in punishment and stigma for seeding thieves. Vega G. states: “The evil eye occurs when the spell-caster becomes fond of someone; sometimes the hair of the person given the evil eye drops...” In the terrain of this pathology, the enigmatic alopecia areata and vitiligo are in tune with certain interpretative arguments.

In 1526, during the rule of Charles V (1520-1556), twenty-four years after the discovery of America and thirteen years after the discovery of the Pacific Ocean, the Spaniards arrived on the Ecuadorian coast under the leadership of pilot Bartolomé Ruiz at Esmeraldas. Between 1531 and 1532, the Spanish troops commanded by Francisco Pizarro made their incursion into the territory of present-day Ecuador, coming from Panama; they arrived along the coasts of Manabí, in the Coaque area. There, they suffered their first encounter with the regional pathology: an outbreak of Peruvian wart that the first chroniclers called *buboe*, confusing it with syphilis; some authors believe that it was probably a frambesia outbreak that affected many Spanish soldiers.

Among the most significant historical data, we can mention the following: in 1534, the Spanish founding of Quito took place. In 1535, the foundings of Guayaquil, Portoviejo and Lima were recorded, as well as a new smallpox epidemic in Ecuador. In 1537, a new founding of Guayaquil took place with 150 inhabitants; that same year, Paul III’s papal bill was issued, condemning the slavery of Indians and declaring that they, as well as blacks, “are really men.” At this time, the Royal Order to found hospitals was issued. In 1547, the city of Loja was founded and Royal Decrees were issued to protect the health of the Indians. In 1555, Lima’s St. Mark University was founded. During Philip II’s rule, Andrés Hurtado de Mendoza, Viceroy of Peru and Marquis of Cañete, on May 15, 1550, in Lima, issued a Provision for the founding of Cuenca. Gil Ramírez Dávalos chose the site of “Paucarbamba” (Tomebamba) for the new city; therefore, on a Monday of Holy Week, April 12, 1557, Cuenca was born into history with an indication of the territory under its jurisdiction: to the North up to the native town of Tiquizambi, to the South down to the cities of Loja and Zamora; to the East up to Macas, Cuyena and Zuña, and to the West up to the boundary of la Puná Island. The lots were distributed and the street that goes along the Parade Ground was called Santa Ana.

In 1558, a new general epidemic of smallpox was described in Ecuador, which was combated with sarsaparilla and guaiacum stalk. In 1564, the Royal Audience and Presidency of Quito (Hernando of Santillán) was inaugurated, and the organized colonial system began. In 1565, the founding of the first Hospital, the Holy Charity and Mercy of Our Lord Jesus Christ, took place in Quito.

In 1580, 1581, 1587, 1589 and 1590, new smallpox and measles epidemics were described in Ecuador; the latter was the most aggressive one, since it caused around 30,000 deaths. In 1660, the first Hospital was founded in Guayaquil, headed by Brother
Baltasar de Peralta, and the first pharmacy was set up. St. Fulgencio, the first University in the country — the fourth one in the Americas — was founded in Quito through a Bull of 1596, by Augustine friars; it started operating in 1603\(^2\), without including Medicine in its syllabus. In 1608, the Quito Town Hall decided to appoint Jerónimo Leyton, who did not receive a salary, as City Physician. When many deaths occurred in Quito due to an unknown epidemic, the Town Hall decided in 1609 to hire Dr. Mene-ses and pay him “300 patacones of eight reales each”\(^2\). In 1611 and 1612, there were epidemics of murine typhus, measles and esquinencia (diphtheria); the latter lasted until 1614; the King of Spain ordered the regular inspection of hospitals\(^2\).

In 1622, the second university in Ecuador was founded, the Royal Pontifical University of St. Gregory Magnum, in Quito, run by Jesuit Fathers; the King of Spain recommended the opening of more asylums and hospitals\(^2\).

Towards 1630, the anti-malarial properties of quinine were discovered in Malacatus-Loja, and with that, our country contributed to world medicine, this becoming almost the only treatment of malaria for many centuries (5). In 1645, new smallpox, alfombrilla (German measles) and garrotillo (diphtheria) epidemics occurred in Quito. In 1672 and 1679, dysen-tery epidemics unfolded in Quito. (Let us rescue from the pages of history the Carmen Monastery, founded in 1682 (Figure 13).

In 1688, the St. Thomas Aquinas University was founded in Quito, run by Dominican clerics, but it, likewise, did not include Medicine\(^5\). In 1693, coinciding with a new smallpox and measles epidemic in Ecuador, the first Chair of Medicine in Quito was set up at the Dominican Convent of San Fernando. In 1694, the first doctors who graduated in Quito appeared: Dr. Diego de Herrera, proto-physician, who fought a new smallpox epidemic with canafistula, and Dr. Diego Cevallos.

In late 1692, a great smallpox, measles and German measles epidemic took place in the city of Cuenca, which lasted until October 1693, with a total mortality higher than 10% of the normal-average (which was two per month); in the month of May, 1693, 59 people died\(^1\). In 1706, the Bethlehemite Order took up the management of the Quito Hospital, which was given the name Hospital of the Holy Mercy of Our Lord Jesus Christ; Luis Espejo, a surgeon, father of the famous Eugenio Espejo, is mentioned as one of its first adminis-trators\(^5\). In 1709, as an event associated with our specialized field, the English doctor C. Dover (1660-1741), a great expert on tropical pathology and advocate of the powders for dysentery that carry his name (ipecac, opium, potassium nitrate) arrived in Ecuador. It is worth mentioning that in 1730 Dr. Pablo Petit introduced in Lima the treatment for syphilis with mercury. The year 1747 must be remembered by the Ecuadorians and Azuayans, since, on the one hand, the famous Eugenio de Santa Cruz y Espejo was born in Quito; and, on the other, proper medicine was launched in Cuenca with the manage-ment of its Hospital run by the Bethlehemites, who built the Royal Hospital, which oper-ated in the city until 1868, when it was moved in front of the All Saints Hermitage\(^5\).

The city of Cuenca suffered two new epidemics of great magni-tude, the first in March 1748, with fever, diarrhea and dysentery, and then, from October of that same year to November 1749, small-pox, measles and German measles. The highest mortality occurred in the months of April and May 1749, when 44 people died each month\(^1\). When the city was suffering epidemics or earthquakes
occurred, in the face of the human impotence to control them — by physicians, medicine men, herbal doctors and sorcerers — the religious-minded town of Cuenca saw in them a divine punishment for supposedly licentious habits and invoked the help of Divine Providence through intercessors to “placate the anger of God,” ask for forgiveness for their sins and obtain his Divine Mercy.

In 1749, Dr. Pedro Pazmiño, a doctor born in Quito, in the process of beatification of Marianne of Jesus (an Ecuadorian saint), declared that he had treated cases of “venereal lues” (with sweet mercury pills to the point of salivation), of blennorrhagia, of goiter, etc., some of which were cured with relics (Museo Histórico magazine, organ of the History Museum of the city of Quito, No. 2, July 11, 1949). In 1750, the Bethlehemites arrived at the Guayaquil Hospital.

In 1765, an epidemic of venereal ailments occurred in Guayaquil “because foreign troops arrived in the city, with many people: men and low-life women, attacked by the venereal ailment....” according to the Guayaquil Jesuit Juan Arteta. In 1777, Eugenio Espejo graduated as a physician (at twenty years of age): he received from the President of St. Thomas Aquinas University, Father Nicolás García, the Doctor in Medicine degree, and upon placing on him the ring that symbolizes the goal attained, the Dean pronounced the following ceremonial words: “This is the symbol of your marriage with wisdom, which from now on will be your dearest wife.” Espejo, a public librarian, furthered his studies and acquired a very vast medical and philosophical erudition. In 1778, a census was conducted in the Cuenca territory that gave a total of 11,824 inhabitants and indicated that at the Cuenca Hospital, of which the Prefect was Brother Matías de los Dolores (a Bethlehemite), there were six hospitalized patients, six servants and a chaplain. In 1779, the only surgeon in Cuenca, Fray Santiago de las Ánimas, carried out an examination of the body of Juan Mariano Zabala, shot to death by the Governor.

In 1782, the city of Cuenca was once again affected by a serious plague (measles, smallpox and typhus), due to an “excessive lack of rainfall.” In order to obtain aid from heaven in the face of such a calamity, the Holy Christ of Girón was ordered brought to the city (Figure 14).

In 1785, a measles and scurvy epidemic killed 8,000 people; Dr. Eugenio Espejo — who revealed himself as a hygienist and a precursor of microbiology — published Reflections on Smallpox and the Hygiene of Quito. The Spanish crown recommended the isolation of smallpox cases.

In 1786, the founding of the St. Lazarus Hospital for lepers, annexed to the hospice, took place in Quito. In 1803, the Royal Philanthropic Vaccine Expedition was proclaimed in all the Spanish colonies; it left La Coruña on November 3, with twenty-two vaccinated children on the “María Pita” corvette, to disseminate immunization.

Lastly, in this quick but riveting review of the events that have marked our history, and in particular that of medicine, we must remember that on August 10, 1809, when the president of the Royal Audience was Manuel Urriés, Count Ruiz of Castilla, Ecuadorian patriots, influenced by the libertarian ideas of that great precursor, Eugenio de Santa Cruz y Espejo, gathered in the house of Manuela de Cañizares and headed by Antonio Ante, Pío Montúfar, Quiroga, Ascázubi and Juan de Salinas, among others, proclaimed the First Shout of Independence in the Americas, obtaining the much-desired freedom.

Dermatology during the Republic

Dermatology had more representation in the republican era, and its development was in tandem with that of hospital creation and treatment.

When Cuenca was founded in 1557, spaces were set aside for the church, for the main square and for hospitals; but the construction of the latter was delayed. Before the official
creation of the University, there was a decree by which a Chair of Medicine assigned to the hospital was created (Figure 15).

In 1868, the Azuay University Board was founded and organized as a dependency of the National School created in 1870 by Jesuit fathers, called St. Louis and, since 1910, Benigno Malo; it did not have its own premises or professors; it initially occupied the premise of Dominican fathers, which was later acquired after negotiations. The premises were located at the current Santo Domingo Square that is now occupied by the Octavio Cordero Palacios School14.

Official Founding of the University of Cuenca

In October 1867, during the government of Dr. Jerónimo Carrión, the physicians legislators Juan Bautista Vázquez and Luis Cordero Carrión obtained the approval of the decree by which the University with its Law and Medical Schools was created in the city of Cuenca; it was officially inaugurated on January 1, 18682, 14.

With the certification of the University of Cuenca, the Medical School was also inaugurated, its first Dean being Dr. Agustín Cueva Vallejo (Figure 16), born in Cuenca in 1820, graduated in Quito in 1843, died in 1873 (2, 15); in addition to the aforementioned legislators, Drs. Agustín Cueva, Manuel Coronel and Antonio Ortega were its promoters and initiators14.

By the end of the eighteenth century, there were already hospitals in Quito, Guayaquil, Cuenca, Loja and Riobamba; there were treatment and pharmacy services, but only the natives went to them, and entering them was considering a sign of misfortune. In Cuenca, the hospital operates since 1747 under the management of the Bethlehemites; at that hospital, Fray Santiago de las Ánimas worked as surgeon, and in 1779 he practiced an autopsy on “the swordsman Zabala”5.

The Hospital of the Bethlehemites operated in San Blas until 1872, when it was replaced by the Hospital of the Common, called “St. Vincent de Paul,” in honor to the patron and founder of the Order of the Sisters of Charity, the only nurses who worked in it during the one-hundred years of existence of the hospital14 (Figure 17 and 18). On August 28, 1869, by legislative decree, it was officially provided for that the Executive Power place the hospitals of the Republic that had sufficient funds under the management of the Sisters of Charity; the appropriate contracts were signed and all the pertinent measures adopted to achieve this important aim; in October of the same year, the contract for the official establishment of the Sisters of Charity in our country was signed in Paris, and was approved on December 4 of that year by the Minister of Foreign Affairs5.

In 1868, teaching began at the Cuenca Medical School, in all likelihood with a syllabus reproducing that of the University of Quito; this syllabus was reduced to five years in the first stage. The lack of financial means and the scarcity of professors meant that the plan was largely theoretical, and various chairs were occupied by the same professor. The first Dean of the Medical School was its founder, Dr. Agustín Cueva Vallejo, born in Cuenca on August 24, 1820; in 1838, he traveled to Quito to study Medicine and obtained his Ph.D. degree. In 1856, he went to Europe, where he trained with the great masters of the time: Trusseau, Ricord, etc.; Dr. Cueva Vallejo held the deanship until 1873, just before his death; he was removed due to political conflict. He was succeeded by Dr. José Oramas14, 15.

Toward that time (1870), reference was made in the city of Quito to the healing power of the condurango plant (Gonolobus condorango), used by Dr. Camilo Cáceres, surgeon of the Quito Hospital, who claimed to have successfully used it in the treatment of thigh cancer, eyelid cancer, syphilis and blennorrhagia, as well as on scrofulous ulcers.

On August 24, 1870, the Governor of Azuay transcribed to the Minister a communication
from the president of the St. Vincent de Paul Conference. Dated August 8, he informed
him that the conference, after having taken over the Cullca Hill Factory to set up the
women’s leprosarium, encountered many problems in fulfilling the aim of the Town Hall
that the lepers not mix with the elephantiasic men at the “Jordán” (leprosarium created
for the first time in Cuenca in 1816 and later moved to the location known as Jordán in
1844), and stated the advantages of building it at the Machángara location. It was thus
decided, and it was built in 1882.2

The Cuenca Medical School began to issue its degrees with regularity and annually in
1873; its first graduate was Dr. Manuel Palacios, who, despite having joined in Cuenca,
was to validate his degree at the Quito Central University14; subsequently, Agustín
Yerovi, Fidel del Castillo and Eduardo Cordero graduated2. Due to the liberal revolution
of 1895, the University became independent from the School, and the two schools began
to operate: Law and Medicine; the latter was organized with programs and professors,
and by 1910 had doctors and professors who came from Europe, like Drs. Emiliano J.
Crespo and David Díaz14. Mandatory

On January 2, 1910, the government
of General Eloy Alfaro issued a decree
that ordered the professors of the School
to take over the management of the
wards at the St. Vincent de Paul Hospital;
the Treatment Council, abiding by that resolution, agreed that the professors of Pathol-
ogy, Clinical Medicine and Surgery would be the heads of these services. It was also re-
solved that interns be appointed from among the student-candidates of recent years
submitted by the School. The firm administration of the Hospital was carried out by Dr.
Manuel Farfán, who in 1913 appointed Dr. Agustín Cueva Vallejo as Hospital physician,
Cueva Vallejo having been Dean of the Medical School, while Dr. Farfán was appointed
physician of the Leprosarium and Comptroller of the Hospital.

As a historical tidbit we point out that, in 1911, the practical teaching of External
Pathology and Clinical Surgery began at Quito’s St. John of God Hospital; this Chair was
held by Dr. Ricardo Villavicencio Ponce32, a Dermatology lecturer who carried out spe-
cialized studies in Europe and the United States, and who, among other honors, was
Dean of the School and one of the promoters of the construction and refurbishment of
Quito’s new hospitals. At that time, Quito’s leprosy Colony (until then located at the Hos-
pice of the city, which was also an insane asylum) moved to the town of Piño. In the same
year, the Venereal Prophylaxis Office was created in the Capital. In Guayaquil, on the
other hand, the first applications of dioxy-diamino-arsenobenzol took place, with prior
control by the Wasserman reaction2.

On May 11, 1911, an operating room was set up to be used by the Hospital’s doctors,
where it was expected that students would practice, something that occurred much later
(Figure 20).

Towards the end of the nineteenth century and the beginning of the twentieth, stu-
dents knew the internal organs only through textbook references; until then, they had
never practiced a true dissection. In 1912, the “St. Joan of Arc” ward, set aside for vene-
real diseases, was created at the St. Vincent de Paul Hospital; it later became a gynecol-
ogy ward, with the name of “Agustín Cueva V.,” and the “Ángel María Estrella” Obstetrics
ward was created16. In November 1912, the first Wasserman Reactions were practiced
at the Laboratory of the University of Cuenca. In October 1913, the Legislative Decree —
promulgated on November 6 — was issued, by which the Welfare Hospital was created
in the city of Azoguez2 (Figure 21).
In 1916, under the presidency of Dr. Honorato Vázquez, there were some improvements in the School, from its building, to the refurbishment of the studio for classrooms; especially important was the fitting out of a small adjacent site, with a rotunda for the anatomical amphitheatre. In the 1910s, importance began to be given to assistance at the hospital; autopsies were practiced in the presence of students, so that true Anatomy was born, as well as its derivation to the knowledge of pathological lesions. True scientific awakening occurred precisely in this decade, when doctors trained in Europe (Germany and France) arrived in Cuenca. It is worth recalling, in addition to the aforementioned physicians, the name of Dr. José Humberto Ochoa Cobos, a doctor dedicated to sanitary tasks and to Dermatology, who was sent to Lazul, Paute canton, to combat a typhus epidemic, from which he became ill, dying as a consequence of the disease: in his honor, one of the infection-contagion wards of the old St. Vincent de Paul Hospital carried his name.

In March 1919, the Cuenca Medical School already had the following courses and their corresponding faculty members: Anatomy: first course, Dr. Ignacio Malo; second course, Dr. Sebastián Moscoso; Philosophy: Dr. Luis Loyola; Pathology: Dr. Luis Carlos Jaramillo; Therapeutics: Dr. Bernardo Yépez; Clinical Medicine: Dr. Nicolás Sojos; Surgery: Dr. José Mogrovejo; Obstetrics: Dr. Manuel Palacios; Chemistry: Dr. Carlos Cueva, and Pharmacy: Dr. Nicanor Corral.

As an important piece of data, we can point out that in 1920 a heated debate took place in scientific circles regarding the existence of exanthematic typhus in Azuay, as already suspected years earlier by Dr. Nicolás Sojos (Dean of the Cuenca School in 1904), and by Dr. Manuel Farfán, who apparently died of this disease, to which he devoted his studies at his hospital and private practice. Health personnel and bacteriologists of Quito, Guayaquil and Cuenca (among them Dr. Nicanor Merchán) took part in the bacteriological study, without arriving to a definitive solution.

It was precisely in that year (1920) when "pasty smallpox" (eruptive septicemia) was bacteriologically identified and described as a clinical entity in Guayaquil (Drs. Wenceslao Pareja and J. T. Larrea), which was to be demonstrated later by the North American Technical Commission formed by Long and Eskey. Another event worth mentioning is that in 1925 the first X-ray booth was set up in the city of Cuenca.

The Chair of Dermatology as such began at the Medical School of the University of Cuenca in 1929. The University Assembly at a meeting on September 12 of that year elected the team of professors for the 1929-1933 period, which was on duty until 1936; its first official professor was Dr. José Mogrovejo Carrión, who also gave the Therapeutics course and had previously been in charge of the Surgery course; years later (1967), he was appointed Honorary Professor of the University of Cuenca Medical School (Figure 22).

Around that time, a historical event happened in our city: the inauguration of the first drinking-water decantation plant (Figure 23).

Subsequently, from 1938 to 1949, the Chair of Dermatology was included within that of External Pathology, lectures being given by Drs. Luís A. Sojos, Víctor Barrera and José Alvear (who patented his "famous Alvear ointment")

In 1936, the Chair of Tropical Pathology was created by university decree. In May
1944, after a reorganization of the Medical School, Dr. Luis A. Sojos continued in charge of the Chair of External Pathology, which included Dermatology, and new professors who are worth mentioning joined: Drs. Juan Idrovo A. (Surgery), Leoncio Cordero J. (Histology) — a prestigious physician who would later contribute to a large extent to the development of Dermatology, not only in Azuay, but also nationwide — and Alberto Alvarado C. (Anatomy), among others.

Since 1950, within the School syllabus, the Dermatology course was included in the *pensum* corresponding to Fifth Year, under the name of Dermatological, Venereal and Syphilography Clinic; other courses included Therapeutic Clinic, Pediatric Clinic and Child Care, Surgical Technique and Hygiene and Public Health.

The syllabus launched in 1950 remained basically unchanged, with frequent variations in some courses, up to the First Seminar on National Medical Education, held in September 1967 in Guayaquil. At that Seminar, the "unification of syllabuses" was addressed once again and with passion; this unification was achieved after long discussions; some small changes were made, but the fundamentals were kept until 1970. We must point out that these reforms did not affect the Dermatology course, which is still included in the Fifth-Year *pensum*, even though it has been expanded.

In May 1960, during the deanship of Dr. Leoncio Cordero J. (1958-1964), the School Board, in view of the merits of Drs. Luis C. Jaramillo and José Mogrovejo Carrión, former professors of the School — who had not been honored at the time — resolved to name them Honorary Professors of the University of Cuenca Medical School.

In October 1961, the offer by Social Welfare of two hectares of land in the El Vergel area, next to the Hospital, was officially announced; however, only in March 1964 was it reported that the University Council had allocated a budget for the construction of the School Ward, next to the new Hospital; at that time, the Social Welfare's land donation documents were signed. In May 1967, during the deanship of Dr. Timoleón Carrera Cobos (1966-1967), the cornerstone of the new, current Medical School was laid (Figure 24, 25).

Various professors (clinicians) of the School have been part of the Dermatology Chair of the University of Cuenca, assigned by the Governing Board, such as Nicolás Sojos (Figure 26) Leoncio Cordero (Figure 27) and Jaime Vintimilla. Until 1960, Dr. Jaime Vintimilla, who traveled to Colombia to complete specialized studies in the area of Psychiatry, was in charge of the Chair of Dermatology; at that time, Dr. Claudio Arias Argudo (Figure 28) entered the School as substitute professor and was entrusted with the Chair due to his experience, having been a student of the famous Prof. Enrique Uraga Peña (Figure 29) at the “St. Louise” ward of Guayaquil’s Vernaza Hospital. Later, on February 28, 1962, Dr. Arias Argudo won the selection process set up by the School for the Chair of Pharmacology; he was then appointed associate professor of Pharmacology and continued in charge of the Chair of Dermatology. In November 1975, he was appointed full-time standing professor of Internal Medicine and Dermatology. With the incorporation of Dr. Claudio Arias Argudo — who took part in a Dermatology course in 1964 in the Republic of Uruguay with the sponsorship of the University of Montevideo and later, in 1976, in an advanced higher course in Dermatology in Vienna — the School had a specialized professor, with the consequent benefit for scientific education in that discipline. In 1966, practical Dermatology began to be offered, with the examination of patients in the Dermatology outpatient office of the St. Vincent de Paul Hospital; and, following the inauguration of the new Vicente Corral Moscoso Hospital (1977) (Figure 30), Dr. Arias took over the outpatient office of Dermatology for one year. Let us also recall that, before leaving the country, Dr. Arias Argudo occupied the Deanship of the Medical School between 1976 and 1978. Another important event in the life of Dr. Arias was that, in 1991, during the
presidency of Dr. José Andino Vélez, the Medical Association of Azuay had the appropriate
gesture of giving him the “Timoleón Carrera Cobos” award, in recognition of his academic,
professional and social merits. He was also
the first president of the Azuay Nucleus of the Society of Dermatology since its founding
in 1971 until October 1985, the year in which he
was also president of the Third Congress of
Dermatology. Finally, he headed the Sixth Ecuadorian Congress held in Cuenca in April
1993, which was also headed by Dr. Claudio Arias.

In 1977, during the deanship of Dr. Vicente Ruilova S., a major crisis unfolded at the School,
with the resignation of 53 standing professors because of political and adminis-
trative disagreements with the new authorities. As of that time, Dr. Alberto Quezada R.
took over the Chair until 1979. In that year, the Main Chair of Dermatology was taken
over by Dr. Franklin Encalada Córdova, who, after entering the Medical Sciences School
in 1973, completed his dermatology training in the city of Guayaquil under the tutelage
of the well-remembered professors Wenceslao Ollague and Servio Peña Herrerra, for a
two-year period; he then went to Argentina to complete his specialized field training at
the José de San Martín Clinics Hospital. He held the Chair until 1991,
when he died prematurely, leaving a void at the Medical School, in
the Society of Dermatology, which he contributed to form, and in society at
large. Dr. Encalada Córdova provided his services at the Venereal Pro-
phylaxis Department of the Azuay Provincial Health Office, and as an
associate doctor in the Dermatology outpatient office from 1978 to 1983;
from that year on, he worked as Head and Treatment Doctor of Der-
matoogy at the city’s “Vicente Corral Moscoso” Regional and Teaching
Hospital. In 1990, Dr. Franklin Encalada was elected president of the
Nucleus, national president and president of the Sixth Ecuadorian
Congress of Dermatology held in Cuenca in April 1993. Simultaneously,
Dr. Encalada occupied the presidency of the Medical Association of
Azuay during the 1988-1990 period. After his premature death in August 1991, the
Azuay Nucleus, during the national Sessions held in the city of Guayaquil on August 30
of that year, ratified the resolutions issued by the host nucleus of the National Congress,
and the national presidency and that of the Nucleus were taken over by Dr. Mauricio
Coello Urüguez, who held the vice-presidency at the time; he chose Dr. Iván Zéas
Dominguez as national vice-president and Dr. Claudio Arias Argudo as president of the
Sixth Ecuadorian Congress; it was agreed that that Congress would be held
in homage to the memory of Dr. Franklin Encalada Córdova. The
School Board entrusted the Chair to one of his disciples, Dr. Iván Zéas
Dominguez, who has held it up to the present.

Since 1991, Dr. Marcelo Merchán M., after having won the opposition
and merits selection process promoted by Azuay’s Health Office to hold the
post left vacant by Dr. Encalada, works as Treatment Doctor of the Derma-
tology Service at the Vicente Corral Moscoso Hospital, up to the present
(2004).

Let us recall that Cuenca is a university city; this essay would be incom-
plete if we did not mention that in our city there operate, in addition to the University of
Cuenca, the Catholic University, the University of Azuay (1990), formerly the Pontifical
Catholic University of Ecuador, the Silesian Technical University, the UNITA and the
Pacific University, among others, each of which has its own and valuable history and has
contributed to a large extent to the development and progress of Cuenca in the national
and international arena. Two of them have a Medical School: since 1977 the Catholic University — where Dr. Claudio Arias was in charge of the Chair of Dermatology and Dr. Teodoro Espinosa is currently the Head — and the University of Azuay, which has just created its Medical School in 2004 and is taking its first steps in educational activity in the profession.

**Historical Profile of the Ecuadorian Society of Dermatology—Azuay Nucleus**

The history of the Ecuadorian Society of Dermatology-Azuay Nucleus is worthy of receiving a similar treatment, which would elicit another essay. For the time being, we limit ourselves to saying that the Azuay Nucleus was created on February 5, 1971, during the presidency of the late master of Ecuadorian Dermatology, Prof. Wenceslao Ollague Loayza. He was available for its creation, sponsorship and participation in the Azuay Society of Pathology. The Nucleus began with the support of the National Society, which was created on May 15, 1963, in the city of Guayaquil, the renowned master, Prof. Enrique Uraga Peña, being its first president. An important fact to point out is that, at the date it was constituted, Azuayan Dermatology had its representation, within the list of Founding Members, in Drs. Claudio Arias Argudo and the late physician, promoter of leprology in Cuenca, Eudoro Moscoso Serrano. The first bylaws became official on June 14, 1978, through Ministerial Agreement No. 9958; subsequently, during the term of Dr. Jorge Bracho Oña at the Ministry of Public Health, the Reformed Bylaws of the Ecuadorian Society of Dermatology were definitively approved on May 26, 1986, through Ministerial Agreement No. 687. Dr. Claudio Arias was elected as first president of the Azuayan Nucleus of the Society; he held that post until 1985, when he was ratified as president of the Nucleus and president of the Third Ecuadorian Congress of Dermatology, held in Cuenca in October 1985 (Figures 32 and 33).

Under the Bylaws, the national headquarters were in the city of Guayaquil, but due to the approval of the new Bylaws (1986), they acquired a rotating character, passing onto the nucleus that was host to the National Congress. Since 1986, the boards of directors of the Azuay Nucleus have been renovated biannually; up to the present, Drs. Franklin Encalada C., Mauricio Coello U., Marcelo Merchán M., Iván Zéas D., Edgar Reinoso M., Teodoro Espinosa P., and Víctor León Ch. have held the presidency.

The Azuay Nucleus has participated in all the activities programmed and sponsored by the National Society, starting with the First Regional Sessions (Triangulars) held in Guayaquil (July 25-28, 1973); the Second Regional Sessions, Guayaquil (April 1976); the Third Regional Sessions, Cuenca (May 17-19, 1979), coinciding with the Ninth National Medical Congress (Figure: 34), and culminating with the Fourth Regional Session, Loja (May 25-28, 1983). Subsequently, in 1980, the Triangulars of Dermatology were called National Sessions, and have been successfully held every three or four months, in an alternating and now regulated manner, in the cities of Quito, Guayaquil, Cuenca, to which the city of Loja has also recently been added (Pre-Nucleus of Loja).

Azuay and Cuenca (in particular) have also had full participation in the main event of National Dermatology, the Ecuadorian Congress of the specialized field, which has had the support of the CILAD. To date, eleven National Congresses have been successfully held since the First Ecuadorian Congress (Guayaquil, July 1981), with Dr. Wilson Correa B. as national president and president of the Congress. The Second Ecuadorian Congress, during the national presidency of Dr. Wenceslao Ollague L., was held in Quito, in November 1983, with the presidency of Dr. Holger Garzón V. The Third Ecuadorian Congress was held in Cuenca, from October 9 to 12, 1985, corresponding to the national
presidency of Dr. Luis Chiriboga A., and the presidency of the Congress of Dr. Claudio Arias A.; the central topic was “Skin Tumors.” The Fourth Ecuadorian Congress (Guayaquil, July 1987) was held under the national and Congress presidency of Dr. José Ollague. Quito was host to the Fifth Ecuadorian Congress and to the Ninth Bolivarian Congress of Dermatology in October 1990, with Dr. Carlos Carvajal H. as national president and president of the Congress. The Sixth Ecuadorian Congress was held in Cuenca from April 12 to 16, 1993, with Dr. Franklin Encalada initially as national president (1991) and then Dr. Mauricio Coello. Beginning with that Congress, which was headed by Dr. Claudio Arias, official topics were abolished. In Guayaquil, from July 20 to 25, 1995, the Seventh Ecuadorian Congress was held, under the presidency of Dr. Gonzalo Calero H.; the Eighth Ecuadorian Congress took place in Quito from July 20 to 23, 1997; its president was Dr. Oswaldo Reyes; the Ninth Ecuadorian Congress was held in Cuenca, from April 29 to May 3, 1999, with Dr. Marcelo Merchán M. as national president and president of the Congress. In Guayaquil, from July 19 to 22, 2001, the Tenth Ecuadorian Congress and the Sixteenth Bolivarian Congress of Dermatology were held, both headed by Dr. Franklin Madero. Finally, the Eleventh Ecuadorian Congress was held in Quito from July 24 to 26, 2003, headed by Dr. Santiago Palacios. At present (up to the writing of this essay, September 2004) Cuenca is organizing, on the one hand, the Second Latin American Congress of Photobiology and Photomedicine, to be held in our city on November 26 and 27, 2004, with the participation of the most outstanding world leaders in the subject, and on the other, the Twelfth Ecuadorian Congress of the specialized field, an event that is planned for March 2006, under the national presidency of Dr. Víctor León Ch.

The Azuay Nucleus, responsible for organizing the Third, Sixth and Ninth Ecuadorian Congresses of Dermatology, had the wisdom to invite and the privilege to receive foreign professors of international stature such as Raúl Vignale (Uruguay), Miguel Armijo (Spain) and Enrique Hernández P. (El Salvador), in 1985; Hugo Néstor Cabrera (Argentina), Lourdes Tamayo (Mexico), Sandra García (Argentina), Eduardo Civila (Uruguay), in 1993; and Donald V. Belsito (USA), Alejandro Guinzburg (Israel), Fernando Stengel (Argentina), Roberto Arenas (Mexico), Alejandro Bonifaz (Mexico), Héctor Cáceres (Peru), Marcelo Nacucchio (Argentina) and Jorge Peniche (Mexico) in 1999. With their presence and participation, these physicians provided luster and enhancement to the events organized by our nucleus, and everyone who attended benefited from their wisdom and teachings. The Azuay Nucleus, as organizer of the aforementioned events, on its behalf and with the sponsorship of the standing national authorities, by virtue of the merits and services provided by the illustrious visitors, justly and according to the Bylaws conferred on each of them the honor of “Corresponding Members” of the Ecuadorian Society of Dermatology.

Within the local and provincial scope, the Azuay Nucleus is characterized by being a group featuring brotherly and very active work, having, since its beginnings, organized various scientific, social and cultural activities; weekly meetings are held on Thursdays for the examination of patients and clinical cases, at first at the EISS (Ecuadorian Institute of Social Security) Hospital, in the afternoon and then in the morning at the Vicente Corral Moscoso Regional Hospital; at night, the sessions of the Nucleus take place. Simultaneously, what is known as the Annual Course of Continuing Dermatology Education has been institutionalized, which, with great care and dedication has been carried out, at the due times, by the authorities in office. Various seminars, round tables, mini-courses,
traveling seminars to different regions in the south, with conferences and treatment of patients, etc., have been planned and organized, events that have caused the Azuay Medical Association to grant our Society the honor of the “Franklin Encalada Córdova” (formerly, Azuay Medical Association) award, for the 1992 period, which rewards the scientific-professional and social work of the different Societies associated with that provincial Medical Association24 (Figure 35).

In this brief summary of our society, there are events worth including, such as the presentation and publication of the First case of lobomycosis in Ecuador in 1985 by Drs. Iván Zéas D., Franklin Encalada C. and Mauricio Coello U., members of our nucleus29, 33. Since 1968, the Azuay Nucleus, headed by Drs. Claudio Arias and Franklin Encalada, participated in the description of a variety of leishmaniasis that, because of its characteristics — age (mostly children), location (exposed areas: the face), type of lesions (small, rounded) and geographic area (southern: provinces of Azuay and Cañar; between 2,400 and 2,500 meters above sea level) — was later to be called “high altitude urban Leishmaniasis.” This disease reached its maximum frequency in the years 1978-1980, coinciding with a time of drought; the work was presented at the Eleventh Ecuadorian Congress of Dermatology in Quito in 198219).

Another important event that is worth recalling is the First International Meeting of Dermatology held in Cuenca on February 13, 1999, under the presidency of Dr. Marcelo Merchán, with the presence and participation of professors Luis Díaz (Medical College of Wisconsin), Thomas Lewley (Atlanta, Georgia), Richard Edelson (Yale University) and Evandro Riviti (São Paulo, Brazil), and enjoyed massive local and national participation24, 32.

The Azuay Nucleus, headed by Dr. Edgar Reinoso, additionally organized from April 5 to 7, 2001, in Cuenca, the International Teenage Dermatology Course, which had great acceptance and participation both among general practitioners and specialists nationwide24.

With the aim of contributing to scientific development and the education of the medical population in general, the members of the Azuay Nucleus, and particularly Drs. Marcelo Merchán and Víctor León, participated in the drafting and distribution of what were given the name of “Dermatology Notebooks,” as a continuing Medical Education program in General Dermatology and Pediatrics; these publications have been distributed since 2001. Following this initiative, Osvaldo Muñoz, Marcelo Merchán, Mauricio Coello, Víctor León and Teodoro Espinosa, with the support of the Ecuadorian Society of Dermatology and the sponsorship of the Department of Culture of the University of Cuenca, in 2002 published a book entitled Prevention of Skin Diseases, aimed at the education and training not only of the medical population, but also of the public at large, by virtue of its easy and comprehensible language34.

Finally, we should point out that, with regard to the professional aspect, the Azuay Nucleus has provided national Dermatology, among other things, with the drafting, discussion and definitive approval of the National Session Regulations24, 32; the discussion and approval of the Publication Regulations of the Dermatología Journal; the drafting and discussion of the Regulations for Bylaws of the Ecuadorian Society, which, once approved, will contribute to organizing and regulating activities both at the local and national levels24. The Azuay Nucleus has its own premises, acquired in 1993, where its headquarters operate and where, year after year, a library and a slides archive are being implemented24.

The facts summarized in the above paragraphs speak for themselves regarding the unity and work mystique that characterizes those of us who are proud to be part of the Azuay Nucleus of the Ecuadorian Society of Dermatology, “considered to be one of the most united societies in the country; with discrepancies that bring us together, because they fine-tune ideas, with tensions that at some moment might have had quasi-personal characteristics (especially at the national level), but which have been already smoothed
down; the rough edges have disappeared, and we are at a time of starting new endeavors, under the inspiration and the watchful gaze of the great masters of Ecuadorian Dermatology.

At the time of finishing these notes, the Ecuadorian Society of Dermatology Azuay Nucleus has a total of twenty-three active members: Claudio Arias A., Iván Zéas D., Víctor León Ch., Mauricio Coello U., Marcelo Merchán M., Edgar Reinoso M., Hernán Villacís O., Juan Ambrosi O., Teodoro Espinosa P., Norma Sigüenza C., Patricia Bermeo M., José Verdesoto G., Mauro Manzano, Bolívar Granizo H., Jaime Abad (dermatologists); Osvaldo Muñoz A. (epidemiologist), Plínio Padilla G. (infectologist-mycologist), Rolendio Palacios P., José Tobar C., Hernán Urgilés (immunologists), Gustavo Moreno A. (oncologist surgeon), Claudio Galarza M. (rheumatologist) and Xavier Ochoa M. (infectologist)

References

2. Samaniego JJ. Cronología médica ecuatoriana. Quito: Casa de la Cultura Ecuatoriana; 1957.
27. Entrevista al Dr Claudio Arias. Dermatología. Sociedad
The origins of Dermatology in El Salvador — as in any other country — are difficult to state precisely, since doctors practiced medicine in general, without specializing in any branch in particular.

In pre-Hispanic El Salvador — a region called Cuscatlán in the native tongue — the medicine man (tepahtiani) used medicines, usually plants (tepahtelizte), to cure skin diseases.

Based on clay statuettes of pre-Columbian times, Dr. Oswaldo Ramírez determined the existence of many dermatological entities such as congenital syphilis, nasal scleroma, onychomycosis and neurofibromatosis, and investigated the therapeutic methods used. The most widely used plants included: firebush (Hamelia patens Jacq.), of astringent and drying effect; cinchona (Cinchona succirubra Pav.), of healing effect on wounds; and chinaberry (Melia azedarach L.). Doctor Ramírez notes that the use of many of those archaic medicines is still maintained among rural populations.

In 1930, general practitioner Salomón Meléndez was named head of the Leprosarium, the service in charge of skin diseases at the National Medical Center of the Rosales Hospital.

In 1933, the first doctors specialized in skin diseases and in syphilis, a very important disease at that time, began to arrive in the country. The first one was Esteban Reyes, who had completed his graduate studies in California. He began giving conferences at the Rosales Hospital, and in November 1935 he founded the Dermatology and Syphilology office, one of the first in Central America. He was also responsible for the creation of the Society of Dermatology of El Salvador in 1951, its founding being made official in 1957.

In that year, he promoted the development of the First Central American Congress of Dermatology, held in San Salvador from December 5 to 8, attended by Dr. Pardo Castelló from Cuba and Dr. Fernando Latapí from Mexico as special guest professors; but Reyes, who was the president of the Congress, was unable to see his work completed, since he died in June of that year. During this congress, which gathered many of the dermatologists of Central America, the founding of the Central American Society of Dermatology was decided upon at a meeting held on the shores of Coatepeque Lake, certified by a document called the “Declaration of Coatepeque.”

One of the diseases most studied by Dr. Reyes was rhinoscleroma, on which he wrote several papers; he also left important contributions on xeroderma pigmentosum, scarlet fever, psoriasis and cutaneous tuberculosis.
In 1936, Dr. Arturo Romero returned to the country, after having completed graduate studies in France; he submitted interesting papers on syphilis during the Fifth Medical Congress held in San Salvador, in 1938. An idealist to the highest degree, he participated actively in national politics against General Maximiliano Hernández Martínez, for which reason he had to leave the country in 1944. He died with his wife in a traffic accident in the neighboring country of Honduras.

In 1938, Eduardo Barrientos returned, after having completed medical and Dermatology studies in Switzerland, and began working with Esteban Reyes that very year. He described the first cases of the pinta. A year later, he was appointed Head of the Social Welfare Hospital and Head of the night clinic of the Health Office. He later took over the management of the Dermatology Department at the Rosales Hospital and of the Salvadorian Institute of Social Welfare until his retirement in 1978.

Juan José Rodríguez obtained his Ph.D. in Medicine in 1941; he was appointed Head of the Dermatology Office at the St. Rafael Hospital of the city of Santa Tecla (12 km west of the capital); in 1942, he studied Dermatology at Columbia University, New York. Upon his return, in 1947, he was entrusted with the management of the construction of the cutaneous radiotherapy — in which he had specialized — bacteriology, mycology and small surgery units, expanding the service. He published works on two cases of Hyde nodular prurigo, dermatitis due to herbicides, pemphigus in El Salvador, fixed sporotrichosis and the incidence of malignant tumors at the Rosales Hospital. In 1951, he was appointed full professor of the Chair of Dermatology at the El Salvador University Medical School. He worked as the Head of the Dermatology outpatient office at the Benjamín Bloom Children’s Hospital. He was an active member of the American Academy of Dermatology, of which he became honorary member, and a member of the International Society of Pediatric Dermatology.

Antonio Carranza Amaya obtained his Ph.D. in Medicine in 1947, with the thesis entitled “Leprosy in El Salvador,” and at that time began working at the Dermatology outpatient office; he was later in charge of hanseniasis patients hospitalized at the Rosales Hospital, and continued devoting himself to that disease. He completed graduate studies at New York University's Skin and Cancer Institute, and, upon his return, was in charge of the anti-leprosy campaign. Other published works: “Epidemiology and Morbidity of Leprosy in the Republic of El Salvador,” “Leprosy as the Cause of Handicaps in El Salvador,” “Malignant Lymphomas” and “Furuncular Myiasis in El Salvador.”

Dr. Oswaldo Ramírez Cienfuegos completed graduate studies in Dermatology in Paris and Madrid, where he came in contact with great dermatologists, and returned to the country in 1950. He was always a very enthusiastic researcher; he published a large number of articles on dermatology topics, which made him one of the most internationally renowned Salvadorian dermatologists. In December 1957, during the First Central American Congress of Dermatology, he presented the results of his studies on a nosological entity that he called “Ashy Dermatosis,” also called “O. Ramírez Disease,” and known in Anglo-Saxon literature as “Erythema Dyschromicum Perstans.” His presentation to explain the etiology of the disease was remarkable. He was one of the organizers of that First Central American Congress, and one of the most enthusiastic promoters of the constitution of the Central American Society of Dermatology, which, as mentioned earlier, was founded during that meeting. He was very interested in the skin diseases suffered by inhabitants of the country in pre-Hispanic times; during the Fifth Congress of the CILAD (1963) he presented an essay entitled “Dermatology in Mud in El Salvador.”

He was the Vice-President of the Ibero-Latin American Association of Dermatology (CILAD) and the President of the Eighth Congress held in San Salvador in 1975. He held administrative offices and was Deputy Minister of Public Health and Social Welfare.

Dr. José Llerena Gamboa carried out graduate studies at Stanford University, California, USA, and then at the Pascua Dermatology Center, in Mexico City, headed by Fernando
Latapí. He became very interested in mycology, and, upon his return in 1956, exerted himself to obtain the best possible equipment for the mycology laboratory of the Rosales Hospital, and planned the study of fungal diseases in the country. His work in that field includes: "Contribution to the Study of Deep Mycoses in El Salvador," "Four Cases of Mycetoma Caused by Different Fungi," "Heat Treatment of Sporotrichosis and Chromoblastomycosis" and "Sporotrichosis in El Salvador." He was a doctor at the Dermatology outpatient office at the Rosales Hospital and an assistant professor of mycology at the Medical School.

Dr. Enrique Hernández Pérez returned to the country in 1970, after having completed thorough studies in Dermatology, Dermatopathology and courses of dermatological and cosmetic surgery. He began his graduate studies at the Pascua Dermatology Institute, with Professor Fernando Latapí, who sent him on a full rotation to the Plastic Surgery service of Mexico’s General Hospital, headed by Professor Fernando Ortiz Monasterio.

In São Paulo, Brazil, his boss, Prof. Sebastião Sampaio, encouraged him to continue his training in dermatological surgery. During the two years he spent in that city, he became very interested in Dermatopathology, and, still as a resident, was in charge of all the biopsies of the service; once a week, he presented the cases to his superiors, Drs. Thales de Brito and Cecy Barros.

In Buenos Aires, he had Dr. Aarón Kaminsky as head professor, an extraordinary teacher in diagnostics and therapeutics, with whom he began his studies of medical cosmetics; from him, he learned the correct use of cosmiatry. He received training from Dr. Julio Martín Borda, especially in clinical medicine, and during that period furthered his studies in dermatopathology under the tutelage of Dr. Jorge Abulafia.

He continued his studies in the United States: in dermatopathology, under the guidance of Walter Lever in Boston, and with Bernard Ackerman in New York; in cosmetic surgery, he worked under the supervision of Drs. Richard Webster in Brooklyn, Gerry Fenno in Houston, Howar Tobin in Abilene, Julius Newman in Philadelphia and Sam Stegman in California.

Upon returning to El Salvador, he became full professor and the head of the Dermatology Faculty Unit of El Salvador University’s Medical School, and the head of the Dermatopathology Section of the Pathology Department at the Rosales Hospital, which was led by Dr. Francisco Velásquez. He held these offices until his retirement in 1987, when he continued only in private practice.

Ever since he began working in the country, he conveyed to his colleagues his interest in dermatological surgery, a discipline that was given little importance at that time. The first operations were carried out in the Small Surgery room of the Dermatology Department at the Rosales Hospital; even though the premises were inappropriate, all types of skin-cancer surgery were practiced in it, including Mohs surgery. Under his management, residencies in Dermatology were initiated; the seven dermatologists who trained with him had to prepare themselves very specifically not only in clinical medicine but also for surgery and pathology.

Several years later, he began working at the Santa Teresa Hospital of the city of Zacatecoluca, located in the Department of La Paz, some 50 km east of the capital; there, he spent almost all of every Saturdays with his foreign residents, practicing different types of cosmetic, procedures, such as liposuctions, rhytidectomies, blepharoplasties and hair transplants.

His most important contributions in cosmetic surgery were: the carrying out of more than 8,000 cases of liposuction, starting in 1981, the classification of liposuction in volumes, the definition of liposculpture and the way to calculate the volume of Klein solution that must be infiltrated to make a liposuction.

The trajectory of Dr. Hernández Pérez at the Ibero-Latin American Association of Dermatology was very important; he started off as national delegate for El Salvador in 1970,
was elected vice-president for two consecutive periods, from 1984 to 1992, and later appointed president of the CILAD from 1992 to 1996.

Up to the present, he has published over 200 scientific papers both in Spanish and in English; he wrote two books: *Dermatological Clinic* and *Practical Dermatological Surgery*, both with many editions. He has also collaborated with various chapters in international books and is editor of various international scientific journals. In more recent years, his main interest has focused on dermatological surgery.

His current posts are: head of the San Salvador Dermatology and Cosmetic Surgery Center; head of the Dermatology and Cosmetic Surgery Service of the Santa Teresa National Hospital; certifier and examiner for the American Board of Cosmetic Surgery; President of the Meso-American Academy of Cosmetic Surgery; member of the International Group of Dermatological Therapeutics; Head of the Cosmetic Surgery Program approved by the CILAD and by the American Academy of Cosmetic Surgery. He is frequently invited as a lecturer to different countries of Latin America and Europe.

Around 1970, Drs. Enrique Flores Díaz and Fernando Adolfo Cruz Argumedo also arrived in the country, after having completed Dermatology studies at the Pascua Dermatology Center. Dr. Flores Díaz studied at Stanford University; he was an assistant professor of the Chair of Dermatology of the Medical School and dermatologist of the Benjamín Bloom Children’s Hospital; together with Juan José Rodríguez, he gave a boost to Pediatric Dermatology.

Dr. Cruz carried out other studies at the Saint-Louis Hospital in Paris, and, upon his return, joined the Chair of Dermatology at the El Salvador University Medical School as an assistant professor.

Among the dermatologists who studied under the tutelage of Dr. Hernández Pérez, it is worth mentioning Julio Eduardo Baños, who, after having completed the three years of graduate studies in Dermatology, moved to Mexico City in 1979. There, he completed the specialization in the sub-field of Pediatric Dermatology under the guidance of Dr. Ramón Ruiz Maldonado, Head of the Dermatology Service of the DIF (formerly IMAN) National Institute of Pediatrics in that city. Upon his return, he completed studies in cryosurgery with the late Dr. Gilberto Castro Ron at Caracas’ Luis Razetti Oncology Institute. He worked as an assistant professor of the Chair of Dermatology at the El Salvador University Medical School and collaborated with Drs. Hernández Pérez (chief), Enrique Flores Díaz and Adolfo Cruz in teaching the Medical School’s undergraduate courses and the graduate courses at the Dermatology Residency. He began the practice of cryosurgery at the Rosales Hospital and at the Benjamín Bloom Children’s Hospital, where he was a doctor of the outpatient office and a consulting dermatologist of the entire hospital. He was the head of the Dermatology Service of the Salvadorian Institute of Social Welfare. He was on various occasions the president of the El Salvador Dermatological Society (now Association). He participated as a national delegate of the CILAD and was the vice-president of the CILAD for Central America on two occasions, from 1996 to 2003.

At present, forty dermatologists, who graduated in different countries of Latin America, work actively in El Salvador.
References

5. Barrientos E. [Personal communication].
12. Llerena J. Esporotricosis en El Salvador [Personal communication].
In the preface to the book *The Medical Sciences in Guatemala*, the brilliant physician and historian Carlos Martínez Durán says:

> History isn’t the faded body of the past, nor the methodical storing of meticulous research carried out in the archives. It isn’t the dead text of the folios, nor the interpretation of what entertaining or dour chroniclers have transmitted down to us. History is life itself, always variable and capricious, unattached to the mold of cold system and to the calculation of exact science. Clio shall never remain the same Muse. Each period imposes new eyes and new vestments on her, each era imbues her with new vitality, and it is precisely because it is so tightly wedded to life that History is so deeply human and social a science.

In his book *History of Guatemala*, Francis Polo Sifontes defines History as “a written narrative of the events of the life of man from the past to the present, plus the study of the meaning of those events for man himself.” Culture is likewise defined there as “the conduct or behavior learned and afterwards exhibited by the members of a society.” These two concepts are related in Dermatology as part of the medical culture of our country. Therefore, it is our obligation as dermatologists not only to be experts in skin diseases but also to be researchers into the history of Dermatology, especially in our country, since it will have features of its own that will allow us to contribute our knowledge to world Dermatology.

### Pre-Columbian Dermatology

**The Maya**

Pablo Humberto Urquizu Dávila

The Maya had the most advanced culture of the world discovered by Columbus. They deserve to be called “the Greeks of the Americas.” Admiration for the buildings that remained as a testimony of these amazing people has, since the beginning of the nineteenth century, caused travelers and scholars from different parts of the world to come to these
jungle regions to visit their ceremonial centers. The Maya sub-area occupied some 325,000 sq. Km, in other words a territory equivalent to triple that which is currently occupied by the Republic of Guatemala. The Maya occupied the land that currently corresponds to the Mexican states of Chiapas, Tabasco, Yucatán and Quintana Roo, the Republic of Guatemala, Belize and the western part of the Republic of Honduras. Their origins are lost in time, although some Maya specialists believe that it was a culture that developed on the spot; and although they themselves began their meticulous account of time in as remote a time as the year 3113 B.C., the experts haven’t found evidence of their culture that can be dated before the year 2000 B.C.

Life among these people revolved around the cultivation of corn, which was their basic foodstuff. They founded their main ceremonial centers in dry places, far from a river or lake, like Tikal and Uaxactun; but in other cases they established them next to a source of water, like Copan or Yaxhá.

PRE-CLASSICAL PERIOD (2000 B.C.-300 A.D.)

It is also called the “formative period” because the bases for this culture were established during this time. Its considerable duration – 2,300 years – was sufficient to reach the splendor of the following period, which was the climax of this extraordinary civilization. During this period they were organized into farming groups in the form of villages. The economy was based on agriculture, religion was represented by the cult paid to the earth and natural phenomena, and architecture was of the ceremonial and religious type.

CLASSICAL PERIOD (300-900 A.D.)

Over the course of these six hundred years the Mayans reached their maximum cultural development and splendor. The government was theocratic, i.e., it was carried out by priests, who also held military command and whose succession was hereditary. The ruler was called Halac Uinic and he was supported by the minor chieftains, the clergy, the nobility, the people and slaves. During this period, farming was intensified; the surplus was sold or exchanged for other products, which caused a major increase in regional trade. The development of the sciences was linked to religion. They stood out in astronomy, used their observatories to study the movements of the sun, and the precision of the Mayan calendar is recognized even today.

They demonstrated their knowledge of mathematics and engineering in the construction of their large buildings, irrigation channels and ditches for carrying rainwater, as well as shifting enormous stones and building materials. Medicine attained a major development in the use of medical herbs and plants; dentistry was practiced, since real dental replacements were carried out. Architecture, particularly for religious purposes, was notable during this period with a proliferation of ceremonial centers, roadways and ballgame courts.
POST-CLASSICAL PERIOD (900-1500 A.D.)

The passage to this period was traumatic. It is believed that toward the year 900 A.D. there was a prolonged drought that affected the territory of Meso-America for years (this has been deduced from scientific studies of paleobotany). The Mayan people demanded results from their priests, particularly those devoted to the cult of Chac, the lord of the rain, but their efforts were unsuccessful; the people rebelled and, following bloody revolts, the clergy disappeared. Only the priestly class knew how to read and write and jealously guarded their astronomical and agricultural knowledge, so that the Mayan centers began to decay. At the same time, there was an invasion of the Toltec from the north; these conquerors came from Tula, a city located in the central Mexican plateau, and their language was Nahuatl. The Toltec seized the Mayan centers. The Indian chronicles, such as the Record of Tecpán or the Popol Vuh, state in their pages how the Cakchiquel and Quiché came from Tula, in the east, crossing the sea, bringing Toltec gods with them like Tohil, Avilix and Jacavitz, but writing in the Mayan language and employing the old Mayan calendar with its vigesimal system. The post-classical period was noted for being an era of wars, of continual rivalries, and as a consequence of the latter there arose the native statelets which the Spaniards found on their arrival and whose resentments the governor Don Pedro de Alvarado was able to make use of for his aims of conquest1,9.

MAYAN MEDICINE

Three sources are of importance for the study of Mayan medicine:
1) The wealthy artistic materials in which the main diseases are represented.
2) The Maya codices, the Popol Vuh and the native writings.
3) The old chroniclers who were witnesses to their traditions and customs.

It is possible that diseases can also, in some way, explain the decadence of this civilization which need not have envied that of Egypt or Mesopotamia.

MAYAN MYTHOLOGY

The Mayans gave medicine a sacred character whose liturgy was known to the priestly caste as a mysterious science transmitted from fathers to sons. The current Indians know very little about these secrets. In Yucatán there still are herbalists and in Guatemala the witch doctors or faith healers are the last representatives of that caste of native physicians. The medical deities were many and varied, and competed in power and majesty.

It was believed that diseases could be caused by spirits or beings with supernatural powers and could also be the result of natural causes such as accidents or too little or too much of something. If the cause was discovered, treatment was possible; for example,
the disease caused by an offense against the gods required confessing the sin and doing penance; if the cause was witchcraft it was necessary to act against the latter, and if it was due to natural causes, the appropriate medicine was administered. If it was an ordinary illness it was treated by the patients themselves at home but if it was chronic it was regarded as the punishment of the gods.

The ancient Meso-Americans recognized inequalities among people; men were considered *K’an* (aggressive, self-assured, choleric) and women *nakanik* (peaceful, docile, meek). Age was another factor: the aged were regarded as wiser and more consistent in their strength than the young; this is mentioned in the *Record of Sololá*, in the *Popol Vuh* and in the *Title of the Lords of Totonicapán* in which the deities were elderly.

They also believed that temporary weakness arose from committing a sin, experiencing strong emotions or feeling envy; it was considered that excessive labor, exposure to cold or heat and to certain foodstuffs disturbed a person’s balance.

In these texts it is possible to find an expression of the theory of balance and its relationship with disease. In the Guatemalan highlands it was believed that a strong body is better protected from illness than a weak one: this strength stands in relation to the condition of the blood which can be strong or weak, cold or hot; it was believed that blood cannot be regenerated and that any loss causes weakness. Children, women and some of the elderly were considered weaker. It was believed that the old were stronger and more potent than the young, particularly if they were wizards, healers or leaders. To maintain the body in balance it was necessary to be in harmony with nature, with society and with the gods. Confession and sacrifice were the most important means to achieve this.

Mayan medicine had its trinity formed by the goddess *Ixchel* and the gods *Citobolontun* and *Itzamná*. These two worked to discover the medical virtues of plants, bequeathing all their knowledge to the *H-Menes*, a Hippocratic family initiated in the art of healing.

*Itzamná*: god and man at the same time, he was the father of medicine and his feasts were celebrated in the month of Zip, that is, the month of sin. The eighth was the principal day and the medicinal herbs were presented before the god to receive the breath of divinity; dances were carried out and incense was employed to ask *Ahau Chamahez* for health. The people held parades and awaited being blessed.

*Ixchel*: the rainbow woman, lawyer for maternity, received the flower offerings of women seeking fertility.

*Citobolontun*: the companion male, provided his health-awarding gifts.

*Zuhuykak* and *Ixtilton*: gave health to girls and boys.

*Kinich-ahau*: the face of the sun, burned the demon of illness and was the god of figuretherapy and thermotherapy.

*Kukulcan*: omnipotent god that cured fevers.

*Tzapotla-tenan*: she was the grandmother of externally-applied therapeutics, since she had discovered in *oxitl* (turpentine) the resin that cured buboe and skin sores.

*Temazcaltec*: grandmother of baths, she recommended steam baths.

*Yun-cimil*: lord of death, he paced, together with an owl, around the dying, sometimes withdrawing without taking the patient’s soul with him.

Undoubtedly, the medical mythology was a consequence of the diseases suffered by the Mayans (figures 1-17).
MEDICINE IN THE POPOL VUH

The Popol Vuh contains the stories of the Quiché Indians regarding the origin of the world, of their gods, heroes and people, in other words it deals with mythology, history and genealogy.

Friar Francisco Ximénez was born in Ecija, province of Andalusia, Spain, in 1666, and arrived in Guatemala in 1688; he was a friar of the Dominican Order and was given the job of writing the chronicle of his province. When he was in Chichicastenango, the Indians showed him the manuscript of the Quiché; Friar Francisco copied the original in that language and translated it into Spanish; this copy is deposited at the Newberry Library in Chicago.

The Popol Vuh mentions some Maya deities who were responsible for diseases. The lords of Xibalba (the underworld) could cause illnesses. Xik’iri (flying nose) and Kuchuna Kiq’ (blood chief) were two of these lords whose work was to produce “blood to make people ill.” In many places, blood was seen as a means for receiving an outside harm. The lords of Xibalbá caused people to fall ill by affecting their blood. The Popol Vuh mentions Lord Ahal puh (the pus maker) who caused infections. The Ahal gana Q’ama (cholera maker) had the power to “make people swell up.” Bile in the face produced jaundice.

The lords Chamiaibaq (bone walking stick) and Chamiaholom (skull walking stick) turned people into bones and skulls. The lords Ahalmez (maker of dirt) and Ahaltokob (maker of sores) were dangerous in times of poverty. Ahalxic (Lord Sparrowhawk) and Patan (Lord Trap) caused death on the road. The Cakchiquel had a god called Ahal Xic, who caused sudden death. Itzamná, god of medicine, and Ixchel, the moon goddess, were invoked at the feast of the faith healers and wizards during the Zip month. Ixchel was known because he healed the sick and brought the dead back to life. Ixchel was the goddess of procreation, of childbirth, of medicine and of the diseases that form pustules. Syphilis was one of the diseases assigned to Ixchel because of this deity’s erotic associations.

ANATOMICAL AND SURGICAL KNOWLEDGE OF THE MAYANS

Surgical instruments were of obsidian; these knives were used to open abscesses and carry out other minor surgery. Anatomical knowledge came from human and animal sacrifices. The heart was well known. Initially, the Mayans did not practice human sacrifice; this terrible practice derived from their contact with the Aztecs and corresponds to a very late period in their history as is demonstrated by some studies that have been carried out in the Indian cities of the post-classical era such as the city of Iximché.

The Maya-Quiché considered disease to be of a different etiology than the sacred and their observations led them to a more exact knowledge of it. Cold and dampness were recognized as agents causing rheumatism; the wind was the cause of some illnesses; the Indians’ diet was wise and healthy and their sexual customs were moderate.

They knew the role of contagion in epidemics; they employed witchcraft practices to find out if an illness was curable. They possessed knowledge on blennorrhagia, buboe, sexual impotence and eruptive diseases. They described exanthemetic typhus using compound words Zahualt (eruption); they also knew leishmaniasis, rhinophyma and ulcus rodens.
Their warlike life gave them a special knowledge of wounds; they classified them in a topographical manner taking into account their depth, what caused them and their complications. Each disease was treated with herbs and the treatment was carried out by specialists. There were specialists in bites owing to the large amount of snakes and insects. They knew the articulations of the body, which were sometimes represented in figurines (there is a part of the Popol Vuh that refers to the setting of bones). Friar Bartolomé de las Casas mentioned herbalists, called quamanel which, translated, means “healer.” Their physicians probably carried out some basic type of trial-and-error research observing the effects of plants on the diverse pathologies.

At the moment of childbirth, the pregnant woman confessed her sins, and the midwife drew her own blood and sprayed it while making invocations and carrying out the ceremony to facilitate the delivery.

Surgery wasn’t as well developed as herbal medicine; nevertheless, their surgeons were capable of pulling teeth and carrying out tooth mutilations, making prostheses, removing foreign bodies, draining abscesses, healing wounds, and carrying out bloodletting, circumcisions, skull trepanning and eye healing.

According to the chroniclers, the Indians’ therapeutic arsenal was efficient, superior to that of the physicians and surgeons who arrived in the sixteenth century. They had purges, diuretics, coagulants, emetics, sedatives, etc.

The main sanitary habits were their diet and baths. Their food intake was balanced; corn was the main foodstuff and they also employed vegetables and venison, as well as fish. They prepared fermented beverages on the basis of fruit such as the dwarf ambarella (jocote).

The Mayans used steam baths. The Temazcal baths constituted special rites: married couples bathed together; pregnant women bathed in the last months of pregnancy and the unmarried bathed alone. These baths were a little over one meter high, and had stone walls and a wooden floor covered with mud. Inside were stones that were heated and then wetted with water to produce steam. Their protector was the goddess Temazcalteci.

Medicinal waters were also used, such as sulfurous ones to cure cramps, body aches, intestinal infections and rheumatism; they believed that thermal waters held curative powers. In the Europe of the sixteenth century it wasn’t customary to take frequent baths. Captain Juan de Estrada (1579) mentions in one of his writings that “they had the habit of bathing in rivers and continue to do so.” The Spanish chronicler Fuentes y Guzmán wrote that the Indians employed baths to treat fevers, tumors (syphilis) and other ills9, 10 (Table 1).
ESTHETICS

Cranial deformations have been practiced universally in given cultural periods. They obey esthetic reasons linked to magic and religious habits. This practice must not be linked to a lower cultural development because at the end of nineteenth century it was practiced in southern France.

These deformations which were innocuous from the medical point of view were achieved through the use of special mechanisms.

The Mayan codices show Hunahpú and other gods with an elongated head since the esthetic ideal was the flattened forehead4, 5.

EPIDEMICS IN THE PRE-COLUMBIAN PERIOD

In the seventh century of the Christian era the Mayan empire was destroyed. Some believe this happened because of yellow fever; however, there is no conclusive proof in support of this hypothesis since more recent studies have demonstrated that this disease was imported from Africa in 1647. Smallpox was unknown in the Americas and was brought by a cabin boy traveling with Pánfilo de Narváez in 1520.

Epidemics of the exanthematic type were frequent in the Americas before the arrival of the Spaniards; they were endemic in Mexico and from there passed to Guatemala; in the Aztec language they were called Matlatza hualt.

Malaria, in benign forms, existed in Yucatán and in some regions of Guatemala.

The Record of Sololá, a sixteen-century manuscript also known as Annals of the Cakchiquel or Record of Tecpán Atitlán, describes the history of the Cakchiquel nation that takes place in the city of Iximché.

This Record describes an epidemic in 1523 – a year before the arrival of the Spaniards – that caused many deaths among the Indian population. The native name for this epidemic was chaac which means “plague with skin eruption or sores”; according to some authors it could have been measles, but others believe it was exanthematic typhus. On the basis of the symptoms described in the Record, no exact diagnosis is possible, but we may infer that the Cakchiquel had dermatological knowledge owing to these epidemics, in the same way that they had experience in minor dermatological surgery and in the handling of wounds.

The Record states the following:

Then the attack on the city began at the end of the bridge, a spot that had been chosen by Chucuycbatzin for war and to lead the Tucuches to revolt. Four women had

<table>
<thead>
<tr>
<th>Skin</th>
<th>Oth, Othiel</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mouth</td>
<td>Chii</td>
</tr>
<tr>
<td>Lip</td>
<td>Baxel chii</td>
</tr>
<tr>
<td>Tongue</td>
<td>Ak</td>
</tr>
<tr>
<td>Palate</td>
<td>Mabcoan</td>
</tr>
<tr>
<td>Saliva</td>
<td>Tub</td>
</tr>
<tr>
<td>Gums</td>
<td>Chuncó</td>
</tr>
<tr>
<td>Hair</td>
<td>Tzotz</td>
</tr>
<tr>
<td>Nail</td>
<td>Ichoc</td>
</tr>
<tr>
<td>Bald pate and dandruff</td>
<td>Thab</td>
</tr>
<tr>
<td>Sweat</td>
<td>Zockeluc</td>
</tr>
<tr>
<td>Hives</td>
<td>Zob</td>
</tr>
<tr>
<td>Vitiligo</td>
<td>Zac Halay</td>
</tr>
<tr>
<td>Smallpox</td>
<td>Kak</td>
</tr>
<tr>
<td>Blisters</td>
<td>Popol, cholax</td>
</tr>
<tr>
<td>Abscess</td>
<td>Bocan, chuchum</td>
</tr>
<tr>
<td>Buboe</td>
<td>Zob</td>
</tr>
<tr>
<td>Cancer</td>
<td>Cunuz</td>
</tr>
<tr>
<td>Pain</td>
<td>Yail</td>
</tr>
<tr>
<td>Disease</td>
<td>Kohanil</td>
</tr>
<tr>
<td>Fever</td>
<td>Chacauil</td>
</tr>
<tr>
<td>Leprosy</td>
<td>Naycan</td>
</tr>
<tr>
<td>Ulcer through trauma</td>
<td>Cunpahail</td>
</tr>
<tr>
<td>Ulcer with exudate</td>
<td>Pomactel</td>
</tr>
<tr>
<td>Incurable ulcer</td>
<td>Tacon</td>
</tr>
<tr>
<td>Mouth ailment</td>
<td>Chacnich</td>
</tr>
<tr>
<td>Death</td>
<td>Cimil</td>
</tr>
<tr>
<td>Medication</td>
<td>Cac</td>
</tr>
<tr>
<td>Perleche, boquera</td>
<td>Xaya kohi</td>
</tr>
<tr>
<td>Miliaria</td>
<td>Uzan</td>
</tr>
<tr>
<td>Measles</td>
<td>Uzankak</td>
</tr>
<tr>
<td>Scabies</td>
<td>Uech</td>
</tr>
<tr>
<td>Tinea</td>
<td>Zock</td>
</tr>
<tr>
<td>Ointment</td>
<td>Nabzah</td>
</tr>
</tbody>
</table>
armed themselves with padded cotton coats and bows, dressing up for war like four young warriors. The arrows fired by these fighters penetrated Chucuybatzin’s matting; it was a dreadful revolution that was carried out by the Lords of yore.

Iximché, the capital of the Cakchiquel kingdom, had a brief and tempestuous history. The Cakchiquel were allies of the Quiché; the court was in Chiavar and the king was Quikab. But the Quiché king was toppled by his children and he himself advised the Cakchiquel to flee and found Iximché at the top of Mount Ratzamut. The kings Juntoh and Vukubatzm built the city in 1470. From that time onwards they were enemies of the Quiché, which was taken advantage of by the conqueror Pedro de Alvarado who emulated the tactic employed by Hernán Cortés in the conquest of Mexico.

The first Spanish historians to reach Iximché were Bernal Díaz Del Castillo and Francisco Antonio de Fuentes y Guzmán. Bernal Díaz passed through Iximché in August 1526, having to cut his path through the city weapon in hand, since Guatemalan squadrons hidden in the cliffside stood in ambush against the Spaniards. Bernal spent the night in what he called Old Guatemala and described it thus: “and there were the chambers and so good and of such wealthy buildings in sum as of chieftains who ruled over all the provinces of the region.” This description constitutes real praise because the soldier chronicler had been a witness to the magnificence of the Aztec court.

The first Spanish historians to reach Iximché were Bernal Díaz Del Castillo and Francisco Antonio de Fuentes y Guzmán. Bernal Díaz passed through Iximché in August 1526, having to cut his path through the city weapon in hand, since Guatemalan squadrons hidden in the cliffside stood in ambush against the Spaniards. Bernal spent the night in what he called Old Guatemala and described it thus: “and there were the chambers and so good and of such wealthy buildings in sum as of chieftains who ruled over all the provinces of the region.” This description constitutes real praise because the soldier chronicler had been a witness to the magnificence of the Aztec court.

The description made by Don Antonio de Fuentes y Guzmán in the Florida Remembrance, book XV, chapter V, is vivid and detailed. There is a passage which is worth transcribing:

[…] toward the northern part of the palace, where in a very proper and adorned spot there stood, in something like a hermitage or area for adoration, an oracle of the devil which was a stone, black and transparent like glass, but of better and more precious a material than Chay stone, in whose diaphanous material they found the sentence confirmed; then he was executed there at that tribunal atop that pedestal where the accused had also been tortured, and if on the contrary there was a representation or in the diaphanous material of the stone nothing was represented, he was set free. And this oracle was also consulted regarding all military movements that came up, war being waged or not according to the aspect or representation of the oracle.

This leads to the assumption that this oracle may also have been consulted if some ruler or chieftain suffered some illness or dermatosis which could not be cured by the physicians or priests.

Here it is worth while to carry out a brief analysis of the name Guatemala. The first historical documents in which the name Guatemala is written are the letters of report which Pedro de Alvarado sent to Hernán Cortés in 1524; Alvarado narrates his trip from Soconusco, and the word Guatemala appears three times.

In the second letter Alvarado says he left from Utatlán, the capital of the Quiché kingdom, and that after two days he arrived in Guatemala, in other words, Iximché. Hernán Cortés mentions the city of Guatemala in his letter of report to King Charles V dated in Mexico on October 15, 1524.

In the three letters mentioned, the name of Guatemala is written in the same way as currently and it is surely the Spanish rendering of the word Quauhtemalan, of Nahuatl origin, which is the name the Mexican Indians gave to the Cakchiquel city.

In some records of the city hall of Santiago there appears the word Guatemala, originally identifying the Cakchiquel city of Iximché, but as of July 27, 1525, it designated...
the Province of Guatemala, later turning into the name of the Court and Kingdom whose borders ranged from Chiapas to Costa Rica.

Since 1847 the name Guatemala has only designated the Republic, the Department and the Capital. If the names of Mexican origin borne by many localities are only free translations of the original Quiché, Tzutujil or Cakchiquel appellations, and if its known through the statements of the principals of Santiago Atitlán, made in 1583, that in the language of the native inhabitants the city was called Cakchiquil – which in Mexican is translated as Cuatemalan – it is possible to conclude that the etymological meaning of the word Guatemala is the same as that of the Cakchiquel term.

In the Record of Solalá it is stated: “when we arrived at the doors of Tulán we went to receive a red stick which was our oracle, hence we were given the name of Cakchiquel, that is to say, the men of the red stick.”

The Popol Vuh says the following: “right away they gave their name to the Cakchiquel; Gagechequelab was their name.” Which means those of the red tree or of fire. Therefore the word “Cakchiquel” was translated into the Mexican Cuauhtemallan which was rendered into Spanish as Guatemala which could mean: the place of the men of the red tree or stick or of fire.

Dermatology during the Conquest

On December 6, 1523, Pedro de Alvarado left Tenochtitlán, the capital of the Aztec empire just conquered by Hernán Cortés, his mission being to subject Utatlán and Cuauhtemallan to the Spanish crown. There were one hundred and twenty horsemen, three hundred foot soldiers, one hundred and thirty crossbowmen and musketeers, four artillery pieces with much powder and munitions and an auxiliary force of Mexican warriors, Culhua and Tlaxcaltec.

The diseases that struck the conquerors were innumerable. Some were native to the areas they were subjecting, others were brought by themselves from the old continent, and they were added as biological weapons to the horses, swords, cannon, lances, muskets and crossbows to terrorize and subject the Indians.

Curiously, in order to heal war wounds they used the fat of a dead Indian as well as medicinal plants whose use they learned in the Americas, since the Europeans lacked the knowledge possessed by the native physicians.

Bernal Díaz del Castillo, the famous chronicler, tells us about the diseases suffered by the conquerors; for example, he writes: “after we had settled there three or four months, there was a plague, of which many soldiers died, and in addition to this all the rest of us suffered and had bad sores on our legs.” We can deduce that they suffered an epidemic, and the bad sores on the legs probably were ecthyma. They must have suffered multiple bites from insects such as mosquitoes, flies, horseflies and ticks and possibly lice. Mosquito plagues are mentioned by the chroniclers Bernal Díaz del Castillo, Francisco Antonio de Fuentes y Guzmán and Friar Francisco Ximénez.

Other very frequent dermatoses suffered by the conquerors were simple sores or ulcers, a consequence of overinfected stings, and buboe; the latter have encompassed many ailments like syphilis, frambesia, simple adenitis and small abscesses in the skin.

In Bernal Díaz’s narrative it doesn’t appear to be a case of syphilis, or frambesia, but multiple abscesses and secondary adenitis of stings and lesions from scratching; popularly it was mentioned that “they have an ill humor” if a wound became infected, or that they had a “nuisance” or “buboe” if there was adenitis. This is what Bernal Díaz refers to, i.e. to piodermitis.

There was a curious method of treatment employed by Spanish doctors of that period, as was described. “the physicians ordered that he suckle a woman of Castille.” We know that women’s milk contains antibodies and this may have helped the patient.
The conquerors also suffered scabies, myasis, pediculosis and filariasis. In the *Florida Remembrance* reference is made to these plagues and especially to nasal and cutaneous myasis, as well as to oncocercosis, which might be caused by *oncocerca valvulus var. Acutiens* and a species of Filaria of Medina. 

**Dermatology from the Colony to this day**

*Eduardo Silva-Lizama*

**Dermatology in the sixteenth, seventeenth and eighteenth centuries**

Descriptions of skin diseases during this period are vary scarce, for which reason we shall mention some significant aspects of the history of medicine and their relationship with Dermatology.

During the sixteenth and seventeenth centuries medical science and culture developed under the influence of therapeutic methods based on herbs, music, water, battles, symbolic spiritual rites and the care of the patient by the community. In Guatemala, skin ailments were known, and proof of this was the interest shown by medical and governmental officials in the creation of hospitals, such as were built in the years 1527, 1543 and 1776. In most of them, all kinds of diseases were treated; there was a smaller number of asylums and hospices created to handle the epidemics which periodically affected the country, like the St. Lazarus Hospital founded by the Marquis of Lorenzana in 1638 for the treatment of skin diseases and leprosy.

All the historians of medicine and of culture in general have stated that for Spain the fifteenth, sixteenth and seventeenth centuries constituted a true scientific renaissance and that in that period medicine and surgery reached their zenith only to fall markedly in the eighteenth century, which was poor as regards the quality and the number of true scientists. This apogee and flourishing of Spanish medicine arrived in Guatemala very late, because both in the sixteenth and seventeenth centuries our city lacked an appropriate environment for this purpose since it was more concerned with the field of colonization policy, full of asperities, and with the pacification and Christianizing of the Gentiles. Medicine was practiced like a vulgar empiricism; there was no venue for teaching and hospitals were mere asylums for the ill, consoled more by religion than by healing science. There was no awareness of Spain’s science, which began to be known toward the end of the seventeenth century.

Spanish medical culture made inroads in Guatemala toward the eighteenth century, after a lengthy delay, when the Iberian Peninsula was already in decadence. The major physiological ideas, the progress in scientific surgery, the boom in anatomy, all of it dating from the sixteenth and early seventeenth centuries, arrived in Guatemala at the end of the eighteenth century.

In the sixteenth century, the ill in body and spirit ambled about the city; there was no physician and only priests and religion could cure, imploring the favors and mercies of God. Among those unending sufferings Friar Matías de Paz promenaded his white habit – an angel of hope and salvation, who ran from one end to the other carrying miraculous herbs and cordial potions. Brother Matías founded the hospital of St. Alejo or of the Indians (Figure 18). Bishop Francisco Marroquín was not only the founder of the Guatemalan church and school, he also founded the Royal Hospital of Santiago (Figures 19-21) and thus represented Medicine, in what the latter has of mercy and of consolation. In the last decade of the sixteenth century Don Juan de los Reyes, one of our first certified surgeons, wielded his pen and using it like a knife or cautery, forced the easy-going governor to tread the paths of public health. Nothing is known of Don Juan’s
surgical techniques, much less of the people saved by his scalpel, but his energetic struggles against empiricism are perfectly well known, and his activities in this regard enshrine him as the first defender of the Guatemalan physician, as the first surgeon who, grasping his major social mission, defended the treasure of health and opened the eyes of rulers unaware of those vital problems. He asked the Mayor, Don Diego de Paz Quiñónez, to demand that barbers who acted as surgeons immediately exhibit their licenses; if they should not do so, they should receive a serious punishment, because the neighborhood was in danger in their hands; and not only did the barbers carry out cures, but so tool did their offspring and servants.

The Record of Tecpán Atitlán provides us with the best description of the plagues that scourged the population during the sixteenth century:

In truth it was terrible when the Great Lord God sent us this death. Many families bent their head before it. People were overcome by cold, immediately followed by fever; blood flowed from the nose, there was coughing and the throat became swollen, both in the major and in the minor plague. Everyone came under attack. Seven days after Easter the plague increased, there being an incredible number of victims, among men, women and children.

This epidemic was called *chaac* in the Cakchiquel language; it means *disease or plague with skin eruption, exanthemata or sores*. Other words are derived from this one and they all refer to manifestations of scabies, burns, festering sores, etc. (in the Mayan language there is the word *chac*, which means “red”); this plague with exanthemata or sores could correspond to measles and exanthematic typhus.

In the seventeenth century numerous doctors and surgeons arrived in the city from New Spain and from faraway cities of the Hispanic peninsula. The flourishing of the colonial metropolis of Central America awoke ambitions and for this reason many physicians undertook the voyage hoping for a secure future. Chronologically by order of arrival in Guatemala they were Juan de León (1600), Joseph Adalid Bohórquez (?), Cristóbal Tartajo (1624), Pedro Ramírez Delgado (1627), Enrique de Sosa (1630), Alonso Aragón (1633), Mauricio López de Lozada (1640), Juan de Cabrera (1640), Andrés Sánchez de Miranda (1648) and Bartolomé Sánchez Parejo (1649).

In April 1769, the city was hit by an epidemic of malignant measles, which caused ravages mainly among the Indians. The head lecturer in Medicine, Dr. Ávalos y Porres, and the French physician Desplanquez had the task of issuing healing prescriptions, the diet and other measures against this epidemic. In the month of June 1773, a violent earthquake destroyed the city of Santiago de los Caballeros de Goathamala. The damage wasn’t total, but the commander Don Martín Mayorga and some fearful and bereaved dwellers abandoned the city in an overly hasty and imprudent manner. The ruined city was in chaos and as a last straw a plague of murine or exanthematic typhus, which lasted somewhat less than a year, killed four thousand people, causing much more harm than the tremors. It began in late 1773, became exacerbated in March 1774, and ended in the month of June of that same year. The epidemic was originated by the exodus of the Indians and workers to the higher-lying towns, places where typhus was endemic. Their precipitate flight soon forced them to return to the ravaged city, where they arrived half-naked and hungry, carrying the germs of the disease.
Poor nourishment, overcrowding and promiscuity quickly contributed to the spread of the petechial plague. The poor and the Indians were, as always, the main victims. It can be stated that these epidemics or plagues were the first to be studied scientifically, and to receive magnificent clinical descriptions; those tragic years saw the founding of the Public Health, which arose from the circumstances of the moment.

In the year 1780, Guatemala suffered one of its most terrible smallpox epidemics. All circumstances were favorable for the development of the plague. The hospitals were under construction, there was a lack of venues for isolation, and added to these material difficulties were the spiritual ones of a people burdened and exhausted by all manner of punishment. The Smallpox Hospital, or St. Joseph Hospital, was founded. The epidemic of the year 1780 allowed Dr. José Felipe Flores to exhibit his qualities as an innovator. The city hall procurator gave Dr. Flores absolute freedom to employ inoculations, according to his conscience and with the consent of the patient. The technique was as follows: he placed two irritative patches the size of a real coin on each arm and waited for them to raise blisters; then, on the ulcerated skin, he placed cotton wool steeped in the serosity of a mature smallpox, maintaining this procedure for twenty-four hours. According to historians, the inoculation yielded magnificent results, as was demonstrated by comparative statistics. Almost none of the vaccinated suffered malignant forms, and rigorous controls only recorded the death of one 13-year-old girl. In the neighborhoods where inoculation was not carried out, mortality reached very high figures. The proof was conclusive and the benefit of inoculation was demonstrated. This method was used by the Turks, Persians and Chinese, who noted that inoculated smallpox was always less severe than that which developed through contagion. This observation led to the discovery of the vaccine, gaining a century’s march on Pasteur’s ideas on attenuated viruses.

The country’s main hospitals began to be built in the eighteenth century; as of that time the concept of medicine gradually changed11, 12, 13.  

DERMATOLOGY AT THE ST. JOHN OF GOD GENERAL HOSPITAL

The St. John of God General Hospital opened in 1778. In this period, in the Male Medicine department, a clinic for urogenital diseases and syphilis was set up. Under the leadership of Don Rafael Angulo y Urruela, lepers and chronic skin patients were secluded there, between 1778 and 1875.

In 1819 Dr. Narciso Esparragoza y Gallardo wrote his book on subjects such as pruritus, exanthemata and skin ulcers. In 1861 Dr. Mariano Padilla published a treatise on the origin of venereal disease. In 1863, the physicians at the General Hospital began to draw up a report or log on the activities that were carried out at each of the services; Dr. Francisco Abella, in his report, mentioned numerous diagnoses of diseases of the skin and nails and scrofula. Dr. Eligio Baca presented his report in 1864 and among the numerous diagnoses makes reference to eczema, impetigo, eczema, scabies and elephantiasis of the Greeks. The implantation of skin grafts secondary to the extirpation of a nasal basocellular epithelioma, operations on ingrown nails and on rhinoscleroma are mentioned in the lengthy list of surgical procedures carried out by Dr. Juan José Ortega and mentioned in the hospital record for the year 190024, 25, 26.  

The first specialists in Dermatology joined the general hospital, marking a new stage for the specialized field. In 1945 Dr. Fernando Cordero was appointed head of internal services in Dermatology; Dr. Luis Gálvez Molina took over as head of the outpatient offices in 1946; Dr. Arturo García Valdez was head of the men’s Dermatology service in 1956. Joining the services later were Drs. Jorge Close de León (1958), Eduardo Silva Martínez (1963), Leonel Linares (1972), Carlos Cordero (1978), Salvador Forres (1986) and Edgar Pérez Chavarría in the subfield of pediatric Dermatology in 1988. The leadership of the Service has been in the hands of Dr. Leones Linares since 1980.
The St. John of God Hospital, one of the country’s oldest, is the teaching hospital used for the training of the Medical School’s students, who rotate through the diverse services. The volume of patients in the Dermatology service is high, and encompasses low-income individuals from different parts of the country.

Dermatology as a specialized field was first launched at this hospital, and was recognized as such during the 1940s\textsuperscript{12,13}.

DEMATOLOGY AT THE MILITARY MEDICAL CENTER

On October 9, 1880, General Justo Rufino Barrios decided on the creation of the Military Hospital “considering that it is a duty of the government to assist, in an efficient manner, those individuals in the army who lose their health as a consequence of the service; that, following good administrative precepts, it is necessary to create an establishment in which the military may obtain good professional care, under appropriate medical monitoring.” The news was published in The Guatemalan, the official journal of that period, on Thursday the 14\textsuperscript{th} of that same month, in its issue No. 310. The official opening took place on March 16, 1881\textsuperscript{14}.

Ten and a half months after the opening, on January 31, 1882, the first bylaws of the Military Hospital were adopted, drawn up by Dr. Joaquín Yela, medical inspector, and Dr. Francisco Abella, a surgeon at the establishment, in which it is stated: “there shall be a physician and surgeon, who must be a member of the Republic’s Medical School, appointed by the government at the proposal of the [hospital’s] president. The physician appointed shall be responsible for the care of the patients, in collaboration with the interns in Medicine and Surgery, who must belong to the fourth year of study as a minimum.”

In that period there were no specialists in medicine; the physician and surgeon treated all patients in general, including those with skin ailments. The patients suffering from venereal diseases were to pay fifty cents per stay and, in case of recurrence, two thirds of their wages.

In 1913, two wards were built for patients suffering from skin and venereal diseases; in 1914, Commander Dr. Antonio Macal took charge of the wards for chiefs and officers, surgery, and skin and venereal diseases. In 1915, improvements in hygienic and sanitary conditions were declared to be urgently needed in the wards for patients with skin diseases, because these patients frequently fled from the hospital.

On December 25, 1917, the building of the Military Hospital suffered great damage as a consequence of the earthquake that ravaged the city of Guatemala. The building’s tower collapsed the following day. The hospital’s precarious condition extended all through the year 1919, it being virtually impossible to treat the ill from the military corps.

In mid-November 1920, the government ordered that the Military Hospital be transferred to the building that had been occupied by the Joaquín Maternity Asylum. The patients were moved there as of December 6.

In 1924, Dr. Carlos Padilla y Padilla, the technical director, took charge of the surgery, skin disease and emergency rooms. As of December 5, through a ruling by the president of the country, General José María Orellana, a ward offering free treatment was established to care for the health of the neighbors in the area.

On July 21, 1929, Drs. Ramiro Gálvez Asteguieta and Enrique Echeverría were put in charge of the wards for chiefs and officers, medicine, and skin and venereal diseases. On February 14, 1935, the establishment’s library was opened. That same year, monthly conference cycles were organized: in the month of July, the conference, on “Frambesia,” was given by Dr. Guillermo Sánchez, and in the month of December the conference on “Serological Methods for Syphilis Research” was given by Prof. E. Jacobsthal.

The presidential message to the National Legislative Assembly, presented by General
Jorge Ubico on March 1, 1939, says: “The Military Hospital has performed its role in a satisfactory manner; the effort and efficiency of the staff working in that establishment deserves recognition.” Improvements were made in the building, and equipment, furniture, instruments and medicine bought; the hospital was considered one of the best in the country.

In the year 1943, one of the main diseases treated at the hospital was blennorrhagia. In 1945 the Dermatology and Venereology Service was taken over by Dr. Fernando Cordero, followed in 1946 by Dr. Luis Gálvez Molina; the service included a doctor’s assistant, two male nurses and one or two orderlies.

In 1968, Dr. Eduardo Silva Martínez was appointed to head the Dermatology service. In 1970 Dr. Neftalí Villanueva, disciple of Dr. Silva Martínez, obtained the post of medical assistant to the service. The latter was reorganized and made to include a president, a deputy president, hospitalization services and outpatient offices.

On June 16, 1975, the President of the State University, the Minister of National Defense, the Dean of the Medical School and the President of the Military Hospital signed an agreement to convert it into a Teaching Hospital, with the academic recognition of the Medical School’s Governing Board. The program was aimed at external and internal practitioners. Activities were programmed from February to July and were divided into six scientific and academic “modules” carried out on a monthly basis. Each model was developed around a main subject with sub-fields oriented toward related medical branches. The month of July corresponded to the Dermatology module, the main aims of which were to better train the medical student and encompass the syllabus of the Medical School of the University of San Carlos de Guatemala, and to interest specialists in Dermatology in teaching activities.

In 1977, the Dermatology service was joined by the dermatologists Antonio Wong Galdamez and Miguel Eduardo Robles Soto, both with graduate studies in Mexico. In that period that Dermatology service included distinguished physicians certified by national and foreign universities, marking a new stage of development of the specialized field.

Departmental sessions were organized with the goal of staging visits to areas with endemic cutaneous leishmaniasis.

One of the doctors who greatly contributed to the Dermatology service was Arturo García Valdez, an eminent dermatologist who provided his professional services from 1970 to 1989.

In this period the service included a director, deputy director, three dermatologists for outpatient care and a dermatologist for hospitalization services. In 1978, the Pediatric Dermatology Clinic was created. In that same year, the Defense Ministry, seeking to have specialized medical personnel, awarded the physicians at the Military Hospital scholarships to train abroad; for that reason, in March 1981 Dr. Eduardo Silva-Lizama was sent to the Dermatological Institute of Guadalajara, joining the service in 1983.

In 1986 Dr. Thomas Navin, of the Parasitary Diseases division of the Center for Disease Control, Atlanta, United States, and Dr. Byron Arana of the Center for Research into Tropical Diseases of the University of the Valley of Guatemala collaborated with the service in the study of cutaneous leishmaniasis. This latter caused the Dermatology service to become one of the most important reference points and centers for the study of skin parasitoses, particularly cutaneous leishmaniasis, in Guatemala.

From 1989 to 1990 Dr. Neftalí Villanueva Valdez was head of the Dermatology service; 1989 the dermatologists Edgar Cifre Recinos and Carlos Villanueva Ochoa joined the service, the last-named as head of the sub-field of Dermatological Surgery.

Since 1990 the post of head of the service has been held by Dr. Antonio Wong Galdamez and in 1991 Drs. Ricardo Garzona Barillas and Manolo Gutiérrez joined the service.

The Military Hospital’s facilities had been in service since 1920; most of the construction was of wattle and daub. Nevertheless, through constant investment it had been
possible to maintain it in relatively good condition. There was interest in having a new hospital dates from 1945, but for various reasons, mainly of a financial nature, the projects could not be carried out until the year 1991. It was then that the Military Hospital was transferred to its new and modern building, changing its name to that of Military Medical Center.

The General Staff of National Defense awarded Drs. Manolo Valladares and Horacio Antulio Paredes scholarships for studying Dermatology abroad. Valladares went to the Military Hospital in Mexico City and returned in 1994; Paredes went to the Dermatological Institute of Guadalajara, Mexico, and joined the service in 1996 in the sub-field of Dermatological Surgery. Later, in the year 2004, Dr. Paredes was appointed President of the Military Medical Center.

On June 30, 2004, Dr. Eduardo Silva-Lizama took office as chief of the Dermatology section, and Drs. Ricardo Garzona Barillas, Edgar Manolo Valladares and Isabel de Orellana joined the Medical and Surgical Dermatology Unit.

The Military Medical Center provides medical care principally to the army; nevertheless, it has recently extended its services to the civilian population.

DERMATOLOGY AT THE INSTITUTE OF GUATEMALAN SOCIAL SECURITY (IGSS)

The ideals that inspired the revolution of October 1944 took shape in two major achievements for social benefit: the Labor Code and the creation of the Institute of Guatemalan Social Security (IGSS).

Social Security was adopted by Guatemalan structures through the national Constitution adopted in the year 1945, as an immediate result of the popular uprising of 1944, and took shape through Decree No. 295 of the national Congress on October 30, 1946.

The Polyclinic was inaugurated on January 26, 1963. In 1968 Drs. Aparicio González and Guillermo Fortín Gularte took charge of the treatment of patients with skin and venereal diseases; they were followed in 1972 by Eduardo Silva Martínez and Francisco Rolando Vásquez Blanco, who later went over to the General Hospital for Common Diseases. In 1975 Jorge Close de León joined the service; later, in 1976, Romeo Augusto Moraga Miranda was appointed; in that same year Rubén Mayorga Peralta took charge of the Mycology laboratory. His work was continued by Heidi Logemann. In 1977 Concha Marina González de Méndez and Miguel Eduardo Robles Soto were appointed; Ramiro Paz y Paz followed suit in 1978. During the 1980s they were joined by Haroldo Soto Sandoval (1980), Álvaro Castellanos de la Roca (1983) and Eduardo Silva-Lizama (1986). In 1992 Ricardo Augusto Garzona Barillas, Marco Vinicio Solórzano de la Cerda and José Higueros were appointed. In 1997 Lorena Bay and Guillermo Letona were added.

This Unit contains the largest number of dermatologists, five in the morning shift and five in the afternoon shift; an average of 150 to 200 patients are seen each day.

The General Hospital for Common Diseases opened on August 7, 1967. Its aim being to offer comprehensive medical care, it has 333 beds and 110 cradles, distributed in three clinical departments: Medicine, Surgery and Pediatrics. Each of these departments has a chief, service chiefs, specialist physicians, chiefs of residents and residents. In 1962, five years before the official opening, Dr. Luis Gálvez Molina launched the Dermatology Service, followed in 1972 by Dr. Francisco Rolando Vásquez Blanco; during this period Dr. Víctor Fernández, head of the pathology laboratory, took an interest in the study and histopathological analysis of skin diseases. In 1983 the dermatologists Patricia Chang and Eduardo Silva-Lizama joined, the latter subsequently moved to the Polyclinic. In 1990 Dr. María del Socorro Obregón de León was appointed. Since 1978 Dr. Olga Marina Rosales de Martínez has been in charge of the Pediatric Dermatology Service.

At this hospital, Dermatology forms part of the Internal and Pediatric Medicine Departments; outpatients and hospitalized patients are treated.
The IGSS management created the Peripheral Units to extend its care program to the suburban sectors of the city with the largest population. The Peripheral Unit of Zone 6 started out with eight clinics, emergency services and a small operating room; the facilities were insufficient to handle the high demand by patients. In its place, the Dr. Juan José Arévalo General Hospital was inaugurated in 1984 with Dr. Noemí Quiñónez as head of the Dermatology service until 1996; since 1989 the post of dermatologist has been held by Dr. Gerardo Bran Quintana. In 1994, the Peripheral Unit of Zone 5 launched its modern facilities and Dr. Sergio Iván Cobar was put at the head of the Dermatology service.

At the Comprehensive Medical Care Center for Pensioners (CAMIP), the treatment of patients with skin ailments is carried out by Dr. Milagros Santos since 1995; the Center also treats the patients of the Rehabilitation Hospital.

The IGSS is one of the largest institutions in the country; its care programs have been extended to the interior of the republic, from which those patients are referred who in their physician’s view require specialized dermatological treatment.

DERMATOLOGY AT THE ROOSEVELT HOSPITAL

In the month of January 1942, the Third Meeting of Foreign Ministers of the American Republics was held in Rio de Janeiro. Through Resolution No. 30, adopted at that meeting, an agency of the government of the United States of America, called “Institute of Inter-American Affairs,” was created with the principal aims of promoting the general welfare and strengthening friendly relations among the countries of the Americas.

On August 14, 1492, the Institute of Inter-American Affairs – through its subsidiary, the Inter-American Cooperative Public Health Service (IACPHS) – signed a contract with the government of Guatemala by which, in addition to certain other health activities, it committed itself to building a hospital.

On December 15, 1955, the Roosevelt Hospital was officially opened with the launching of the Maternity Department. Later, the Pediatrics Department and the Medicine and Surgery Department were opened (respectively 1957 and 1959). Dermatological treatment was provided by Dr. Eduardo Tschen, and gradually increased, until the Dermatology and Allergy Unit was founded in 1960. Joining at later dates were Drs. Francisco Saravia (1969), Rolando Vásquez (1970), who took over the leadership in 1985, Edwin García (1981) and María del Socorro Obregón (1990). Dr. Neftalí Villanueva was head of the unit from 1988 to 1995, followed by Dr. Pablo Urquizu in 1996. The Roosevelt Hospital’s Dermatology Unit bears the name “Dr. Eduardo Tschen,” in honor of the latter’s tireless and praiseworthy work. Since 1990, the unit receives the collaboration of the dermatologists Carlos Villanueva in the surgery section and Manuel Antonio Samaya in histopathology.

The “Dr. Eduardo Tschen” Dermatology and Allergy Unit currently offers outpatient care, hospitalization, surgery and histopathology services; a high demand is met from patients from across the country, most of them of low income.

DERMATOLOGY AT DEPARTMENTAL HOSPITALS

Dermatology is a relatively young specialized field; nevertheless, it has spread to the diverse departments of the republic. The following physicians may be mentioned:

- Dr. Arsenio Champet provides his professional services at the General Hospital of Quetzaltenango since 1977.
- Dr. Luis Mont is a dermatologist at the Military Hospital of Huehuetenango since 1978.
- Dr. Álvaro Castellanos de La Roca is a dermatologist at the National Hospital of Escazú since 1983.
- Dr. Marlene Rosado collaborates treating patients with skin ailments at the St. Helen Hospital, Petén, since 1989.
- Dr. Manuel Antonio Samayoa holds the post of dermatologist at the General Hospital of Antigua Guatemala, department of Sacatepequez, since 1990.
- Dr. Guillermo Letona handles the Dermatology clinic of the Department of Jutiapa since 1990.

### Dermatological societies

Two dermatological groupings exist in the country since 1962, both with legal standing and recognized by the Association of Physicians and Surgeons of Guatemala. They are:

- The Guatemalan Association of Dermatology was founded in the year 1957 by Drs. Jorge Close de León, Arturo García Valdez, Aparicio González, Eduardo Tschen and Fernando Cordero. (Table 1)

<table>
<thead>
<tr>
<th>Year</th>
<th>President</th>
</tr>
</thead>
<tbody>
<tr>
<td>1957</td>
<td>Dr. Jorge Close de León</td>
</tr>
<tr>
<td>1959</td>
<td>Dr. Arturo García Valdez</td>
</tr>
<tr>
<td>1961</td>
<td>Dr. Jorge Close de León</td>
</tr>
<tr>
<td>1964</td>
<td>Dr. Arturo García Valdez</td>
</tr>
<tr>
<td>1968</td>
<td>Dr. Aparicio González</td>
</tr>
<tr>
<td>1970</td>
<td>Dr. Eduardo Tschen</td>
</tr>
<tr>
<td>1972</td>
<td>Dr. Arturo García Valdez</td>
</tr>
<tr>
<td>1976</td>
<td>Dr. Rolando Vásquez Blanco</td>
</tr>
<tr>
<td>1979</td>
<td>Dr. Neftali Gonzalo Villanueva</td>
</tr>
<tr>
<td>1981</td>
<td>Dr. Jorge Close de León</td>
</tr>
<tr>
<td>1983</td>
<td>Dr. Eduardo Tschen</td>
</tr>
<tr>
<td>1985</td>
<td>Dr. Miguel Eduardo Robles Soto</td>
</tr>
<tr>
<td>1987</td>
<td>Dr. Antonio Wong Galdámez</td>
</tr>
<tr>
<td>1989</td>
<td>Dr. Eduardo Silva-Lizana</td>
</tr>
<tr>
<td>1991</td>
<td>Dra. Patricía Chang de Chang</td>
</tr>
<tr>
<td>1993</td>
<td>Dra. Olga Marina Rosales de Martínez</td>
</tr>
<tr>
<td>1995</td>
<td>Dr. Carlos Villanueva Ochoa</td>
</tr>
<tr>
<td>1997</td>
<td>Dr. Pablo Humberto Urquiza Dávila</td>
</tr>
<tr>
<td>1999</td>
<td>Dr. Gerardo Bran Quintana</td>
</tr>
<tr>
<td>2001</td>
<td>Dr. Manuel Antonio Samayoa</td>
</tr>
<tr>
<td>2003</td>
<td>Dra. María del Socorro Obregón</td>
</tr>
</tbody>
</table>

- The Guatemalan Academy of Dermatology, Syphilology and Leprology was founded in the year 1962 by Drs. Fernando Cordero, Mariano Castillo, Juan M. Funes and Guillermo Reyes Duran. (Table 2)

<table>
<thead>
<tr>
<th>Year</th>
<th>President</th>
</tr>
</thead>
<tbody>
<tr>
<td>1962</td>
<td>Dr. Mariano Castillo</td>
</tr>
<tr>
<td>1966</td>
<td>Dr. Marco A. Cabrera</td>
</tr>
<tr>
<td>1969</td>
<td>Dr. Carlos G. Quezada</td>
</tr>
<tr>
<td>1972</td>
<td>Dr. Guillermo Fortin Guiarte</td>
</tr>
<tr>
<td>1974</td>
<td>Dr. Lionel Linares</td>
</tr>
<tr>
<td>1979</td>
<td>Dra. Carmen C. de Mansilla</td>
</tr>
<tr>
<td>1984</td>
<td>Dr. Carlos Cordero</td>
</tr>
<tr>
<td>1988</td>
<td>Dr. Lionel Linares</td>
</tr>
<tr>
<td>1992</td>
<td>Dr. Edgar Pérez Chavarría</td>
</tr>
<tr>
<td>1994</td>
<td>Dr. Juan José Mansilla Arévalo</td>
</tr>
<tr>
<td>1997</td>
<td>Dr. Guillermo Letona</td>
</tr>
<tr>
<td>1999</td>
<td>Dr. Lorena Bay</td>
</tr>
<tr>
<td>2002</td>
<td>Dra. Milagros Santos</td>
</tr>
</tbody>
</table>

In the year 2000 the Association of Pediatric Dermatology was founded, with a Governing Board formed by Edgar Pérez Chavarría (president), Aída Pacheco (secretary), Lorena Bay de García (treasurer), Olga Marina Rosales de Martínez and Armando León (members).

At the Association of Physicians and Surgeons of Guatemala, 35 specialized fields are recognized, formed by 1,861 physicians, 51 of whom are dermatologists, which is equivalent to 2.74% of the specialists.

On October 6, 1994, the Coordinating Committee of Guatemalan Dermatology was founded, constituted by three representatives of each of the country’s dermatological groupings with legal standing (Guatemalan Academy of Dermatology and Guatemalan...
Association of Dermatology), the purpose of which is to unify standpoints and establish positions vis-à-vis situations that may affect the interests of Guatemalan Dermatology. The goals of this Committee are: a) to work for the progress and significance of the specialized field; b) to coordinate scientific activities; c) to safeguard the defense of the trade; d) to promote the spirit of unity and solidarity among the members; e) to respect and defend the bylaws and individuality; f) to monitor compliance with the guidelines governing professional ethics.

The first governing board (1994-1997) was formed by: Eduardo Silva-Lizama (president), Leonel Linares (secretary-treasurer), Juan José Mansilla (president of the Guatemalan Academy of Dermatology), Carlos Villanueva Ochoa (president of the Guatemalan Association of Dermatology), Anabella de Chang and Manuel Antonio Samayo (members). During the 1997-1999 period the governing board was formed by: Juan José Mansilla (president), Carlos Villanueva Ochoa (secretary-treasurer), Edgar Pérez, Salvador Porres, Anabella de Chang and Manuel Antonio Samayo (members).

The Committee carries out manifold activities, among them the organization of a Congress every two years; the first was held in the month of July 1997 in Guatemala City, under the name of "Dermatology 97"27.

On October 2, 2004, at the initiative of Dr. Pablo Urquizu, an activity called "Detecting Skin Cancer” was held in Guatemala City, seeing a total of 2,800 cases in various points across the capital city. Participating in the activity were governmental entities – such as Guatemala City Hall – and private organizations, and collaboration was provided by Drs. Jorge Palmieri, Carlos David, Romeo Moraga, Álvaro Castellanos, Eduardo Silva-Lizama, María del Socorro Obregón, Telma Meda, Concha Marina de Méndez, Vilma García, Beatriz de Silva, Patricia Chang, Miguel Eduardo Robles Soto, Carol Durán, Azucena Hernández, Gerardo Bran, Antonio Wong, Marco Vinicio Solórzano, Neftalí Villanueva, Arturo García Valdez, Sergio Cobar, Edith Tobías and Carlos Villanueva.

The teaching of Dermatology

Medical training is divided into two parts: the basic Dermatology course and Dermatology training.

The former is aimed at students of the Medical Schools of the University of St. Charles of Guatemala and of the Francisco Marroquín and Mariano Gálvez private universities. The hospitals with teaching activities are the St. John of God General Hospital, the Roosevelt Hospital, the Military Medical Center, Guatemalan Social Security Institute, and the Institute for Dermatology and Skin Surgery (INDERMA).

Training in Dermatology is carried out at the Institute for Dermatology and Skin Surgery (INDERMA); the specialization course lasts 3 years and includes academic preparation for the dermatologist in sexually-transmitted diseases, histopathology, immunology, mycology, surgery, phlebology, pediatrics, diagnostic tests and therapeutics.

Drs. Patricia Chang and María del Socorro Obregón carry out teaching activities on the Monday of each week at the General Hospital of the Guatemalan Social Security Institute; dermatological subjects are discussed with special emphasis on histopathology, in collaboration with the pathology laboratory. That activity was launched by Rolando Vásquez (a dermatologist) and Víctor Fernández (a pathologist) in the year 1981.

At the Military Medical Center, the Dermatology Center and the Internal Medicine Department jointly carry out an academic activity once a month called “Dermatological Clinic,” which establishes an annual program that includes subjects related to skin anatomy and physiology, venereology, cutaneous manifestations of systemic diseases, infectious Dermatology (virosis, bacteria, mycobacteria, fungi), oncology, reactive dermatoses and bullous dermatoses. The subjects are taught by the internal medicine
resident and supervised by a dermatologist, with the participation of medical students of Mariano Gálvez University, internal medicine residents, internist physicians and specialists in internal medicine. An evaluation is carried out at the end of each module. These meetings constitute a projection of the Dermatology Unit as a complement to the training of the internist doctor and of the medical student. Since the year 2000, *Dermatological Clinic* is published twice a year, featuring diverse subjects and clinical cases.

**A) TEACHING AT THE DERMATOLOGY SERVICE OF THE IGSS GENERAL HOSPITAL FOR DISEASES**

*Medical School. University of St. Charles of Guatemala* (Figures 21-22)

*Graduate Course in Internal Medicine:*
1. Clinical-pathological correlation every Tuesday.
2. Graduate classes in internal medicine twice a month (second and fourth Tuesday).
3. Supervision of the Dermatology classes taught by residents in internal medicine.
4. Review of papers for publication by the residents in internal medicine.
5. Elective students of the fifth year of medical studies (2 months).
6. Presentation at each session of the interesting cases of the month.
7. Preparation of 10 written examination questions for the residents each month.
8. Presentation of 5 to 10 clinical figuregraphs for residents’ examination each month.

*Dermtology Unit 2004. IGSS General Hospital for Diseases. Medical Department*

*Emergency Unit*
- Anatomy, physiology and how a skin patient is examined.
- *Skin reactions to medical drugs:* Urticaria, fixed erythema to drugs, multiform erythema, Steven-Johnson syndrome, Lyell syndrome, photosensitivity reactions.
- *Contact dermatitis* (also includes phototoxicity).
- *Microbial or nummular dermatitis.*
- *Seborrheic dermatitis, erythrodermia.*

*Cardiology unit*
- *Bullous disease:* Herpetiform dermatitis, dishydrosis, gestational herpes, pemphigus and its varieties, pemphigoid and its varieties.
- *Dischromies or alterations of pigmentation:*
  - Vitiligo, albinism, hypochromic solar dermatitis, melasma, ashy dermatosis, argiria, solar lentigo.
  - Acne, rosacea, and acneiform reaction.

*Oncology unit*
- *Benign tumors:*
  - Fibroma: hard and soft
  - Hemangioma: ruby mole, flat hemangioma, immature capillary hemangioma, cavernous hemangioma.
  - Mongoloid spot, blue nevus, nevus of ota.
  - Nevocytic moles: union, compound, intradermic, Becker’s giant congenital mole.
  - Seborrheic keratosis.
- *Malign tumors.*
  - Pre-cancerous lesions.
  - Actinic and arsenical keratoses, Bowen’s disease, leukoplakia, cutaneous horn, radiodermatitis, chronic ulcers.

Histroy of Dermatology in Guatemala

Figures 21 and 22. Universidad de San Carlos
Cancer:
Basocellular, spinocellular, melanoma, Paget’s disease, Kaposi sarcoma, dermatofibrosarcoma.

Neurology unit
Facomatosis
Von Recklinghausen’s disease, E. Pringle’s disease, S. Sturge-Weber’s syndrome

Psychocutaneous diseases
Neurotic excoriations, Hyde’s nodular prurigo, dermatitis factitia, phobias, delusions of parasitoses, tricotylomania, psychogenic pruritus, alopecia areata, onicophagia.

Hematology unit
Skin manifestations of leukemias and lymphomas.
Inflammatory dermatoses.
Psoriasis, parapsoriasis in plaques, solar prurigo, pityriasis rosea.

Gastroenterology unit
Cutaneous manifestations of hepatobiliary disease, cutaneous amyloidosis, porphirias.
Histiocytosis.

Endocrinology unit
Acantosis nigricans, xantomata, pellagra, cutaneous manifestations of diabetes mellitus, gout.

Rheumatology unit
Discoid lupus, subacute lupus and systemic lupus, dermatomyositis, localized and systemic scleroderma.

Infectious diseases unit
Bacterial infections due to staphylococcus and streptococcus: ordinary impetigo, ecthyma, erysipelas, folliculitis, boils, pyogenic granuloma, hidradenitis, Von Ritter-sheim’s disease.
Other bacterial infections: erythrasma, keratolysis of the sole, leprosy, cutaneous tuberculosis, atypical mycobacteria.
Cutaneous parasitoses: leishmaniasis, oncocercosis, larva migrans, scabies, Norwegian scabies, cutaneous amebiasis.
Viral infections:
Infection through human papilloma virus, herpes simplex, herpes zoster, molluscum contagiosum.
Fungal infections
Superficial mycoses: pityriasis versicolor, candidiasis and ringworm.
Deep mycoses: actinomycosis, chromoblastomycosis, sporotrichosis, mycetoma.
Systemic mycoses: coccidioidomycosis, histoplasmosis, paracoccidioidomycosis and blastomycosis
Opportunistic mycosis: candidiasis, criptococcosis, zygomycosis and aspergillosis.

B) TEACHING PROGRAM. GRADUATE COURSE IN INTERNAL MEDICINE

Dermatology Unit. Internal Medicine Department. Military Medical Center. Medical School, Mariano Gálvez University

The Institute for Dermatology and Skin Surgery (INDERMA)

Peter Greenberg Cordero, Suzzette de León G.

Brief history of the La Piedad asylum in Nueva Guatemala de la Asunción: the Ramiro Gálvez National Hospital and its presidents

On July 29, 1773, the “earthquake St. Martha” destroyed the city of Santiago de los Caballeros and many nearby towns. It was the distinguished Archbishop Don Pedro Cortés y Larraz who took an interest in assisting the patients convalescing in the hospitals (figure 23, 24, 25) and showed concern over the condition of the lepers secluded in the Hospital of St. Lazarus.

In 1875, Don Rafael Angulo y Urruela established a small leper colony at the former convent of St. Dominic, but as leprosy was at that time considered a highly contagious disease, the neighbors protested and asked the government to have the patients transferred elsewhere. On December 23, 1881, the political leadership of the department of Guatemala appointed a place called “Jocotales or Las Piedrecitas,” seven kilometers from the center of the city and measuring 100 blocks, as the appropriate spot for the construction of a leper colony, which was recorded under the name of “Leprosarium of Las Piedrecitas” or “Leprosarium of Elefanciacos.” Rafael Angulo y Urruela was the founder and first head of the lazarette; he carried out remarkable administrative work, paid the costs and built a small chapel.

This treatment center performed its task even in difficult periods and circumstances, such as those that took place in 1917-18, when it was completely destroyed.

In the year 1920, it was rebuilt by Rafael Mauricio and José Ruiz Angulo who held the posts of presidents of the General Hospital.

Through a governmental decision dated November 8, 1960, and in recognition of the work carried out by one of its presidents, the late Dr. Ramiro Gálvez Asteguieta, who worked at the asylum for more than 15 years, its name was changed from “Mercy Asylum” to “Ramiro Gálvez National Hospital” (Table 2) (Figures 26, 27, 28).

Table 2. Presidents of the Ramiro Gálvez Asteguieta National Hospital

<table>
<thead>
<tr>
<th>NAME OF PRESIDENT</th>
<th>DATE ON WHICH HE TOOK OFFICE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dr. José Manuel Valdés</td>
<td>26 – 9 – 1877</td>
</tr>
<tr>
<td>Dr. José Urrutia</td>
<td>23 – 2 – 1884</td>
</tr>
<tr>
<td>Dr. Domingo Álvarez</td>
<td>30 – 4 – 1887</td>
</tr>
<tr>
<td>Dr. Rafael Mauricio</td>
<td>14 – 12 – 1895</td>
</tr>
<tr>
<td>Dr. Salvador Ortiz</td>
<td>23 – 11 – 1901</td>
</tr>
<tr>
<td>Dr. Ramiro Gálvez</td>
<td>20 – 11 – 1925</td>
</tr>
<tr>
<td>Prof. Dr. Fernando A. Cordero C.</td>
<td>18 – 3 – 1941</td>
</tr>
<tr>
<td>Dr. Mariano Castillo</td>
<td>29 – 5 – 1948</td>
</tr>
<tr>
<td>Dr. Eduardo Silva Martínez</td>
<td>25 – 11 – 1955</td>
</tr>
<tr>
<td>Dr. Carlos N. Cordero A.</td>
<td>12 – 12 – 1984</td>
</tr>
<tr>
<td>Dr. Peter A. Greenberg Cordero</td>
<td>27 – 3 – 2003</td>
</tr>
</tbody>
</table>

In 1972 the Guatemalan President gave Prof. Dr. Fernando A. Cordero C. (Figure 29) the job of reorganizing the Ramiro Gálvez Hospital (leper colony) owing to the fact that it was in a calamitous state and offered the hospitalized patients very poor care. In what
was wrongly called a hospital there were 80 patients: 15 mutilated by leprosy, 8 in good physical condition who were treated as ambulatory Hansenian sufferers, and 52 non-leprous chronic patients with various diseases; there were also two beggars, one patient with a mental impairment and two alcoholics who aided in the treatment of patients and begged for alms to defray their expenses.

March 9, 1973, saw the birth of the Board (Patronato) for Action Against Leprosy, a non-profit, non-religious, non-political welfare organization, the main goal of which is the struggle against leprosy and related dermatological diseases in Guatemala.

In 1975 the Board for Action Against Leprosy created a graduate course at INDERMA for the study and dissemination of Dermatology, taught by Prof. Doctor Fernando A. Cordero C; the latter was its founder and head in Leprology matters among young physicians in Guatemala. With the assistance of the Guatemalan Academy of Dermatology, Siphylology and Leprology, the basis for this academic activity is programmed and agreed on. Stress is laid on the attendance by students at the Institute of Dermatology during hospital mornings and for four hours a day for the purpose of following the previously established study program (Figures 30, 31, 32).

The graduate program that bears the name of “Professor Carlos N. Cordero A.” Has enabled the graduation of 67 dermatologists specializing in Dermatology and Skin Surgery, 27 of whom came from Central and South America. (Table 3)

**TEACHING UNIT (Figures 33, 34, 35)**

*Our vision: To be among the leaders in professional training at national and international level.*

*Goals: Promoting research of and updating dermatological problems. Contributing to the medical and scientific improvement of the physician.*

*Graduate Course in Dermatology*

1. Exact name of the degree that will be awarded: Master’s.
2. Name of the head of the program: Dr. Peter A. Greenberg Cordero, Dr. Suzzette de León.
3. Sales promise: Care for more than 50,000 patients. We have a Hospital for outpatients and hospitalization. Multidisciplinary laboratory including dermatopathology. Solid training in the Medical and Surgical area in Dermatology.
4. Aimed at: Local and foreign physicians and surgeons.
5. Why a student must choose this master’s and not another: Because it is the only school training specialists in Dermatology at a Central American level, with 25 years of experience. Care for more than 50,000 patients per year. 50-bed hospital. Outpatient care in this capital. Outpatient care in Zacapa (Rural Program).
6. Academic program. Longitudinal units (length: 3 years). Transversal units (3 to 4 months).
7. Length of the Master’s. a) 3 years, 15 Longitudinal units, 12 Transversal units. b) Class timetables: Each month, exam of Longitudinal units; At the end of the course, Transversal units; 10 working days of vacations per year.

Dermatology in literature, popular Dermatology, medicine men, magic

_Dermatology in literature_

**DON MANUEL FERNÁNDEZ’S EMBROIDERED BED**

Don Juan Vásquez de Molina was a noble gentleman, the descendant of conquerors and a skillful surgeon. His fame dates from the last decade of the sixteenth century, since his name appears in old documents from the year 1597. We shall refer to one of them:

“In the embroidered bed, Don Manuel Fernández was in agony, the victim of an extremely intense colic in the lower belly. Hastily, our physician appealed to carminative drugs and to softening poultices on the painful abdominal skin. The unfortunate patient experienced no relief and the bulb marked off the hours of his life. Vásquez de Molina grasped the situation and, feeling the stomach, noticed it was abscessed. In a second he prepared his instruments and with a sharp blade opened the swollen skin and the abscess that thickened the right side. Pestilential matter emerged from the very deep and the abscess was drained. Fast relief transformed the dying face of the patient and great admiration emerged from all those present.”

With great skill and intuition the surgeon Vásquez de Molina saved the patient, who for the space of thirteen months lived with a fistula that did not keep him from an active everyday life. Why has this observation been saved in the archives? Don Manuel Fernández died of ulterior infections of the fistula and the family refused to pay Vásquez de Molina his fees. Don Juan was charging 500 pesos for his urgent intervention and the heirs of the late Portuguese gentleman were unwilling to pay anything, which motivated the lawsuit and litigation. 

**HOLY BROTHER PEDRO DE SAN JOSÉ DE BETHENCOURT**

Writings on Dermatology are scarce in Guatemalan literature; nevertheless, we cannot omit the life, work and miracles of the Holy Brother Pedro de Bethencourt, who with his virtues lit up the scientific poverty of Guatemalan medicine in the seventeenth century.

Brother Pedro cannot be absent from a book on the medical history of Guatemala and on the history of skin disease because medicine is a loving science and charitable art; it is deeply human and social, and hospital medicine does not end with the healing but extends through the convalescence.

In the noble and very loyal city of Santiago de los Caballeros de Guatemala there
Table 3. List of specialists who graduated from INDERMA

<table>
<thead>
<tr>
<th>Code</th>
<th>Name</th>
<th>Year of Graduation</th>
<th>Nationality</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Dra. Carmen C. de Mansilla</td>
<td>1976</td>
<td>Guatemala</td>
</tr>
<tr>
<td>2</td>
<td>Dr. Carlos N. Cordero A.</td>
<td>Guatemala</td>
<td>Guatemala</td>
</tr>
<tr>
<td>3</td>
<td>Dr. Guillermo Asencio</td>
<td>1977</td>
<td>Guatemala</td>
</tr>
<tr>
<td>4</td>
<td>Dra. Miriam Quiñónez</td>
<td>1980</td>
<td>Guatemala</td>
</tr>
<tr>
<td>5</td>
<td>Dr. Marco Tulio González</td>
<td>Guatemala</td>
<td>Guatemala</td>
</tr>
<tr>
<td>6</td>
<td>Dr. Efraín Pérez Alvisurez</td>
<td>1980</td>
<td>Guatemala</td>
</tr>
<tr>
<td>7</td>
<td>Dr. Augusto E. Péreiro</td>
<td>Costa Rica</td>
<td>Costa Rica</td>
</tr>
<tr>
<td>8</td>
<td>Dr. Jorge Ramírez</td>
<td>1981</td>
<td>Guatemala</td>
</tr>
<tr>
<td>9</td>
<td>Dra. Estela de Jeni</td>
<td>1982</td>
<td>Ecuador</td>
</tr>
<tr>
<td>10</td>
<td>Dr. Rolando Falla Sántizo</td>
<td>1983</td>
<td>Guatemala</td>
</tr>
<tr>
<td>11</td>
<td>Dr. Juan José Mansilla A.</td>
<td>Guatemala</td>
<td>Guatemala</td>
</tr>
<tr>
<td>12</td>
<td>Dr. Edgar L. Pérez Ch.</td>
<td>Guatemala</td>
<td>Guatemala</td>
</tr>
<tr>
<td>13</td>
<td>Dr. Narciso A. Vargas</td>
<td>Guatemala</td>
<td>Nicaragua</td>
</tr>
<tr>
<td>14</td>
<td>Dr. Carlos Cruz Palacios</td>
<td>Guatemala</td>
<td>Guatemala</td>
</tr>
<tr>
<td>15</td>
<td>Dr. José Guillermo Higueras</td>
<td>1985</td>
<td>Guatemala</td>
</tr>
<tr>
<td>16</td>
<td>Dra. Anabella Ch. de Chang</td>
<td>1987</td>
<td>Guatemala</td>
</tr>
<tr>
<td>17</td>
<td>Dr. César A. Navarro</td>
<td>Guatemala</td>
<td>Guatemala</td>
</tr>
<tr>
<td>18</td>
<td>Dra. Pura A. Martínez</td>
<td>1989</td>
<td>Guatemala</td>
</tr>
<tr>
<td>19</td>
<td>Dr. Walter E. Morales F.</td>
<td>1990</td>
<td>Guatemala</td>
</tr>
<tr>
<td>20</td>
<td>Dr. Guillermo Letona</td>
<td>Guatemala</td>
<td>Guatemala</td>
</tr>
<tr>
<td>21</td>
<td>Dra. Anabela Orellana</td>
<td>1991</td>
<td>Guatemala</td>
</tr>
<tr>
<td>22</td>
<td>Dra. Milagros Santos</td>
<td>1992</td>
<td>Guatemala</td>
</tr>
<tr>
<td>23</td>
<td>Dr. Gustavo A. Coronado</td>
<td>Guatemala</td>
<td>Guatemala</td>
</tr>
<tr>
<td>24</td>
<td>Dr. Edgar E. Chen Lau</td>
<td>1993</td>
<td>Guatemala</td>
</tr>
<tr>
<td>25</td>
<td>Dra. Sol Beatriz Jiménez</td>
<td>Colombia</td>
<td>Colombia</td>
</tr>
<tr>
<td>26</td>
<td>Dr. Alejandro Enrique</td>
<td>El Salvador</td>
<td>El Salvador</td>
</tr>
<tr>
<td>27</td>
<td>Dra. Edith Lorena Bay</td>
<td>1994</td>
<td>Guatemala</td>
</tr>
<tr>
<td>28</td>
<td>Dr. Edgardo Sandoval</td>
<td>El Salvador</td>
<td>El Salvador</td>
</tr>
<tr>
<td>29</td>
<td>Dr. Manuel F. García N.</td>
<td>1995</td>
<td>Guatemala</td>
</tr>
<tr>
<td>30</td>
<td>Dra. Claudia Cifuentes</td>
<td>Guatemala</td>
<td>Guatemala</td>
</tr>
<tr>
<td>31</td>
<td>Dr. Fredy Barillas</td>
<td>Guatemala</td>
<td>Guatemala</td>
</tr>
<tr>
<td>32</td>
<td>Dr. Byron Villagrán</td>
<td>1996</td>
<td>Guatemala</td>
</tr>
<tr>
<td>33</td>
<td>Dr. Wilmar Polo Vega</td>
<td>Colombia</td>
<td>Colombia</td>
</tr>
<tr>
<td>34</td>
<td>Dra. Telma Meda Álvarez</td>
<td>Guatemala</td>
<td>Guatemala</td>
</tr>
<tr>
<td>35</td>
<td>Dra. María del Pilar Manrique</td>
<td>1997</td>
<td>Guatemala</td>
</tr>
<tr>
<td>36</td>
<td>Dra. Julitta Bradley</td>
<td>1997</td>
<td>Belice</td>
</tr>
<tr>
<td>37</td>
<td>Dra. Ana Cristina Guzmán</td>
<td>Colombia</td>
<td>Colombia</td>
</tr>
<tr>
<td>38</td>
<td>Dra. Rita María Restrepo</td>
<td>Colombia</td>
<td>Colombia</td>
</tr>
<tr>
<td>39</td>
<td>Dra. Maraiza de Kummerfert</td>
<td>1998</td>
<td>Guatemala</td>
</tr>
<tr>
<td>40</td>
<td>Dra. Sonia Moríz de Cordova</td>
<td>Honduras</td>
<td>Honduras</td>
</tr>
<tr>
<td>41</td>
<td>Dr. Lubeth H. Hernández</td>
<td>Guatemala</td>
<td>Guatemala</td>
</tr>
<tr>
<td>42</td>
<td>Dra. Raquel Menses</td>
<td>Colombia</td>
<td>Colombia</td>
</tr>
<tr>
<td>43</td>
<td>Dra. Carmen Y. Choc M.</td>
<td>1999</td>
<td>Guatemala</td>
</tr>
<tr>
<td>44</td>
<td>Dr. Peter A. Greenberg Cordero</td>
<td>Guatemala</td>
<td>Guatemala</td>
</tr>
<tr>
<td>45</td>
<td>Dra. Marleny O. Vargas T.</td>
<td>Honduras</td>
<td>Honduras</td>
</tr>
<tr>
<td>46</td>
<td>Dra. Regina Echeverría</td>
<td>2000</td>
<td>Guatemala</td>
</tr>
<tr>
<td>47</td>
<td>Dra. Clara Lucía Espinal</td>
<td>Colombia</td>
<td>Colombia</td>
</tr>
<tr>
<td>48</td>
<td>Dr. Jorge L. Ortiz</td>
<td>Guatemala</td>
<td>Guatemala</td>
</tr>
<tr>
<td>49</td>
<td>Dra. Leticia Ovando Z.</td>
<td>Honduras</td>
<td>Honduras</td>
</tr>
<tr>
<td>50</td>
<td>Dr. Herman Schaffer</td>
<td>2001</td>
<td>Nicaragua</td>
</tr>
<tr>
<td>51</td>
<td>Dra. Eli Yolani Santos V.</td>
<td>Honduras</td>
<td>Honduras</td>
</tr>
<tr>
<td>52</td>
<td>Dr. Juan Carlos Argüello</td>
<td>El Salvador</td>
<td>El Salvador</td>
</tr>
<tr>
<td>53</td>
<td>Dr. Juan José Rejigachí</td>
<td>Guatemala</td>
<td>Guatemala</td>
</tr>
<tr>
<td>54</td>
<td>Dr. Elmer Saturnino</td>
<td>Guatemala</td>
<td>Guatemala</td>
</tr>
<tr>
<td>55</td>
<td>Dra. Carla P. Aguilar</td>
<td>2002</td>
<td>Honduras</td>
</tr>
<tr>
<td>56</td>
<td>Dra. Jeanie M. Sánchez</td>
<td>El Salvador</td>
<td>El Salvador</td>
</tr>
<tr>
<td>57</td>
<td>Dr. José Antonio Tobush</td>
<td>Costa Rica</td>
<td>Costa Rica</td>
</tr>
<tr>
<td>58</td>
<td>Dra. Karla Santacruz</td>
<td>2003</td>
<td>El Salvador</td>
</tr>
<tr>
<td>59</td>
<td>Dra. Carolina Rivas A.</td>
<td>Honduras</td>
<td>Honduras</td>
</tr>
<tr>
<td>60</td>
<td>Dra. Edith Tobias Achtmann</td>
<td>Guatemala</td>
<td>Guatemala</td>
</tr>
<tr>
<td>61</td>
<td>Dra. Claudia Lissette Guerrero</td>
<td>2004</td>
<td>El Salvador</td>
</tr>
<tr>
<td>62</td>
<td>Dr. David E. Zepeda</td>
<td>Guatemala</td>
<td>Guatemala</td>
</tr>
<tr>
<td>63</td>
<td>Dra. Elizabeth Chu Chang</td>
<td>2001</td>
<td>Honduras</td>
</tr>
<tr>
<td>64</td>
<td>Dra. Defy Rodríguez</td>
<td>Guatemala</td>
<td>Guatemala</td>
</tr>
<tr>
<td>65</td>
<td>Dra. Carolina Durán</td>
<td>Guatemala</td>
<td>Guatemala</td>
</tr>
<tr>
<td>66</td>
<td>Dra. Miriam Hernández</td>
<td>Guatemala</td>
<td>Guatemala</td>
</tr>
</tbody>
</table>
flourished, for fifteen years, the virtues of the venerable Holy Brother de San José de Bethencourt, who arrived from the Fortunate Islands bringing from the them the fortune of a heroic spirit and the spring of a hundred miracles. A divine design guided Pedro de Bethencourt’s departure, and on the high seas, our city of Santiago appeared to him like a guiding, illuminating star. As a wise man of the seventeenth century, the guiding star led him to the Bethlehem of his dreams, so that in it he would burn the myrrh of his virtues and the incense of his devout and humble soul. Wise man of poverty and of sacrifice, he arrived in “Goathemala” like a gift from God. It was the year 1650 and Pedro was approaching the mid-point of his life’s path when, in the peacefulness of the afternoon, he heard the voice of St. Augustine who said, “love and do as thou wilt.” The little flowers and sheep were living gifts of humility, and in the distance the sea gave a lesson of constancy and invited men to the dangers of lengthy voyages. Pedro did not remain deaf to the voice of nature, which was the voice of God, and taking the advice of an aunt who lived overseas, undertook his voyage to the Indies. In the Island of Cuba, the happy conclusion of his trip, he for the first time heard the name of Goathemala, and to hear it was to guess that that city was to be the promised land of his virtues and sacrifices. The word was instantly magic and secret, and the rectitude of an immediate decision brought Pedro to the city of Santiago de Goathemala, which he reached successfully, already lit up by the light of the heavens, on February 18, 1651. That day was fortunate and ill-fated at once. The earth shook violently in displays of materiality and punishment, and when the inhabitants came to, frightened and contrite, they saw Pedro de Bethencourt, kissing the soil that received him that day, mouthing the prophetic words, “There shall I live and die.” From the trembling earth there arose the sweetness of a prayer formed by loving and divine poems and the tragic minute was transformed into a spiritual hour. The outsider from the Fortunate Islands from that instant became Brother Pedro, who on entering the city carried in his immortal hands a shaft of miracles and a resounding bell that invited everyone to spiritual improvement. The vigils of study had already begun their torture. Memory was hard and resistant. All the constancy and patience of the exemplary student was in vain. The taunts of his fellow pupils were victorious, and when he decided to mount the lectern, sure of what he had learned, silence sealed his lips, while the entire class overflowed with affronts and satire. Pedro de Bethencourt had suffered his first test and when the material voice had been stilled, a wholly pure voice spoke to his soul and pointed out to him the miracle of his destiny. The teacher did not understand, the school knew nothing, but Pedro, lit by a celestial light, was already “top lecturer in the university of virtues,” an inimitable teacher in the school of charity, a student of the most severe material and spiritual disciplines, a graduate ne-mine discrepante in the difficult sciences of humility and poverty, and a doctor of genius in the rare and extremely special science of love for the fellow man. Pedro de Bethencourt had abandoned the dark clothing of the student and on his body had placed the coarse, blessed woolen cloth of the brother of the Third Order, which at a fortunate moment was given to him by the pious Esteban de Salazar, on an unforgettable day of the year 1655. Already dressed in the habit of the Third Order, Pedro began his marvelous
and exemplary life. From the coarse tunic there emerged threads of gold, and where he placed his unshod feet, roses bloomed. On his always uncovered head, heaven wrote its best poem; from the beads of the rough rosary there slipped a thousand forgivenesses and innumerable indulgences. The left hand was a vessel of consolation and all-powerful caress, and from his right there hung the immortal little bell, whose silvery sound announced heaven for peaceful and kind men and salvation for all those who would seek the paths of repentance. In the city of perpetual roses, when the dark blurred all outlines, the voice of Holy Brother Pedro was heard each day, telling all and sundry, “Remember, brothers, that we have a soul and that if we lose it we shall not recover it.” Pedro de Bethencourt had begun his miracle and in the very noble and loyal city of Santiago de los Caballeros de Goathemala had descended form eternal spring, and the entire favorite valley had become transformed into rose gardens of love. On the scale of virtues, the Holy Brother Pedro took his first steps in imitation of Christ and following the teaching of St. Francis of Assisi, and with them said, “let the little children come unto me.” One morning he visited twenty-seven churches accompanied by the poor invalid Marquitos, and having at last arrived at the church of the Holy Cross, there contemplated the future site that would be a hospital, church and school. At a small and poor house surrounded by tall nettles and located at a point intermediate between Calvary and the Holy Cross, Brother Pedro summoned the impoverished children who required consolation and Christian teaching. The beauty of the lessons and the tenderness with which he treated them spread further afield than the neighborhood and thus, from the most remote spots, there came thousands of children attracted by the love of the disciple of Christ, of Brother Francis of Assisi. The humble little dwelling was born as a school and was cheered up by childish laughter. Living there was an ill old woman called María Esquivel, “venerable for her virtue, exemplary in penitence, and prodigious in suffering.” The long and painful disease had caused sores all over her body and any movement was torture. Once he had finished teaching, Brother Pedro would come over to console her with his extremely devout conversation and in order not to hurt her while treating her sores, he carefully licked them, removing everything that was rotten. This heroic act was very often repeated at the hospitals, to which he went daily. At the Hospital of St. Alejo, there was an Indian with his leg filled with rot, and the surgeon treating him, not daring to touch him, asked for a little dog to clean the pestilent sore. Brother Pedro was present and upon hearing the surgeon, fell on his knees and began to lick the rot, leaving the diseased leg clean and taut. On his daily visit to the Royal Hospital of Santiago he often repeated this heroic treatment, which Don Melchor de Mencos and Don Joseph de Estrada loved to narrate with justified astonishment. During the fifteen years that Pedro de Bethencourt lived in Goathemala, an environment of miracle surrounded him and nobody doubted his holiness. On April 25, at two in the afternoon, in the year 1667, at the age of 48, Brother Pedro died to the miseries of the earth and was born to the eternal glory of God.

In the year 2002, His Holiness John Paul II visited Guatemala by reason of the canonization of the Holy Brother Pedro de Bethencourt, now venerated on the altars of Guatemalan churches.

**CURIOSO ENFERMEDAD DEL JUEZ**

One of the interesting facts of colonial medicine during the first half of the eighteenth century was the surgical illness suffered by Judge Don Tomás de Arana, a man of many titles and virtues. The illness lasted a lengthy period, from 1729 to 1744. During that time he was subjected to the most diverse treatments and all graduates in medicine took part in them. As he was a respected and beloved person, reports were abundant, which have allowed us to ascertain many details about the knowledge, diagnoses, prognoses and therapies of our colonial Galens.
Don Tomás de Arana conquered the people with his kindly and consoling attitude, on the occasion of the earthquakes of the year 1717.

In his poems, Don Cristóbal de Hincapié praised the humanitarian conduct of the Judge, who daily visited the destroyed households and freely provided all manner of charity.

Beginning in the year 1729, Judge Arana began to suffer a serious ailment in the mouth, which utterly altered his life and his character. The affable, broad-minded and kindly person became transformed; all forms of bitterness and susceptibility derived from the painful and malignant illness.

Unfortunately, it was the Judge’s private peace that was destroyed; and the fistulae in his mouth were causing him more harm than all the disputes in public business.

Don Manuel de Arteaga y Carranza, hospital “protosurgeon” and anatomical dissector at the Royal University of St. Charles, was at that time the most outstanding surgeon in the city of Santiago, and was for that reason the first to participate in the treatment of the Dean Judge.

The detailed observation of the disease appears in a report that this surgeon submitted to the Royal Court:

In the year 1729 I began to treat Judge D. Tomás Ignacio de Arana, for a cankerous hop on the lower lip of the mouth, toward the left side, with extremely severe pain and erysipelas around the entire circumference. I could not prevent its ulceration and it later would not be cured by any poultice. For that reason, Dr. José Medina was called in, who prescribed purges, bloodletting, which did not make him better owing to his warm and austere nature. The treatment lasted until the year 1732, in which he suffered a murine typhus that was seen as deadly, and which was cured by Dr. Medina. The bowel movements and the great heat of the fevers dried out the ulcer in the mouth and he was left at their mercy, suffering from other diseases which were cured by Dr. Ávalos y Porres. And so until the year 1738. At the end of that year he was stricken by a rheumatic distillation which gave him several small scirrhous tumors, which degenerated into ulcers so malignant that they mortified him enormously; one of them perforated his lower lip from the outside in and extended to the molars, destroying part of the jaw, at the level of the wisdom tooth, after which his masseter became swollen and he was unable to open his mouth. When this ulcer began to heal, the other small tumors ulcerated, reaching the ear and the eye on that same side. All treatments were to no avail; then Dr. Santiago Estebanson passed through here, and he prescribed mercury, which exasperated the illness to such a degree, that he came close to losing his life, were it not for a miracle of Our Lord of the Pains of the Hill. He did not heal entirely and several sources were made which diverted the ulcers. Afterwards five ulcers, the same as those on the face, appeared on his right arm, very swollen and erysipelous. Masters Justo González and Pedro Zúñiga treated him daily, and his condition has become so serious, that the day he went to an event at the Royal Chapel, his tumors became very swollen. The biggest tumor may become so large, that it will destroy the face. The ulcer is incurable of the Noli Me Tangere.” (June 26, 1744)

Don Manuel de Ávalos y Porres also reported on the Judge’s ailment, diagnosing a cankerous tumor of the cheek, ulcerated within and without. He diagnosed other diseases, such as hemorrhages, asthmatic attacks and colics. The tumor was incurable, the report added, and only frequent washing, diets and rest would be able to make him better. It is believed that this suffering may have been caused by a malignant tumor, lupus or osteomyelitis.

The Dean Judge Don Tomás de Arana, disappointed by his material incurability,
desired to cure his soul and requested permission from Commander Rivera y Santa Cruz to retire to the Convent of St. Francis, where he wished to end his days. There, in a cell, he purified his soul, while the malignant ulcers “amused themselves creating new sources.”

So died Judge Don Tomás de Arana.

UGLY DR. DESPLANQUEZ

Don Francisco Desplanquez was 32 years old, had graduated from the Medical School of Montpellier, and was of ugly physical appearance judging by the descriptions of him made at the Royal Medical Inspection Office of Mexico. He was a native of Normandy, very short, blond, with blue eyes, with the face “caressed by smallpox,” and adorned with three moles forming a triangle on the left side, and three in a straight line on the right. With such beautiful facial attributes he fled his fatherland while still young, traveling through the Antilles, Mexico, Guatemala and Sonsonate. The latter city was the end of his overland trip.

Desplanquez stayed one night in Guatemala, then continued his voyage to Sonsonete, where he arrived one morning in the month of June of 1768. As it was Sunday, the joy of the townspeople reigned over the central square. Desplanquez was a very fine draftsman; he made a sketch of the square and of the church. Don Ildefonso Ignacio de Domezin, mayor of Sonsonate, saw him drawing; the curious townspeople, intrigued by the unknown foreigner’s horrible physique, came to suspicious conclusions, and very quickly a wave of indignation arose against the innocent traveling physician. In less than an hour, Desplanquez was deprived of his papers, terribly maltreated and imprisoned in the stocks, with fetters and chains. Immediately, his papers and letters, written in a foreign language, were inspected, and nobody doubted that this smallpox-ravaged foreigner was a British spy paid to draw maps of the coasts. The drawing of the public square was a sketch for erecting a fortification. The case was extremely serious; the death penalty might be necessary, and in any case the mayor of Sonsonate was not in a position to try him, making it necessary to send the suspect to Guatemala, where he could be sentenced.

All protestations by Desplanquez – who swore he was French and that his papers were travel journals – proved useless. In Sonsonete nobody spoke any foreign language. Therefore, a return trip to Guatemala was inescapable and the passage aboard the frigate that was to take him to Peru had to be canceled. Goodbye dreams of wealth and hopes of the pilgrim, thought Don Francisco Desplanquez, as he humbly undertook the trip back, under appropriate custody.

On September 5, 1768, Don Pedro Salazar Natera y Mendoza, Commander of Guatemala, gave the order for the arrest of the suspect Desplanquez, and of his companion the surgeon Thomas. Mayor Felipe Rubio Morales carried out the order and jailed the accused, who were accompanied by eight dragoons and placed in the safest part of the prison, which was the one known as “of the chapel.” Mayor Rubio Morales, the postal administrator, Joseph de Garayales – all officials judged Desplanquez’s innocent papers as classified and suspicious. The phantom of the British pirates and the intrusion of spies rendered the responsibility of the French physician gigantic. Translations and interrogations were urgent. The authorities, simple men with little to do, saw in that trip a major invasion undertaking, expecting the mysterious papers to reveal all the keys to the marvelous plans. Since nobody was found in the entire city who knew the French language, Desplanquez himself had to translate them, under severe oath.

The mysterious papers (currently preserved in the government archive) contained diverse matters. One of them gave careful details of the geography and history of Peru, taken from a travel account; these descriptions were very useful to Dr. Desplanquez, who was off to that country in search of fortune. Another contained a description of the diamond and other precious stones, a study followed by a curious technique for whitening
silk breeches. Other papers referred to stories of animals and plants, in relation to therapeutics. Healing therapies were therein described, like the infallible remedy for rabies, which consisted in drinking an ounce of goose dung in white wine. A complete list of remedies came next: the juice of *chiridono* removed teeth painlessly in twenty-four hours; *tlanchinoli* cured venereal ailments in a few days and deprived the ill of reason for the span of twenty-four hours. Genipa made the skin so black, that it was possible to sell whites as blacks. With such wonderful and effective remedies, great success could be expected of the physician Desplanquez, who unfortunately had to leave the infallible prescriptions with the court.

The imaginary castle collapsed, since the authorities, shame-faced, had to offer the innocent Desplanquez an apology. In December 1768, the prosecutor Romaña asked for the French physician’s freedom. Desplanquez being barred from traveling to the provinces or wandering around the Americas. Once free and untrammelled, Desplanquez participated in the struggle against epidemics, providing good prescriptions in that of measles of the year 1769 and that of typhus of the year 1774. When the transfer of the city began to the valley of the Hermitage, our physician of the horrible face lived for some years in New Guatemala, from which he disappeared in an unknown manner. Thus ended the story of Dr. Desplanquez, a bachelor of repugnant visage, who found fortune and profit in the city that had previously sentenced him to close imprisonment.

**THE SCANDAL OF DR. IMERY**

In 1795, Dr. Marcos Imeria or Imery, an Irish physician, was jailed on “charges of no little seriousness and consequence.” Marcos Imeria lived in San Miguel, and there he was arrested by order of Commander Domás y Valle. The mayor of that town carried out the order immediately, and questioned medical professor Imery, who declared he was a Catholic, a native of Ireland, and utterly unaware of the reasons for his imprisonment. He assumed he was the object of “infidelity slander,” invented by one of his patients, a very frequent occurrence in the profession.

He was very ill and could not abandon his patients; it was necessary, therefore, to grant him freedom on bail, or else to place him under house arrest.

Mayor Becerril requested a medical report, which was issued by physician Juan Santos Antequera, who declared that Imery’s illness was real. In May 1796, Imery was transferred to his house. The news of his imprisonment spread quickly throughout the province, being received with general displeasure, since the entire population was under medical treatment, and ran the risk of loss of life in the absence of the ministrations of the eminent Irish professor. City Hall energetically protested Imery’s imprisonment and asked that he not be sent to Guatemala, since his presence was indispensable in the city, where there was nobody to carry out the humble profession of bleeder. The priest García Ramos joined the protests and announced he would follow Imery everywhere, since he was suffering from a serious ailment, which had improved markedly thanks to the doctor’s wonderful care. City Hall considered the case of extremely serious for public health. The entire province of San Miguel was infected with venereal disease, which evolved into malignant forms owing to the climate. Such was the gravity of the disease, that only “sore-ridden men” were to be seen in the streets. Dr. Imery’s house was a real hospital for venereal cases. Misery and death would befall the town if it were left without medical succor. The luetic plague favored Marcos Imery in every sense. It made him free and wealthy. The sore-ridden neighbors carried the day against the accusing justice; the adverse reports sent to Domás y Valle by the neighbor Lorenzo Moreno – who in an accusatory statement listed Imery’s failings, an empiricist without a conscience, who cured nobody and exploited everyone – were to no avail. Despite everything, the Irish surgeon and physician Marcos Imery continued to treat patients with syphilis. The government of Guatemala forgot all the circumstances of the trial. Thereafter, Imery,
wealthy and well-esteemed, *free of syphilis*, moved to León in the hope of finding a new clientele there, new lues and very new coin.\textsuperscript{32, 33}  

**Popular Dermatology**

**MEDICATIONS FOR LOCAL USE**

The extremely ancient “soldier’s poultice,” also known as “Neapolitan poultice,” on the basis of simple mercury (1 oz.), hog fat (15 oz.) and lampblack for coloring, was prescribed for the local treatment of syphilis or Gallic disease; “gray oil” was used as an antiluetic medication, with purified mercury (40 g), wool grease (26 g) and vaseline oil (60 g) for intramuscular use, a formula that was later replaced by mercury bi-iodide at 1% or by oral ingestion; also the “Van Swieten solution” or Ricord’s pills.

Ointments employed as antiseptics or against pyoderma were the “yellow” ointment, on the basis of yellow mercury oxide (2 g), zing oxide (5 g), resorcin and salicylic acid (5 g), Peruvian balsam (6 g), and fat (35 g), the “reclus” ointment with phenic and salicylic acid (1 g), resorcin (2 g), porphyrized camphor and antipyrine (5 g), Peruvian balsam (6 g), and Chesebrough vaseline (81 g), and the “whitfield,” with salicylic acid (2 g), benzoic acid (4 g) and fat (24 g), a formula also employed against surface mycoses.

For the treatment of scabies and other parasitoses, the ointment of white precipitate with mercury protochloride was employed, and that of the “regent” with red mercury oxide and lead acetate (10 g) and hog fat (120 g).

The “red” ointment, with emetic tartar (3 g), red mercury oxide (1 g) and fat (30 g), was used with satisfactory results in the treatment of *oreja de chiclero* or American leishmaniasis.

“Chalmugra” ointment with chalmugra oil (85 g), washed sulfur (5 g), camphor (5 g) and Norwegian tar (5 g) was employed as a therapeutic method in the treatment of leprosy and for antipruritic purposes; later, and as an antipruritic ointment, it was replaced by a new formula with menthol (1 g), camphor and chloral hydrate (5 g), lanolin (35 g) and coconut oil (50 g), a vehicle which with the passage of time has been favorably modified.

The most frequent, and relatively innocuous, treatments were immersion baths, waters, solutions and damp compresses, soaps, plasters and creams. The most popular in diverse periods were the solutions or waters of linden blossoms, of chamomile, of the feathers of *palo jioite*, *pito* and *chipilin*, for the treatment of eczemas; of *calalagua*, to cure psoriasis and syphilis, of *canutillo*, for snakebite and arrow and sword wounds; for its antiseptic and antimicrobial action, Dalibour water with copper and zinc sulfate in 300 g of camphor water; the concoction of cancer herb, for *rezumante*; the juice of annon alone or mixed with banana, for the treatment of gonorrhea; of light vinegar, camphor and water of cherry-laurel (10 g) plus olive oil (50 g) as an antipruriginous method; *labarraque* liquor with *sosa* hypochlorite; “white water” with lead subacetate; and quinine concoction, which was also noted for being astringent; the “knight commander’s” balm for the healing of war injuries; the Peruvian balsam in ointments, as a decongestant, and the “quiet” balm as a tranquilizer and emollient. Plasters with black Zacapa mustard, alone or with red Palín pepper, were of very popular use for its therapeutic action producing refection and excitement.

With passing years and in a gradual manner these medications were substituted by others, less aggressive and with few collateral reactions, such as the cytophilic and healing solution, with dry magnesium chloride (12.10 g), crystallized magnesium chloride (25.85 g) in 1,000 cu. cm of water or “ictiolated water” at 10%, with decongestant properties in the treatment of schematized dermatitis and lymphangitis; the “Dakin” solution with acid sodium carbonate (15 g), alkaline sodium hypochlorite solution (750 cu. cm) and distilled water (esp 1,000 cu. cm); the “Burrows” solution with 1 g alum, lead subacetate (5 g) and water (100 cu. cm), as well as silver nitrate solution at 1 at 10% or
collargol (colloidal silver) solution at 10%; some of them are still in use. Starch glycerolate, alone or as a vehicle for other medications, such as tartric or “cadic” glycerolate with oil for each 5 g, juniper oil (15 g), Panama extract csp., starch glycerolate (85 g), and essence of cloves csp. prescribed for the treatment of psoriasis; glycerolate of stearate or diadermia for the disseminated xerosis of the old or atonic injuries; greasy powder with talcum (80 g), magnesium stearate and coconut oil (10 g); the colaregol ointment at 10% and gomenolated oil at 15% as a healing agent. For its keratolitic and antiseptic as well as cleaning properties, the “soapy ointment” was used with amygdaline soap and hog fat (110 g), sublimated sulfur (4 g), salicylic acid (1 g), almond oil (20 g) and geranium essence (4 drops).

For dermatomycoses, iodine tincture was recommended, alone or with acetone at 2%, or with chloroform at 6%, camphorated thymol at 5% or with crystallized guayacol (50 g), in olive oil and fat (25 g)35. 36.

Magic in dermatology. Medicine men

A shaman is the sorcerer of sorcerers, the wizard. It is he who works on the seven powers that range from white magic to black. The black work is performed when harm has been done to someone and doctors can do nothing further for him. The shaman is the last resort. The ceremonies are held at night at cemeteries, caves or bridges, where, according to the shamans, death and Satan are frequently seen. The existence of shamans, wizards, sorcerers, zajorines and medicine men is part of the history and culture of Guatemala. Some see these individuals merely as charlatans who take advantage of the gullible, while for others they constitute an opportunity to find a solution to their daily problems. The most radical are the clergy, who condemn these practices as satanic. Shamans are distributed across the country in a total of seven districts, being found in Samayac, San Lucas Toliman, Zunil, Quetzaltenango, San Jorge, La Laguna and San Andrés Itzapa.

In this great variety of forms of facing the health-disease phenomenon, the main actors have the following idiosyncrasies:

- **Naturopaths.** Intermediate, technical or higher level. With three years or more of systematic study. They are known as N.D.
- **Empirical allopaths.** With systematic academic studies, without graduating.
- **Naturists.** Without academic level, with a grade-school education.
- **Family medicine men.** Sometimes with no schooling. Simply through traditional communication.
- **Occasional quacks, with or without schooling.** They appear and disappear on streets, in parks and on buses announcing miracles and magical ointments.
- **Traditional community doctors:** spiritualists, sorcerers, shamans. With no schooling. Their training is the product of the reproduction of knowledge in oral form. Although there are many quacks, there are also individuals with exceptional aptitudes.
- **Self-population:** variable education, with many forms of self-medication.
- **“Hidden operations”**: they are of different kinds and depend on the customer’s request. Firstly, the place must be chosen at which the ceremony will be performed; then the materials are searched for that are employed in the ritual, ranging from herbs, candles and incense to animals such as toads, snakes, chicken and cats.

For example, if someone places a hex on a person with a hidden operation, then the crystal ball or the tarot cards must be scanned to discover what has been done so as to carry out a superior operation and thus effect the cure. If the hex was performed with a toad, a higher animal must be used, such as a snake, because the latter eats the toad. According to the shaman, toads serve to cure or to harm. It is said that many people suffer a swelling of the face, the eyelids and the mouth and this is because they have been
hexed with a toad. To this end they use thread to sew some parts of that animal, perhaps the mouth, hands, liver or legs; these are called “moorings”; each animal has a specific function, but when one animal is used its spirit must first be asked for permission.

The shaman or witch doctor is highly respected in Indian communities, because he is regarded as having the power not only to cure diseases but also to produce them, there being various popular appellations for the placing of hexes. When someone falls ill, the shaman is called in; he takes a look at the patient and turns to the first operation, namely the *copaleada*. This consists of the following: in a vessel that belongs to the shaman, the latter spreads some *capatl* (resin-gum extracted from a tree, of a dirty black color and agreeable smell); then he pricks one of the veins located beneath the wings of the fattest *chompipe* found in the patient’s house, and which has been chosen beforehand; he gathers the blood, which he places in the same bowl and mixes with the *capatl*; when the *capatl* and blood have mixed adequately, he sets them alight, which produces a column of smoke that rises to the ceiling of the hut, with the utmost regularity, and producing an admirable visual effect. This column of smoke, according to beliefs, rises to the heavens to ask God to give the patient his health back or rather to ask him what it was that traveled on high as the shaman’s private correspondence; but since St. Peter has no time to devote to this, let us see how the shaman manufactures the reply, and in what way he tricks his customers. When the *capatl* had finished burning, the shaman withdraws to the forest to await the reply; there follows the second operation, namely, the handling of the *pilolles*. These are tiny fruits that fall from certain trees at the beginning of winter, the form of which resembles that of black beans, save that they are flattened at the ends and have a very pretty red color. Once in the forest, he spreads a piece of cloth out on the ground, extracts several handfuls of *pilolles* from the ladle that contains them, and placing each handful at a certain distance from the others he proceeds to count them: if in all handfuls or at least in the great majority of them the result is odd, the patient dies; if the result is even, the patient heals29, 30, 31.

Acknowledgements

Deputy Culture Minister Enrique Matheu Recinos, Government of the Republic of Guatemala.

Fernando Moscoso, Director of the National Museum of Archeology and Ethnology of Guatemala.

Rodolfo Yaquian, restorer of exhibits of the National Museum of Archeology and Ethnology of Guatemala.

Dr. Jorge Prado, Guatemala City.

References

6. Recinos A. traductor. Memorial...
de Sololá. Anales de los cakchikés, título de los señores de Totonicapán. Piedra Santa; 1950.
Mexico is a country located in the central part of the American continent; geographically it is part of North America and from the historical and social point of view it is part of Latin America. The territory of what is today Mexico saw the emergence and development of the Meso-American civilization. When the Spaniards arrived, at the beginning of the sixteenth century, they were amazed by the presence of indigenous peoples possessing an advanced culture, with a well-defined political and social structure and a major store of knowledge in diverse areas, including medicine (Figure 1).

Pre-Hispanic or pre-Columbian period

Medicine

As in all primitive peoples, Indian medicine mingled with magic and knowledge with superstition. The priest and the sorcerer were the only ones that fought against disease, the former by assuaging the anger of the gods and the latter by conjuring with the actions of the stars and evil spirits. The Meso-American peoples had learned to differentiate between diseases, identifying them with specific names, and possessed diverse therapeutic procedures. One of the most developed areas was botany; their knowledge of herbs made invaluable contributions to European medicine (Figure 2). Ignacio Chávez points out: “Never did pharmacology receive — nor will it ever do so again — a contribution
as large, as rich and as irreplaceable as that which was made by the flora of the Americas to the European medicine of the sixteenth century. It would be necessary for a new world to be discovered for it to be possible for the current one to receive so great an input of unknown elements as on that occasion."

Within medical practice, some characters specialized in performing bloodletting, others in carrying out surgical procedures (such as suturing wounds, draining abscesses, reducing dislocations, setting broken bones, applying splints and bandages, and making burr holes in skulls), procedures which were frequently carried out under the influence of hallucinogenic drugs (Figure 3), well identified by the Indians, to mitigate the pain. In the area of obstetrics there was an adequate care of pregnancy, external versions being carried out and, when necessary, termination. For that reason, the treatment of patients involved offerings to the gods, human sacrifices, and invocations to the stars.

Dermatology

In that period, skin diseases were already known and treated. Among the Mexica or Aztec gods was Xipe-Totec, “Our skinned lord,” the deity of medicine, the issue of Tzapotlán, god of spring, of flowers and of skin ailments, whose vengeance was to send men diseases such as the “evil eye,” scabies and gumboils.

In the Nahuatl language the skin was called Euatl or Ehuatl, from the root yotl which means “life” (Cruz-Badiano codex). In Mayan the name given to skin was box, kukultik, k’ewel and sol. Box was the bark or hard shell of some fruit such as the calabash. Kukultik was human skin, k’ewel was animal skin or leather, tanned or for tanning, sol was the scab or crust of an ulceration or scabies, the skin of a skin or lizard, fish scales and tree bark.

In the Matritensis and Florentine codices, the scholar Alfredo López Austin finds the names given in Nahuatl to the diverse parts of the skin (Table 1).

Tezcatlipoca, the god that created the sky and the Earth, the adversary of Quetzalcoatl, the deity of medicine, who was venerated in Texcoco, punished the lascivious by sending them venereal diseases. Among the minor deities related to the skin was Nanahuatl, the god of lepers. The Aztec, with their overriding need to care for their war
wounded and with the resources of an abundant medicinal flora, developed a surgical medical art; they applied warm medicines or practiced bloodletting in the infected and swollen parts. With their scalpels of obsidian they opened abscesses and phlegmons to drain the pus, cured ulcers and burns and sowed up wounds using hair as thread. They used sutures with special stitches on the nose and lips, employing very clean hairs and applying special potions.

Indians took medicine by mouth or applied it on the skin and employed physical therapeutic means like baths, heat or humidity. Among their medications for healing infected wounds were poultices made with corn _tortilla_ affected by fungosity, taking advantage of the fungus’ healing properties⁴. The Aztec took cognizance of venereal diseases and gave them the name _cihuatlaueliloc_, which means “resulting from relations with women”; they also described blennorrhagia, chancre and buboes. Syphilis was widely known; in its tertiary phase it was treated with steam baths (_temazcalli_). They also employed pyrotherapy and mercurial salts (inhalation of sulfurous and mercury vapors), in addition to a corn meal, _michihuautli_, or an infusion of oleander root, _quautepatl_⁶.

Dermatosis was probably called _zahuatl_, hives _chincual_ and psoriasis _xiotl_.

Among the Mayans, medicine as magic, medical deities and the concept of disease as the punishment of the gods appear in the _Popol-Vuh_, which mentions skin cures and some ritual surgery⁷. No bones with evidence of syphilis have been found among the Maya. Women wore a piece of amber in a hole made in the nose, in the septum separating the nostrils; they fashioned holes in their ears for earrings and tattooed their bodies from the waist up, save for their breasts. The Maya gods of medicine were Ixchel, Citboltún and Zamná. The first two founded the profession of physician or “Ahmen,” which means “he who understands.”

Cacao was, in pre-Hispanic herbal knowledge, also very important from the medical point of view, thanks to its energy-giving properties. In Maya ritual, the corncob and cocoa drink symbolized the heart and blood, necessary elements for preserving the cosmic balance. According to Maya mythology, cacao was of divine origin: _Xmucane_, one of the gods of creation, invented nine brews that fed and shaped men; three of them were made from corn and cacao. The Mexica traced the mythical origin of cacao to the god _Quetzalcóatl_, who had brought it to earth to cultivate it in his divine garden in the city of Tula⁸.

From the medical point of view, cacao was employed for liver sufferers, the consumptive and the worn out. In Dermatology, cocoa oil was used on cracks and injuries in the skin. Cocoa butter had medical and cosmetic applications in skin care. Central American Indians customarily mixed it with annatto and spread it on their faces to produce a bright red color for their feasts, considering that “he who is most thickly slathered looks best”; at the same time, this gave them protection against the sun⁹.

The consequences for European medicine of the addition of American healing agents was extraordinary. Among the medicines contributed by the Americas are guaiacum, ipecac, coca, quinia, wild yam, sarsaparilla, curare, Paraguayan tea and tobacco.

The ships from the Indies arrived in Seville loaded with roots, herbs and plants, private botanical gardens being created there. The study of the medical contribution of the Americas was carried out by Nicolás Monardes, with universal success. In his work, Sahagún devotes a section to Mexico’s indigenous medicine; the work of Francisco Hernández, the first physician to explore the medicines of the Americas, also stands out. Thierry de Héry wrote a treatise in 1552 — _La Méthode Curatoire de la Maladie Vénérienne_ — and made a fortune treating syphilitic patients with the topical application of mercury ointment and the drinking of guaiacum tea brought from the Americas⁹.
Colonial period

Medicine

New Spain was launched in 1521 with the conquest of Tenochtitlán, capital of the Aztec Empire, and ended officially in 1821 when Don Agustín de Iturbide declared the country independent of the Spanish crown. Before the arrival of the Spaniards the concept of "country" did not exist; what is today Mexico was inhabited by diverse ethnic groups distributed over a vast territory from the United States to South America, who had different cultures and languages and carried out continuous wars for supremacy. On August 13, 1521, Hernán Cortés and a group of his soldiers, with the support of thirteen brigs, seized the lake city of Tenochtitlán, destroying it stone by stone and filling the canals with hundreds of bodies that rendered it uninhabitable for a lengthy period. This forced the Spaniards to take refuge in nearby Coyoacán. Twenty years later the new city began to be erected following the layout of European cities and employing the stones of the Aztec temples. The city was to become the capital of the Kingdom of New Spain, while the Spaniards extended their adventure northwards to California and Texas. They brought their culture, their language and their religion, but also brought diseases such as smallpox and measles and took others with them, like syphilis. Thus, less than 50 years after the arrival of the conquerors, the Indian population had shrunk from 25 to 3 million, due both to those epidemics and to the wars and the mistreatment suffered.

A large part of the Spaniards, when observing the strange rituals which accompanied medical treatment, only saw magic and superstition in them, the medicine of primitive peoples and the absence of any positive knowledge. They were incapable of appreciating the value of their experience, the wealth of their pharmacology and of their attempts at classification, the marvelous intuition of peoples who did not receive influences from other races or civilizations and that had to create their own, slowly and in isolation, trusting only in centuries of testing and the confirmation of their ideas. In order to impose the Christian religion and root out the natives' heresy, the conqueror destroyed their temples, tore down their idols and even reached the point of burning their codices, with which he mutilated their history. A major part of what the Indian race had patiently accumulated over the centuries was thus lost.

No sooner were they established in New Spain than the Spaniards instituted the Protomedicato inspection system, an institution in charge of controlling proper medical practice and the appropriate operation of apothecaries. The need to create educational centers for the training of the inhabitants of the conquered lands caused the creation by Royal Act, on September 21, 1551, of the Royal and Pontifical University of Mexico, which began operating two years later. That same year (1553) the first physicians to arrive in the country began to be admitted, among them Dr. Pedro López. Simultaneously, the lack of doctors led to the inclusion of medical studies in academic syllabuses. Medical programs, similarly to those employed in European universities, were constituted by four subjects: "Medical matins," "Medical vespers," "Anatomy and surgery" and "Method and practice of medicine," using as basic principles the concepts set forth by Hippocrates and Galen. It must be admitted that, as Ignacio Chávez states, it was in the fifteenth and sixteenth centuries — the golden centuries of Spanish medicine — that the world's seven oldest and best universities were created, under the Arab influence of Avicenna, and it is in this same period that the university was also born in New Spain.

In 1535, in Tlatelolco, the Franciscans founded the convent of the Apostle James and the School of Santa Cruz de Tlatelolco; the De la Cruz-Badiano Codex, the oldest medical code in the Americas, which reaffirms the main therapeutic systems of Indian herbal medicine, was written there around 1552 (Figure 4). The Indian savant Martín de la Cruz, a native of Xochimilco, wrote the Libellus de Medicinalibus Indorum Herbis, a very
vast treatise on the medical herbs employed by the Indians in the sixteenth century, with the collaboration of Juan Badiano, who translated it into Latin. The transmission of his therapeutic knowledge had a major influence four centuries later. His book, probably drawn up in Nahuatl, is the first known writing on indigenous Mexican medicine; the manuscript contains information on 215 plants, 185 of which are illustrated.

In 1558 Friar Bernardino de Sahagún wrote his *General History of the Things of New Spain*, in which he describes the life and habits of Meso-American peoples before the conquest, including some of their forms of medical practice.

The first book on medicine published in the Americas was issued in 1570: *Opera Medicinales*, by Dr. Francisco Bravo. In 1577 the 17 volumes of the work by Francisco Hernández, *De Historia Plantorum Novae Hispania*, were published.

The teaching of medicine launched by the Royal and Pontifical University of Mexico underwent many vicissitudes and was headquartered at numerous venues, until in 1854 it was set up in the old building of the Inquisition where it remained a hundred years.

In 1825, the first Academy of Medicine was set up, and in 1862, that which exists to this day. Its publication organ, *The Medical Gazette*, ran numerous articles on the skin: “Study on Leprosy,” by Reyes, “Psoriasis Cured by a Vaccine,” by Bandera, “Chiggers,” by Andrade, “Achroicn Leucopathy,” by Gayón, “Horn of the Skin,” by Ortega, among others.

**Dermatology**

The Badiano Codex contains words like *xiotl* (shingles), herpes and others. Mention is made of *achiote* or Tabasco pepper or *bixa orellana* as a treatment for leprosy. This work is, as previously indicated, considered the colony’s first medical text, devoted to herbal treatments; the text includes numerous skin ailments and their medications, with magnificent color illustrations.

After the conquest, the codices contain mentions of smallpox or *hueyzahuatl*, measles, *tepitonzahuatl* and typhus or *tabardillo*, *matlatzahuatl*. Also mentioned are *nevos* or moles, *tlacuiztil*, and pruritus, *cuecueztil*, pruriginous papule, *tatapaliztil*, freckles, *ixtecatec*, and pityriasis, *quatequizquitl*, as well as the *tunga* or chigger, *quiacayotl*, ringworm, *quiayincayotl*, and pediculosis, *ixocuili*.

The Mexicans were aware of the *mal del pinto*. Hernán Cortés wrote with great admiration to Charles V in one of his *Letters of report*: “In this country of adventure there are rarities in the color of its inhabitants, presenting varieties in the same individual.”

It is argued whether leprosy existed in the Americas before the arrival of the Spaniards; the presence of statuettes that seem to represent a *facies leonina* and some chronicles that speak of a hospital where the Aztec sequestered leprosy patients seem to support the hypothesis of the existence of the disease in pre-Hispanic times. But, at the same time, neither Cortés in his *Letters of report* to Charles V nor Bernal Díaz del Castillo mention it, although the disease was very well known to many of the Spaniards coming from Andalusia, where it was endemic; on the other hand, they do mention the existence of the *mal del pinto* and of albinism. On recognizing the disease among his own soldiers, Cortés established the first leprosarium in the Americas (Hospital of St. Lazarus), in an area called Tlaxpana. Although it was a small building, it cared for a large number of Spanish patients, but had a short life (from 1521 to 1528), since it was closed down at the prompting of Nuño de Guzmán, who adduced that the water from the Chapultepec aqueduct passed through there with the danger of infecting the population. The fact is that Guzmán took over ownership of that magnificent land.

The first hospitals created by the Spaniards were sure to have been visited by skin patients: buboe, scabies, leprosy, “sacred fire” (herpes zoster), psoriasis, ringworm, tuberculosis, *mal del pinto*, diseases which, as has already been mentioned, were found in the...
native population. Of course, Dermatology did not exist as such, because, as is well known, the latter was born in Britain and France in the late eighteenth century. Two protomédicos arrived with Cortés — Pedro López (1527-1597) “the Elder” and Cristóbal de Ojeda — who tended to the numerous victims of the smallpox and typhus epidemics. The former had been born in Duenas, Castile, and at the age of 30 arrived in the very Noble and Loyal City of Mexico. He was one of the first physicians given the degree of doctor by the Royal and Pontifical University of Mexico; he was a great benefactor and founded two hospitals, that of the Destitute — which in time was to become the Women’s Hospital — and the second St. Lazarus Hospital for leprosy patients. López maintained these hospitals out of his own pocket and after his death, in 1597, his descendants continued his work.

This second hospital of St. Lazarus lasted three centuries (1572-1862). It was built on the shores of the Lake of Texcoco, in a locality known as Las Atarazanas, the arsenal where Cortés kept his thirteen brigs after the conquest of the city. It isn’t clear if this site was on the street of Ixtapalapa — today Pino Suárez — or along the path of La Merced, in the city’s east, in the neighborhood that for that reason received the name of San Lázaro. This hospital had a lengthy life and was demolished when it had regrettably fallen into ruin, only the connected church, devoted to St. Roque, remaining standing, but later also torn down on the altar of modernity (Figure 5). The patients were transferred to the St. Paul Hospital, called Juárez Hospital as of 1872. This institution underwent a troubled existence; run by the order of St. John, it always suffered from a lack of medicines and healing materials, and patients sent there vegetated under deplorable conditions (Figure 6). The authorities never showed an interest in this hospital, which died gradually, like the patients living there. It was headed by major physicians, like Dr. Ladislao de la Pascua (Figure 7) (1833 to 1842), during whose tenure 205 patients were admitted. De la Pascua was the first to draw attention to the disease given the name of “spotted” form, now known as Lucio-Latapi diffuse lepromatous leprosy; he also published the first article on leprosy in the journal of the Philoiatric Society. From 1843 and until its demolition in 1862, the hospital was headed by Dr. Rafael Lucio, who completed Dr. De la Pascua’s observations on the spotted form of leprosy.

The first hospitals

The Spain that conquered America was still imbued with a medieval spirit, with a social project grounded in the spirit of the Crusades and meager development in the area of health. The major epidemics that ravaged the Old World necessitated the construction of hospital centers, the operation of which hewed more closely to that of shelters for the poor and destitute than to that of medical clinics; the hospital was an act of charity, oriented more closely to accompanying the patient spiritually than to attempting to mitigate his ailments.

Evangelization ran in tandem with military conquest and monasteries were built which, following the medieval practice, also operated as dispensaries and infirmaries; for this reason, it may be stated that the number of these centers was large toward the end of the sixteenth century, a period in which major epidemics spread throughout Meso-America, with a high degree of mortality among the Indian peoples.

This is the medicine that reached the “New World” from the “Old” and this was the
spirit of its hospital centers. Hernán Cortés and the clerics who arrived with him turned to the task caring for the ill and needy. In 1524, at the locality known as Huitzillan (hummingbirds’ spot) — where in 1519 he had met with Montezuma on his arrival at the great Tenochtitlán — Cortés built the hospital of the Immaculate Conception of Our Lady, later known as the Hospital of Jesus, which is still in operation, being the oldest hospital institution in the Americas (Figure 8).

Also founded in that period were the Hospital of Santa Fe (1531), the Hospital of the Love of God or Hospital of the Buboe (syphilis) in 1540, the Indians’ Hospital, that of St. Cosme and St. Damian and the Hospital of St. Hippolytus for mental patients.

In 1779 the Hospital of St. Andrew was founded; it was the first to admit all kinds of patients, including those with skin ailments (Figure 9). It was a teaching hospital; eminent doctors such as Jiménez, Carpio, Del Río and many others held their Chairs there. It existed until 1905, when the current General Hospital of Mexico opened.

**Independent period**

**Medicine**

In the nineteenth century three events took place that would forever leave their trace on the country and its inhabitants. Firstly, the War of Independence, begun in 1810 and concluded in 1821. Secondly, the unfair war with the United States in 1847 that ended by depriving the country of more than half its territory. Thirdly, the French invasion in 1862 that imposed an Austrian prince on the Mexican throne. These events caused deep changes in the way of life of the inhabitants of the budding Mexico, medicine and its teaching included.

In 1833 the Royal University was closed down and the Medical Sciences Establishment created, the origin of what was to be the National Medical School, headquartered — as of 1854 — at the Palace of St. Dominic, the residence of the Holy Inquisition during the colonial period. The nineteenth century was in Europe a period of great progress in the area of medicine, progress which speedily reached Mexico, forcing the restructuring of academic programs and of medical practice. Medical schools were founded in different parts of the country, reaching eight at the end of the nineteenth century, and the construction was begun of hospital centers where medical care was provided, teaching was imparted and research promoted.

The year 1841 saw the founding of the Higher Sanitary Council, an institution in charge of monitoring proper medical practices, public sanitation and hygiene and vaccination campaigns; this entity, along with the Public Welfare (founded in 1861), would constitute the foundation for the constitution of the Health Secretariat in 1983.

In 1873, the Mexican Academy of Medicine was set up, which as of 1912 was appointed a consulting organ of the government of the Republic. In 1891, at the request of President Porfirio Díaz, Dr. Eduardo Liciea drew up the first Sanitary Code.
Dermatology

At the outset of independent Mexico, after 1821, the first signs were traced of an incipient Dermatology and the first specialized publications issued. The names of Ladislao de la Pascua, Rafael Lucio, Ricardo Cicero, Eugenio Latapí and later, already in the twentieth century, those of Jesús González Urueña and Salvador González Herrejón appear linked to the teaching of some Dermatology matters (Figures 10, 11 y 12).

Lucio, for example, gave his classes at the Hospital of St. Andrew, including subjects like lupus erythematosus, leprosy, syphilis, scabies, and tungiasis (Figure 13). During the meetings of the Academy of Medicine of December 1851 and January 1852 he presented his *Brief Treatise on the Disease of St. Lazarus or Elephantiasis of the Greeks*, in which he summarized all his observations, over his nineteen years as head of the second Hospital of St. Lazarus, of the variety that nowadays carries his name. Nevertheless, in this first period of independent Mexico, Dermatology did not attract much interest; Soriano points out that in 1888 only two of the 232 physicians who had graduated in the previous 6 years treated patients with skin diseases (17,18).

With the above-mentioned physicians who were born in the nineteenth century and some others who worked until the early twentieth, Dermatology was born in Mexico, becoming consolidated as a specialized field on February 5, 1905, when the General Hospital of Mexico was inaugurated and a pavilion opened for skin patients.

Contemporary period

The foundations for what was called the Mexican School of Dermatology were set by González Herrejón and Fernando Latapí. The teaching of Dermatology began in the early twentieth century at the General Hospital of Mexico and at the Pascua Dermatological Center; later, graduate education was launched at those institutions and at the Institute for Sanitation and Tropical Diseases; still later, at the Mexican Social Security Institute, at the Dr. Manuel Gea González General Hospital, and — in the interior of the country — at the Institute of Dermatology in Jalisco, University Hospital of Monterrey, University of San Luis Potosí and finally at other public institutions. Nowadays two dermatological groupings exist: the Mexican Society of Dermatology, founded in 1936, and the Mexican Academy of Dermatology (1952); both belong to the International League of Dermatological Societies and were in charge of organizing the Eleventh International Congress of Dermatology held in Mexico in 1977.

*Dermatología, Revista Mexicana* was born in 1956, and in 1987 launched a new stage as the official organ of the two institutions. Since 1975, there exists a Mexican Council of Dermatology and reaccreditation is currently indispensable.

The specialized field is already almost a century old in Mexico. Some of the first dermatologists in Latin America were trained in our country, although the influence was initially European; the new generations, on the other hand, come under the strong influence of United States Dermatology.

Currently there are around 2,000 dermatologists in our country. Mexico is considered...
a tropical country and many of the so-called tropical diseases are found in it. The basic dermatological problems are mycoses (mycetoma, sporotrichosis, chromoblastomycosis, coccidioidomycosis, histoplasmosis), parasitosis, leishmaniasis, chicle ulcer, oncocercosis, mycobacterioses (leprosy, tuberculosis), treponematosis and pyodermas, but there are also diseases related to nutrition (pellagra) or to the environment (solar prurigo).

Dermatological surgery

It is hard to establish at what time Dermatological surgery was born in Mexico. Dr. Julio César Liparoli, of Guadalajara, Jalisco, appears to have been the first dermatologist to advertise his services as a specialist in “Dermatological Surgery” in private practice. At the General Hospital of the City of Mexico, the pioneer in this field was Dr. Jorge Peniche, who organized the first Clinic for Skin Tumors in the late 1950s, with the collaboration of a plastic surgeon and a radiotherapist. Thus was born the Dermato-Oncology and Dermatological Surgery Unit of that hospital’s Dermatology Service. In 1976, the first the Dermato-Oncology and Dermatological Surgery course was launched, with a duration of one year. This subfield is currently underpinned by the Autonomous National University of Mexico and is taught at three institutions: the General Hospital of Mexico, the Dr. Manuel Gea González Hospital and the Pascua Dermatological Center. At the latter, in the 1960s, surgical procedures — still very limited — were handled by Dr. Yolanda Ortiz. In 1967, the so-called prior consultation on tumors and their surgical treatment were established, initially carried out by a plastic surgeon and afterwards by dermatologists; in 1978, the Center shifted address and the latter was taken up by the Dermatological Surgery Service; lastly, in 1982, the Clinic for Malignant Tumors was established. In 1988, a residency began at the Clinic for Tumors and at the Dermatological Surgery Service. Since then more than 30 dermatologists have completed the training.

On the 20th of November, at the National Medical Center, the Dermatology Service was established in 1961 by Dr. Aquiles Calles; in 1986, a medical residency in Dermatology was launched with a program of dermatological surgery on rotation with plastic surgery.

The General Hospital of Social Security’s National Medical Center existed between 1963 until its disappearance in the year 1985, when it was destroyed in the great earthquake. Dermatological surgery was carried out by Dr. José Luis Jiménez Castilla; in 1968 a plastic surgeon participated and there was a rotation within the specialized field. Advanced cases were sent to the Oncological Hospital for a second opinion from Dr. Charles Meuregh; this service is currently handled by a dermatologist.

Dr. León Neumann trained at the now-gone Institute for Sanitation and Tropical Diseases (1966-67), where virtually no dermatological surgery was performed. He attended a private clinic in New Orleans for several months to learn dermabrasion and hair transplant techniques in 1967, and was probably the first to carry out a hair transplant in Mexico.

Two dermatologists who had trained in Spain joined the Dr. Manuel Gea González General Hospital, Dr. Judith Domínguez Cherit (1987) and Dr. Josefina Carbajosa (1991). Dr. Leticia Boeta, who had trained in Mohs surgery in the United States, joined in 1996. Dermatological Surgery was launched at the Institute for Nutrition Diseases in 1982 with the incorporation of Dr. Josefina Carbajosa, who introduced Mohs surgery, tumescent anesthesia, nail surgery and dermatological surgery of the genitals, among others. This subfield is also practiced at the Central Military Hospital under the guidance of Dr. Clemente Moreno Collado, at the Dermatological Institute of Jalisco under the leadership of the plastic surgeon Julio Barba Gómez, and at the Juárez Hospital with Drs. Ortiz and Boeta.

The Dermatology service of the University Hospital of Monterrey (Nuevo León) is led by Dr. Jorge Ocampo Candiani who trained as a dermatological surgeon at the universities
of Barcelona and Alabama. The history of dermatological surgery at that service began with Dr. Oliverio Welsh, who introduced cryosurgery when he was its director. In 1983, the service was joined by Dr. Sergio Ramos Arizpe, who performed dermatological surgery in Germany and gave a boost to oncological surgery. A degree in dermatological surgery is offered for certified dermatologists, with a one-year study course, backed by the graduate subdivision of the Medical School at the Autonomous University of Nuevo León. In 1983, in collaboration with Oliverio Welsh and with the sponsorship of the International Society for Dermatologic Surgery, León Neumann organized the First Theoretical and Practical Course on Dermatological Surgery, with practice on pig legs.

The Mexican Society of Dermatological and Oncological Surgery was born in 1994; it is affiliated with the International League of Dermatological Societies. Its congresses are held every two years. The Society has an official news organ under the heading of Cosmetics, Medical and Surgical, which is currently edited by Drs. Jorge Ocampo Candiani and José Gerardo Silva Siwady.

■ Conclusion

The phenomenon of worldwide globalization affects all spheres of human activity, including that of medicine. The medical information generated anywhere in the world is received the same day; technical, surgical and pharmacological advances are quickly spread by large transnational corporations. Mexico is delving into the twenty-first century with the participation of large private and public institutions, with a medical practice that is attuned to the great progress in contemporary medicine, but also with major challenges to be met, especially in the social field.

October 2004

■ References

12. De la Cruz M. Libellus Medicinallis Indorum Herbis. Manuscrito azteca de 1552. Traducción latina de
History of Dermatology in Mexico


In Mexico, as in most countries, adults and children have been — and still are — treated since the nineteenth century at the general Dermatology services, without distinction. Meanwhile, at pediatric hospitals, Dermatology patients have been treated by pediatricians, who, in general, have little training in Dermatology. In the second half of the twentieth century, most pediatric hospitals chose to have a general dermatologist as an external consultant, a situation that in most cases continues.

Since the 1960s, Mexico’s Children’s Hospital, an emblematic institution of Latin American Pediatrics, has had an Allergy and Dermatology service, whose head was the allergist Dr. Luis Gómez Orozco; as a consultant dermatologist, Dr. Roberto Núñez Andrade treated patients for two hours daily, but did not carry out teaching or research work.

At that time, Dr. Mario Magaña Lozano treated pediatric patients at the Dermatology Service of Mexico’s General Hospital and saw the referrals requested by the Pediatrics Service of that same hospital.

In late 1969, after having completed graduate studies in Dermatology and Dermopathology, I returned from Europe and worked as head of the Dermopathology laboratory, at the institution where years earlier I had carried out specialized studies in Dermatology, the Dr. Ladislao de la Pascua Dermatology Center, headed at that time by Prof. Fernando Latapí, who was also the head of the Dermatology Service of Mexico’s General Hospital. In that same year, I met Dr. Rigoberto Aguilar Pico, who had just been appointed head of Mexico’s Children’s Hospital, and he told me that Dr. Núñez Andrade was about to retire, inviting me to take over his post. In those times of the end of President Díaz Ordaz’s sexennium, it was reported that a new hospital center that would replace Mexico’s Children’s Hospital was being built in the south of the City of Mexico. The head of the new hospital was to be Dr. Lázaro Benavides Vázquez, who was already interviewing those who would make up his team. At the end of my first year of work at the Children’s Hospital, I turned in a report on my activities, and soon afterwards I was invited to an interview with Dr. Benavides. He offered me the management of the Allergy and Dermatology Service at the new hospital, which was inaugurated on November 6, 1970, by the outgoing president, Gustavo Díaz Ordaz and his wife, President of the Board of the National Institute for the Protection of Children (INPI). The INPI was to be replaced
in the new sexennium by the Mexican Institution for the Treatment of Children (IMAN),
which was to be presided by María Esther Zuno de Echeverría.

The name of the Allergy and Dermatology Service had been inherited from Mexico’s
Children’s Hospital, which had an allergist doctor as the Head. At the new hospital of the
IMAN, I was the Head, and I considered it appropriate to separate the two services,
something that happened a year later.

In December 1971, the annual meeting of the American Academy of Dermatology was
held in Chicago. There, I met Dr. Lourdes Tamayo Sánchez, who had written her Ph.D.
thesis on “The Etiology of Edema in Children’s Chronic Malnutrition” at Mexico’s Chil-
dren’s Hospital under the guidance of the renowned teacher of Pediatrics, Dr. Joaquín
Cravioto, and had recently completed the specialization in Dermatology at the National
Institute of Tropical Diseases, under the leadership of Prof. Dr. Antonio González Ochoa.

In those years, the struggle — which came from some time back — between the “tropi-
cals group” and the “Fascua and Hospital General group,” led respectively by González
Ochoa and Latapí, was at its height. As a consequence of this regrettable situation, there
was practically no contact between the students and former students of the two profes-
sors. In spite of this, and based on the good references that I had received on Dr. Tamayo,
I invited her to work as adjoint doctor at the Dermatology Service; fortunately she ac-
cepted, and the fruitful collaboration between us has lasted thirty-three years, since
April 1971. In 1989, after almost twenty years as head of service and with the aim of ob-
taining a post as researcher for the Service, I left the office to Dr. Tamayo, who, in turn,
resigned in 2002 for health reasons, and was replaced in office by Dr. Carola Durán Mck-
instre, a brilliant student of ours.

Doubtlessly under the influence of the optimism and the creative energy that existed
in most of us who started the new hospital of the IMAN — including the General Direc-
tor of the Institution, Dr. Alger León Moreno, and the President of the Board, Mrs. María
Esther Zuno de Echeverría, wife of the President of the country at the time — in October
1973 we organized the First International Symposium of Pediatric Dermatology, which
was held in the brand-new auditorium of the IMAN Hospital with the attendance of doc-
tors from twenty-six countries; among them were the pioneers of Pediatric Dermatology
in their respective countries: Martin Beare from Ireland, Ferdinando Gianotti from Italy,
Gabriela Lowy from Brazil, José María Mascaró from Spain, Edmund Moynahan from
Britain, Dagoberto Pierini from Argentina, Lawrence Solomon, Sydney Hurwitz, Alvin Ja-
cobs, Samuel Weinberg and Guinter Kahn from the United States, Eva Torok from Hung-
gary and Kazuya Yamamoto from Japan.

During the Symposium, at a dinner that was offered to the foreign professors, I sug-
gested the constitution of an International Society of Pediatric Dermatology, an initiative
which was enthusiastically accepted. Ten congresses have been held under the auspices
of this Society, the first in the City of Mexico, in October 1976. The first eight were named
International Congresses; starting with the ninth, which was held in Cancún in 2001, my
suggestion of calling them World Congresses was accepted.

In 1996, upon a suggestion of Dr. Alejandro García Vargas, from the Dermatological
Institute of the City of Guadalajara (Mexico), the Mexican Association of Pediatric Der-
matology was founded, myself becoming its first president. The Association has biannu-
ally organized the Mexican Congress of Pediatric Dermatology. The first one was held in
Mexico City, in 1997, under my presidency; the second one in Puerto Vallarta (Jalisco),
presided by Dr. García Vargas; the third in the City of Chihuahua, presided by Dr. María
de Lourdes Trevizo de Moreno; and the fourth in the City of Puebla, presided by Dr. Javier
Gil Beristain. The next one will be held in the City of Querétaro in 2006, presided by Dr.
Margarita Royo de Garfias.

Pediatric Dermatology exerts a great attraction for the general practitioner, the gen-
eral dermatologist and the pediatrician, and this is why in practically all dermatological
and pediatric events there are courses or symposia on this specialized field.

In 1973, the residency of the Pediatric Dermatology specialized field was organized at the Dermatology Service of the current National Institute of Pediatrics, consisting of two years for pediatricians and one for general dermatologists, with my participation as Full Professor and Dr. Tamayo as Adjoint Professor. Residents work an eight-hour shift. We soon realized that the training for pediatricians was insufficient, and in 1986 the residency period was increased to three years. Up to 2004, 83 specialists in Pediatric Dermatology have been trained, coming from Mexico and from all of Latin America. The specialization course, which at first was recognized by the Institute and by the Health Secretariat, has since 1989 also been recognized by Mexico’s Autonomous National University.

It is worth pointing out that our specialization course was the first and for many years the only one in the world. Many of the pediatric dermatologists it trained hold important posts in Mexican and foreign institutions.

The doctors who belong to the Service and have contributed significantly to its achievements are: Dr. Amelia M. Laterza, of Argentine nationality, who was an adjoin physician from 1979 to 1989; Dr. Carola Durán Mckinster, adjoined from 1989 to 2002 and current head of the Service; Dr. María de la Luz Orozco Covarrubias, who has been at the Service since 1992, and Dr. Marimar Sáez de Ocaríz who joined the Service in 2002.

The scientific output of the Service reaches 288 articles — of which 190 were published in indexed international journals — and five books on Pediatric Dermatology.

Some of the Mexican pediatric dermatologists who graduated from the Dermatology Service of the National Institute of Pediatrics and are currently in charge of Dermatology services in their respective cities are: Dr. Teresa Sánchez Gómez, at the Pediatric Hospital of León (Guanajuato); Dr. Carolina Palacios López, at the Dermatology Service of Mexico’s General Hospital; Dr. Angélica Berrón Ruiz, at Mexico’s Institute of Perinatology; Dr. María E. Moreno Aguilar, at the Poblano Children’s Hospital; Dr. Lourdes Trevizo de Moreno, at the Chihuahua Pediatric Hospital, and Dr. Alejandro García Vargas, at the Guadalajara Dermatology Institute.

Other dermatologists who practice Pediatric Dermatology at important hospitals in the capital are: Dr. Guadalupe Ibarra, who replaced me at Mexico’s Children’s Hospital and was in turn replaced by her student, Dr. Carlos Mena Cedillos; Dr. Mario Magaña García at the Pediatric Hospital of Mexico’s General Hospital, author of the book Pediatric Dermatology, published in 2000; Dr. Gregorio Podoswa, who was succeeded by his student, Dr. Edmundo Velázquez Arellano, at the Pediatric Hospital of the Medical Center; Dr. Norma Violante at the Hospital of the Race, both of the Mexican Institute of Social Welfare; Drs. Angélica Beirana and Enriqueta Morales at the Pascua Dermatology Center.

We doctors who first devoted ourselves to Pediatric Dermatology came from general Dermatology; in a self-taught way, with the daily contact with Pediatrics and with children, we became pediatric dermatologists. It is somewhat paradoxical that those of us who launched the specialized field and its teaching do not have the diploma that all our students possess.

I have tried to be objective in writing this historical account; I am aware that more than that, it looks like an autobiography, and actually, it is. I have been an actor on this stage where Pediatric Dermatology has developed for thirty-five years. If I have omitted
some name, some piece of data, it has been due to an involuntary oversight, and I apologize in advance.

It has been, no doubt, a team task, by the doctors of the Service, by the doctors of other specialized fields, by the authorities, but, above all, it has been an act of love for what we do. We are not the exception: at the National Institute of Pediatrics, enjoying, loving what we do, is, rather, the rule.

November 2004

Reference

Providing an account of the history of Dermatology in Nicaragua is a complex task, since there is little written information; this is why the data that we have collected come basically from interviews made to the few “actors” of past eras who are still alive. In the devastating earthquake that destroyed the city of Managua in 1972, a large part of the files that contained very valuable information were lost. Despite this, through the minutes of the current Nicaraguan Association of Dermatology, we have come to know a little about what has taken place in the evolutionary process of Nicaraguan Dermatology.

Historically, it has been the specialized medical field with the smallest membership, and projections into the future do not make us predict changes in this trend. At present, we are 42 dermatologist doctors, with women predominating (55%), for a population of 5,500,000, which gives a ratio of 1 dermatologist for every 130,952 inhabitants. Forty-five percent of specialists are in the city of Managua, capital of Nicaragua, and the rest are in different departments (districts); but there are important areas of the country that have no dermatologists, such as the departments of Nueva Segovia, Madriz, Rivas, Chontales, Jinotega, Matagalpa, RAAN, RAAS and Río San Juan¹, which concentrate 35% of the country’s population². The departments with the largest number of dermatologists are Managua and León.

We have not found serious evidence of the practice of Dermatology by medicine men, but we can assert that they have treated varicose ulcers with ground coffee and herb leaves known by non-scientific popular names. Vitiligo, which is often associated with witchcraft or spells cast on those who suffer it, is treated with annatto and medicinal herbs. Medicine men and sorcerers are not allowed under Nicaraguan law, but since there is no control over them, they continue to practice regularly.

Development of the specialized field

The earliest data we have on the history of Dermatology in Nicaragua are related to leprosy.

In 1893, the then-president of the Republic, General José Santos Zelaya, fearing that the ailment might spread around the country, ordered every leprosy patient to be secluded on Aserraderos Island (Cardón Island) at the port of Corinto, on the Pacific Ocean, Chinandega Department. In 1902, the first leprosarium was founded there, where
hospitalized patients became real prisoners, since they were not allowed to leave. Patients were moved around in special railroad cars, painted yellow and with the number 79 as inscription, plus signs that indicated the type of people who traveled in them. In 1930, the patients escaped from Aserraderos Island, and most of them settled in El Viejo District, Department of Chinandega, which therefore became the main leprosy focus in the country at that time. Another group settled in the Department of León.

In 1932, the first National Leprosy Asylum was founded in the city of Managua with the name of St. Lazarus, on the grounds that are currently taken by the Dr. Francisco José Gómez Urcuyo National Dermatology Center, which the older inhabitants of Managua still refer to as the “Leprosy Asylum.” These grounds were donated by Don Alfonso Pérez Alonso and Don Juan de Dios Matus; the latter was, owing to his love for Hanseniasis patients, known as “John of Leprosy." In its beginnings it hosted 38 patients.

In 1934, Dr. Roberto Espinosa Sotomayor was appointed head of the St. Lazarus leprosarium; even though he was not a dermatologist, he combined his administrative activities with dermatological treatment of hanseniasis patients3.

In 1943, the Board Against Leprosy was created, and the first doctor specializing in Dermatology, Dr. Carlos Irigoyen — who had graduated in Mexico, a founder of the Nicaraguan Society of Dermatology and of the Central American Society of Dermatology — was appointed to head it. In 1963, as General Secretary of the Central American Society of Dermatology, he organized the Fourth Central American Congress of Dermatology4 (Figure 1).

Subsequently, the medical management of the St. Lazarus leprosarium was taken over by Dr. Armando Morales Ettienne, a dermatologist who graduated in Argentina and was a founding member of the Nicaraguan Society of Dermatology and of the Central American Society of Dermatology5.

In subsequent years, the following Nicaraguan dermatologists returned to the country:

- Dr. Jorge García Esquivel, who graduated in Mexico.
- Dr. Alcides Delgadillo, founding member of the Nicaraguan Society of Dermatology.
- Dr. Ernaldo Ávalos, who graduated in Argentina, a founding member of the Nicaraguan Society of Dermatology.
- Dr. Carlos Delgado, who graduated in France, a founding member of the Nicaraguan Society of Dermatology.
- Dr. Oscar Martínez Campos, who graduated in Argentina, a plastic surgeon and dermatologist; he was the president of the Nicaraguan Society of Dermatology and the associate secretary before the Central American Society of Dermatology. He was also the Minister of Social Security in 1997, and is currently a deputy for Nicaragua before the Central American Parliament. He has participated as a guest professor in many national congresses.
  - Dr. Josefa Pineda, who graduated in Argentina.
  - Dr. Sergio Delgado, who graduated in Puerto Rico.
  - Dr. Leonor Corea, who graduated in France.
  - Dr. Francisco José Gómez Urcuyo, who graduated in Mexico and Spain, and returned to Nicaragua in 1975 (Figure 2).
  - Dr. Ángel Martínez Jiménez, who returned to our country in 1977, after having graduated in Brazil. He was the Faculty Head and Deputy Head of the National Center of Dermatology and a co-founder of the undergraduate and graduate Chairs of Dermatology at the Autonomous National University of Nicaragua (León and Managua respectively). In 1991, the Autonomous National University of Nicaragua, Managua, marked its appreciation for his ten years as a faculty member of the institution. He has participated as a Guest Professor in many national congresses.
  - Dr. Juan José Guadamuz, who graduated in Mexico, was a full professor of the Chair of Dermatology (undergraduate) of the Medical School of the Autonomous National University of Nicaragua, León.
• Dr. Orlando Sarria Berríos, who graduated in Mexico.
• Dr. Aldo Edgar Martínez Campos returned to Nicaragua in 1977, after having graduated in Argentina.
• Dr. Federico Prado Rocha, who graduated in France, returned to our country in 1979. He was a co-founder of the undergraduate and graduate Chairs of Dermatology at the Autonomous National University of Nicaragua (León and Managua, respectively). He was also a co-founder of the National Dermatology Hospital. In 1991, the Autonomous National University of Nicaragua, Managua, marked its appreciation for his eight years as a faculty member of the institution. During 1997-98, he was the Deputy Minister of Health. He has participated as a Guest Professor in various national congresses.
• Dr. Hermann Allan Schaffer Urbina returned to Nicaragua in 1980, after having graduated in Uruguay.
• Dr. Marlene Parra García, who returned in 1985, graduated in Mexico in the specialized subfield in Pediatric Dermatology, becoming the first pediatric dermatologist in the country. From 1996 to 1999 she was the coordinator of the graduate Dermatology course at the Dr. Francisco José Gómez Urcuyo National Center of Dermatology. Since 1992, she is full professor of the undergraduate Chair of Dermatology of the Autonomous National University of Nicaragua Medical School, in Managua. She has participated as a Guest Professor in many national congresses.

All these dermatologists, as well as others who have not been mentioned here, have worked responsibly and with love for Nicaraguan dermatology. But we consider it necessary to issue special recognition for some of them who have stood out through the years for their outstanding dedication and delivery.

### Outstanding personalities

#### Dr. Jorge García Esquivel

He stood out for his work as the head doctor of the Leprasy Asylum (1951-1970), the name of which was changed under his administration to “St. Lazarus Sanatorium.” He introduced to Nicaragua the first effective treatment against leprosy, the sulfones (DDS). He began the first field-study treatment to treat non-hospitalized patients, and, with the support of Dr. Rodolfo Matus, a plastic surgeon, conducted the first reconstructive surgeries for patients who needed them. He was the first Nicaraguan specialist to report his dermatological experiences at national and international congresses. He was a founding member of the Nicaraguan Society of Dermatology and the General Secretary of the Central American Society of Dermatology; as such, in 1976 he organized the Tenth Central American Congress of Dermatology. He was also on several occasions president of the Nicaraguan Society of Dermatology.

#### Dr. Francisco José Gómez Urcuyo (1943-1995)

He was one of the most outstanding dermatologists seen in Nicaragua, and his premature absence was an irreparable loss. He devoted a large part of his life as a dermatologist to leprosy patients, with scientific and mystical capability, with love and dedication. He was the head of the St. Lazarus Sanatorium from 1976 to 1981, and a co-founder and encourager of the founding of the National Dermatology Hospital that currently carries his name in just homage to his memory, for the arduous task he began on February 1, 1978. From that moment on, the hospital underwent an important transformation in its physical and medical structures, producing an improvement in the hygiene...
and environmental conditions of hospitalized patients. For the first time, dermatology patients had their own hospital, where they stayed to receive medical treatment. Under his administration, patients with Hansen’s disease institutionally received rifampicin, clofazimine and DDS treatment (Figure 3).

He was also a co-founder of the Society of Friends of Lepers, through which it became possible to build the Adilia de Eva Citadel, made up of seventeen hygienic houses, independent of one another, for patients to have modest but dignified housing with the privacy that every family has at home. At present, seventeen patients live in this citadel; these patients are already cured, but they still receive medical treatment, food and all the necessary materials for their care. They are all seniors, and they live in the company of their children and grandchildren, making up a population of forty-one people. These buildings were built on the grounds of the hospital itself and are separated from those occupied by patients hospitalized for other pathologies. It must be pointed out that the government at the time did not invest one cent in the construction of these houses. Single patients live in separate wards for men and women. The citadel carries the name of Mrs. Adilia de Eva, in honor to this admirable matron who worked hard in its construction and who felt special devotion and love for the sick with leprosy.

Dr. Gómez Urcuyo created the Social Welfare and Promotion Department to treat hanseniasis patients in a multidisciplinary fashion. Through his activity, it became possible to integrate some mutilated patients to family life; carpentry workshops were founded, and training was given for them to learn the carpentry and cabinetwork trades, with great success, since some patients, in spite of their mutilations, became productive and more useful to their families. In 1980, Gómez Urcuyo participated in a field study to determine new cases of leprosy in the Chinandega and Managua departments.

He was a guest professor in various national and international congresses, where he presented his works and personal experiences. In 1980, he founded the undergraduate Chair of Dermatology of the Autonomous National University of Nicaragua (Managua). He was a co-founder of the graduate Chair of Dermatology of the Autonomous National University of Nicaragua (León and Managua). On two occasions, he was the Associate Secretary for Nicaragua before the Central American Society of Dermatology. In 1991, he was given recognition for his ten years of educational work at the Autonomous National University of Nicaragua (Managua). In 1994, the Honduran Society of Dermatology, in acknowledgment for his merits, appointed him a Member of Honor.

One of the oldest hanseniasis patients at the National Center of Dermatology, Mr. Pedro Delgadillo,7 in a demonstration of affection, respect and thankfulness, dedicated him the following poem:

My doctor is a young nica, he is an adventurer.
Of all the employees, he is the first to arrive at work.
He is the researcher of my spinal cord and my withered skin,
He is the repairer of my blood,
Who, when I get angry, becomes upset.
His name, like his signature,
Among colleagues is respected.
When he visits me and does not prescribe me anything
I keep quiet out of respect, because I love him.
As he says,
My great desire is
That on the path that He treads
There be neither burrs nor chains.
And that his beautiful and sensitive task  
Be blessed by God wherever aims it.

Dr. Francisco José Gómez Urcuyo is considered to be the doctor who had the most love and dedication for hanseniasis patients. We can confirm this in one of his poems, which the authorities of the Ministry of Health selected and recorded on a bronze plaque that was unveiled during a solemn ceremony at the National Center of Dermatology that currently carries his name:

Lord:  
My lepers are the light of my life.  
They fill my profession  
and my condition of Nicaraguan  
with tenderness.

Help me bring relief to their injuries,  
Fortitude in the face of humiliation,  
Comprehension in their loneliness.

Dr. Aldo Edgar Martínez Campos (1937)

Dermatologist and specialist in Labor Medicine. In 1980, he was a co-founder of the graduate Chair of Dermatology at the Medical School of the Autonomous National University of Nicaragua. During that year, he participated in a field study to detect new cases of leprosy in the Chinandega and Managua departments. In 1982, he was selected National Head of Education in the Specialized Field of Dermatology at graduate level by the Autonomous National University of Nicaragua, in León and Managua, and by the Higher Office of the Ministry of Health. As founder and head of the Chair he drafted, together with Dr. Hermann Allan Schaffer Urbina, the plans and programs of the specialized field which are still applied, with changes made by the same authors in subsequent years. At present, out of the forty-two dermatologists who work in Nicaragua, thirty-six have graduated in the country.

In the founding of the Chair of Dermatology, he was sided by Drs. Herman Allan Schaffer Urbina, Francisco José Gómez Urcuyo, Federico Prado Rocha and Ángel Martínez Jiménez. Dr. Hugo Argüello Martínez, a pathologist, Dalia Torres Flores (Figure 5), a biologist and medical technician, with graduate courses in Mycology completed in Costa Rica and Argentina, and Dr. Marlene Parra García, joined later.

On two occasions, Martínez Campos was the president of the Nicaraguan Society of Dermatology and the associate secretary for Nicaragua before the Central American Society of Dermatology. On two occasions, he has been president of the Nicaraguan Medical Association; he is currently the honorary president of the Nicaraguan Association of Dermatology and a lifetime member of the Board of Directors of the Nicaraguan Medical Association. He has been a guest professor at national and international congresses, where he has presented his work and personal experiences.

It can be categorically asserted that, together with Drs. Hermann Allan Schaffer Urbina and Francisco José Gómez Urcuyo, he is one of the pillars of present-day Nicaraguan dermatology.

In 1985, the Ministry of Health, in recognition for his educational work, selected him as a member of the National Medical Group for the specialized field of Dermatology. In 1986, the Ministry of Health and the Nicaragua National Council of the Higher Education honored him as Outstanding Professor in the graduate Dermatology course.
In 1986, the Higher Office of the Ministry of Health established the goal of decentralizing national Dermatology. Martínez Campos was selected to found the Dermatology Teaching and Treatment Unit at the Eastern Policlinic, where dermatology residency doctors carried out their teaching and treatment internships six months a year.

In 1991, the Autonomous National University of Nicaragua, Managua, offered him its recognition for his ten years as a faculty member at the institution. In 1994, he was a co-founder of the Medical School of the American University, the first private medical university in Nicaragua; there, he was a co-author of the study plans and programs and founded the Chairs of Medicine and Labor and of Dermatology. At present, he is a full professor of the latter. He was a member of the Faculty Council and a founder and head of the Graduate Department of that University, offices he gave up in 1999.

In 1996, as the General Secretary of the Central American Society of Dermatology, he organized the Twentieth Central American Congress of Dermatology, in the city of Managua.

In 1997, he was appointed Teaching and Research Head of the Ministry of Health. During that year, the Autonomous National University of Nicaragua (Managua) organized an event in recognition for his invaluable work in the development of graduate courses in Dermatology. He was the teaching sub-head of the National Dermatology Hospital. In 2001, the Medical School of the American University, in recognition of his educational work, granted him the Diploma of Honor to Merit.

At present, he continues his activity as full professor of the Chair of Dermatology of that University. He also continues to participate as a lecturer at national and international medical congresses.

**Dr. Hermann Allan Schaffer Urbina (1945-1998)**

In 1980, he was a co-founder of the undergraduate Chair of Dermatology at the Medical School of the Autonomous National University of Nicaragua (Managua). During that year, he participated in a field study for the detection of new cases of leprosy in the Chinandega and Managua departments (Figure 6).

His participation was fundamental in the construction and development of the graduate Chair of Dermatology, where he participated actively and efficiently in the drafting of the study programs and plans of the specialized field. As an educator, he had the art of knowing how to convey his knowledge, which made him a very respected physician in the medical community of Nicaragua.

He was the teaching sub-head of the present-day Dr. Francisco José Gómez Urcuyo National Center of Dermatology, a job he performed with great efficiency, which contributed to a better training of residents (Figure 7).

He was a guest professor at many national and international congresses, where he presented his works and personal experiences. He was the president of the Nicaraguan Society of Dermatology and, on two occasions, the associate secretary for Nicaragua before the Central American Society of Dermatology.

In 1991, the Autonomous National University of Nicaragua marked its appreciation for his outstanding work as a faculty member during ten years at the institution. In 1999, the Ministry of Health, at a solemn ceremony, unveiled a marble plaque at the Auditorium of the National Center of Dermatology to honor his work as and educator and his life example.

He was one of the most important dermatologists Nicaragua has had, and his absence is deeply felt by everyone.

---

**Figure 6.** Hermann Allan Schäffer Urbina

**Figure 7.** Left to right: Erasmo Aguilar, Hermann Schäffer Urbina, Berthalina Cuevas, Federico Prado and Aldo Edgar Martínez Campos
The Nicaraguan Association of Dermatology

The administrative steps for its founding began in 1957; the founding finally took place on May 4, 1961, in the Managua Declaration, with the name of Nicaraguan Society of Dermatology and Syphilology. Subsequently, due to legal reasons, it had to change its initial name to Nicaraguan Association of Dermatology.

Its founders were Drs. Carlos Irigoyen, Alcides Delgadillo, Armando Morales Ettienne, Jorge García Esquivel, Ermaldo Ávalos Vega and Carlos Delgado González, all of them deceased.

The Nicaraguan Association of Dermatology groups most of the country’s dermatologists. Up to the present, it has organized nineteen National Congresses of Dermatology, focused on the following specialized fields: Dermatology, Internal Medicine, Pediatrics, Plastic Surgery and General Medicine; at some congresses, topics dealing with primary treatment and with the training of medical residents and students have been presented. It has also, through its board members, organized three Central American Congresses.

Through the Association, agreements have been made with the American University Medical School to conduct programs of Ongoing Medical Education in Dermatology and Dermatology Update Courses.

On October 6, 1998, during the General Meeting of the Nicaraguan Association of Dermatology, the Dr. Hermann Allan Schaffer Urbina scholarship was created in memory of that eminent Nicaraguan dermatologist; the scholarship consists of $US 200 monthly and is aimed at young doctors with excellent averages throughout their careers who wish to study Dermatology. The first doctor who obtained this distinction was Dr. Hermann Allan Schaffer Suárez, who completed his studies at the Medical School of University of Marroquín, Guatemala. The Association also has a mutual aid fund and joint life insurance for dermatologist members of the Association who need them in case of disease or death.

The Dr. Francisco José Gómez Urcuyo National Center of Dermatology

On February 20, 1995, in a solemn ceremony twenty-five days after the death of the illustrious dermatologist, the Ministry of Health — at the request of the Nicaraguan Medical Association and of the Nicaraguan Society of Dermatology — gave his name to the institution that Dr. Gómez Urcuyo had founded on February 1, 1978 (Figure 8) with the collaboration of Dr. Ángel Martínez Jiménez, in charge of hanseniasis patients, Dr. Aldo Edgar Martínez Campos, as teaching sub-head, Dr. Federico Prado Rocha, as the head of the outpatient office, and Dr. Claudio Galo Sandino, a clinical microbiologist, the head and founder of the hospital’s current laboratory. Drs. Hermann Schaffer Urbina, as the head of hospitalized patients, Josefa Pineda, Leonor Corea, Hugo Argüello, a pathologist and a disciple of Prof. Ackerman, Marlene Parra García and Dalia Torres Flores joined later.

At present it is a teaching hospital, treating an average of 300 patients a day, and it is considered to be the cradle of current Nicaraguan dermatology. Forty-seven Nicaraguan and two foreign dermatologists have graduated from it. The first dermatologist who graduated in Nicaragua was Dr. Alfonso Bendaña Hurtado, on November 25, 1985.

At present, there are fourteen Dermatology residents; full specialized treatment is provided for all dermatology patients and the teaching is provided mostly by dermatologists graduated in Nicaragua. Interns and plastic surgeons also work and collaborate with the educational work.

The Dr. Francisco José Gómez Urcuyo National Center of Dermatology works in...
coordination with the Antonio Lenin Fonseca Hospital, a center with 300 beds that provides medical support to solve the cases of patients who need specialized treatment.

In years after the administration of Dr. Gómez Urcuyo, remodeling work took place that is worthy of mention, including changes to the outpatient offices section, carried out by the then-Head of the Center, Dr. Juan José Cabrera, in 1983.

Dermatology teaching activities in Nicaragua

We can categorically assert that the founding of the graduate Chair of Dermatology in 1982 marked a qualitative and quantitative leap in the specialized field in our country. Educating specialists in Nicaragua was a right and wise decision. Teaching traditions from schools in Argentina, Uruguay, Mexico, Spain, France and Brazil came together in the Chair, a situation that yielded a solid education for new Nicaraguan dermatologists. It must be pointed out that the Chair still operates under the educational responsibility of dermatologists educated almost exclusively in Nicaragua.

At present, there are three Medical Schools that teach dermatology in Nicaragua: two in Managua and one in the city of León. At the Medical School of the National Autonomous University (Managua), there is an undergraduate Chair, with Dr. Marlene Parra García as full professor. The graduate Chair has no full professor at the moment and works under the responsibility of Dr. Erasmo Aguilar Díaz, who graduated in Nicaragua. There are currently fourteen resident Dermatology doctors studying the specialized field, under a three-year program. In order to obtain their specialist degree, they have to conduct a research project and defend it before a jury.

Most residency doctors are given a grant by the Ministry of Health, but there are some who study with their own funds. Entry is gained through an admission exam; the selection of the best students is made on the basis of the grades obtained in the test, together with their undergraduate grades and the résumés. The number of admissions is determined every year by the authorities of the Ministry of Health together with the Medical School.

The Medical School of the American University offers only the undergraduate program; its full professor is Dr. Aldo Edgar Martínez Campos (Figure 9).

The venue of these three chairs is the Dr. Francisco José Gómez Urcuyo National Center of Dermatology, which has qualified as a Teaching Hospital. The Medical School of the Autonomous National University of Nicaragua (León) has Dr. Nubia Pacheco Solís as full professor of undergraduate studies. Classes are held at the “Oscar Danilo Rosales” Teaching Hospital, which is a general hospital. At this school there are no graduate studies in Dermatology.

Among the new generations (Figures 10, 11, 12) — all of them the product of the Dermatology graduate program in Nicaragua since 1982, except for Dr. Hermann Allan Schaffer Suárez — we can point out:

**Dr. María Eugenia Medina Zepeda:** She was the coordinator of the Dermatology graduate program at the Dermatology Teaching and Treatment Unit at the Eastern Polyclinic (1988-1994) and at the Dr. Francisco José Gómez Urcuyo National Center of Dermatology, from 1996 to 2002, when she resigned. In 1989, she participated in a field study for the detection of new cases of leprosy in San Francisco Libre, Managua, and in Chinandega. She has participated in foreign congresses as a lecturer and in national congresses as a guest professor, presenting her experiences and work.

**Dr. Luz Cantillo:** She was the Head of the Dr. Francisco José Gómez Urcuyo National Center of Dermatology during 1994-1997, when she conducted remodeling work in the outpatient offices and in the hospital’s auditorium. She participated in the field work in the San Francisco Libre District, Managua Department, where a focus of leprosy focus
and several cases of pediatric nodular leprosy were found. She also participated in the field work carried out in 1996 on El Zapote, Real de la Cruz and Sabana Larga communities, in the Department of Matagalpa, where the wells that provided drinking water were found to be contaminated with arsenic, detecting 111 persons with CHA. She has participated in foreign congresses as a lecturer and at national congresses as a guest professor, presenting her experiences and work.

She is currently a faculty member of the undergraduate Chair at the Autonomous National University of Nicaragua (Managua) Medical School.

**Dr. Alina Gómez:** She coordinated the field work conducted in the San Francisco Libre District, Managua Department, where a leprosy focus was found, and participated with Dr. Luz Cantillo in the field work in which 111 patients with CHA were detected. At the Twenty-Second Central American Congress of Dermatology, held in the city of Panama, she won the first prize in the presentation of charts with summaries of the arsenic cases. She has participated in foreign congresses as a lecturer and at national congresses as a guest professor, presenting her experiences and work. For one year, she was a faculty member of the undergraduate and graduate Chairs of Dermatology.

**Dr. Leónidas Pacheco Mora:** He was the president of the Nicaraguan Association of Dermatology during 1996-1998. He was in charge of the organization of two national congresses of the specialized field. He has participated as a guest professor at various national congresses.

**Dr. José Miguel Gutiérrez Arostegui:** He was the president of the Nicaraguan Association of Dermatology during 1998-2000 and, as such, organized two national congresses of the specialized field. He was the head of the National Center of Dermatology during 1997-1998.

**Dr. María Luisa Álvarez Ortiz:** She was the president of the Nicaraguan Association of Dermatology during 2000-2002; in this period, she organized two National Congresses of Dermatology. She has participated at national congresses as a guest professor at foreign congresses as a lecturer, presenting her experiences and work.

**Dr. Erasmo Aguilar Díaz:** Since 2002, he is the coordinator of the graduate program in Dermatology. He has participated as a guest professor in national congresses. He participated in the field work in Matagalpa Department, where 111 patients with CHA were found.
Dr. Sonia Rivas Serrano: Current president of the Nicaraguan Association of Dermatology, since 2002. She has organized two national congresses of the specialized field and has participated as a guest professor in many national congresses.

Dr. Herman Allan Schaffer Suárez: He is an associate professor of the undergraduate Chair of Dermatology at the Medical School of the American University.

Dr. Jorge Neira Cuadra: At present, he is the Head of the National Center of Dermatology, to which he has made structural improvements. He is an associate professor of the American University Medical School undergraduate program and an associate professor of the graduate Chair of Dermatology at the Medical School of the Autonomous National University of Nicaragua (Managua). By virtue of his capacity and dedication, he has become a solid pillar in teaching and the development of the graduate Chair. He has participated in national congresses as a guest professor and in international congresses as a lecturer, presenting his experiences and work.

We can assert without fear of being wrong that Nicaraguan Dermatology, despite being a specialized field with a small membership, currently occupies a place of honor in Nicaraguan medicine, thanks to the prestige and scientific capacity that its founders gave it in the past — founders who have bequeathed a beautiful work that current generations of dermatologists are strengthening and enriching with their arduous and constant work. We are fully convinced that the present and the future of Nicaraguan dermatology are in good hands, and that a very promising future awaits us.

October 2004

References

Our continent, versatile and mysterious whichever way you look at it, bears within it a plethora of manifestations which through the indigenous people who have settled here, and still populate it, constitute the extremely rich legacy of the development of medicine in all latitudes of the Americas, with testimonial expressions conserved in sculptures, pottery and inscriptions that show skin-related diseases, among others. Undoubtedly, contributions from Mexican, Colombian, Peruvian, Chilean and Argentine authors, among so many other countries that make up the Latin American confraternity, will ratify this concept beyond any shadow of doubt.

I have preferred to call this work simply “Notes on the History of Dermatology in Paraguay” due to the magnitude of this subject which encompasses years of development of numerous civilizations, mainly in the Pre-Columbian era and especially of the Tupí-Guaraní race; these inhabitants of a large part of the South American territory in those times, unfortunately, have left scarce testimonies through their craftwork of the extraordinary knowledge that they had about the healing properties of plants. Fortunately, however, some facts have been gathered by diligent observers such as the conquistadors, the Jesuits, schooled indigenous people, and numerous researchers and academics who arrived in this land, and through remarkable research work confirmed the extraordinary cognitive development of the native people of this continent.

Paraguay, a landlocked country with an extremely rich and surprising history, prior to the conquest extended into the territories that today are part of Brazil and Argentina, with borders with Peru and Bolivia; but it began to dismember during colonial times, due to clashes between the Portuguese and Spaniards; in the first case, mainly due to the bandeirantes, Paulista pillagers, driven by their interest to enslave cheap labor; in the second, due to neglect of those vast territories. And after independence, the bloody war endured by Paraguay — known as the war of the Triple Alliance (Brazil, Argentina, and Uruguay) — between the years 1865 and 1870, mutilated the territory even further, and
wiped out a large part of the population, plunging survivors into despair and misery as a consequence of bullets, hunger, and the countless diseases on the battlefield.

During the reconstruction of the fatherland, after those ghastly five years, the first events took place that mark the beginning of the history of Dermatology in Paraguay. The numerous documents that we have consulted on that period constitute an interesting conglomerate of the most noteworthy information about skin diseases in our country, the mechanisms to combat them, and their results, put forward by outstanding members of these communities.

The goal of this introduction is to awaken interest among newcomers, so that their contribution can enrich the history of Dermatology in Paraguay even further. My gratitude and acknowledgement go to those who collaborated with this modest work.

The population of the Americas. The American man

No hominid fossils had been found in America; the Amerindian did not originate in the American continent, but arrived from Asia in the late Paleolithic and early Neolithic. This arrival in America took place in relative recent times, later than in Europe, not more than 30,000 years ago (between 35 and 40,000 according to Bates), according to archaeological findings and research projects.

The inhabitants came from Asia by land, in successive migrations, through the Behring Strait. They were Mongoloid type peoples, still not very differentiated (without very marked traits of the Mongolian and East Asian families), dolichocephalous, originating from primitive Paleo-Asian tribes of the north of Asia.

There are also other theories from various authors, quoted by González Torres, to explain the presence of the American man in the continent. Paul Rivet, from the Museum of Man and the Museum of Natural History in Paris, points out four migratory currents:

1. Mongoloid (the main theory): they arrived from Asia through the Behring Strait.
2. They arrived in boats from Polynesia, Melanesia, Oceania, islands in the Pacific, passing through Easter Island; certain doubts arise considering such a major journey thirty thousand years ago.
3. They crossed over parts of the Pacific farther up north, reaching different latitudes of the American coast.
4. Migration of the Australian man through Antarctica to arrive in the southern tip of America; ancestors of Patagonians and Fueguians, with common cultural elements with Australians.

There are also other theories, some in the realm of fantasy. The main sources of prehistoric data in America are the mounds and sambaquies, or shell mounds, and remains found in caves and caverns. The oldest human fossils found in our continent, determined by Carbon 14 dating, are (always according to González Torres):

— Santa Rosa Island, California coast, 38,000 years.
— From Lewisville, Texas, 37,000 years.
— From Sandia Cave, 26,000 years.
— From Tule Springs, Nevada, 22,000 years.
— From Chile, 10,000 years.
— From Folsom (bonfires of the Folsom people) 9,889 years.
— From Lagoa Santa, Brazil, 6,000 years.

The anthropological characteristics of the people of the upper Paleolithic are: dolichocephalous (elongated head, with an elevated skull case, with thin walls), long and narrow face, medium-size nose, marked superciliary arches, and straight hair. They were called Australoids because there are still individuals and people with the same anthropological characteristics in Australia. Today they are represented by the Algonquians.
and Shoshone of North America; and by the Gé, Kaingua, Sirione, Toba and Tehuelche, among others, in South America.

The men of the upper Paleolithic appeared in Paraguay 6,000 years ago. According to Canals Frau, the settlers of the upper Paleolithic in South America make up three racial groups, all dolichoid: the ancestors of the Huarpids (tall, thin, hirsute: Huarpe of Cuyo, Sirione of eastern Bolivia), who made their way down from Mexico, Central America, Colombia, inter-Andean areas; the Lagid (short, strong, hirsute: Kaingua, Gé, among others), who reached Venezuela, the Orinoco basin to central and eastern Brazil, Paraguay, and northeastern Argentina. The Patagonids (tall, strongly built, not hirsute); the Tehuelche from Patagonia, who inhabited from Tierra del Fuego to central Brazil.

In the Neolithic, other migratory tides which occupied Alaska, the north of North America toward the east (Eskimo) and then migrated south (5,500 a 5,000 BC); it is said that they also came from Polynesia. They were brachycephalous (shorter and wider skull), sedentary, farmers, shepherds, and cattle raisers. They used tools and polished stone weapons, bones, spears, and ivory. They knew and developed ceramics, pottery, spinning, weaving; they were socially organized, and lived in villages. They developed arts and religion. They were good sailors and improved their vessels.

Today’s representatives of these groups are the Muskogee and other tribes of the southeastern United States; the Apache in the north of Mexico; the Eskimo, Amazonic, Arawak, Brasíliids, Carib, Guaraní-tupí. Tribes of the Neolithic cultures appeared in Paraguay circa the year 3,000 BC. They lived in the wild, in our eastern region, in large communal houses and village groups.

The Amerindian races have been classified through different criteria: by geographical areas, linguistic families, cultural areas, etc. At the time of the discovery of America, there were four subgroups, as accepted by most anthropologists:

1. North Pacific Indians in Alaska and west of the Rocky Mountains, across the North Pacific to California; among them, the Apache, mainly, who made their way down to Mexico.
2. South Pacific Indians, from Mexico, Central America, through the Andes to Patagonia. These are the neo-Amerindians, Aztec, Maya, Inca, Araucan in Chile, Pampean and Patagon in the eastern prairies of the Andes, southern Chaco, the Pampas and Patagonia.
3. North Atlantic Indians, in the plains of North America, west of the Rocky Mountains, whose main representatives were the redskins, quite removed from the Mongols, and with an average height of 1.70 meters.
4. South Atlantic Indians, in the wilderness of South America to the east of the Andes, up to the Atlantic coast; of slightly mongoloid aspect, mesocephalous, low in stature (1.55 a 1.60 m); divided into numerous nations, groups, or tribes.

In the Antilles lived the Carib. There were also other races, which we will not include here, to delve into the analysis and commentary of the nations that made up the vast territories of South America where the arose the great civilizations from which we descend.

In order to be more specific, we will cite Branislava Susnik, the main reference point in Paraguayan anthropology, who carried out a synthesis of the racial and socio-cultural characteristics of the migrations of prehistoric settlers in Paraguay, dividing them into three groups:

1. The Pampido: lived in the Chaco and the Pampas between 6,000 and 5,000 BC; of Paleolithic physical and cultural characteristics. Their current descendants would be the Makã and the Mbajá-guaikurú.
2. The Lagid (named after Lagoa Santa, in Minas, Brazil, the site of fossil finds): lived between 6,000 and 5,000 BC in the eastern region of Paraguay, in the states of Paraná, Santa Catarina and Rio Grande do Sul in Brazil, and in Misiones, in Argentina.
3. The Amazonic: in 3,000 BC; crossed the Panama Isthmus, the plains of Colombia and Venezuela to the Amazon, along the tributaries (Madeira, Tapajos, Xingu, Araguaica, Tocantins) and reached Paraguay towards the year 500 BC. They are the Paleomazonoids.
or Ava-amazonids, who reached the sources of the Paraguay River and dispersed along the tributaries toward the Paraná and the Atlantic coast. They were of the proto-Malay mongoloid race, brachycephalous, of low stature, and Neolithic culture. The Guaraní-tupí are racially Amazonic, as are also the Jíbaro panó, towards the west and the Andes, as well as the Arawak and Carib, among others.

Two main strands can be seen among the Ava-amazonid migrants:

1. The Protomby’á, who came in contact with the Kaingang and imposed their Avá Ñe’e language on them. They settled in the area of the Paraguay River and its tributaries. They were organized in groups of single lineage per communal house.

2. The Protocarians, who settled more recently (after the year 500 BC) in the same territory, conquering the former and merging with them. They were farmers of Neolithic culture, grouped in villages (tekojá), in multi-lineages (ñandurá), and under one chief (mburuvichá); they were farmers. They practiced polygamy and the kidnapping of maidens to form mutual help alliances with in-laws (tovajá). The two groups, Protomby’a and Protocarian, united under the leadership of the latter, to build the great Guaraní nation.

Several groups, which made up the Guaraní nation, came in contact with the Spanish and Portuguese discoverers, conquistadors, colonizers, and missionaries. We will mention some of the main ones, according to Bertoni and Susnik, with special reference to the Province of Paraguay: Kario, Tobat?, Guaraní, Guarambaré, Iratí, Paranae or Paranaygua, the Yguazu, Akaray, Monday, Guyrae, Jakuí-Tape, Tape, Tarumá. All of them occupied defined territories, delimited by rivers, mountain ranges, lakes, and forests. They were farmers, always led by chiefs whose names became legendary for their tenacious defense of their territories from the avidity of foreigners.

Other groups are mentioned, which include the Guarani-tupí, who had spread through the territories of what today are Brazil, Bolivia and Argentina, among others.

In Paraguayan territory, in the Chaco, Western Region, we mention the groups that currently live there: Ayoreo, Chamacoco, Tapieté, Chiriguano, Guaná, Toba, Sanapaná, Anguie, Lenga, Choroti, Nivaclé, Maká, Toba-lengua. In the Eastern Region, the Pa’i-Tavyterá, Ava-Chiripa, Ache-Guayaki, Mbyá-Guaraní.

**Paraguayan territory: Discovery. Colony. Independence. War of the Triple Alliance (1865-1870)**

In the sixteenth century, the first government set up by the Spaniards in the regions of the Paraná was in Asunción del Paraguay, which the inhabitants of Buenos Aires moved to in 1541. Due to the rapid expansion of the conquest, the government of Paraguay included the vast territories that today make up Argentina, Paraguay, Uruguay, and the aforementioned Brazilian provinces, which were at the time occupied by the Spaniards. Bearing in mind the organization of our old houses in those extremely vast countries, it is easily understood that the name Paraguay was used to describe, as a general rule, all of the territories located from Peru and central Bolivia to the north, to the southern tip of South America, and from the Andes to the Atlantic Ocean; and because the main seat of government in all of that territory was then in Paraguay — since the one in Tucumán was less important and the one in Buenos Aires was not founded until 1617 — the Jesuits, when they built a religious province in that region in the year 1607, took the civil denomination that then prevailed in the territory which they occupied. It began to be known as “Province of Paraguay” (Paraquaria in Latin), a name that was preserved until the expulsion of the Company by Charles III2.

These statements are excerpts from the monumental work dedicated to the Company of Jesus by Father Antonio Astrain S.J.
From the thorough analysis carried out by researcher Luis T. González on the causes and consequences of Paraguay’s (Figure 1) lack of access to the sea — a situation derived from many mistaken decisions by those in office and elements outside Spanish officialdom — we highlight the following:

The gigantic province of the Indies begins its decadence with its first territorial mutilations. Paraguay suffered four serious dismemberments. Due to this, not only did it lose vast territorial areas, but it also suffered the severance of parts that were vital for its existence. The segregation of the Amazonian and Cuyo area, for example, as important as they were for their vastness and wealth, did not affect the continuity of the nation. However, the cutting off from the Atlantic seaboard and the southern provinces were cases of true organic upheaval for the province, with consequences that are still being suffered today.

The events we will mention below offer a reliable account of the causes that have led Paraguay to its geophysical confinement, if we can call it thus, a situation that has determined the fitting expression by the outstanding literary figure of Paraguay, Augusto Roa Bastos: “an island surrounded by land”; this is how he synthesizes the difficulties of the anguished course of its endless journey to the horizons of its definitive consecration, from an economic, political, and social point of view.

In the extensive and judicious work of architect and historian Jorge Rubiani on the war of the Triple Alliance we find the following statements:

The disproportionate extension of the Province did not generate any problems as long as its population concentrated within the borders marked by the solitary presence of Asunción. But as soon as other cities began to emerge, out of the need to cover the territory and to cut off the obstinate Portuguese presence on its borders, problems began to arise. In 1562, the first dismemberment took place, that of Santa Cruz de la Sierra. It was a sly undertaking by Ñuflo de Chávez, blessed with the historic ignorance of the authorities about the peculiarities of the territories under their rule. A detail which — to Paraguay’s detriment — would repeat itself a few more times. When King Phillip III signed the unfortunate Royal Certificate on December 16 in 1616, the fate of Paraguay was left to the mercy of its southern neighbors. Through dispositions, providences and rulings of those who haphazardly managed the destiny of the colonies, what was left of the ancient Gigantic Province of the Indies was divided into two provinces: that of the River Plate, which kept Buenos Aires, Santa Fe, Corrientes and Concepción del Bérmejo for itself, and the new Province of the Guairá, made up of Villa Rica, Ciudad Real and Xerez, to which was annexed, almost surreptitiously, none other than the city of Asunción. Paraguay was thus left forever enshrouded in the suffocating mediterranean atmosphere. But while that certificate did not specify geographic divisions, but rather administrative ones, it did not specify precise limits either, although it established that the division line between the two provinces were the “Bermejo River and the central Paraná.” This was not to be, however, the last blow to affect the territorial integrity of the Province. Through the Treaty of Madrid, signed in Portugal more than a century later, Spain abandoned the territories which it had already lost in reality: the ones that had remained under the protection of the demarcation established by the Treaty of Tordesillas in 1594. The new treaty concedes to Portugal not only large parts of Paraguay (…), but also seven towns of the Jesuit Missions.
The Treaty of San Idelfonso of the year 1777 is also cited in relation to the demarcation of borders, always favorable to the court of Lisbon, due to the lack of cooperation by the Spanish Crown and the occupatory attitudes of the Portuguese.

In what is considered the seventh territorial subtraction suffered by the province and with the promulgation of the Decree of January 17, 1782, Asunción was established as the capital of the Administration of Paraguay. It was through this document that borders were fixed, which coincided with those of the bishopric. They were the same as those agreed upon on the Treaties of 1750 and 1777. Regarding the division between Paraguay and the Provinces of the South, the following line was established: the Bermejo River, the Paraná River, Yberá, Mirinay, Uruguay and Ibycuí, to its source in the large node of the Santa Ana mountain range and a line that starts from there to the mouth of the Pepirí Guazú in Uruguay. But in 1803, King Charles III raised the category of the 30 towns of the ancient Paraguay missions to independent government. Two years later, the same monarch assigned those towns to their original territories and appointed Don Bernardo de Velazco as “military and political Governor and Administrator of the Province of Paraguay and the 30 towns of the Missions of the Guaraní and Tape Indians of the Paraná, Uruguay and Paraguay”

Bernardo de Velazco was the last Spanish Governor; during his mandate there arose the freedom movement of May 14 and 15 of 1811, the date on which Paraguay achieved its independence from its Motherland.

Regarding the diplomatic aftermath of the war of the Triple Alliance, which definitively established the current borders of the Republic of Paraguay, we will mention the most notorious events that took place within a framework of difficult negotiations, faced with the rift between Brazil and Argentina over a conflict of interests at stake, which had the terms of the Treaty of the Triple Alliance as the negotiating framework.

Brazil benefits from not questioning the establishment of the Apa River as the border between Paraguay and Brazil, which meant the secession of Paraguayan territory. This claim was confirmed by the Treaty of January 1872, signed by the Baron of Cotegipe and Carlos Loizaga, the Paraguayan representative. On May 20, a border treaty was signed by the Paraguayan representative Jaime Sosa and the Argentine representative Carlos Tededor, with Paraguay ceding its territory as far as the Verde River, in the western Chaco. This treaty was not approved by the government of President Juan B. Gill. New negotiations were held which ended with the agreement signed by Facundo Machain from Paraguay, and Bernardo de Irigoyen from Argentina, with the Argentines expanding their territory to the Pilcomayo River. As a Salomonic measure, the strip in question between the Pilcomayo River and the Verde River was submitted to arbitration; the chosen arbiter was the President of the United States, Rutherford B. Hayes, who ruled in favor of Paraguay.

The Guaraní: empirical medicine and its applications to general and skin diseases

We have seen the vastness of the territory occupied by the Guaraní-tupi, spread across several nations and with defined names that express multiple forms of social, political, economic, administrative and cultural organization. These inhabitants of the land had to face difficult situations as a consequence of the attitude of conquest and domination by the Spanish and the Portuguese, mainly. Entire peoples who lived identified with the untamed nature that surrounded them, pacific in character, who worked the earth, who lived off what they hunted in the forests, who ruled the rivers and the streams, who tamed wild animals, who lived in numerous and small communities, with their well-defined religious beliefs, also had to become warriors, zealously defending the territory they inhabited.

The crossbreeding was unrestrained. The attributes of the American and European
races merged to maintain the virtues of each lineage, which today constitute the constant
reflection of a brilliant period of our ancestors. Moisés S. Bertoni, a Swiss sage who lived
and worked in Paraguay, in his book *The Guaraní Civilization*, quotes Carlos Cuervo
Márquez to convey a biographical sketch of the race:

The indomitable courage, the energy and the tenacity with which they defended their
liberty and independence; the desperate war to the death with which they tried to re-
sist the European invasion, when they realized that they were there as conquerors to
strip them of their properties, take them from their homes, and reduce them to the
harshest slavery; the ferocity with which their retaliations responded to the relentless
cruelty and unprecedented treachery of the Europeans, soon made the name
“Carib” a synonym of courageous, blood-thirsty, and cruel, and caused the individu-
als of this race to be regarded as wild beasts, whose destruction was permitted and
whose slavery was decreed.

The determination and the diverse strategies used by each people were the result of
the realities of the moment, which it was necessary to know how to handle in order to
preserve the threatened race, with dignity. The most renowned modern expert on what
was the most civilized race in the western part of the Americas did not exaggerate when
he stated that the Guaraní “were one of the greatest and most noteworthy people on
earth” (General Couto de Magalhaes, *O Selvagem*, quoted by Bertoni).

The extraordinary longevity of the Guaraní was a result of the extreme care in their
hygienic practices. The average life span of our Karaive was 150 years or more. The
cleanliness of the body was a generalized custom; they bathed in the rivers regardless of
how cold it was. The Chiriguano cleaned their heads with ground seeds of the ñandihra.
They also took great care of their nails and not least of their feet. No Guaraní group
walked about totally naked; but in contrast, relative nakedness was quite generalized.
The subject of clothing leads us to comment on *urucuization*; this daily operation was
mandatory among the Karaive and the Guaraní of the north and part of the northeast,
their direct descendants. The *urukú* or *bixa orellana* is a common geotropic tree, which,
under cultivation by the Indians, had reached as far as the hilly regions; it produces a col-
oring material that is formed around the seeds. In the Antilles and all across the north of
the continent it is used like saffron in many foods. Each morning, after the first bath and
before drying by the fireside, every male Karaive would have his body rubbed down with
an ointment made of this substance, mixed with oil, generally of palm. As a result the
whole body, including the face, presented a special pale red dye, quite shiny, strange but
not unpleasant to sight or the touch, since every spot on the skin or scar would be erased
and the skin became finely glazed, as well as softer and stronger. This process would pro-
vide them a defense against the ill effects of rain, sunburn, the cold on some nights, and
lastly against insect bites. *Urucuización* also had to prevent any excessive sweating that
could cause weakness and, with the daily renewal, by means of an energetic wash, had
to remove all impurities from the skin. Such repeated oily friction also had to stop senile
hardening, both the superficial and venous and the internal, as a consequence of the ex-
ercises that permitted them a suppleness of the body well into an extraordinary age.

From one extreme to the other of the Karaive-Guaraní domain, scarification consti-
tuted a general and characteristic practice. It was so at all times, and has been conserved
at least partially in all the current free entities. It is necessary to keep in mind that it had
many purposes, with various procedures and a special ritual for each of the desired ends.
These were at least six: three curative, two mystical, and one of an hygienic order to rem-
edy excessive fatigue. Scarification was achieved by means of an *akuit* tooth, flint, or the
sides of *tacuarembó* trees or sharp leaves, palm tree needles, fish bones or the like, in ac-
cordance with the regions. Incisions were divided according to their depth into *tugwikih*
and tugwihka; in the first, blood flows enough to wet all of the affected area; with the second, blood runs abundantly or gushes out. The first way is usually enough to remedy fatigue and can be repeated often. The second leaves the person ill for one or two weeks, and sometimes the patient must remain bedridden for many days, face down. The part that is generally affected is the rear, from the back to the buttocks and in some cases, the calves. Only in case of sickness is it applied where the ailment is, as was done with leeches and scarification suction cups. With scarification a local decongestion is obviously carried out. With regard to knowing how decongestion can eliminate fatigue, there does not seem to be any explanation other than that with the blood and the lymph, toxins and certain residues that settle in the muscles subjected to excessive work are also expelled.

When admitted into adulthood, the male had to previously subject himself to one of the most rigorous treatments, which had to show his resistance to suffering; for this purpose he would be cured quickly but painfully. With each male son’s birth, the father would have another scarification done, more rigorously when it was the first-born. In some communities — perhaps in all — blood had to be gathered to mark the newborn with it and in this manner communicate a part of the father’s spirit, since it was considered that essentially in the blood lies life and in the heart, the soul. Expiatory scarification covered different methods and was of different intensity, depending on the fault to expiate, the error to purify, the metapsychic danger to avoid or other motives of this order. It is worth noting that the scarifications constituted at the same time extensively revulsive and, by being frequent enough, had to influence the conservation of the body’s overall health, even when they were not curative. When scarring is not activated through artificial means, the revulsive effect becomes more powerful, since in this case the wounds heal more slowly and always with some suppuration. In some regions this seems to be the most common case, judging by the numerous permanent signs that the inhabitants presented. But it was known, and still is, how to cure such wounds in a manner that leaves almost no scar. Certain substances were applied as disinfectants. For instance, the juice of the fruit of the ñandíhpá-guazú or genipapo (Genipa americana) was frequently applied as a skin disinfectant with certain illnesses, sometimes to the point of painting the whole body with it, a custom that has been preserved. The decoction of Paraih, also known as bitter stick (Picrasma palo-amargo) as well as of other simarubaceae species (Simaruba, Quassia, Simaba), was often used to disinfect the skin and to protect against the sting of insects and mosquitoes, the first species still being in general use, seemingly being the most active and one that extends as far as southeastern Paraguay. Boiled water was also correctly considered as a means to conserve asepsis and was used to disinfect diseased areas; Baron Nordenskiold highly praised its employment by the Guaraní.

It is worth noting that among the Guaraní the art of healing was practiced by the payé, an Indian acknowledged by the community, observant, intelligent, who had a therapeutic arsenal at his disposal made up of innumerable jungle plants, of which they knew their virtues.

According to Moisés Bertoni, the term payé has given place to certain confusion. Its meaning is not identical in all countries and doesn’t seem to have been so in antiquity either. It cannot be taken as a synonym for “sorcerer”, because no Guaraní people were fetishistic or used fetishes. The payé is always a physician, but not essentially so; and he employs, above all, suggestion and magnetism (which is not “healing with words” as some believe, and which is a superstitious custom of European origin): “The tuvichava, erroneously called cacique (Indian chief), is also usually a physician; the kurupaih-voñanga as well, but more so a spiritualist or an evoker of spirits.”

Regarding illnesses, certain abscesses deserve our attention. One specially, the boil or miã, sometimes acquires an epidemic nature and attacks everyone, while the common nacidos are more frequently experienced by people of the white race and who are not
used to the climate. No one has seen a case of scrofula, as far as I know, among the Indians of the Guarani race who live without contact with Christians (Tekokatu).

It is noticeable how little the writers of antiquity dealt with most parasite-related sicknesses. Leishmaniasis was wrongly interpreted, being known as syphilis in Spain, that is, bubboe, and since some Guarani nations called it piã, a name that others gave to an illness that was mistaken for syphilis, the confusion was general.

They knew malaria perfectly, with its general manifestations and the periodicity of the crises, according to the variety of parasites.

In relation to leprosy, Bertoni refers in detail to empirical treatment, but does not describe the classic lesions of these patients. The Guarani fought this disease, brought by the Europeans to America, with the method of sweating profusely.

The Paraguayan procedure to cure leprosy seems to be identical to that which Rochefort saw in the Antilles. It is necessary to build an oven with such capacity that a person can sit in it comfortably. The oven is made of ordinary mud. As soon as it is built and when the mud is wet (it should not be allowed to dry), a small fire is used, not to burn it but to heat it; this can be done with dead leaves or hay. Extinguishing the fire at a proper time and testing the internal heat, to see if the patient will bear it, he or she is completely locked up in the oven which is then covered with kneaded mud leaving two holes or an aperture, for looking through and breathing. The enormous tension of the steam, determined by the saturation with humidity and the high temperature, doesn’t take long in producing a sweat so abundant that it cannot be matched by any other. Sweat runs down the whole body and then through the bottom of the oven. I believe the operation lasts a little more than half an hour or an hour at most. Then it is opened and the patient comes out. This is a critical and dangerous moment. The nurses must immediately cover the patient with ponchos and blankets while drying the whole body at the same time. It is indispensable to work quickly and to dry the perspiration, without letting the body get cold, or receive any air draft, however small. He or she is dried energetically, scrubbing with cotton fabrics. Having done this, the patient is completely wrapped, if possible with wool cloth and is made to lie down in a closed room, where the patient must remain the rest of the day. The next day he or she may get up but not go out, if the weather is not hot or if there is some wind. It is indispensable that the return to a normal temperature and lastly to an untrammelled life be slow and gradual. Whether the procedure works and is definitive, is something that cannot currently be stated. I add that it is a general idea that leprosy is an alteration of the blood6.

Syphilis, that universal disease, offering a surprising versatility in its signs, is also the subject of analysis by the Paraguayan authors of the time and principally by Moisés S. Bertoni, whom we follow in this chapter. In the excellent work on the History of Dermatology in Peru, by Drs. Luis and Elbio Flores Cevallos, the origin of syphilis in the Americas is reaffirmed, with testimonial documentation with pre-Columbine huaco pottery. Bertoni, on the other hand, is certain of the absence of the disease before the arrival of the Spaniards, highlighting how contradictory and strange it is that a disease be taken to be American when no peoples of the Americas had had it and when its spread in Europe took place with enormous speed, while in America it had not developed in thousands of years. He also underlines the fact that the indigenous Americans had no name to designate this disease and that to this day the Native Americans of the tribes that remained without carnal contact with the Europeans don’t have one either.

All the authors cited by Bertoni (Juan de Léry, Thevet, Guillermo Piso) highlight the disease called piã or pian which is characterized by the generalized presence of buboe which are sometimes even seen in children. As a remedy, Rochefort points out, the bitter
bark of the Chipihú tree is used, with the mother of pearl scraped off a nambí (conch), the juice of certain ground-hugging Ihsipós or Yhethmbí; and externally, certain ointments and liniments, which have noticeable power for the cleansing of the pustules that are generally present on the body of those who have pian. He adds:

They prepare these remedies by means of the ashes of burnt rushes or pirié, with which they mix the water that is segregated and which they collect from the leaves of the stem of the Babirier; they also employ with the same purpose the juice of the Genipa fruit, and apply the crushed pulp of this fruit over the buttons; it has the power to attract all the pus from the sores and close the lips of the ulcers.

The Guaraní knew diverse procedures to apply to the diverse ailments that affected the skin. Suction, which in Guaraní is suvá, was very well known:

Furthermore, the Guaraní knew the true suction cup from antiquity. The Guaraní suction cup was not made of glass, a substance unknown in the Americas, but was made by appropriately cutting a pumpkin or porongo (Lagenaria vulgaris) in order to form a funnel or small horn, which was applied like our suction cups, but extracting the air by sucking through the narrow end which was duly drilled. A good suvantára — as the operator was called — produces rubefactions and elevations that cannot but have an effect on certain ailments.

The heat of fire and of the sun’s rays are taken advantage of by the medic or payé. According to Bertoni, who cites Couto de Magalhaes:

They also employ fire as a therapeutic agent in the case of poisonous animals such as snakes and rays. They do not cauterize the wounds and the sores as we do, but place the injured member near the fire and hold out until they cannot bear the heat any longer; they then withdraw it and soon place it near again until the heat is followed by a kind of torpor, leaving the pain numb.

It is important to point out that, because of the accent that they put on cleanliness and of their discipline in nutrition, the Indians exhibited very few dermatoses. Guillermo Piso, quoted by Bertoni, indicates only two: empeine or impetigo and the rash. For impetigo (uñé in Guaraní, a name that persists to our days and is used by our fellow countrymen in public hospitals to designate dermatophytosis), a herb of a modest and grassy aspect is employed, called yupikaih; it is used after grinding. Also used is the pod of a leguminous plant, the Phaseolus caracalla, and in very persistent cases the bark of Sevipira, a Brazilian tree with a very strong action.

The sudamina or rash caused can be halted with the decoction of the roots of Yuripe (Yuripeva) with lemons. One of its species is similar to the Solanum robustum (Yaguaretépó), with a noticeable effect on sores and ulcers in general.

Under the category of ulcers and buboe, mention of leishmaniasis is found among authors of olden times. For the healing of ulcers the ka’á-tai, Polygonum acre and related species were used, as well as the milk of the Guapoíh (Picus).

One of the more widespread illnesses in both Americas is surely the ura or botfly (Dermatobia hominis) or better said, the larva of this fly, distinguished from the adult animal with the name of Mberuasó, both names being Guaraní. Insect repellents are not always efficient against the botfly; however, knowing the weather conditions and the high-risk hour, and perfuming themselves with certain plants, the Indians generally avoid it, through the use of Chupad oil and the decoction of Paraih, and in the northeast through diverse balsams and the boiling of the Tarokih, a Cassia of notable properties. In the frequent case
of being attacked, no cuts are ever made; in lesser cases they extract it after anesthetizing it with tobacco or suffocate it by means of the ground bark of Ihvaika (Ocotea), or another substance of analogous effect, later taking out the larva by applying pressure.

Insect repellents like the Paraíh (Picrasma palo-amargo) are mentioned, the Paraíhea of the northeast (Simaruba versicolor), and those of the north (Simaruba, Simaba, Quassia). Another powerful insect repellent is the Guembé, designating with this name two or three closely-related species of large Philodendrons, also known as Embe, Aimbe, Guembepi (Ph. bipinnatifidum, Ph. lundii, Ph. lubium and possibly another), the best means of defense against piqües or nigua (Tunga penetrans).

For reptile bites, the remedies used by the Guaraní correspond to four different categories, although some could belong to two or three categories at once. The first aimed to eliminate the venom, the second to neutralize it, the third to maintain vitality, and the fourth to prevent secondary accidents and general infection. Cited are: the application of mud to the poisonous bites, scarified suction cups, and cauterization, but not scalding. The most generalized was the sweating procedure. Neutralization was attempted in many ways, such as the employment of Yahape (Kullinga adorata), the Cyperaceae which in Paraguay is called Kaapi-Kati-payé; the effect was possibly more carminative. More effective neutralizers were tobacco, in application of heated leaf to sweat; the Caapiã (Dorstenia) with the external application of the juice or the internal of the cold infusion of the ground root; cataplasms with manioc (the grated raw root).

It is also necessary to mention a fasting person’s saliva applied to the wound, keeping it wet. Used as a disinfectant was the essence of incense (Myrocarpus frondosus); on the skin, of the Guariva fruit (Campomanesia guavira and related species); and among the best are the Ilshipo Kati or Milhombres (Aristolochia brasiliensis, Ar. triangularis), which keeps strength up, combating paralysis. The true Yahape (Kyllinga), a strong carminative, falls into the same category.

The Guaraní had a knowledge of immunization through prior inoculation. They had themselves bitten by less poisonous species, like the ñakanina snake, so any potential bites by more dangerous snakes would not be fatal.

The handling of injuries; gangrene, disinfection

The Guaraní, who lived integrated with nature and who went to war in specific circumstances, suffered all kinds of skin lesions. Bandages were made with cotton fabrics. The cleansing of new wounds was only rarely practiced and, according to the country or region, with boiled water. Sometimes it was done with certain oils such as that of karaiva, distilled by a tree of the northeast, which also works against tumors in general.

The most often employed medication was the essence of the myrocarpus, that is to say, the resin of incense, obtained by boiling or infusion in hot or cold water of Myrocarpus frondosus or of the related species known as Kavureih or Kavureihva. Also among the most used was Mboichini-Ka’a, called by many “holy herb” (Baccharis vulneraria Backer) whose green leaves were applied on wounds.

They knew what was necessary for the application of topical medication according to which part of the body had been injured. For the head, in case of contusion or a cut, they turned to Chupad oil as an unbeatable medicine. The injured person would be placed in a hammock so that the head remained much higher than the body. For the eyes, the juice of Kupairha, by decoction and mixed with albumin from the white of birds’ eggs. For foot injuries, Chupad added to the balsam or resin of incense. The essential-oil resins of various species of Icica, Myrocarpus, Myroxylon, Protium and other similar species substituted for incense and for Chupad where these trees were scarce. They appealed to these oleoresins for the wounds not to leave any scars. The procedure was also used to eliminate the traces of scarifications.
Other plants managed to erase scars. Speaking of the Kurupaih of the northeast, an observer states: “The natives employ the milk of this tree to cure fresh and old wounds... and say that the wounds to which this milk is applied do not leave any sign of a scar.”

For the injuries from blows with the presence of hematomas, they not only used Kurupaih, but also a concoction of the root of Boehmeria caudata, a very common Urticaceae.

Tobacco was much employed for gangrenous wounds, even though the already mentioned birthworts were more powerful. The Ka’átai (Polygonum acre) was used by the Indians of the north. For ulcerations, in addition to the specific medication such as the akapu, a group of species of the Andira, the Avaramo, the Mimosa unguiscati — according to Mello Moraes — the Sihpakarihó (Davilla rugosa and D. brasilian), the manipurea, grated manioc dough with its juice, the Guapoih (Picus), the Penaihva, a type of manzanillo of the Antilles and Amazon (Hippomane) and many other plants. The Indians cured cancerous ulcerations with the sap of the penaihva tree. After drying them, they surrounded them with a paste made of uruku with mud, so as not to spill the milk poured into the ulcer. The mortified tissues blackened, separates from the healthy part, and the already clean wound was treated with Kurupaih oil and emollient plants.

They knew the methods of asepsis and disinfection. Mello Moraes speaks of an aromatic plant called Tarerokih, with which the natives perfumed themselves when they fell ill because they believed that it possessed anti-putrid qualities. For the same purpose the flowers of the Guavira (Campomanesia) and concoctions of Taperihua (Cassia) leaves, of the bark of Kavureih (Myrocarpus), of the derma of the Ihsihpo-Kati-paye (Aristolochia) were employed.

Lastly we must point out that the Guaraní painted their body for various reasons: tribal identification, ornamentation, warrior character, religion, magical signification, mythical remembrance, initiation, ceremonial, festive, dances or games, protection or attraction, to drive away evil spirits, to instil fear, when reaching puberty (red or blue), during menstruation (black or blue), on dying people, during mourning (although not always), and at weddings. The widow, at the end of the mourning period (period of sexual abstinence), would paint her face red.

Tattoos, although not frequent among the Guaraní, were made with the same paints, utilizing materials such as the thorns of the prickly pear or sharpened bone. The tattoo was practiced in a gradual manner; it was generally initiated at a young age, intensified at puberty and in adult age the definitive tattoos were applied.

As for ornaments, some were used all life long and others depending on occasions of a religious character, according to the ethnic group, sex and age, among other factors. At the present time, among the Mby’a, Pan and Chiripá, males until their wedding day like to stick very brightly colored flowers behind their ears, or the strongly scented leaf of the caraguatá moroti. The Mby’a carry the tembetá in their inferior lip; in earlier times it must have consisted of a stone and today is almost always a Tacuarembó twig, or the tibia bones of birds the size of a chicken, with or without incrustations. The resin of the Hyary, Mbary or Tembetary is also used to create these objects. The manufacturing technique consists in putting a fine bamboo reed against the damaged trunk of one of these trees for the purpose of receiving the dripping liquid resin. After a few days, the tube is full and the resin hardened, so that it can be freed from the shape that envelops it.

Ear ornaments were only used by women.

Historical aspects of medicine in Paraguay. Relationship with Dermatology

After the arrival of the first conquistadors, different events unfolded: the collision of cultures, to put it some way, the legends of very rich towns that awoke the greed of many navigators who accompanied those who came to take possession of the lands in the name...
of the Crown, the treaties between the Spanish and Portuguese Courts over territorial definitions, the presence of the Jesuits in the reservations (reducciones) of Paraguay, Argentina and Brazil, which lasted two hundred years, until their expulsion by King Charles III, toward the middle of the eighteenth century.

All these events, constituted a social framework where institutions dedicated to health were gradually set up, improvised and rudimentary at first, with occasional practitioners who performed the roles of doctors and the like, without academic training but constituting a last refuge for some mitigation of illnesses, light or severe.

Of the work by Dr. Guillermo Vidal found in the Annals of the University of Medical Sciences, we extract the following:

With the conquistadors, the first European physicians arrived in Paraguay. This happened in the sixteenth century. In the deeds (capitulaciones) that the Governors (Adelantados) established with the King there was usually a clause by which they committed themselves to take along doctors and surgeons, apothecaries and medicine, with which they would take care of the sick free of charge during the sea voyage or in the conquered lands. At first it was the surgeons who went. And not certified ones, but simple barbers for whom bloodletting was as customary a task as shaving, pulling teeth or applying suction cups. Later, in the last stages of the sixteenth century, graduate medical surgeons began to practice, but these were a minority. The River Plate, which in spite of its name (meaning River of Silver) had no silver or anything of the like, offered little attraction to doctors in Medicine and Surgery. What we now call dysentery, smallpox, malaria and avitaminosis, which were probably the most common medical ailments of the time, were mostly treated with purgatives, bloodlettings and cupping glasses. Their habitual work consisted in putting splints on broken bones, reducing dislocations, draining abscesses, cauterizing wounds and amputating gangrenous members. Their preferred remedies were the purge and bloodletting, true universal catholicons. They also recursed on occasion to unicorn dust, to the miraculous bezoar or to the thousand and one potions, never lacking in wine and oil, put into vogue in the medicine of the Renaissance.[...]

Together with these artisans, many diseases also came to the Americas. In the sixteenth, seventeenth and eighteenth centuries, Paraguay suffered devastating epidemics of smallpox, measles and other imported infections that destroyed entire populations. The Indians, less immunized than the Europeans, died by the thousands. After the creative drive of the conquest, Paraguay fell into a centuries-long lethargy. Bad governments, successive and uninterrupted colonizing migrations, and geographic fate brought the promising upswing of its first years to nought. The presence of healers who handled vegetable products must be pointed out. The religious exaltation that reigned during the Colony also caused Medicine to be somewhat despised.

González Torres and Guillermo Vidal agree on placing the creation of the Hospital for Spaniards and Natives in the year 1541, since on that date Asunción was constituted as a city. A Royal Certificate ordered the Viceroy, Assemblies and Governors, to set up hospitals in the settlements of Spaniards and natives. During the colonial period two hospitals were built in Asunción. The first, Saint Bartholomew’s Hospital, was erected in 1603 by the Franciscan bishop Friar Martín Ignacio de Loyola. The second was founded and organized by the Paraguayan physician Dr. José Dávalos y Peralta, who had studied medicine in the University of St. Mark, in Lima. Around 1695 he founded the hospital, where he worked until his death in 1731.

Around the year 1760, another hospital was built on the land later called Potrero, on the banks of the Garden Brook, by decision of the Court, which was tenaciously opposed
to the pretensions of the Municipal Council and of the bishop in the sense of investing the Hospital’s income in the creation of a University or Convictorium run by the Jesuits.

The last years of the Colony were, on the other hand, very profitable for national health. The economic prosperity attracted various European physicians; others arrived with the parties carrying out the border demarcation between Spanish and Portuguese possessions. Surgeons with university degrees introduced modern ideas about anatomy, pathology and clinical diagnosis to Paraguay; they identified infant tetanus, acute exanthemata, intermittent fevers, syphilis, pulmonary tuberculosis, epidemic conjunctivitis, dysenteries and murine typhus. They were also the first to use forceps and to carry out risky surgical procedures. The practice of medicine became regularized in those years.

The Congress of 1844 provided for the hiring of foreign professors and the sending of young Paraguayans abroad to study medicine, surgery and obstetrics. These physicians hired by the state, who were mainly English, set up the military health service and in 1858 formed a School of Surgery headquartered at the Potrero Hospital. The 1865-1870 war put an end to this, our first official medical school, when all its members entered army ranks.

Beginning in 1870, medicine was enlivened by the contribution of numerous European physicians who came to heroic Paraguay more in the search for adventure than for fortune. The State, lacking resources, was unable to carry out social work, and limited itself to sketching out a new sanitary organization. At this time, the Council of Medicine and Public Hygiene, the Conservatory of Vaccines, the Charity Hospital and other such institutions were founded at this time, with a greater capital of laudable aims than of economic means of subsistence.

The year 1890 marked a new era, with two transcendental events: the emergence of the first Paraguayan physicians and the founding of the National University of Asunción. The first Paraguayan doctors graduated in Buenos Aires and Montevideo; on their return to the fatherland, thanks to the support lent by various Spanish professors, they rendered the opening of a Medical School possible. This first School had an ephemeral existence since it dissolved midway through 1891, due to a lack of students; it was reactivated in 1898 to produce, years later, the first graduating class of native-born physicians.

And thus we arrive at the twentieth century, when medicine rapidly progressed until achieving its present status. The Charity Hospital, inaugurated in 1894, was nationalized in 1925, and in 1927 became a dependency of the School of Medical Sciences. The latter, shut down in 1912 and opened for a third time in 1918, was reorganized and improved with the cooperation of illustrious professors hired in Europe. The point of departure of the academic phase of our medicine can be established in 1927. On that date the hiring of instructors by the hospital began a fruitful period that reaches the present day.

Historical summary of the Paraguayan Society of Dermatology

We will refer here to the events that laid the foundation for the first organizational and working structures of the Chair and of the Paraguayan Society of Dermatology (Figure 2).

It is worth mentioning — to return to the depths of time, as it were — the physicians of the courageous youth that decided to found the Society of Dermatology, Siphilology and Leprology of Paraguay, as it was initially known. In this section we reproduce the founding Charter of the Society of Paraguay (Figure 3) and we remember the list of those who signed the document, with the exception that there could be involuntary omissions due to missing papers. Its founding partners were Drs. Amelia Aguirre, Roque Avila, Atilio Báez Giangreco, Francisco Benza, Guillermo Brañas, Virgilio Caballero Garay,
Arquímedes Canese, José Esculies, Manuel Jiménez, Tomás González, Miguel González Oddone, Domingo Masi, Desiderio Meza, Francisco Millares, Alberto Miquel, Domingo Pessolani, Federico Ríos, Eduardo Rodríguez, Juan Servín, Ricardo Ugarriza and David Zaidestein. The year was 1946.

On November 10, 1947, the Bylaws that still govern the Paraguayan Society of Dermatology were definitively adopted, replacing the earlier name and determining the aims, the organization’s obligations, types of membership, meetings and governing boards, among other issues, and defining the definitive guidelines that keep the institution that groups the dermatologists of Paraguay current and dynamic.

During the term of Professor Dr. Hermelinda Palacios de Bordón (1986) the Paraguayan Society of Dermatology was re-founded.

It must be pointed out that, in a modest but sustained and firm way, with the contribution of various young Paraguayan physicians who carried out specialized studies at prestigious schools both in America and in the Old World, the Paraguayan Society of Dermatology has been able to become part of famous scientific societies like RADLA, CILAD, ATD and others, with scientific contributions such as research work and important clinical cases, forming part of auxiliary commissions and also organizing congresses of the specialized field.

In the documents that we have reviewed, we have found very little referring to the governing boards before 1986; it is very probable that they have gone astray owing to the lack of a permanent secretariat, a situation that was resolved in the year 1998 under the presidency of Dr. Gloria Galeano de Valdovinos.

In spite of this paucity, it is possible to state that, since 1986, a string of dynamic and industrious authorities have given definitive solidity to scientific activities, with the participation of the already numerous members of the Society. Calendars were put together of monthly meetings such as courses, conferences, presentation of cases, round tables, presentation of papers for the incorporation of members and sessions with prominent international guests — great masters such as Drs. Adrián M. Pierini, León Jaimovich, Rita García Díaz, Alejandro Cordero, Alberto Woscoff, Jorge Abulafia, José A. Mássimo, Evandro Rivitti, Joel Bomfard, Walter Balda, Hugo Cabrera, Sebastián Sampaio, María A. Vitale, Galo Montenegro, Raúl Vignale and Mario Marini.

Extenuating hours of work at daily meetings, with utter dedication and zeal, made possible the First Paraguayan Congress of Dermatology, from October 13 to 16, 1995, with the presence of illustrious exponents of Latin American Dermatology, such as professors Drs. Ramón Ruiz Maldonado and Roberto Arenas (Mexico), Jorge Abulafia, Alberto Woscoff, Hugo Cabrera, Margarita Larralde, David Grinspan, Manuel Jiménez and José A. Mássimo (Argentina), Juan Honeyman (Chile) and Clarisse Zaits and Silvio Alencar (Brazil). The official themes were Therapeutics in Dermatology, and Skin Cancer and Pre Cancer. Between national colleagues and foreigners, there were 413 participants, most of them dermatologists as was to be expected, attending pre-congress courses, keynote conferences, symposiums, independent topics, mini cases and one session of Histopathology, among other subjects that included the entire spectrum of dermatological diseases.

Towards the end of the year 1996, with Dr. Oilda Knopfelmacher as RADLA Delegate for Paraguay, the country received the offer of being the host of the next RADLA Congress — the first in our country — which took place in 1998.

The Second Paraguayan Congress of Dermatology and Second Paraguayan-Paranaesian Sessions of Dermatology were held from August 26 to 28, 2000, with more poise and forcefulness thanks to the experience acquired at the first event: the official theme was “Dermatological Therapeutics. Latest Developments,” accompanied by courses, symposiums and conferences, with the presence of illustrious guests such as professors Drs. Amy Nopper (USA), Roberto Arenas and Yolanda Ortiz (Mexico), Fausto Forim Alonso,
Julio C. Empinotti, Sebastião Sampaio (Brazil), and Manuel Giménez, León Jaimovich, Héctor Lanfranchi and Mario Marini (Argentina).

The Third Paraguayan Congress of Dermatology took place from September 20 through 22, 2002, with the same predisposition and enthusiasm as the previous ones, again taking up the subjects already mentioned and with the addition of some innovations and with the illustrious presence of such guests as professors Drs. Guadalupe Chávez, Roberto Arenas, Roberto Estrada and Josefina Carbajosa (Mexico), Héctor Cáceres (Peru), Manuel Zamora, Martín Sangüeza and Juan C. Diez de Medina (Bolivia), Margarita Larralde (Argentina), Antonio Rondón (Venezuela), Raúl Cabrera (Chile) and Marcello Menta (Brazil).

On July 25 and 26, 2003, the First Sessions in Paraguay were held, with the invaluable collaboration of professors Drs. Miguel Allevato, Juan C. Diez de Medina, Jaime Piquero, Martín Sangüeza and Néstor Macedo, promoted by the Paraguayan Society of Dermatology with the support of other institutions, and attended by a large number of fellow dermatologists and interested parties in general in these aspects of the specialized field, through conferences, interactive sessions and meetings.

The Fourth Paraguayan Congress of Dermatology and First CILAD Course for general practitioners, clinical doctors and pediatricians took place from September 24 through 26, 2004, with the auspices of the Paraguayan Society of Pediatrics, the Dermatological Service of the National Hospital, the Department of Leprosy of the Ministry of Public Health and Social Welfare, the Department of Dermatology-School of Medical Sciences-National University of Itapúa, the Dermatology Service-Central Hospital of the Social Welfare Institute and the Department of Internal Medicine-Central Hospital of the Social Welfare Institute. Foreign guests included professors Drs. Carlos F. Gatti and Adrián M. Pierini (Argentina), Juan C. Diez de Medina and Martín Sangüeza (Bolivia), Roberto Arenas (Mexico), Ricardo Pérez Alfonso and Elda Giansante (Venezuela); the topics included, as in past events, the entire spectrum of dermatological ailments in general.

All the events took place in the country’s capital, Asunción. Noblesse oblige: mention must be made of the participation of eminent Paraguayan physicians, such as professors, teaching instructors, colleagues from the School of Medical Sciences of the National University and from well-known public hospitals of Paraguay, as well as specialists from other disciplines such as hematologists, infectologists, internists, pediatricians and other specialized fields of the Medical Sciences, without whose selfless participation these events would have not been possible.

Without giving names, for fear of unjustified oversights, our sincere gratitude goes out to all of them. In conclusion, we can state that the activities carried out by the dermatologists of Paraguay, in its new phase of consolidation and definitive insertion in the fascinating world of the sciences, have as final destiny the application of knowledge to the patients who request sincere assistance for the relief of pathologies at the level of the tegument, for which reason they turn to consultation at the temple of this work, the dermatologist’s office. ■

September 2005
Notes on the History of Dermatology in Paraguay

References


Complementary bibliography


González Torres, D. Aspectos sanitarios de la Guerra de la Triple Alianza, Capítulo III-Las Epidemias, Asunción, 1968, 60-93.


HISTORY OF DERMATOLOGY IN PERU

INTRODUCCIÓN

Luis Flores-Cevallos

Peru is a privileged country, possessing great natural wealth — flora and fauna — which exert an enormous influence on human pathology and, consequently, on Dermatology as well. The country also has a cultural history stretching back thousands of years.

In order to know the environment in which historical events took place, as well as the tropical dermatological pathology, I consider it necessary to present some useful information at this point.

Peru is located in the sub-tropical area of South America, traversed from North to South by the Andes mountain range and bordered by the Pacific Ocean, with its cold Humboldt sea current, which moves northwards. These conditions make for the country’s natural wealth with its varied biological manifestations.

The Coast corresponds to the western part, with desert-like, stable climate, frequently covered by thick fog and sporadic rains. It encompasses the area from the coast itself up to 500 meters above sea level, and it is 2070 Km long. This area is not suitable for the presence of vectors that transmit tropical dermatological diseases.

The Sierra is the central part, made up of the inter-Andean valleys, with a height ranging between 500 and 4,000 meters above sea level. This region is 150 km wide in the North and 300 km in the South. Its climate is varied and its temperatures are between 5 and 26°C. At 4,500 meters there is snow all year round. Over short distances, the valleys present different climates in the same season, with variations in the flora, fauna, and pathology. Between 1,200 and 2,800 meters the ecosystem provides a suitable habitat for the transmitting agents of benign skin leishmaniasis, also known as “uta” and “Peruvian wart” (Bartonellosis).

The Jungle is the eastern part, with an altitude of less than 1,000 meters above sea level, and is the largest region. This area is crisscrossed by numerous rivers and presents copious tropical vegetation. The abundant rainfall produces a humid and very hot climate, a suitable habitat for the transmitting agents of tropical dermatological diseases such as mucous-skin leishmaniasis, also known as “espundia.”
The history of Dermatology in Peru originates in very remote times. The pre-Incaic cultures that developed along the coast, in the sierra and in northern Peru from the 1st century A.D. up until the Inca conquest have left us graphic testimonies, in the iconography of their pottery, of their knowledge about various dermatological diseases. At the beginning of the twelfth century of our era, these cultures were gradually conquered by the Quechua, who settled around Titicaca Lake (the highest lake in the world, on the Colao plateau); 100 years before the arrival of the Spaniards, they had reached their maximum development. Just as the Romans assimilated Greek culture in their conquests, the Inca assimilated the cultures of the civilizations that preceded them. Of all the cultures that existed in South America before the arrival of the Spaniards, the Inca Empire was one of the most developed.

We have undertaken a meticulous study of the different ceramic pieces of the Moche, Chimú, Vicús, Chancay and other cultures, disseminated in the various museums in Lima and the rest of Peru. In these pieces, true Dermatology books, we find a quite realistic and objective graphic representation of the doctor of the Mochica culture, as well as of numerous skin diseases, and of operations, pottery pieces which show us very clearly and with great objectivity the Peruvian wart, syphilis, leishmaniasis (uta), pustular face diseases, pruritic diseases, tumors, amputations of extremities, and others. We call these pottery pieces “portrait jars (huacos) of clinical dermatological pathology,” and they have great historic value, comparable to the molds made 1,000 later at the Saint-Louis Hospital in Paris where Dermatology was born as a specialized field.

For the history of dermatology in Peru during the time of the Conquest, the Colony and the first 100 years of the Republic, we have carefully studied the History of the Conquest of Peru, by Prescott, and the History of Peruvian Medicine, by J.B. Lastres, among others.

Long before the beginning of the conquest of Peru, the Spaniards had introduced viral diseases such as smallpox, measles, flu and others into America. According to the chroniclers, the Inca Huayna Capac, after having conquered the kingdom of Quito with his army in 1526, contracted smallpox, a disease which ended his life and that of over 200,000 natives of the Empire. The fate of Peru would have been a different one if this brave and experienced Inca had not died of this disease. It can be said that smallpox changed the fate of Peru. The Inca with his entire army would never have been beaten by a handful of fewer than 200 Spaniards.

According to archeological studies carried out during the twentieth century, the earliest settlers of Peru arrived in groups more than 10,000 years ago, leaving traces in caves (rock paintings of Tacna) and in other spots along the coast. They were basically hunting and gathering cultures; they tamed wild camelids, selected numerous plants for food (beans, Lima beans, maize, potato, etc.) and many other medicinal plants for the treatment of diseases.

Monumental architecture appears on the coast around 3,000 B.C.: U-shaped public buildings, large platforms and pits. People lived around these constructions, in simple houses, some of them under ground. Through the centuries, various cultures developed with this established pattern, both along the coast and in the region of the Peruvian sierra. The earliest pottery items of the cultures of the northern coast are from around 1,800 B.C. and those of the northern sierra, from around 1,000 B.C. In the manner of
true ideograms, the portrait-jar anthropomorphic pottery pieces of pre-Incaic cultures provide us very fine and realistic portrayals not only of the external manifestations of the various dermatological pathologies, but also of other specialized medical fields such as obstetrics, traumatology, surgery, oncology and teratology; and they also present representations of sexual activity as well as their knowledge of architecture and music, their magical and religious beliefs, their expressions of happiness, pain, and concern.

DERMATOLOGICAL DISEASES IN THE INCA ERA

The Inca (or Tahuantinsuyo) Empire developed from the beginning of the twelfth century to the arrival of the Spaniards in 1532. The ancient pre-Incaic cultures had flourished through the years along the coast and the Andean and inter-Andean valleys; according to legend, they were conquered by the Quechua who came from the Collao plateau near Titicaca Lake.

At the time of the Conquest, the Tahuantinsuyo occupied the northern part of present-day Colombia and Ecuador, all of Peru and Bolivia and down to the Bío Bío River in the south, in the center of Chile, and the Argentine Tucumán region (Santiago del Estero, Salta, Jujuy and La Rioja provinces). The western boundary was the Pacific Ocean, and the eastern boundary was the Amazon jungle, inhabited by wild tribes.

When the Spanish conquest took place, less than 100 years had elapsed since the Inca Empire had reached its maximum height. In the mid-fifteenth century, the Inca Tupac Yupanqui had extended the Empire southwards down to the Bío Bío, and in the early sixteenth century his successor Huayna Capac had extended it to the kingdom of Quito in present-day Ecuador. When the latter Inca died, the Empire was divided between his two sons: the kingdom of Quito was given to Atahuallpa and the kingdom of Cuzco, to Huáscar.

This division proved fatal: very soon the brothers engaged in a fierce fratricidal war, in which all the tribes of the Empire participated on one or the other side. A few months before Huáscar’s defeat, Francisco Pizarro had started the conquest of the Inca Empire; easily and with no major battles, he took Inca Atahuallpa prisoner by surprise in Cajamarca, on November 15, 1532. Pizarro later executed Atahuallpa, and in a few months, with the help of numerous Indian tribes who fought alongside his troops, he conquered the city of Cuzco, capital of the Empire.

The sacred city of Cuzco, “Center of the World,” was, according to chroniclers, a heavily populated and impressive city, a wonder of the world, built with stones assembled in a marvelous way, and connected by many roads to the diverse other cities of the Empire, as far as Quito in the North and Chile in the South.¹

The Inca government was despotic but benevolent, with well-defined social classes. The Inca was considered a God, son of the Sun, his relatives ranked below him. He had many concubines, and had between 100 and 200 sons, who constituted the nobility. This nobility made up the officer corps of the army, occupied high ranks of the religious hierarchy, and included the noble orejones (big-eared ones) and the amautas or sages. The rest of the population, who were the ones who really did all the work, ranked far below them.

In the Inca Empire there was no poverty, no beggars, no money, and no starvation. Everyone had work; there was no private property.

The medical system of the Inca Empire was well organized. There were different types of doctors for each social class. The Ambicamayo took care exclusively of the Inca’s health and that of his family and the nobility. The Ccamascas or Soncoyoc had the capability to exercise medicine on the average man or runa; the Hampi-camayoc was the physician in the strict sense of the word. There were also magicians, sorcerers, witch-doctors, and fortune-tellers.

The Hacarícuc or Cuyricuc were fortune-tellers who analyzed the entrails of cayes (which they opened up with a fingernail) in order to diagnose the disease. The Calparicuqui saw the future and fate through the examination of llama corpses; they blew into
their lungs (bofes) to make their diagnoses. Many other fortune-tellers used coca leaves: “They take them in one piece, lay them out on a blanket on the floor, mutter some words, breathe on the leaves and throw them up in the air. They then observe how they fall on the blanket in order to determine the diagnosis and prognosis”; this rite is still carried out in some villages of the Peruvian sierra.

There were many oracles in the places where the Inca had idols or totems. The most famous of these was that of Pachacámac, near Lima. They resorted to these oracles for help in the healing of their diseases, to pray for the health of the Inca, etc., just like the ancient Greeks did at the Delphic oracle.

The splendor of Inca medicine occurred under the rule of the Inca Pachacútec, who provided very advanced legislation. The dermatological diseases that were present in the Inca Empire were the same as those present in the different cultures that conquered them.

DERMATOLOGICAL DISEASES IN PRE-COLUMBIAN TIMES

Syphilis

Syphilis was one of the most widespread dermatological diseases among the various civilizations of ancient Peru. The pottery pieces of the Moche-Chimú culture, in particular, show clear graphic huaco examples of syphilitic lesions (Figures 1 and 2). The Peruvian archeologist Julio C. Tello along with Hunter Williams found the typical lesions of syphilis in their osteopathological studies in 1929. Syphilis in the Inca era affected not only the people but also the highest social classes of the Empire.

George E. Eaton, a U.S. osteologist who was member of the Hiram Bingham expedition that discovered Machu Picchu in 1911, found in a cemetery in the area “in a very spectacular location”, the grave of the supreme priestess, or Mamacona, priestess of the convent of selected virgins who were in charge of weaving beautiful cloth and making chicha (corn liquor) for the Inca and the nobility. In the osteopathological examination that he carried out, he found that the priestess “unfortunately had syphilis.” This lady had been buried in a beautiful spot, with great riches that spoke of her importance.

Ancient Peruvians treated syphilis (huanthi, a word which in Quechua-Aymara
means “ulcer”) with sarsaparilla and guaiacum. When the sarsaparilla juice is drunk fresh, the cure is certain, one cannot but be healed³.

According to the chroniclers, syphilis was taken to Europe by the conquistadors on their first trip back to Spain. Syphilis appeared for the first time in Europe in Naples, in 1494, and was therefore called “the Neapolitan disease.” It appeared as a mysterious and unknown epidemic which spread rapidly, provoking great malaise among the population, since no cure was known. Its name appeared for the first time in the literature in 1530; a doctor from Verona, Girolano Fracastore, wrote a pastoral poem and gave the fearful disease the name of the shepherd.

For a long time, the conviction existed that syphilis originated in the Americas. However, recent studies conducted by a group of English archeologists have shown that two-thirds of the skeletons of priests, noblemen and rich merchants buried in the crypt of an Augustine abbey, in the port of Hull, in northwestern England, presented typical syphilitic lesions. These researchers carried out archeological studies of bones in various Middle Age Roman cemeteries, and found evidence of hereditary syphilis in children, with the typical Hutchinson jagged teeth. They concluded that syphilis existed in Europe before the discovery of America.

**Peruvian wart**

The pre-Incaic Moche, Chimú, Vicús and Chancay cultures flourished along the northern coast of Peru between the first century B.C. and the thirteenth century A.D., in the present-day areas of Piura, Lambayeque, La Libertad and Lima. In their numerous pottery pieces (portrait jars), they have left graphic representations of external skin lesions produced by dermatological diseases, among which is the Peruvian wart.

This ceramic piece (Figure 3) undoubtedly shows the typical lesions of the Peruvian wart in its warty stage, and constitutes a true medical book on this disease left to us by the ancient Peruvian cultures.

**Leishmaniasis**

The Moche-Chimú cultures have left pottery pieces with graphic testimonies that the Peruvian wart and tegumentary leishmaniasis were associated with legendary myths of potato cults. Some Mochica huacos show potato buds, simulating vulvas, from which grow warty and uta-affected faces. Other pieces represent scenes of the sowing and harvest of the potato, in which the humanized face of the potato presents uta and warty nodule mutilations (Figure 4).

Skin leishmaniasis of the uta kind and the Peruvian wart are endemic in the gorges of the Andean valleys. Pedro Weiss has carried out a careful study of these pottery pieces that depict the potato with uta and wart lesions linked to the sexual organs, with which the ancient Peruvians marked the correlation between the uta and the wart, the fecundity of the soil of the Andean valleys and the fecundity of the women.

The natives used resins to cure leishmaniasis³.

**Pustular facial diseases**

The Pottery piece of the Mochica culture (Figure 5), showing the head of a patient with deep lenticular scars on the face, nose, cheeks, chin, ears and (very few here) forehead. He has two large perforations in each ear-lobule, which probably indicates to us that he was probably an orejón with a pustular facial disease that accounts for these deep point-like scars. Perhaps a case of serious pustular acne.
Deep mycosis

Figure 6: Pottery piece of the Vicús culture (300-800 A.D.), of the Peruvian Reserve Bank Museum, showing an edematous foot, with localized nodules, mainly on the posterior and lateral part of the skin of the foot and heel. These lesions are similar to those observed on figure 7. (Patient of the Lima Dos de Mayo Hospital diagnosed as mycetoma by mycological study courtesy of Dr. O. Romero).

Pruritic skin diseases

Figure 8: Pottery piece of the Mochica culture, showing a naked man, the head covered with a cap, with an expression of annoyance; he is scratching his back with his right hand. He has flat papular lesions on the skin of the abdomen and leg. It is possibly a case of hives.

Pinta or cara

The *pinta or cara*, according to Lastres, was known to the ancient Peruvians by the name of *black and white ahoberados*. In the chronicles of the “Inca” Garcilaso de la Vega it is mentioned that the sorcerers of old used to breed toads at the request of the offended parties, feeding them maize of different colors, according to the type of speckle they wanted to produce on the skin of their enemies, of unfaithful lovers, etc.3

Tuberculosis

We have studied the patients from 1940 to 1960 of the Dermatology Services of the 8-II pavilion of the Archbishop Loayza National Hospital in Lima and the Workers’ Social Security Polyclinic of El Callao, and have found that 0.01% of patients with skin problems were carriers of skin tuberculosis. We have concluded the following:

1. Skin tuberculosis is a disease that is thousands of years old in Peru.
2. Its presence is related to underdevelopment, the environment, poor housing and poverty.
3. There has been much research on skin tuberculosis, both in Peru and abroad. The first in Peru was carried out by Dr. Luis Flores-Cevallos.
4. There are forms of prevention (vaccine) and favorable treatment.
Dermatology during the Conquest and the Viceroyalty

The medicine that the Spaniards introduced to the New World was the medicine dominated by the Scholastic Theology of the Middle Ages and the philosophical concepts of Aristotle, says Unanue4. Sixteenth-century Spanish universities were subjected to the religious intolerance of the Inquisition. Renaissance ideas in general, such as those of Vesalius, who revolutionized Anatomy with the dissection of corpses, met with much resistance.

The conquest of the Inca Empire can be dated to the year 1526 with the signature of a document by Francisco Pizarro, Diego de Almagro and the priest Hernando de Luque to conquer a fabulous land, beyond the coasts of the Southern Sea, which they called “Biru.” In 1531, on their third and last trip to the South, the conquistadors had to halt at the peaceful Las Esmeraldas bay, in Coaque (Ecuador). “An unknown and dreadful disease called berrugas” attacked a large number of them, causing consternation and discouragement. The “Inca” Garcilaso narrates that a “strange, abominable” disease suddenly appeared, which consisted of a multitude of warts that sprouted on the skin of the entire body; many of them grew disproportionately and looked like “figs,” and bled a lot, affecting the face, since many “hung from the forehead, others from the eyebrows, others from the tip of the nose, from the beards and ears.” Many men were affected by the epidemic, with large bleeding warts like “eggs,” and others with symptoms of intoxication, delirium and paralysis. Since this disease was new to the Spaniards, according to Gómara, “they knew not what to do”3-6.

This torture of the Spanish lasted seven months. Many succumbed under the effects of this strange ailment, which started off suddenly, since they “went to bed healthy and woke up very sick.” This was one of the first systemic dermatological diseases, which was masterfully described in its eruptive phase by the Spanish chronicler Miguel de Estete. This writer states that “the village of Coaque is the most diseased coast under the heavens”3.

The Spaniards attached no importance to the medical knowledge of the Inca. Garcilaso de la Vega, in his General History of Peru, relates that the Inca Atahualpa became ill while being held prisoner; according to Father Blas Valera “in prison, the Inca felt no remaining hope in life, with a great melancholy due to his being in chains and alone; that they did not let any Indians into where he was, but for a nephew of his, a young boy who served him. The Spaniards then took him out of prison and called up the more important Indians, who brought in large collections of herbs that cured him, and who, in order to certify his high temperature, took his pulse from the nose, between his eyebrows, that they gave him a herbal drink of great virtue. He calls one of them payco, and names no other. He says the drink made him sweat profusely and fall asleep deeply for a long time, so that when he woke up the high temperature was gone; and that they concocted another medicament, and that in a few days he came to, and that he was subsequently taken back to prison”3-6.

As soon as Lima was founded, in 1535, the need was felt to have hospital centers for the numerous Spanish and Indian patients. On March 16, 1538, the first hospital was built at the Rinconada of Santo Domingo and the Camilas house of lay sisters opened for women who had the “chancre” ailment. Toward 1549, the construction of the St. Ana Hospital began, according to Córdova and Urrutia a hospital for the “healing of the miserable Indians who died like beasts on the fields and on the streets”; they died mainly of infectious diseases. In 1556, St. Andrew’s Hospital was founded for Spanish patients3.

By Royal Order dated 1501, African slaves were introduced in the Americas. Those who traveled through Panama brought many diseases, such as smallpox, leprosy, measles and tabardillo; they lived among corruption and diseases3.

Leprosy infected the American soil, and it was therefore deemed necessary in 1546, following the initiative of Antón Sánchez, to found a hospital. This hospital was called St.
Lazarus and was very soon occupied by many patients; African slaves were very prone to leprosy and smallpox.

Soon after the end of the Conquest, other hospitals were founded in Lima and other cities of Peru such as Cuzco, Trujillo, Huamanga and Arequipa. These hospitals were founded under the encouragement of clergymen and charity brotherhoods.

The Protomedicato Royal Court was created in Peru by King Philip II for the control of the medical profession; it was inaugurated in 1570, under the rule of Viceroy Toledo.

During the Viceroyalty, many epidemics took place, especially of the viral kind. The popular muse highlighted the presence of these unwelcome guests:

Measles knocks on the door
Smallpox asks, “who’s there?”
And scarlet fever answers:
“All three of us are here.”

Smallpox, measles, wart, exanthematic typhus, and flu epidemics were very frequent; they primarily affected the indigenous population.

Tuberculosis was a very widespread disease during the time of the Colony and the Republic. St. Rosa of Lima, patroness of Hispano-America and the Philippines, died of tuberculosis on August 24, 1617 at the early age of 31. Simón Bolívar, after his liberating campaign in Peru, retired to the island of Santa Marta and died of the same disease.

Smallpox continued producing constant epidemics throughout the period of the Colony and in the first years of the Republic. One of the worst epidemics, which alarmed all of Peru, took place in April 1584. It started in Cuzco, with a disease that some identified as chickenpox, while others as tabardillo or mumps. It was not easy to pinpoint the type of disease due to the “backwardness in which medicine lay, but later, symptoms showed that it was probably a case of smallpox”. This disease affected “almost exclusively the Indians, who died by the thousands, especially the young”.

This epidemic lasted until 1590. Because of the magnitude of its devastation, in the histories that were written in the different provinces of Peru it was considered similar to the plague in Florence, described by Alessandro Manzoni. Corpses were in some cases left unburied, or else ditches were dug in the streets themselves to save the trouble of transportation.

The Peruvian population decreased considerably from the 10,000,000 inhabitants the Inca Empire is believed to have had at the time of the Conquest. The census carried out by Viceroy Gil de Taboada y Lemos between 1792 and 1795 yielded a population of 1,400,000 inhabitants within the boundaries of the Peruvian Viceroyalty. The cause of this tremendous depopulation is explained not only by the high mortality rate produced by viral diseases brought by the conquistadores, but also by the terrible conditions under which the natives worked and lived.

Throughout the period of the Colony and first years of the Republic, there were no attempts to make graphic representations of the various diseases with visible skin lesions, as the ancient Peruvians had made. Medical works were very scarce; they were all filtered by the Court of the Holy Inquisition set up in Lima during the rule of Viceroy Toledo in 1570, which lasted practically up to 1821, when Peru became independent. The medical circles of the largest Viceroyalty in South America were basically not interested in dermatological diseases.

In 1818, the Protomédico Melchor de Amusgo, a presbyter clergymen, published “an account of measles or about measles,” which was much praised by doctors of his time. As Lastres has proved, in those times there was a solid link between medicine and religion.

In 1630, the Spanish Protomédico Pedro Gago de Vadillo published what would turn out to be the first Peruvian book on surgery, Light of True Surgery, in which the wart is
mentioned for the first time. We should remember that back then, as in Europe, it was surgeons who treated external, superficial or skin problems.

In 1693, the Protomédico Presbyter Vargas Machuca published a Discourse on Measles, much praised by Unanue.

In 1694, Francisco Bermejo y Roldán, Prime Medical Lecturer, published a book on measles, a disease that appeared in the form of epidemics and with serious complications. It was believed that the disease was transmitted by pestilent air, and that, in this air, humors and blood were altered. For its treatment, Bermejo recommended cleaning the air with rosemary; for the humors, he prescribed bloodlettings and purges. This is the most exhaustive study on measles.

Between 1732 and 1743, Pedro Peralta published an Annual Calendar of the Weather and Diseases, in which he stated that fall would be a fruitful season with more disease than health, with threats of smallpox and measles.

By recommendation of the Peruvian Protomédico Hipólito Unanue, the Royal Anatomy Amphitheater was inaugurated at St. Andrew’s Hospital on November 21, 1792, in order to improve medical teaching, following anatomist Vesalius; there he set up the Clinical Conferences, in which he was to offer the conference on “Fevers” and Protomédico José M. Dávalos another on “Smallpox.” In the amphitheater’s inaugural speech, Unanue asserted that “eruptive fevers are an evil star of Peru, which is full of pestilences and epidemics, complicated by the presence of charlatans and empiricists who practice medicine and produce a picture of devastation. The teaching of anatomy shall redeem Peru, restoring it within a beneficial science and healthy enlightened doctors”.

In 1634, under the rule of Viceroy Count of Chinchón, medical education improved, and the medical properties of quinia bark for curing the intermittent fevers of tertians and quartans were discovered; it was taken to Europe in 1635.

In 1802, a serious smallpox epidemic occurred in Lima. A Spanish ship that traveled to the Philippines arrived in Callao bringing some glass bottles that contained the vaccine. Unanue took advantage of this opportunity to start vaccination against this dreadful disease in Peru. A few years later, the King of Spain sent a philanthropic expedition carrying the vaccine; this expedition reached Lima in 1806. However, a year earlier, in 1805, nine glass tubes with the vaccine had arrived from Buenos Aires, and therefore, the vaccination started by Unanue continued, not without a certain resistance by the population. Salvani arrived a few months later with the above-mentioned philanthropic expedition. This is how, with the efficient collaboration of Hipólito Unanue, vaccination against smallpox spread throughout the Colony.

Also at an initiative of Unanue’s, during the Viceroyalty of Abascal the Royal St. Ferdinand Medical and Surgery School was founded. This college began to operate on August 13, 1808, with a studies program in tune with the latest medical advances of its time, where “theory is accompanied by practice, so that, together with healthy morals, they can be the paths to becoming a good doctor”. The Colony ended with the contribution of this Peruvian sage. It was only then that doctors started to have a scientific technique, professional sensitivity and philosophical broadness.

**Dermatology during the first hundred years of the Republic**

Medical practice did not change with the proclamation of Independence, on July 28, 1821; the methods of colonial medicine lived on. During the first years of the Republic, constant civil wars prevented any improvements. Hipólito Unanue, the father of Peruvian medicine, who had occupied important posts during the Colony, continued working and providing his knowledge after the proclamation of Independence.

The continuer of Unanue, Cayetano Heredia, reformed the Medical Studies Plan, and created the present-day Medical School. December 30, 1848, was the date that marked
the end of the Protomedicato, which yielded its rights to the new Medical School, created on September 9, 1856. Merit-based competitions were held in order to fill the posts in the various chairs and to obtain the best doctors to undertake the reform of Peruvian medical education. Thereafter, many of the young students who would later fill the chairs were sent to Europe, especially to France. The Dean of the Medical School, Cayetano Heredia, established the new rules, with a modern teaching program, creating new chairs and giving more importance to hospital internships. He founded the Natural History Museum and a Herbarium with 1,820 plants, as well as a beautiful collection of minerals and geological species. Heredia surrounded himself with prestigious collaborators, such as José Elboli (Italian), who launched Chemistry studies; Antonio Raimondi (Italian), a great explorer who described Peru physically, and Rafael Benavides, lecturer on Medical Physics and Hygiene.

In 1851, a new epidemic appeared in Lima: yellow fever. This motivated the creation of a new Hospital to replace the old St. Andrew's Hospital — a modern health center in tune with urban and scientific progress. The new Dos de Mayo Hospital was inaugurated on February 28, 1875, as one of the best in South America, equipped with the latest technological advances of the time.

In 1870, during the construction of the railroad of the Central Sierra, there was a great epidemic of Peruvian wart among the workers, primarily affecting those who came from other regions of Peru and from abroad. The sad epilogue of this great work of engineering was that each crosstie meant a life lost.

In 1879, the war with Chile caused a complete economic, cultural and social halt in Peru. Libraries were ransacked by the invading army, the Dos de Mayo Hospital was occupied, and the Medical School and other institutions stopped operating. Once this war was over, the Dos de Mayo Hospital reopened; here, conferences were held and the Oroya fever and the wart were classified as separate issues. In this context there appeared Daniel Alcides Carrión, fourth-year medical student, who, imbued in the new medical and philosophical knowledge of his time, decided to sacrifice himself voluntarily. On 27 August, 1885, he underwent four inoculations — two in each arm — of the warty button of an already convalescent patient who was hospitalized in a Dos de Mayo ward. Some days later, he developed the symptoms of the disease: violent chills, high fever, cephalalgia gravativa, muscular pain, cramps, insomnia, presenting alterations of the senses, unrest and delirium. On the first few days, he was lucid, and described the symptoms of the disease. He stated in the clinical history: “But now I am firmly convinced that I am affected by the fever that killed my friend Orihuela. This is the palpable proof that the Oroya fever and that of the eruptive wart are of the same origin, as I once heard Dr. Alarco assert.” With his sacrifice, Carrión definitively solved the classification problem of the Peruvian wart. Before losing consciousness, he left us his eternal message: “I have not died yet, dear friends; now it is your turn to finish the work undertaken, following the path I have outlined”.

After Carrión’s death, an incessant search by our researchers began, a standout among them being Alberto Barton, who in 1905 discovered the germ that caused the Peruvian wart.

At the St. Ferdinand Medical School, a new Study Plan was approved in 1887, and, in subsequent years, new chairs were created. In 1903, the current venue of the Medical School was created.

Medical literature continued to be very poor during the first years of the Republic. In 1884, Pablo Patrón published in the Lima Medical Gazette an essay entitled “Brief Treatise on Venereal Disease or Gallic Morbidity,” dedicated to the French doctor of the Paris school, Pablo Petit, the first to introduce to Peru the use of mercurials for the treatment of this dreadful disease. This French doctor living in Lima severely criticized his colleagues, who still applied treatments based on purges, bloodlettings, enemas, herbs such
as blackberry and mercurial ointments, which only helped to accelerate the death of the patient, and filled the doctors’ pockets.

In 1918, Hermilio Valdizán founded the *Anales de la facultad de medicina de San Fernando*, in order to publish medical research works exclusively and avoid articles on pompous ceremonies and other topics that had nothing to do with Medicine. In this journal, the research work of Barton (discoverer of the wart germ) began to be published, as well as that of Pedro Weiss, Tello, Monge and many other researchers.

In the 1920s, the professors of the St. Ferdinand Medical School, continuing with the example of Cayetano Heredia, stimulated and helped many young doctors so that they could study various specialized fields at European universities, in order fill the new chairs that were being created. Continuing with this practice, Aurelio Loret de Mola traveled to Paris to study Dermatology, a chair he headed upon his return.

---

## History of dermatological institutions in Peru

### PERUVIAN SOCIETY OF DERMATOLOGY

In the late 1930s, the head professor of the Dermatology department of the Buenos Aires University Medical School, Luis Pierini, and Professor Basombrío, a Peruvian dermatologist living in Argentina, arrived in Peru and met with Professor Aurelio Loret de Mola in order to encourage the foundation of the Peruvian Society of Dermatology. The goal was not attained because at that time there were only seven dermatologists, but they recommended training more specialists in the country and sending the more outstanding ones abroad to complete their education.

On May 15, 1964, Peruvian dermatologists held a special meeting in order to found the Peruvian Society of Dermatology. They approved the bylaws drawn up by a committee made up of the following dermatologists: Aizic Cotlear, Juan Manrique, Amaro Urrelo, Guillermo Arana, Luis Cavero and José San Martín. The bylaws had 11 chapters and 30 articles. Some of the founders of the Peruvian Dermatological Society were Amaro Urrelo, Marcial Ayaipoma, Juan Manrique, Zuño Burstein and Wenceslao Castillo. The society was formed with the following goals: grouping dermatologists and doctors of related fields; encouraging research; interacting with similar national and international organizations; certifying as dermatology specialists those doctors who showed the ethical, training, and suitability conditions required by the appropriate regulations; until a Medical Association was constituted, embodying the ethical and deontological functions of the specialized field; and collaborating with governmental and private entities in the solution of technical problems within its domain. The duration of the Board of Directors was established at one year.

In 1971, with Dr. Luis Flores-Cevallos as President of the Society, a committee was appointed to modify the Bylaws, to meet the requirements of the Peruvian Medical Association.

Minor aspects of the Bylaws have been modified on various occasions; since the latest reform (1996), the Board of Directors is elected every two years. The Peruvian Society of Dermatology schedules monthly clinical-pathological meetings, events, congresses every two years, and many other scientific activities that take place in Lima and in the provinces. On September 1, 2004, the PSD celebrated its first 40 years; in a Ruby Jubilee ceremony, the Board of Directors, with President Dr. Nicolás Tapia Dueñas and Secretary Dr. Luis Valdivia Blondet, awarded medals of honor to the founders and former presidents.
When the main ceremony was over, the Dean of the Peruvian Medical Association inaugurated the Tenth Peruvian Congress of Dermatology. The Peruvian Society of Dermatology currently publishes a newsletter and a scientific journal, *Dermatología Peruana*.

In 1967, during the Fourteenth World Congress of Dermatology in Munich, Germany, Dr. Luis Flores-Cevallos, who had a friendly relationship with Professor Robert Degos, of the Saint-Louis Hospital and President of the International League of Dermatological Societies (ILDS), mentioned to the latter his wish to have the Peruvian Society of Dermatology join the ILDS, a goal he achieved after following the necessary procedures, paying the fees for 21 dermatologists out of his own pocket.

In 1969, Dr. Luis Flores-Cevallos was elected President of the Peruvian Society of Dermatology. Dr. Flores-Cevallos founded the branches of the Provinces and organized their Boards of Directors.

**Head Office, in the City of Lima:** President Luis Flores-Cevallos, Vice-President Zuño Burstein, General Secretary Wenceslao Castillo, Secretary of Scientific Action Luis Romero, Secretary of Economy Oscar Romero, Secretary of Union Action and Deontology Pedro Navarro, Secretary of Library and Minutes María Elena Ruiz.

**Southern Region Branch, City of Arequipa:** Marcial Ríos, Luis Suárez, Raúl Hurtado, Víctor Delgado.

**Northern Region Branch, City of Trujillo:** Luis Tincopa.

In that same year, he organized the First Peruvian Dermatology Session in Arequipa, which took place from May 21 to May 24, 1970; not only dermatologists but also professionals of related fields and paramedics participated in the session. The Annals of these sessions were published in a special issue of the *PSD Journal* Vol. 4 No. 1 June 1970.

On September 1, 1971, the Peruvian Society of Dermatology reelected Luis Flores-Cevallos as President; the Board of Directors also included Wenceslao Castillo, Raúl Gallardo, Luis Romero, Oscar Romero, Pedro Navarro and María Elena Ruiz. It had been a few years since the PSD had begun organizing symposia, round tables, conferences, and short courses in the various hospitals of Lima and Callao, as well as sessions in Lima and the provinces (Arequipa and Trujillo). All this justified the organization of the First Peruvian Congress of Dermatology.

The organization of this first Congress was a difficult task, but was compensated by the great interest it awakened and by the cooperation of prestigious dermatologists from various countries. The First International Dermatology Course and the First Peruvian Congress of the Peruvian Society of Dermatology were held at the Edgardo Rebagliati Martins Hospital from December 1 to 7, 1971. The Congress was attended by 30 foreign dermatologists, 10 accompanying people and 150 Peruvian dermatologists.


The minutes of the Congress were published in a special issue of the *Journal* of the Peruvian Society of Dermatology: 1971; 5(2):1-55.

During its 40 years of existence, the Peruvian Society of Dermatology has periodically renewed its boards of directors: in the 2003-2004 term, it was presided by Dr. Nicolás Tapia and Dr. Eva Tejada was elected for the following two-year term.
PERUVIAN CENTRAL COMMITTEE OF THE IBERO-LATIN AMERICAN COLLEGE OF DERMATOLOGY (CILAD). PERUVIAN NATIONAL COMMITTEE OF THE IBERO-LATIN AMERICAN COLLEGE OF DERMATOLOGY

In 1979, the CILAD annual meeting elected Luis Flores-Cevallos as Peruvian Delegate for a four-year term, and was reelected in 1983 for another four years. The President of the CILAD, Jorge Abulafia, wanted to work in coordination with the President of the Peruvian Society of Dermatology; but, despite the efforts carried out to that end, an agreement for the organization of a joint working plan could not be reached. Because of this, and in order to make up for lost time, in 1984 Luis Flores decided to form the Peruvian Central Committee of the CILAD (C. C. P.-CILAD), which later changed its name to the Peruvian National Committee of the Ibero-Latin American College of Dermatology. His collaborators were Drs. Zuño Burstein and Víctor Meth as Press and Promotion Secretaries; Wenceslao Castillo, General Secretary; Elda Canadell, Treasurer. The committee was the seed that allowed the Peruvian Society of Dermatology to emerge from the stagnation it had fallen into. Clinical-pathological Meetings were programmed. In October 1986, Dr. Zuño Burstein began, with Dr. Víctor Meth, the publication of the Peruvian Dermatological Folio, an official organ of the institution, with major informative, scientific and institutional content, distributed nationally and abroad.

The Peruvian National Committee of the CILAD also took care of administrative obligations, paying up overdue fees to the CILAD and LIDS tutelary institutions, and thus preventing the expulsion of Peru. The Committee also ensured the participation of Peruvian dermatologists in international events, such as the Eighteenth World Congress of Dermatology in Berlin, in 1987, and the Tenth CILAD Congress in Madrid, in the same year.

PERUVIAN IBERO-LATIN AMERICAN COLLEGE OF DERMATOLOGY (CILAD-PERU)

In 1991, at the Twelfth Congress of the CILAD, in Guadalajara, Mexico, under the presidency of Enrique Hernández Pérez, the CILAD Assembly elected Dr. Zuño Burstein as the new Peruvian National Delegate. In accordance with his duties and with the wishes of the new president, Dr. Burstein reconstituted the Peruvian National Committee of the Ibero-Latin American College of Dermatology. The Committee functioned as such up to September 7, 1994, when, upon that base, the Peruvian Ibero-Latin American College of Dermatology (CILAD-PERU) was founded. CILAD-PERU was recognized as a new dermatological scientific medical institution by the Ministry of Public Health and the Peruvian Medical Association on March 9, 1995, and was registered in the Lima Public Records. This institution undertook major scientific activity and continued with the publication of the Peruvian Dermatological Folio.

PERUVIAN DERMATOLOGICAL CIRCLE (CIDERM-PERU)

On May 5, 1999, CILAD-PERU changed its denomination to CIDERM-PERU (Peruvian Dermatological Circle), keeping its bylaws. CIDERM-PERU then became affiliated to the International League of Dermatological Societies (ILDS) under this new name.

At present, the Peruvian Society of Dermatology and the Peruvian Dermatological Circle (CIDERM-PERU) are the Peruvian institutions that are acknowledged and registered at the International League of Dermatological Societies.

During its existence as CILAD-PERU and later as CIDERM-PERU, the boards of directors of this institution have been successively présidé by Drs. Zuño Burstein, Francisco Bravo and, at present, Rafael Gamarra.

CIDERM-PERU permanently encourages Peruvian dermatologists to participate in national and international scientific events that keep them updated on the latest advances in this specialized field and also procures and provides grants, preferably to young dermatologists, to make it easier for them to take part.

CIDERM-PERU has carried on with periodic clinical-pathological meetings and theoretical
and practical courses with international guest experts, video-conferences, symposia and specialization courses in dermatology with national and foreign professors.

The Circle has also, for the last ten years, been conducting an important annual community-oriented outreach activity called “Mole Day.” This is a nationwide campaign for the education, prevention and early diagnosis of skin cancer and melanoma. The Ministry of Health has given this activity official status, and it is backed by the medical services of Social Security and the Health Departments of the Armed Forces and the Police, as well as local governments. The activity also receives financial support from pharmaceutical laboratories that are conscious of this issue.

CIDERM-PERU participates institutionally in the congresses and activities of the Ibero-Latin American College of Dermatology (CILAD) and in the Annual Meeting of Latin American Dermatologists (RADLA). The national delegates to this meeting are members of the Circle’s Board of Directors.

For the first time in the history of the RADLA, the thirteenth meeting successfully took place in Lima on May 1 through 4, 2004, under the executive presidency of Dr. Fernando Magill, CIDERM-PERU official and national delegate to the CILAD. Dr. Zuño Burstein was named Honorary President of the meeting.

CIDERM-PERU issues the Peruvian Dermatological Folio, which is its official scientific publication, and has regional sub-delegations in the North and South of the country.

History of dermatological scientific publications in Peru

We shall mention some of the earliest dermatological publications as precedents for the current ones.

In 1953, Dr. Luis Flores-Cevallos published the First Bulletin of the Chair of Dermatology and Syphilography, which presented the monthly clinical-pathological cases of the Chairs of Dermatology and Pathological Anatomy at the St. Ferdinand Medical School of the National Higher University of St. Mark.

Juan Manrique Ávila, President of the PSD, published the first issue of the Revista de la Sociedad Peruana de Dermatología, with original works and various scientific activities of the PSD; the journal, which was distributed nation-wide and abroad, continued to be issued regularly up to December 1971.

Dr. Luis Flores Cevallos published the Annals of the First Dermatology Session, which took place in the city of Arequipa, in a special issue of the journal of the Peruvian Society of Dermatology (1970). In 1971, in another special issue, he published the Annals of the First International Dermatology Course and the Annals of the First Peruvian Congress of Dermatology.

REVISTA DE LA SOCIEDAD PERUANA DE DERMATOLOGÍA Y DERMATOLOGÍA PERUANA

The Revista de la Sociedad Peruana de Dermatología, the official publication of the Society, was founded in 1965, during the presidency of Dr. Juan Manrique. It was at first published twice yearly, and was distributed free to member dermatologists and to national and international institutions (libraries).

The journal appeared regularly until 1971. Twenty-five years later, under the presidency of Dr. Luis Valdivia Blondet’s Board of Directors, its publication was resumed under the title Dermatología Peruana (late 1996). The aim was to make scientific works, professional experiences and the latest updates in the specialized field once again available to all Peruvian dermatologists and the medical community in general. The journal is currently published in an annual volume which is divided into three issues. It is indexed at LILACS, LIPECS and has record number ISSN1028-7175; its current editor is Dr. Arturo Saetone.
**FOLIA DERMATOLÓGICA PERUANA**

In October, 1986, the *Folia Dermatológica Peruana* was first issued as the official publication of the Peruvian Central Committee of the CILAD. This journal then became a regular publication that continues up to the present, with original works and institutional information, distributed nation-wide and abroad. It is indexed in national and international data bases (LIPECS, LILACS and SCIELO). The journal is currently the official scientific publication of the Peruvian Dermatological Circle (CIDERM Peru). Its record number is ISSN1029-1733; its Founding Director is Dr. Zuño Burstein and its current (2004) Executive Director is Dr. Rafael Gamarra, President of CIDERM-PERU.

**REVISTA DERMA SUR**

Issued by the southern branch of the Peruvian Dermatological Society. Its first number appeared in September, 2004, published by the Board of Directors, headed by Dr. Lila Zapata.

**REVISTA DERMATOLÓGÍA PEDIÁTRICA LATINO-AMERICANA**

The first issue appeared in Lima in October, 2003. It is the official publication of the Latin American Society of Pediatric Dermatology, and its main editors are Peruvian dermatologists Dr. Rosalía Ballona, Dr. Héctor Cáceres and Dr. José Catacora. The magazine receives the collaboration of outstanding leaders of the field; the current aim is to publish it on a quarterly basis for distribution throughout Latin America.

### Some forerunners of Dermatology in Peru

When the specialized field hadn’t yet been recognized as such, there were many professional physicians at the National Higher University of St. Mark (UNMSM) who, either trained abroad or self-trained, undertook the study and the practice of Dermatology in Peru. We must highlight the merit of our predecessors whom we consider “forerunners.” We consider “pioneers” those who later on showed an interest in and dedication to the practice and teaching of Dermatology. And we call those specialists who followed their example successors.

Among the “forerunners,” there are some names of doctors and professional groups whose activity has been visible in the History of Peruvian Dermatology, and who are worthy of mention.

**FELIPE MERKEL (1873-1941)**

A physician born in Kronstad, Austria, in the year 1873, he carried out his early learning at the prestigious Our Lady of Guadalupe School in Lima and obtained his doctor’s diploma in 1903, at the UNMSM with an academic paper on “Tuberculosis in the National Army,” which won an award from the Medical School. Merkel completed his specialized studies in Paris, Berlin and Vienna, where he graduated as a medical doctor in 1908, with a thesis on “Regulations on Prostitution in Lima”. Most of his professional life was dedicated to Dermatology and Syphilography; he was appointed President of the Peruvian Committee of the Tenth World Congress of Dermatology. He is considered to be the first Dermatology and Syphilography specialist in Peru.

In 1910, he was appointed standing member of the National Academy of Medicine in Lima; he received numerous distinctions for his professional activity and his austere sense of Hippocratic ethics.
MAXIME KUCZYNSKI-GODARD (1890-1967)14

A German immigrant doctor, born in 1890, who contributed greatly to the study of leprosy in the Peruvian Amazon. He studied medicine in Berlin, where he became Professor of Pathology; he conducted many medical missions around the world. In 1933, due to Nazi racial laws, he gave up his chair and emigrated first to France and then to Venezuela. In 1936, he arrived in Peru, where he worked feverishly, in the beginning with Carlos Enrique Paz Soldán at the Social Medicine Institute of the UNMSM, and later at the Health Ministry. He was assigned important health responsibilities in the Jungle, and later in the Sierra, where he carried out and wrote about many scientific works, among which was his experimental self-inoculation with Peruvian wart, repeating Carrión's earlier experience; for this work he was named honorary member of the National Academy of Medicine. In 1940, the Peruvian government created the Loreto and San Martín health supervision service, which promptly grew into the Northeastern Supervision Service, headed by Maxime Kuczynski. After founding an anti-leprosy dispensary in Iquitos in 1940, he reconstructed the San Pablo asylum as an agricultural colony, obtaining remarkable progress. He also undertook the exploration of many rivers, particularly the Ucayali, conducting valuable leprosy surveys. He is credited with the first observations of leprosy among genuine jungle inhabitants in South America, which he carried out among the Camo and Cocama tribes17.

PROFESSIONAL GROUPS

Other specialized areas of Medicine that have contributed to the knowledge and development of Dermatology in Peru have been related to allergy and immunology. In this area, some medical figures stand out, some of whom constituted true training schools for this specialized field. One such case is the school headed by Dr. Emilio Ciuffardi at the Police Hospital. Ciuffardi was also founder of the Peruvian Society of Immunopathology and Allergy. He and Dr. Pedro Vargas Morales, founder of the Bronchial Asthma Society (both deceased), and his followers have contributed to the knowledge of allergic dermatological diseases. In this area, the highly qualified Dermatology and Allergy service of the Employee’s Central Hospital (with Dr. Luis Flores7 as head of the service) must be mentioned. Also worthy of mention are Dr. Betteta’s Allergology School, at the 2 de Mayo Hospital, and the Specialized Institute of Immunology and Allergy run by his followers, a group related with Dr. José Zegarra Pupi. It is also worth mentioning the contribution of the Allergy Service of the Children’s Hospital, headed by Dr. Enrique Drassinower. All these people, already deceased, have left followers who are currently linked to Dermatology.

History of the teaching of Dermatology in Peru

Formal university-level training in Dermatology began in Peru in the mid-twentieth century. Drs. Aurelio Loret de Mola and Pablo Arana (1930), Arturo Salas (1941), Marcial Ayaipoma (1942), Amaro Urello and Víctor Gonzáles (1943) and Dr. Luis Flores (1947) were the first holders of the Dermatology and Syphilography chair at the St. Ferdinand Medical School of the Archbishop Loayza Hospital.

PIONEERING PROFESSORS

Aurelio Loret de Mola (1896-1968)15

Dr. Loret de Mola was a dermatologist who studied this branch of medicine in France, a pioneer in the teaching of Clinical Dermatology in Peru. (Figure 9) He was born in Lima in 1896, and he took complete practical Dermatology and Venereology courses with Professor Jeanselme at the Skin and Syphilitic Diseases Clinic of the Saint-Louis Hospital. He
also studied with Touraine, Norié, Chevallier, Riccard, Ferrand, Flurin and other masters of French Dermatology.

Upon his return to Peru, he became one of the founders of the Archbishop Loayza Hospital, where, from 1927 onwards, he was in charge of the Dermatology and Syphilography consulting rooms, replacing Dr. Eleodoro Camacho. He was Interim Professor of the Skin Diseases and Syphilis chair at the St. Ferdinand Medical School, and in 1933 he was appointed lecturer in replacement of Prof. Pedro Weiss. In 1936, he graduated at that study center as Doctor in Medicine, defending important research work on “Inflammatory skin reactions and desensitization procedures.”

First as Principal Full Professor of Dermatology and Syphilography, in 1937, and later as Head Lecturer at the San Fernando Medical School, in 1940, he represented Peru in various congresses in America and Europe, making remarkable contributions.

When, in 1961, the Cayetano Heredia Peruvian University of Medical and Biological Sciences was created, he was appointed Principal Professor and set up the Dermatology chair of that university, where in 1967 he was awarded the rank of Emeritus Professor.

Various Medical Academies and multiple Dermatology, Syphilography, Veneorology and Leprology Associations and Societies in America and Europe incorporated Doctor Loret de Mola as standing member. He was also recognized and given awards by medical institutions in Germany, Argentina, Brazil, Canada, Spain, the U.S., France and Venezuela, among others.

He published various articles in national and foreign medical journals, as well as major and lengthy research treatises in Dermatology. Among the latter: “On the Treatment of the Bubonic Plague”, (1923); “Contribution to the Treatment of Blennorrhagia” (1928); “Inflammatory Skin Reactions and Desensitization Procedures” (1936); “My 25-Year Experience In the Treatment of Syphilis” (1953); various articles on “Therapeutics of Eczema” (between 1926 and 1940), and various works on “Dermatology and Syphilography Topics” (between 1930 and 1960). He died on November 17, 1968.

Pedro Weiss (1893-1985)

Dr. Weiss was a protean doctor, (Figure 10) who carried out specialized studies in France, Germany and Austria in the pathological anatomy and Dermatology fields. He was a pioneer in etiological diagnosis and in histopathological and skin- mycological education in Peru. He was born in 1893 in Lima and obtained a doctorate in medicine from the Higher National University of St. Mark, in 1927. Upon his return from Europe in 1930, he was appointed Head Professor of the Dermatology and Syphilography Department of the Higher National University of St. Mark, replacing Professor Belisario Sosa Artola, who had resigned. In 1935 he was appointed Principal Lecturer of Pathological Anatomy, carrying out fruitful work as pathologist, archeologist, paleopathologist and dermatologist. As part of his medical assistance work, he founded and headed the Laboratory services at the Dos de Mayo Hospital, at the Children’s Hospital and at the Pathological Anatomy Institute of St. Mark University. He was one of the founders of the Cayetano Heredia University; he was Head of the Laboratory Service at the Archbishop Loayza Hospital, of the Physical Anthropology Department of the National Museum of Anthropology and Archeology, and of the Physical Anthropology Seminar of St. Mark University.

Dr. Weiss worked as Full Principal Professor in the chair of Pathological Anatomy of the St. Ferdinand Medical School and as Full Principal Professor of the Physical Anthropology Seminar at the School of Science.

His scientific contribution in the field of research is very large, and he had many and major publications both in the medical field and in Anthropology. Among the published works on dermatological processes, we mention “Contribution to the Study of the Peruvian Wart” (1933); “On a Case of Mycotic Lymphgranulomatosis by Paracoccidioides
Hugo Pesce (1900-1969)

He was a physician, tropicalist leprologist, Doctor in Medicine, with graduate studies in Italy; Dr Pesce was a pioneer in Tropical Dermatology education in Peru. He was born in the city of Tarma-Peru in the year 1900. (Figure 11)

He graduated as doctor at the Genoa Medical School, Italy, in 1927. He worked as a general practitioner until 1931; he collaborated at Archbishop Loayza Hospital with Doctor Carlos Monge and was part of the team that conducted the first studies of Andean Biology in Morococha, in 1927.

In 1931, he had his first contact with Tropical Medicine, working as a doctor in the Satipo colony in the Peruvian jungle. A product of his stay there was his first work in the specialized field: *Sanitary Geography in the Satipo Region*.

Back in Lima, he worked at the Medical Clinic of the Archbishop Loayza Hospital up to 1935, when he was appointed Sanitary Commissioner of the Region; that same year, he founded the Apurímac Anti-Leprosy Service (SALA), a predecessor entity of the national Anti-Leprosy Service which he created upon his return to Lima in 1944. This service later became the Leprosy Department and subsequently Division of the Health Ministry Norms and Supervision Office.

In 1937, he described the first case of Tubercular Leprosy in Apurímac. In 1945, he joined the Infectious, Tropical and Parasitic Diseases department, headed by Doctor Oswaldo Herceles the San Fernando Medical School. He worked on the world classification of leprosy, of which he was the co-author with Drs. Fernández and Schujman from Argentina and with Souza Campos from Brazil. He was creator and leader of the Peruvian Leprology School.

He contributed decisively to the academic reconstruction of San Fernando University in 1961, occupying, by competition, the Chair of the Infectious and Tropical Diseases Department as Head Professor, a post which he held for 14 consecutive years until May 15, 1967, when he became Emeritus Professor. Besides his studies on leprosy, he studied and exhaustively collected data on exanthematic and recurrent typhus — of which he had ample experience due to his stay in the sierra — as well as on deep mycoses, especially South American Blastomycosis and Histoplasmosis. He was manager of the Daniel A. Carrión Institute of Tropical Medicine of the National Higher University of St. Mark.

The intellectual stature of Dr. Hugo Pesce went beyond medical activity; he stood out as a great lecturer, man of letters and philosopher, handling dialectical materialism with extraordinary skill for the analysis of a substantial intellectual baggage that his privileged encyclopedic mind was able to treasure, becoming a prime consultant for scholars of Peruvian reality.

Hugo Pesce, teacher and researcher, died suddenly on July, 26, 1969, at 69 years of age, at the height of his intellectual production, after having carried out gigantic, sustained and impeccable academic work.
Marcial Ayaipoma (1908-1998)\textsuperscript{1,5}

Dr. Ayaipoma was a dermatologist born in 1908, in the Huancavelica Department. (Figure 12) Follower of the French School, he was summoned in 1942 by Prof. Aurelio Loret de Mola, who was in charge of the Dermatology and Syphilography Department of the University of St. Mark Medical School. He was subsequently appointed by competition as Associate Lecturer in Dermatology. Later, the Dermatology team was completed with Drs. Víctor Meth and Elda Canadell, with Guillermo Arana and Jaime Flores as assistants.

In 1961, a serious problem arose between the University of St. Mark Medical School and the University Council, when the University rejected the intervention of the Student Body in its government. Consequently, the professors of the University resigned collectively. Months later, these professors, among who was Ayaipoma, founded the Cayetano Heredia Peruvian University of Medical and Biological Sciences, which was initially located at the premises previously occupied by the Belén School, at the Jirón de la Unión in Lima’s Cercado district.

Dr. Ayaipoma continued teaching as Associate Lecturer in the Dermatology Department of the new University, which also operated at the Archbishop Loayza Hospital. In 1970, he resigned the post irrevocably, and with him, the rest of the faculty did as well, except Doctor Víctor Gonzáles Pinillos. But even at a distance from academic activity, he continued providing important medical services to the community, in his condition of lifetime secretary of his class.

Dr. Ayaipoma was an active member of the Ibero-Latin American Association of Dermatology (CILAD) and also a founding member of the Peruvian Society of Dermatology.

Víctor Gonzales Pinillos (1914-1985)\textsuperscript{1,5}

Dr. Gonzales Pinillos was a vastly experienced dermatologist (Figure 13). He was born in Trujillo, in 1914; educated in the French School, faithful collaborator of Prof. Loret de Mola, through practice he specialized in Dermatology, an activity to which he devote himself until his death in 1985.

During a large part of his career, he provided services for the Public Administration, since he considered one of his priorities to be the direct contribution, with his effort and dedication, to the improvement of the Public Health services in the country. The Health Ministry assigned him to the jungle region, where he worked between 1942 and 1944, solving problems related to the diverse dermatological pathologies.

In 1945, he began working in the field of Social Security, at the No. 1 Policlinic and at the ex-Workers’ Hospital, currently Guillermo Almenara Hospital, medical centers at which he stayed until 1983, as Head of the Dermatology Service. A year later, he entered the Archbishop Loayza Hospital, where he also worked as Head of the Dermatology Office until 1961.

Between 1970 and the mid-80s, Dr. Gonzales Pinillos was in charge at the Archbishop Loayza Hospital of the largest and most active Dermatology Service of the country, made up of 14 specialists, each of whom saw an average of 40 patients a day. In 1977, he obtained a Ph.D. in Medicine at the National Higher University of St. Mark, where he had worked as professor in the Dermatology department between 1942 and 1960.

Founder of the Cayetano Heredia Peruvian University, he was Head Professor of the Dermatology department until 1979.

Luis Flores-Cevallos\textsuperscript{1,5}

Dr. Flores-Cevallos is a dermatologist who carried out specialized studies in France and became a Doctor in Medicine. He was born in the city of Ayabaca, Piura Department, in 1917. (Figure 14)

Prof. Loret de Mola encouraged him to travel abroad, and recommended the Saint-Louis
Hospital in Paris to him as the best center for dermatological studies. In 1950, he signed up for the Dermatological Histopathology courses, with Prof. B. Duperrat; in Clinical Dermatology with Profs. L. Gougerot and R. Degós; in Dermatological Allergy and Cytology with Prof. Ezanc. One aspect worth mentioning is Prof. Duperrat’s request for the collaboration of Luis Flores-Cevallos in the drafting of the chapter on “Leishmaniasis and Peruvian Wart” in the major scientific book he was writing.

In 1952, he returned to Peru and decided to apply the knowledge acquired in France in the Dermatology Department of the National Higher University of St. Mark and at the Dermatology Service of the Callao Workers’ Polyclinic. In his 11 years of work at these institutions, as Clinic Head Instructor and Assistant Professor, he organized the monthly clinical meetings and annual symposia in Lima and the provinces; prepared the undergraduate education syllabus; carried out the publication of essays and leaflets on clinical meetings, and established cultural exchange programs and group participation in world congresses, among other tasks, without abandoning his morning theory and practice lectures.

In 1973, he obtained the degree of Doctor in Medicine.

At the Employee’s Hospital, he organized the Dermatology Service; he then created the Allergy Service, set up the Inter-Hospital Clinical Meetings and the cultural exchange with other countries, and drafted the Organization and Functions, Guidelines and Procedures Handbooks of the Service.

Subsequently, he assumed administrative responsibilities of great importance at the Employee’s Hospital, reaching the post of hospital director which he held until 1986, when he resigned in order to continue his tireless labors in other medical fields.

He organized and carried out the First Peruvian Dermatology Session, at the Employee’s Regional Hospital in the city of Arequipa. He started the preparation of the First Peruvian Congress of Dermatology and the First International Graduate Course in Dermatology.

Once reelected President of the Peruvian Society of Dermatology in 1971, his first administrative action was to register the Society in the Peru Medical Association’s National Record of Medical Institutions; he updated the Bylaws and the Regulations; to the 20 founding members, he added 30 foreign honorary members, 145 standing members, 1 national honorary member, 10 foreign correspondents, 10 associate members and 16 adjunct members.

Among his main scientific publications, it is worth pointing out his aforementioned contribution in Duperrat’s book, with the chapter “Leishmaniasis and Peruvian wart”; the works on “Distribution of Some Dermatoses According to the Different Climate Zones in Peru”; “General Incidents of Intolerance to Medicines”; “Skin Manifestations of Aвитaminosis B”; “General Norms of Dermatological Therapeutics”; “Cutaneous Reticulosis, Fungal Mycosis, Hodgkin’s Disease, Kaposi’s Disease, Mastocytosis”; “Current Concept of Syphilis” (1968); “Treatment of Vitiligo with Trisolaren”; “Seborrheic Pemphigus, Its Treatment with Murranil”; “Food Care in the Prevention of Diseases.”

He has also published books on Cutaneous Tuberculosis and the History of Dermatology in Peru. He is an honorary member of various foreign dermatological societies.

In 1971, the Peruvian Medical Association appointed him President of the Rankings Committee for Dermatologists in the Non-Schooled Mode.

He was elected in 1979, and reelected in 1983, as Peruvian Delegate to the Ibero-Latin American Association of Dermatology. In 1984, he founded the Central Peruvian Committee of the CILAD, of which he was appointed President. In 1985, he was elected Honorary Member of the CILAD, and in 1989, Honorary President of CILAD-PERÚ.

When the Peruvian Society of Dermatology reached its fortieth year of existence, he was awarded the Medal of Honor as ex-President.

Upon the celebration of the thirty-eighth anniversary of the Employee’s Hospital (currently Edgardo Rebagliati Martins Hospital), he was awarded the Medal of Honor for his
outstanding work over 40 years. In 1996, the Peruvian Medical Association, in a main
ceremony, gave him a Medal of Order for distinguished services in the field of Dermatol-
ygy. In 2003, at CILAD’s Fifteenth Congress, in Buenos Aires, he was given an award for
his collaboration in the development of Dermatology in Peru, an acknowledgement made
by the President of the International League of Dermatological Societies (ILDS).

CONTINUATOR PROFESSORS

Juan Manrique

Juan Manrique graduated from the University of Chile (Figure 15). He was born in Ilo,
Moquegua Department, in 1914. He trained at the St. Vincent Hospital in Santiago de
Chile, in the Dermatology Service of Professor Arturo Parodi, a disciple of Germany’s
Prof. Jadassohn.

In 1944, he joined the Dermatology Department of the University of Chile. Upon his
return to Peru, in 1947, he started working at the Workers’ Hospital in Lima, up to 1984.
At that hospital, he headed the Dermatology Service, and later, the Specialized Medicine
Department, up to his retirement. Furthermore, he was appointed Consulting Dermatol-
ogist Physician at the Military and Aeronautical Hospitals.

In 1960, he became professor at the Medical School of the National Higher University
of St. Mark, in the Dermatology Department.

In 1972, he was asked to open the Dermatology Department at the Federico Villarreal
National University, where he worked as Head Professor.

In 1990, he was named Emeritus Professor of the University of Chile, and, a year later,
he was given the title of Doctor Honoris Causa.

Over the course of his professional life, this distinguished specialist has carried out a
vast and useful labor in the field of university education: he has given Extension and
Graduate courses, he has conducted consultancies on undergraduate and graduate the-
ses, has been part of undergraduate and graduate thesis juries, and has participated in
various academic commissions.

Among the most important research works he has published are two Dermatology
Handbooks which serve as guides for undergraduate students of the Federico Villarreal
National University.

He has participated in various Congresses of his specialized field, both nationally and
internationally, acting as organizer and lecturer.

Among the multiple awards he has received are those of the Peruvian Medical Asso-
ciation, of the ex-Workers’ Hospital (now Guillermo Almenara Hospital), of the Military
Hospital, of the Aeronautical Hospital, of the Peruvian Society of Dermatology, of the Bo-
livarian Society of Dermatology and of the Chilean Society of Dermatology.

He is a member of various Scientific Societies in Peru and abroad, and has held the
position of President of the Peruvian Society of Dermatology and of the Bolivarian Fed-
eration of Dermatology.

José Neyra

José Neyra is a physician, Doctor in Medicine, specialist in Tropical Medicine, Lepro-
logy, Phthisiology and Sanitary Medicine. He was born in Lima in 1920; he completed his
graduate studies in France; he is the author of various studies on the Epidemiology of
Leprosy in Peru (Figure 16).

He worked for thirty-two years at the Ministry of Health, of which he became Vice-
Minister in 1978.

He has dedicated a large portion of his time to teaching, working as Professor for forty
years at the St. Ferdinand Medical School, where he attained the category of Head Pro-
fessor in the specialized field of Tropical Diseases.
Upon his retirement as lecturer from that teaching institution, he was given the title of Emeritus Professor, in recognition of his important and dedicated labor for the benefit of new generations of doctors.

Between 1951 and 1953, he worked in France conducting studies on tuberculosis, leprosy and BCG. Years later, he returned to that country to continue his studies on tuberculosis, and in 1970, he traveled to Italy with the same objective.

Among the most important awards received during his career are the Hipólito Unanue Order and the Daniel A. Carrión Order, with the rank of Grand Officer.

He has twice been Secretary of the St. Ferdinand Medical School, and has been Secretary of the Peruvian Medical Federation and of the Third Regional Council of the Peruvian Medical Association. He was incorporated as Associate Member of the National Medical Academy in 1991, and was appointed Standing Member in 1994. He is an Honorary Member of the Peruvian Health Academy, since the foundation of that institution, on December 1993. In 1994 through 1995, he was the Dean of the Peruvian Medical Association. From 1995 to 1998, he was representative of the Peruvian Professional Associations before the National Council of the Magistracy.

Dr. Neyra has carried out various research works: “The Immunological Correlations of Leprosy with Tuberculosis. Their Practical Application”; “BCG Vaccination in Leprosy Prophylaxis,” which was his thesis upon graduating in Medicine (1950), and others, such as “Immunology of Leprosy,” “BCG Vaccination in Leprosy Prophylaxis. Work Plan in the North-East,” “Climate and Tuberculosis. Historical Aspects,” “The Antagonism of Leprosy in Tuberculosis. Epidemiological Considerations in Peru,” “Tuberculosis in Individuals over 50,” “Yellow Fever in Peru” and “The Plague in Peru,” “The Peruvian Wart in the Ancash Department”; the publication of his book, *Historical Images of Peruvian Medicine* (1999), must also be pointed out.

Aizic Cotlear

Aizic Cotlear is a dermatologist, Doctor in Medicine; born in Lima in 1927 (Figure 17). He did his residency in Dermatology at New York University, Bellevue Medical Center, Skin and Cancer Unit, where he continued his studies until 1955.

He had intense activity in the field of Leprology between 1957 and 1976. During this time, he had assignments as Head Doctor of the National Anti-Leprosy Service at the Ministry of Public Health.

Between 1958 and 1970, he was Consultant to the Occupational Health Institute. Simultaneously, he carried out important treatment work in Dermatology, as Head Doctor of the Dermatological Academic and Treatment Service of National Higher University of St. Mark (UNMSM) at the Dos de Mayo Hospital location, between 1962 and 1983.

In 1968, he was elected Head of the Medical Department of the St. Ferdinand Medical School, a post he held up to 1969. He was later appointed Director of the Advanced Academic Program of the UNMSM, which he held until 1971.

Some of his most outstanding research works are, in the field of Leprology, “Preparation of the Anti-Reticular Cytotoxic Serum and its Application to Leprosy,” and in Occupational Dermatology, “Arsenic and Occupational Dermatoses.” His publications earned him special recognition, which included being appointed Consultant in Leprosy of the National Institutes of Health and being incorporated as Member of the New York Academy of Sciences.

He is member of various important scientific institutions and professional societies in Peru and abroad, including the American Academy of Dermatology, as well as being an active member of the New York Academy of Sciences.

Among other congresses, he has, since 1970, attended the yearly meetings of the American Academy of Dermatology, an institution of which he is a lifetime member.
Zuño Burstein

Zuño Burstein is a physician, Doctor in Medicine, specialist in Dermatology and Tropical Medicine, with graduate studies in Germany and Israel. He was born in the city of Chiclayo, Lambayeque Department, in 1930. He obtained the degree of Bachelor in Medicine and later that of Surgeon Doctor at the UNMSM Medical School in 1957 (Figure 18).

Between 1958 and 1960, he carried out specialized studies in Dermatology and Tropical Medicine at the Institute of Tropical Medicine in Hamburg, Germany, and at the University Dermatology Clinic of that same city. Subsequently, he continued specialized learning at the Medical School of the Hebrew University of Jerusalem. He completed this training with a scholarship granted by the German government as part of an agreement between the Peruvian and German governments aimed at establishing an Institute of Tropical Medicine in Peru.

Upon his return to the Medical School of St. Mark, in 1962, he was named Head Instructor of the Chair of Infectious, Tropical and Parasitic Diseases, the post of assistant professor in the Dermatology and Syphilography Department, and was entrusted with the transfer, organization and coordination of the Department, which had been located at Dos de Mayo Hospital. He was later appointed Head Professor of the Dermatology and the Tropical Medicine Department, occupying the post of Head of Outpatient Offices and Peripheral Units, as well as of the special programs of the already-constituted Daniel A. Carrión Institute of Tropical Medicine of the UNMSM, where he became Interim Director and, later on, Head of the Sanitary Leprosy and Dermatology Service, in agreement with the Health Ministry.

In his academic and administrative activity, he was member of the reorganizing committee, subsequently University Director of Academic Services and Central Record, and later University Planning Director of the UNMSM. He was appointed Emeritus Professor of that teaching institution in 1976; at present, he continues to teach at the graduate level.

He was Head of the Leprosy and Medical Mycology Department, and later of the Sanitary Dermatology Department at the National Institutes of Health.

Since 2001, he is a Full Member of the National Medical Academy. He belongs to major international scientific institutions, including the Ibero-Latin American Association of Dermatology (CILAD), of which he was National Delegate in Peru; the American Academy of Dermatology, the International Society of Dermatology, the European Academy of Dermatology and Venereology, the Latin American Union Against Sexually Transmitted Diseases (ULACETS), and others. He is an Honorary International Member of the Argentine Societies of Dermatology and Leprology.

The national scientific institutions to which he belongs include the Ibero-Latin American Association of Dermatology (CILAD-PERÚ) (currently, CIDERM-PERU), of which he was Founder and President; the Peruvian Union Against Sexually Transmitted Diseases (UPCETS), which he also heads; the Society of Dermatology, the Immunopathology and Allergy Society, and others.

He was First Secretary of the Peruvian Medical Federation in 1966; in 1969, he was appointed member of the committee that drafted the Bylaws and Regulations of the Peruvian Medical Association in representation of the Medical Academic Programs.

He is Founding Director of the Folia Dermatológica Peruana.

His most important research works and publications include: “Flagellates in the Latex of Jatropha macranta (female huanarpot); Preliminary Communication,” “Contribution to the Study of the Peruvian Wart and Tegumenary Leishmaniasis. Investigations in Cnidosculos basiacantha and Jatropha macrantha (huanarpot) as Possible Reservoir” (Bachelor in Medicine Thesis, St. Mark University), “Contribution to the Study of Deep Mycoes in Peru; Regarding Three Cases of Sporotrichosis,” “Current Study on the Knowledge of Tegumenary Leishmaniasis in Peru,” “Norwegian Scabies in Peru,” “Our
Clinical Experience in Tegumentary Leishmaniasis in Peru; an Attempt to Group the Clinical Forms with a Clinical Epidemiological Criterion, “New Contributions to the Knowledge of Sporotrichosis in Peru; Less Frequent Clinical Forms,” “Candidiasis Granulomatosa,” “Pathological Anatomy of South American Blastomycosis in Peru (Hystopathological Aspects),” “An Uncommon Clinical Form of Actinomycosis,” “On a Case of Maduromycosis (madurella mycetomi).”


He was declared Honorary President of the Twenty-Third Annual Meeting of Ibero-Latin American Dermatologists of the Southern Cone (RADLA), held from May 1 through 4, 2004, in Lima. He received an award from the Peruvian Medical Association for his contributions to Peruvian medicine and his great professional prestige. The Peruvian Society of Dermatology gave him the Medal of Honor, in September 2004, as Founding Member and Ex-President.

Dante Mendoza

Dante Mendoza is a dermatologist and dermopathologist; born in the Junín Department, Peru, in 1934 (Figure 19). He completed his graduate studies at the Dermatology Service with Prof. Robert Degos, and in Dermatopathology with Prof. Jean Civatte, at the Saint-Louis Hospital in Paris. On September 20, 1974, he obtained the degree of Specialist in Dermatology, at the National Higher University of St. Mark. He began his teaching career at the latter, entering by competition as Chief of Internships, in July 1962; he obtained the top category of Head Professor, in January 1981. In 1993 he was appointed Head of the Dermatology Department of the St. Mark University Medical School.

His most important works include: “Donovanosis at Dos de Mayo Hospital,” “Kaposi’s Sarcoma, from 1991 to 1993 at the Dos de Mayo Hospital,” and “Lipoid Necrobiosis at the Dos de Mayo Hospital, 1992-1993.”

He is a Founding Member of the Peruvian Society of Dermatology and belongs to the Ibero-Latin American Association of Dermatology.

At present (2004), he is President of the Dermatology Specialized Field Committee of the Graduate Unit of the St. Mark University Medical School.

Wenceslao Castillo

Wenceslao Castillo was born in Lima in 1929; he obtained the degree of Medical Surgeon at the UNMSM in 1956 (Figure 20). In 1961, he became professor at the St. Mark University, where he is currently Head Professor of Dermatology of the St. Ferdinand Medical School, and is Head of the Dermatology Service of the Daniel Alcides A. Carrión-Callao Hospital Complex.

The most important work Dr. Castillo has carried out in his professional career is in the field of research. His work, “Chronic Mucocutaneous Candidiasis, Immunological Study and Specific Treatment with Transference Factor,” drafted together with Dr. Raúl Patruco, earned him the Second Prize of the prestigious Hipólito Unanue Institute in 1979, and an Honorable Mention in the Roussel Award.

In 1982, the “Study of Immunological Parameters in Infectious and Tropical Diseases
that constitute a health problem in Peru," drafted by both specialists, obtained the Honorable Mention in the Hipólito Unanue Award. Another remarkable landmark in Dr. Castillo’s research career was the discovery of the first AIDS cases in Peru, which he carried out together with Dr. Patruco. Another target of his research work has been Lyme’s disease, of which he also reported the first cases.

Other important scientific works carried out and published by Dr. Castillo are “Atopic Dermatitis,” “Genetics and Dermatology,” “Contact Dermatitis,” “Childhood and AIDS,” “Classification of Sexually-Transmitted Diseases,” “Herpes I and Herpes II,” “Immunology of AIDS,” and “The Eosinophile.”

He is member of many medical societies, including the Peruvian Society of Dermatology (SPD), the Peruvian Society of Immunology and Allergy, the Ecuadorian Society of Dermatology, the Paraguayan Society of Allergy, the Bolivarian Society of Dermatology, the Latin American Society of Allergists, the Peruvian Society of Medical Genetics, the Peruvian Union and the Latin American Union Against Sexually-Transmitted Diseases.

Dr. Castillo has several times been President of the Peruvian Society of Immunology and Allergy.

Oscar Romero

Oscar Romero is a dermatologist, born in the city of Lima in 1929. He obtained his medical degree in 1961, at the National Higher University of St. Mark, and the degree of Specialist in Dermatology in 1977. He carried out his specialized studies in Microbiology and Tropical Medicine at the Sào Paulo University Medical School, in 1961 and 1962; at the Clinics Hospital of that same University, he completed his graduate studies in Dermatology between 1963 and 1965.

He entered the National Higher University of St. Mark Medical School in 1955, as intern assistant at the Clinical Laboratory; he began his teaching career in Professor Hugo Pesce’s Chair of Infectious, Tropical and Parasitic Diseases, and later in Professor Aizic Cotlear’s Chair of Dermatology, becoming Head of the Tropical Medicine Department in 1977, and Head of the Dermatology Department of the National Higher University of St. Mark, from 1980 to 1993, with Head Professor status in Dermatology and Tropical Medicine, spanning 44 years of academic services. He was Head of the Academic and Treatment Dermatology Service, and Head of the Continuing Medical Education Section of that University. He was Tutor and Professor in charge of the specialized field of Dermatology of the Medical School’s graduate Unit.

For his medical treatment work, in 1966 he entered the Ministry of Public Health, by competition, occupying the post of Venereology Doctor at the Ate Vitarte Health Center; in 1968, he was selected as Dermatologist Doctor at the Dos de Mayo National Hospital, where he subsequently became head of the Dermatology Service (1995-1999), covering 37 years of Public Health services (Ministry of Health). He has been part of juries in many Dermatology and Tropical Dermatology contests organized by Medical Societies and National and International Congresses.

Standouts among his many published works include: “Jorge Lobo’s Disease, First Case Diagnosed in Peru,” “Cutaneous Leishmaniasis, Sporotrichoid Forms,” “Venereal Diseases, Syphilis,” “South American Blastomycosis in Peru,” “Donovanosis at Dos de Mayo Hospital,” “Lipoid Necrobiosis at Dos de Mayo Hospital,” “Kaposi’s Sarcoma form 1991 to 1993 at the Dos de Mayo Hospital,” and numerous handbooks of theoretical classes for Dermatology.

The awards given to Dr. Romero include the medal for 25 years of service at the Dos de Mayo Hospital, medal for 40 years in medical teaching at the National Higher University of St. Mark Medical School, Award of Honor and medal of Merit for outstanding scientific and professional work towards the prestige of the Order issued by the Peruvian Medical Association in October, 1999. He belongs to the Peruvian Society of Dermatology.
which has granted him, in 2004, the Honorific Title of “Master of National Dermatology.” He is member of the Ibero-Latin American Association of Dermatology (CILAD).

**Elda Canadell**

Born in Buenos Aires in 1934, she graduated as a Doctor in 1958 at the UBA Medical School. She completed her Dermatology training at the Chair of the Ramos Mejía Hospital, with Dr. Marcial Quiroga. She obtained Peruvian nationality through marriage, re-certifying her professional Surgical Doctor degree at the National Higher University of St. Mark; subsequently, she obtained the degree of Specialist in Dermatology, becoming one of the initiators and exponents of Cosmetic Dermatology in Peru (Figure 21).

Thanks to the certificates granted by Professor Quiroga, she was accepted in Professor Aurelio Loret de Mola’s Chair, where she became Head of Internships, and the first woman dermatologist to teach.

In 1962, she was part of the group of founding professors of the Cayetano Heredia Peruvian University, and began working academically at the Medical School of that teaching institution.

In 1972, she was invited to be part of the group of St. Mark University lecturers, first as Assistant Professor, and subsequently as Associate Professor, in Professor Aizic Cotlear’s Chair.

Doctor Canadell, a greatly devoted educator, is tutor of Pediatrics Residents in the specialized field of Dermatology at the Pediatrics Department of Hospital Area No. 6 of Callao and at the Children’s Hospital, for the National Higher University of St. Mark and the Federico Villarreal University.

She has participated in many courses as well as national and international congresses, including those organized by Lima’s Peruvian Society of Dermatology and by its Arequipa branch, by the Peru Female Medical Association, and by the Peruvian Society of Pathologists. She has also participated in the medical contests of the Pan-American Medical Women’s Alliance: in those of the Peruvian Association of Cosmetic Chemistry; in the First Argentine Medical Congress, and in various Symposia and Seminaries of CILAD-PERÚ.

Since 1963, she is an active member of the Ibero-Latin American Association of Dermatology (CILAD). She was also one of the founders of the Peruvian Society of Dermatology.

She is the author of various articles in specialized papers and journals, and of some chapters of the book, *Updates in Therapeutics*, and of the *Dermatology Handbook*, both published by the National Higher University of St. Mark.

**Alejandro Morales**

Dr. Morales is a dermatologist, born in Trujillo, Peru, in 1933. In 1959, he obtained the degree of Surgical Doctor at the National Higher University of St. Mark. He completed his graduate specialization studies at the Henry Ford Hospital (Detroit), where he also completed his internship and residency in Internal Medicine, between 1959 and 1961, and a residency in Dermatology, from 1961 a 1964. He carried out Dermatopathology studies with Dr. G. Pinkus (Michigan), from 1964 to 1965.

Dr. Morales is a Fellow of the American Academy of Dermatology, since 1965, and of the American Academy of Dermatopathology, since 1976, having been certified with the American Board of Dermatology and with the American Board of Dermatopathology.

From 1965 to 1971, he joined Professor Cotlear’s Dermatology School at the UNSM Medical School as Associate Professor of Dermatology, having been a member of the specialization in Dermatology committee of that University in 1974. He was Associate Professor of Clinical Medicine at Michigan University in 1978, 1980, 1982 and 1984.

In his treatment work, he was Associate at the Dermatology Department of Detroit’s Henry Ford Hospital from 1975 to 1980, and Vice-Chairman of that same Department from 1981 to 1984.
He has been Secretary of the Michigan Dermatology Society, from 1978 to 1981, and President of that institution from 1981 to 1983.

He belonged to the Dermatology Department of the Anglo-American Clinic in Lima, from 1965 to 1974; from 1984 to date (2004), he is Director of the Dermatological Institute.

He is the author of 15 publications in national and foreign medical journals, such as JAMA, Dermatology Archives, Journal of the American Academy of Dermatology and others, on subjects such as “Ototoxicity of Kanaminc,” “Essential Hypercholesterolemic Xanthomatosis,” “Subcutaneous Calcifications in Leg Ulcers,” “Jadassohn’s Epithelium,” “Skin and Conjunctival Multiple Kerato-Acanthomes,” “Benign Chronic Familiar Pemphigus,” “Hereditary Anhidrotic Ectodermal Dysplasia,” “Reiter’s Syndrome with Keratodermia,” “Principles of Photobiology and Photosensitivity,” “Minocycline and Generalized Skin Pigmentation,” “Torres’ Syndrome: Report on 2 Cases,” among others.

He has collaborated in chapters of books such as Conn’s Current Therapy, with the subject, “Treatment of Scabies” and others.

He has given many lectures at national and foreign institutions on various subjects in Dermatology.

He is a member of the Peruvian Society of Dermatology, of the Ibero-Latin American Association of Dermatology, of the American Medical Association, of the American Venereal Disease Association, of the International Society of Tropical Dermatology and of the International Society of Pediatric Dermatology, among others.

Pedro Navarro

Pedro Navarro, dermatologist, Doctor in Medicine, born in the Constitutional Province of Callao in 1931. Upon graduation from the St. Ferdinand Medical School in 1958, with the degree of Surgical Doctor, he started working in Military Health; later on, he joined the Employee’s Central Hospital, where he was assigned to the Dermatology Service.

In subsequent years, up to 1963, he trained in short periods abroad; in 1964, he obtained a place in Professor Luis Pierini’s Chair, in Buenos Aires; in that same city, he received training in Dermatopathology with Professor Jorge Abulafia; in August and September, 1967, he attended Professor Duperrat’s Service at the Saint-Louis Hospital in Paris.

He obtained the degree of Specialist in Dermatology at the UNMSM in 1976, and the Academic status of Doctor in Medicine in 1978 at that same University.

He started university teaching as Dermatology Professor in 1977; his academic activity continues up to the present with the rank of Head Professor, being a member of the Committee on the Specialized Field of Dermatology of the Graduate Unit of the UNMSM for many years. He is also a faculty member at the Ricardo Palma University since 2001 in Dermatology education.

In the area of medical treatment, he was Head of the Dermatology Service at the Edgardo Rebagliati Hospital (formerly, the Employee’s Central Hospital), a post he held up to 2001.

With multiple studies and academic and professional training, he has participated in congresses and contests of the specialized field since 1963, and is the author of numerous publications in journals and books.

He is founding member of the Peruvian Society of Dermatology, Member of the American Academy of Dermatology, of the Ibero-Latin American Association of Dermatology, of the Peruvian Dermatology Circle, of the International Society of Dermatology, of the Bolivarian Federation of Dermatology, of the Leprosy Research Institute of Argentina, of the Oral Pathology Society and of the New York Academy of Sciences.

Upon the creation of the Peruvian Medical Association in 1970, he participated actively in the definitive registration of the Peruvian Society of Dermatology in the national record of Scientific Medical Institutions.
José San Martín

José San Martín is a dermatologist, born in Bellavista (Callao), in 1931. He graduated as Doctor at the National Higher University of St. Mark Medical School, in 1958, and in the subfield in 1974, at that same University. He completed specialization studies at the Dermatology Department of the US Naval Hospital in Philadelphia, Pennsylvania. In 1964, he became a university faculty member at Professor Collear’s Dermatology School, at the Dos de Mayo Hospital; he continued teaching until 1979. Starting in 1974, he took part in the Committee on the Specialized Field of Dermatology at the St. Ferdinand Medical School, where, as Specialist in Dermatology, he was in charge of certifying, on behalf of the Nation, the doctors who met the training requirements for that professional degree, issued for the first time in the country. He was guest professor in the Dermatology Residency program of the UNMSM up to 1980, and also at the Cayetano Heredia Peruvian University, where he gave the Dermatology course, from 1991 up to the present (2004).

He has had many publications in national journals on various subjects in the specialized field, including “Our experience in the histopathology of tegumentary leishmaniasis in Peru,” presented at the First Congress of Microbiology and Parasitology of Peru (1964), with Dr. Burstein, and published in his Annals.

He has consistently displayed great lecturing skills at courses, exhibitions, round tables and lectures sponsored by the different medical scientific institutions in the country.

He is a founding member of the Peruvian Society of Dermatology, having been Secretary of Scientific Activities, General Secretary, Vice-President and Interim President. He is also an honorary member of the South Peru Association of Dermatology and member of the American Academy of Dermatology.

Hugo Monroy

Hugo Monroy is a dermatologist, born in 1941 in the province of Pisco, Ica Department (Figure 22). At 15 years of age, he traveled to the city of Córdoba, Argentina, where, in 1965, he graduated as Surgical Doctor. He received his earliest teachings in Dermatology from Professors Luis Argüello, Enrique Tello and José María Fernández, a famous leprologist. Through competition based on merits, he obtained early access to the Chair of Dermatology of the Córdoba University Medical School.

At present, he teaches at the Dermatology Service of the the National University of St. Mark Medical School, teaching both Undergraduate and Graduate students. He also collaborates in the Graduate Studies program of the Federico Villarreal National University Medical School, where he is tutor of Residents in the specialized field.

Prof. Aizic Cotlear’s Dermatology School at the Dos de Mayo Hospital

Professor Aurelio Loret de Mola’s Dermatology School at the St. Ferdinand Medical School, located at the Arzobispo Loayza Hospital, operated from its creation in 1933 to 1960, when all its members collectively resigned from that University. One year later, Dr. Loret de Mola set up the Chair of Dermatology at the recently created Cayetano Heredia Peruvian University, sided by his original faculty. Upon his retirement, a short time afterwards, he entrusted the leadership of the Chair to Dr. Marcial Ayaipoma, who resigned from that University in 1970, and with him, the full faculty body, with the exception of Dr. Víctor Gonzáles Pinillos who remained at the Loayza Hospital as Head of Dermatology.

At the Rimac Hospital, premises of the Cayetano Heredia University, Dr. Guillermo Arana took the post of head of the Hospital Service and of the Chair; Professor Aurelio Loret de Mola’s Dermatology School was thus definitively dissolved.

Meanwhile, in 1961, at the Dos de Mayo Hospital, which was at that time another
important teaching venue of the UNMSM’s St. Ferdinad Medical School, the University authorities arranged the relocation and reconstitution of its Chair of Dermatology and Syphilography, the coordination and execution of which was entrusted to Dr. Zuño Burstein, Assistant Professor of Dermatology and Medicine Tropical of that University. The leadership of this Chair was held from 1962 by Dr. Aizic Cotlear, as Associate Professor by competition.

We transcribe part of the report that professor Cotlear presented to the university authorities, as Coordinator of the Dermatology Section and as Interim Head of the Human Medicine Department of the UNMSM, dated October 8, 1969:

When, in 1961, the professors of the then UNMSM Medical School collectively resigned, the Dermatology Department was based at the Loayza Hospital. It was due to this crisis that the University belongings had to be moved to a provisional location, instrumented in several small rooms of the St. Lazarus ward at the Dos de Mayo Hospital. [...] The activities of the Department unfolded in those inadequate and narrow rooms for the next 6 years, when [the allocation of new] premises was obtained from the University authorities [...]. Upon acquiring an adequate space, we were able to adapt it according to the particular needs of the specialized field, with rooms, offices and auxiliary laboratories [...]. At present, the Dermatology Section has a wing with four treatment and teaching rooms, one topical room, one photography room, one mycological and parasitological diagnosis and research laboratory for dermatological purposes, and one histopathology laboratory. The Section also has a library, a clinical reports file, a seminars and projection room, and Head and Secretary Offices. [...] In the clinic, six faculty members work all year round, treating the specialized cases that make up the file used for teaching and research, while the laboratory has a Head, who is a faculty member of the Department [...]. The clinical history, photographs (color, and black and white), histopathology and mycology file covers hundreds of cases, which gives scientific status to our center. The Dermatological Mycology Laboratory is the only specialized center of its kind on the country, and high-quality research work has emerged from it. [...] The Dermatology Service also functions as training center, not just for staff from our University, but also, through special programs, for students from other national universities [...]. The staff working permanently in the service is made up of: Dr. Aizic Cotlear, Head of the Dermatology Section, Dr. Zuño Burstein, Head of the Diagnosis and Research Laboratory; assistant professors Oscar Romero, Abelardo Tejada and head instructors Drs. Dante Mendoza, Julio Bonilla and Juan Meza.

This group, which permanently carries out specific functions, became part of the Dermatology Teaching and Treatment Service of the UNMSM, treatment and teaching base of Dermatology education, which qualified professionals, committed to academic, treatment and research work, have joined temporarily or for lengthy stays; among them, the following professors stand out: José San Martín, Alejandro Morales, Wenceslao Castillo, Pedro Navarro, Juan Manrique, Elda Canadel and Raúl Gallarday. The praiseworthy teaching and treatment work of dermatologist Dr. Humberto Ugaz must be pointed out. He was born in Chiclayo in 1929, and died prematurely in 1979; with his wit and great skill, he stood out as one of the most vigorous promoters of this Dermatology group; the contribution of surgical doctors such as Drs. Rafael Rabinovich and Elbio Flores, who carried out major work in support of the teaching and treatment, must also be mentioned. The temporary contribution of Drs. Aníbal Manrique, César Rojas (pediatric dermatologist), Enrique Sifuentes (venereologist) and David Carrizales, and also the identification and academic and treatment work of Dr. Tarcila Rey Sánchez, who belonged for a long time to this Dermatology School, are also to be pointed out.
Dermatology education at the undergraduate level, and especially in the training of residents of the specialized field, has from the outset been backed by the collaboration of highly-specialized services from the most important hospital centers.

Lastly, it must be said that the important educational work, which at one point used to be almost exclusively under the responsibility of this modern University Dermatology School based at the Dos de Mayo Hospital, has gradually become more decentralized, being subsequently complemented by considerable educational work on the part of scientific medical societies of the specialized field, represented by the Peruvian Dermatology Circle (CIDERM-PERU) and the Peruvian Society of Dermatology, which play a role of enormous significance in Peruvian Dermatology education.

At present, an important education, training and research development nucleus is emerging at the Cayetano Heredia Peruvian University, led by two young stalwarts of Peruvian Dermatology, Drs. Francisco Bravo and Manuel del Solar.

**References (parts I, II)**

8. Estatutos de la Sociedad Peruana de Dermatología aprobados en la Asamblea Extraordinaria del 15 de mayo de 1964 [información del archivo del Dr. Zuño Burstein].
16. Romero O. [Comunicación personal].
17. Morales A. [Comunicación personal].
18. Navarro P. [Comunicación personal].
19. San Martín J. [Comunicación personal].
20. Cotlear A. Carta dirigida al Dr. Z. Burstein, Director Universitario de Servicios Académicos Asistenciales de la UNMSM. 2 oct 1967.

**Part III**

Zuño Burstein

*History of the legal standing of the specialization in Dermatology in Peru*

**BACKGROUND**

In the university bylaws of 1928, issued under mandate of Law No. 6,041, the studies necessary to obtain the degree of specialist were already considered. This prerogative was only granted to the Medical and Law Schools of Lima’s National Higher University of St. Mark (UNMSM).
This ruling was repeated in subsequent laws and university bylaws, but was absent from the text of Law 13,417 of the year 1963. This is why, in order to train its specialists, the UNMSM hastened to set up the Graduate School, in charge of organizing and orienting their continuing education, giving special emphasis to refresher courses, and establishing the residency system to train specialists in the different branches of the medical activity; however, it did not confer the degree of specialist, but rather a Diploma stating that a Surgical Doctor “has successfully completed the Residency Program in the specialized field of …..,” with the starting and final dates. This Diploma was signed by the Dean of the Medical School and the Head of the Graduate School.

GRADUATE PROGRAMS
The 1972 General Bylaws of the Peruvian University, issued by Decree No. 17,437, states that simple graduate programs (update and/or refresher courses) and residency programs correspond to the Second Specialization level (the First Specialization level ends with the Surgical Doctor degree), and that they will be included within the Office of Academic Programs in Human Medicine.

SPECIALIST DEGREE
By Resolution No. 1,226-73, dated January 18, 1973, the National Council of the Peruvian University (CONUP) authorized the UNMSM to implement its Program of Second Specialization in Human Medicine, and to grant the degree of Specialist, which for the first time in Peru was conferred on behalf of the Nation, in the academic mode, upon completion of a rigorous residency and specialized training program.

Prior to the existence of this program, professional doctors became specialists through a process of self-education, the exchange of knowledge, or studies undertaken independently in the non-academic mode.

The CONUP, by CONUP Resolution No. 1,556-74, on February 6, 1974, considering that it was convenient to award degrees in the non-academic mode in order to regularize the situation of many professionals; that the granting of degrees is covered by Art. 62 of Decree No. 19,326, and that, furthermore, no other public or private institution can take on this role, which corresponds exclusively to the Peruvian University, which is explicitly entitled by Law to confer specialization degrees, resolved to authorize the Program of Second Specialization in Human Medicine of the National Higher University of St. Mark in order to grant the degree of “Surgical Doctor Specialist in…,” on behalf of the Peruvian Nation, in the non-academic mode.

INTERVENTION OF THE PERUVIAN MEDICAL ASSOCIATION
In 1969, Law No. 15,173, coordinated with Decree-Law No. 17,239, created the Peruvian Medical Association (CMP), with the aim of ensuring that the practice of the medical profession is carried out in accordance with the ontological guidelines of the Code of Professional Ethics issued by that same Association, abiding by international principles in that respect. As members of the CMP Bylaws and Regulations Drafting Committee, and as representatives of the Medical Academic Programs, Drs. Elmer Alegría and Zuño Burstein participated in the event.

According to this legal instrument, its bylaws and regulations, being a member of the Association was established as a necessary requisite for the practice of the medical profession in Peru. For the registration of doctors at the CMP, it is necessary to present a professional degree of Surgical Doctor, granted by one of the country’s medical schools, or recertified by one of the national universities. In the case of professional degrees conferred abroad, they are exempted from the recertification when there is a valid international reciprocity agreement.

In order to install these controls, the CMP created the National Matriculation Records
of Surgical Doctors, that of Specialists, and that of the Scientific Medical Societies recognized by it, setting up competent committees within its organic structure for that purpose. The first Committee of Specialists in Dermatology was set up on December 20, 1971, headed by Dr. Luis Flores, and including Drs. Aizic Cotlear and Guillermo Arana.

A short time after its creation, the CMP began to grant, in public ceremonies, specialist degrees by the non-academic mode to surgical doctors certified by it.

REACTION OF THE PERUVIAN UNIVERSITY AND LEGAL ARRANGEMENT

On November 22, 1972, the Executive Council of the UNMSM appointed a Committee, made up of doctors Zuño Burstein (University Planning Director), Andrés Rotta (Director of the Academic Program of Human Medicine) and Elmer Alegría (representing the Association of Medical Graduates), in order to petition before the CONUP the modification of suspending the attributions that the CMP was illegally taking on by granting specialization degrees on behalf of the Nation, and, also, to suggest solutions to various problems of the UNMSM Second Specialization Program in Human Medicine.

This problem was solved by the decision, still in force at present, that professional specialist degrees, both in the academic mode (residency programs with a demanding syllabus for each specialized field), and in the non-academic mode (with rigorous curricular certification of applicants), could only be granted by national and private universities authorized for that mission, once their programs and regulations were approved after an exhaustive evaluation by the CONUP. The CMP retained the legal attribution of automatically registering the specialist degrees granted by universities, of authorizing professional practice under special conditions to those who did not have it, and, as is adequate to this organism, of watching over the fulfillment of aspects related to medical ontology and ethics.

CURRENT SITUATION OF PROFESSIONAL PRACTICE AS SPECIALISTS IN DERMATOLOGY

At present, and since the creation of the CMP, in order to work as a physician specializing in Dermatology in Peru, it is necessary to obtain the numbered record of the applicant’s status as surgical doctor, and also to meet the requirements for the likewise numbered record of surgical doctor specializing in Dermatology, which is attained by submitting the appropriate university degree. Up to 1989, it was possible to obtain the authorization of the Certification Committee for Specialists in Dermatology of the CMP in order to be registered under the non-academic mode in the appropriate record for the specialized practice; this attribution was definitively suspended in 1990.

UNIVERSITY PROGRAM OF SECOND SPECIALIZATION IN MEDICINE (DERMATOLOGY)

Dated January 30, 1975, Directorial Resolution No. 001-75, of the UNMSM Planning University Directorship, appointed a committee headed by Dr. Zuño Burstein (former University Planning Director) and including Drs. Elmer Alegría and Vitaliano Manrique, the latter as Director of the Academic Programs of Human Medicine. The goal of the committee was to evaluate and control the adequate launching of the Program of Second Specialization in Human Medicine, to handle the obtainment of the physical plant facilities, human resources, academic and administrative organization rules, documentation flow, financial and registration guidelines, academic coordination and pedagogical evaluation requirements, abiding by the norms and procedures for the obtainment of the specialist degree under the academic and non-academic modes, published by the UNMSM in the year 1974 in the “Legal Stipulations and Organization of the Program of Second Specialization,” with the “Rules and Procedures for the Obtainment of the Specialist Degree Under the Academic and Non-Academic Modes,” which were already in operation, authorized by CONUP Resolution No. 1,556-74CONUP, dated February 6, 1974.

From that time on, all the current specialization programs were gradually regularized, among them, Dermatology (1974).
**The first University Program for Specialization in Dermatology in Peru**

**HISTORICAL BACKGROUND**

The education and training of doctors who practice Dermatology in Peru have followed diverse formative routes.

The hospital treatment centers and health services, both public (public welfare, Health Ministry, social security, police and Armed Forces, and local governments) and private (private clinics) took on—at first directly, and later through competitions—doctors who had acquired experience in skin and venereal diseases, be it through self-teaching, at the side of professionals with practical knowledge in the subject and were heads of services in charge of these ailments, or by having completed courses or exchanges in the subfield abroad.

The contribution of two large Public Welfare hospital centers ever since their foundation must be pointed out: that of the Dos de Mayo Hospital (men’s hospital) and Arzobispo Loayza Hospital (women’s hospital); there, the UNMSM’s St. Ferdinand Medical School not only had highly qualified professional staff working in assistance posts while being university professors, but also its own teaching and research facilities, thus constituting teaching, research and treatment centers that have played—and still do—a very important role in the university education of surgical doctors, medical researchers and, afterwards, specialists in the different medical branches.

At the Arzobispo Loayza Hospital, a large treatment center of Lima’s Public Welfare, which later was transferred to the Health Ministry, the Dermatology and Syphilography consulting room, headed by Dr. Eleodoro Camacho in 1926, was occupied in 1927 by Dr. Aurelio Loret de Mola, who headed it in the 1930s, while he was also Senior Lecturer of the Chair of Dermatology and Syphilography at the UNMSM St. Ferdinand Medical School. Dr. Pablo Arana was appointed Assistant Professor, giving birth to the first Peruvian Dermatology School at that hospital, a school that had a very important role in undergraduate education in the specialized field and in the specialized training of many doctors under the non-academic mode.

This teaching and treatment structure had close links with that of Dr. Pedro Weiss, who, around 1926, was subhead of the Loayza Hospital Institute of Pathological Anatomy, headed by Dr. Mackehenie, and who later, as Senior Lecturer of Pathological Anatomy at the UNMSM, was founder of the important Peruvian School of Pathologists, with a special interest in Dermatopathology, Medical Mycology, Tropical Medicine and Anthropology; this relationship opened up a wide spectrum in the knowledge on the subject, and was of great importance for an appropriate approach to the specialized field and to Dermatology teaching.

The interrelation between these two large medical schools—Loret de Mola’s Dermatology School and Pedro Weiss’s Pathology School—was of long standing; as evidence of this, we can mention the activity of dermatologist Dr. Víctor Meth, who belonged to both groups, teaching in the old Chair of Dermatology, being Head of the Hospital Service of Dermatology, and at the same time acting as dermopathologist at the Pathology Department of the Loayza Hospital.

As was pointed out in previous pages, in 1961 the professors of the St. Ferdinand Medical School collectively resigned. In the face of this emergency, the university government arranged the transfer of all the material and human resources of this Department to Lima’s Dos de Mayo Hospital, and decreed its reorganization, entrusting this delicate mission to Dr. Zuño Burstein, Assistant Professor of the Chair of Tropical Medicine at UNMSM, who, as was set out above, had just arrived back from training in Germany and Israel.

The Chair of Dermatology and Syphilography of the UNMSM Medical School was thus physically located at Lima’s Dos de Mayo Hospital, starting, with the reorganization, a new institutional life.
Lima’s Dos de Mayo Hospital was inaugurated on February 28, 1875, as one of the largest and most modern hospital treatment centers of its time, with a team of professionals who, while fulfilling their treatment activities, were professors at the UNMSM Medical School.

This great hospital center has played an important role in the history of Peruvian medicine, not only because the pathology from all the regions of Peru was collected there (being a referral and treatment-concentration center at the national level), but also because all Peruvian doctors studied there, embracing many university research and faculty teams, at first just from the UNMSM, and later from other universities.

At this hospital, as of 1950, Dr. Zuño Burstein initially worked as intern, then as assistant in the Pathology Department, and, starting in 1957, as assistant in the Dermatology Service, in the St. Lazarus ward, whose head was Dr. Arturo Salas, professor of Dr. Loret de Mola’s Chair of Dermatology and, also, Head of the Dermatology Service of the Police Hospital, among other posts. At that Service, Drs. Oscar Romero and Abelardo Tejada also worked as free assistants; the latter subsequently moved to the UNMSM Institute of Tropical Medicine, where he is currently the Director; Drs. Marcel Ríos and Luis Romero, members of Dr. Loret de Mola’s Chair of Dermatology and SYmphography, also attended.

At that time, the head of the Hospital’s Central Laboratory was Dr. Félix Castillo; the Microbiology Laboratory was headed by Dr. Julio Morales Saravia, and Dr. Rafael Acosta was in charge of mycological diagnoses and research. The head of the Pathology Department, a university teaching and treatment unit, created by Dr. Pedro Weiss, was Dr. Oscar Arteaga; outstanding professionals, such as Dr. Hugo Lumbreras (a tropicalist, later founder of the Alexander Von Humboldt Institute of Tropical Medicine), among others, worked there, and tropical dermatological pathology (Peruvian wart, leishmaniasis, leprosy, deep mycoses, and others) was intensively studied there. The university-level Clinics Laboratory, headed by Dr. Vitaliano Manrique, provided support to the faculty work. This is how a support structure for the diagnosis and thorough research of national pathologies was rounded out at the Dos de Mayo Hospital.

On January 1, 1962, the Protozoology and Mycology Research Laboratory was added to the hospital, as a dependency of the UNMSM’s Chair of Tropical Medicine, headed by Dr. Zuño Burstein, Assistant Professor of Tropical Medicine and Dermatology at the UNMSM.

With this hospital base, in early 1962, the university-level academic activity was established and opened for medical students, under the coordination of Dr. Zuño Burstein, at the new Chair of Dermatology and Syphilography of the UNMSM’s St. Ferdinand Medical School at the Dos de Mayo Hospital, with Dr. Clement Counter (a U.S. dermatologist) as professor in charge, and involving a faculty made up of Drs. Abelardo Indacochea, Zuño Burstein, Raúl Gallarday, César Rojas, Juan Manrique and Humberto Benavides as assistant professors; Enrique Sifuentes, Wenceslao Castillo, Pedro Ortiz, Carlos Regalado and Juan Meza as head instructors; and Julio Bonilla, Humberto Ugaz and Dante Mendoza as collaborators.

Drs. Luis Castro Mendivil, Hugo Pesce, Julio Bedoya, Wilfredo Gardini, Oscar Romero and Félix Castillo participated as invited professors. Thus began a new multidisciplinary stage, including venereology, allergy, pediatric dermatology, pathological anatomy, mycology, physical therapeutics, radiotherapy and other physical procedures according to the specialized orientation of the faculty taken on, which allowed for the modernization of professional teaching and practice.

Late that same year (1962), Dr. Aizic Cotlear was brought into the faculty through competition, as Associate Lecturer; Dr. Cotlear set up and for many years led the modern Dermatology School of the UNMSM’s St. Ferdinand Medical School at the Dos de Mayo Hospital, which had the responsibility of granting the first Specialist in Dermatology
degrees under the non-academic mode, and of launching the Program of Second Specialization for the professional education of dermatologists under the academic mode. For that purpose, it incorporated the dermatological surgery area, with Dr. Rafael Rabinovich, and, subsequently, Dr. Elbio Flores and distinguished clinical dermatologists as faculty members, Drs. José San Martín, Alejandro Morales, Tarcila Rey Sánchez and Elda Canadell, among others, also involving hospital premises of the Health Ministry, of Social Security and of the Armed Forces and police for academic activities.

On October 8, 1969, Dr. Aizic Cotlear, coordinator of the Dermatology section and interim head of the UNMSM Human Medicine Department, sent a letter to the Director of Academic Services and Central Record of that university, reporting on the situation of this teaching and treatment structure at the Dos de Mayo Hospital, conveying the high level of organization and skill in the community services provided, the training of specialized staff, the research under way, from 1961 to 1969, asking for support from the university authorities in order to continue carrying out this work².

The university response to solve this and other cases was the creation of the Teaching and Treatment Services in different areas, and, in particular, the creation of the Dermatology Teaching and Treatment Service, with its central location at the Dos de Mayo Hospital, which has been, and still is, Peru’s most important university-level education center in Dermatology.

The Dermatology Teaching and Treatment Service of the UNMSM was acknowledged by the university government organizations under Directorial Resolution No. 303/DSA/70, on February 2, 1970. The roster of physicians in this service was: Head of Service, Dr. Aizic Cotlear, Head Professor; Head of Diagnosis Laboratory, Dr. Zuño Burstein, Associate Professor; Drs. Oscar Romero and Abelardo Tejada, Assistant Professors, and Dante Mendoza, Julio Bonilla, Juan Meza and David Carrizales, Service Assistants.

HISTORY OF THE ORGANIZATION OF THE UNIVERSITY PROGRAM OF SECOND SPECIALIZATION IN DERMATOLOGY

Since its creation in 1973 (Rector’s Resolution No. 38145-UNMSM and CONUP Res. No. 1226-73), the Program of Second Specialization encompasses teaching and activities within the basic and clinical medical sciences. Its syllabus includes, fundamentally, intensive professional internships, up-to-date courses of the highest level, non-cognitive activities and counseling and orientation activities. Its duration cannot be shorter than six semesters, with a total of 120 credits. The Surgical Doctor degree is required to be able to sign up, and acceptance is through strict selection based upon merits. At present, the vacancies for Dermatology, which are in high demand, are limited; at UNMSM — the first one to set up this Specialization Program — there are 13; at Cayetano Heredia Private University, the last one to be authorized, there is one vacancy per year.

Regarding the facilities and equipment used by the Program of Second Specialization of the UNMSM, it should be mentioned that Supreme Decree 0055-71SA was issued on April 13, 1971, stipulating that the treatment centers of the Health and Work Sector should provide facilities for university-level medical teaching; it was determined that the Residency for the Specialization should take place at evaluated and credited assistance centers. The UNMSM signed agreements with all the hospitals and health centers in Lima in order to abide by this Decree; it also has its own facilities — such as the Daniel A. Carrión Institute of Tropical Medicine — as well as those located for a long time at different hospitals in Lima, where as of 1970, upon the initiative of Dr. Zuño Burstein during his management as member of the Reorganizing Government Board of the UNMSM, and, later, as University Director, the so-called Teaching and Treatment Services of the UNMSM were set up. These Services constitute, up to the present, academic centers allocated to teaching, research, professional student internships and community treatment services, which, consequently, generate the production of goods and services.
Among the ten Teaching and Treatment Services of the UNMSM, located at the Dos de Mayo, Arzobispo Loayza, Víctor Larco Herrera (for the mentally ill), St. Bartholomew’s Mother and Child, and Callao’s Daniel A. Carrión Complex hospitals, special attention should be drawn, in the history of Peruvian Dermatology, to the Dermatology Teaching and Treatment Service of the UNMSM, located at the Dos de Mayo Hospital, whose head was Dr. Aizic Cotlear. It became the most important educational and treatment nucleus of attraction in Dermatology in the country, and more than justified the certification by the relevant university authorities as the central location of the first Dermatology Specialization Program in the academic mode in Peru.

The governmental and paragovernmental health institutions that request the training of the specialized doctors they require, have to create the vacancies, taking care of the financial aspect, and must coordinate the call for selection with the University, abiding by the University Regulations of the Program of Second Specialization in Human Medicine.

**Early Committees for the Specialization in Dermatology and Tropical Medicine**

On March 15, 1974, the Board of the UNMSM’s Academic Programs of Human Medicine adopted 27 Committees for the Specialization in Human Medicine, including the Dermatology Committee, presided at the beginning by professor Dr. Aizic Cotlear, and including Drs. Dante Mendoza, José San Martín and Alejandro Morales, and the Tropical Medicine Committee, presided by professor Dr. Zuño Burstein; these two committees established a close academic and service relationship. At present, the Dermatology Committee is presided by professor Dr. Dante Mendoza, and the Tropical Medicine Committee is headed by professor Dr. Abelardo Tejada.

Through its Second Program of Specialization in Human Medicine, on March 3, 1974, and April 16, 1975, the UNMSM published in national newspapers the rules, steps and requirements for the obtainment of the degrees of specialist in Human Medicine under the non-academic mode, for 28 specialized fields, which include Surgical Doctor Specializing in Dermatology and Surgical Doctor Specializing in Tropical Medicine.

On April 22, 1974, the UNMSM, with its Academic Programs of Human Medicine and the Second Specialization Program, publicly exercising the rights and duties established by law and those on the path to being instituted, handed out specialization degrees in the various medical branches under the academic mode.

This bestowment of degrees (on those who had successfully completed their training at the former Graduate School) was carried out in solemn public session at Lima’s Municipal Palace, by invitation of the President of the UNMSM and the President of the CONUP, with the presence of the Minister of Education and the Mayor of the Provincial Council of Lima. With this action, it was publicly reaffirmed that the only organization in Peru authorized to grant Professional Specialist Degrees on behalf of the Nation is the Peruvian University.

**Historical Aspects of Tropical Medicine Institutes and of Scientific Research in Dermatology in Peru**

The history of Dermatology in Peru has been closely linked to the development of Tropical Medicine as a specialized field, both in the academic and research aspect of Peruvian medical reality, and in professional practice. The important field of Tropical Sanitary Dermatology, which encompasses the study of pathologies shared by these two specialized fields — such as the Peruvian wart, leishmaniasis, deep mycoses, leprosy, STDs, AIDS, etc. — requires the inclusion of a historical account, even if brief, of the existing research centers in Peru, linked to dermatological activity.
In the mid 1950s, a group of young professionals from the Tropical Medicine Department of the UNMSM's St. Ferdinand Medical School — headed by Professor Dr. Hugo Pesce — and from other academic scientific institutions had a meeting. They were hosted by Professor Dr. Enrique Encinas in his Laboratory of Neuropathological Research at the Víctor Larco Herrera Hospital, with the authorization and approval of its Director, Dr. Juan Francisco Valega. Among them was Dr. Hugo Lumbreras, who had been sent by Prof. Encinas with the Alexander Von Humboldt scholarship to the Institute of Tropical Medicine in Hamburg, where, in coordination with Dr. Zuño Burstein in Lima, he arranged the trip to the Peruvian capital of professor Dr. Ernst Georg Nauck, head of that Institute, commissioned by the German government to determine the appropriateness of German help — through an agreement with the Peruvian government — for the creation of an Institute of Tropical Medicine in Lima, at the UNMSM campus.

That sponsoring group — which in 1963 made possible the creation of the Daniel A. Carrión Institute of Tropical Medicine of the UNMSM — was made up of Doctor Olga Palacios, virologist physician, later head of that center for a long time; Dr. Zuño Burstein, tropicalist dermatologist, later appointed emeritus professor of the UNMSM; Dr. Hugo Lumbreras, tropicalist physician, who created and up to his death headed the Alexander Von Humboldt Institute of Tropical Medicine of the Cayetano Heredia Private University; Dr. Abelardo Tejada, tropicalist physician, who in 2003 was elected director of the UNMSM Institute; Dr. Oscar Romero, tropicalist dermatologist, who was later head professor and head of the Chair of Dermatology of the UNMSM; Dr. César Náquira, microbiologist physician, who in 2004 was appointed head of Peru's National Health Institute, and other physicians of distinction.

At present, the Daniel A. Carrión Institute of Tropical Medicine is a research, teaching, and health-staff training center, which provides specialized services aimed to the community, and which, in addition to diagnostic laboratories for bacteriology, parasitology, entomology, mycology, virology and histopathology, has specialized units for research into toxoplasmosis, bartonellosis, leishmaniasis and leprosy, among others. It also has a service of Sanitary Dermatology handled by five dermatologists.

The Daniel A. Carrión Institute of Tropical Medicine is a national referral center of international prestige, where professionals from abroad and from different parts of the country, as well as residents in Infectology, Tropical Medicine, Internal Medicine, Dermatology and Clinical Pathology, not only from the UNMSM but also from other universities, arrive to receive training in Tropical Medicine.

It maintains relations with the different universities of the country and from abroad, with the WHO Pan-American Sanitary Office, with the Institute of Tropical Medicine of the U.S. Navy (NAMRED), and has agreements with the Health Ministry in order to develop control programs for malaria, metaxenic diseases, hydatidosis, leprosy and other Sanitary Dermatology ailments.

It has a modern four-story building, located on the St. Mark campus. It contains 40 laboratories, 20 offices, outpatient offices, internship rooms for undergraduate and graduate students, an auditorium, the Hugo Pesce specialized library, and a room for lab animals (Figure 23).

The Daniel A. Carrión Institute of Tropical Medicine issues a publication, the Revista Peruana de Medicina Tropical, which is its official organ for scientific reporting.

In 1968, the UPCH, a private university, approved the creation of a new institute of tropical medicine in Lima, by the name of “Alexander Von Humboldt Institute of Tropical Medicine,” and appointed Dr. Hugo Lumbreras to organize it.
This new research center, which quickly acquired national and international prestige, took on the responsibility of carrying out research, teaching, and community assistance service in infectious and tropical diseases. The most outstanding tasks it has fulfilled are related to leishmaniasis, Chagas disease, enteric diseases, intestinal parasitoses, medical mycology, HIV/AIDS, infections by HTLV-1, hanseniasis and other diseases of viral and bacterial origin.

Prestigious infectologist physicians are part of this institute, including its current Director, Dr. Eduardo Gotuzzo, expert in STDs/AIDS, Dr. Alejandro Llanos, leishmaniasis researcher, Dr. Pedro Legua, Hansenology scholar, Dr. Humberto Guerra, former Director and outstanding microbiologist, and Dr. Humberto Álvarez, highly respected parasitologist.

OTHER RESEARCH CENTERS

A third Institute of Infectious and Tropical Diseases has been recently created by Dr. Hernán Miranda, microbiologist, tropicalist, in the city of Trujillo, in the north of the country, where tegumentary leishmaniasis and mycoses are studied, among other ailments included in the area of tropical Dermatology.

NATIONAL HEALTH INSTITUTE

This center is the scientific branch of the Health Ministry. Created in 1896, it has, within its wide scope of action, historically performed a very important role in the diagnosis and research of Sanitary Dermatology diseases, such as Peruvian wart, tegumentary leishmaniasis, leprosy and mycosis, among others, having played a key role, through the production of biologics and vaccines, in the eradication of smallpox in Peru (Figure 24).

The researchers who over the course of its institutional history have outstandingly contributed to the study of various subjects are, among others: Telémaco Batisttini, in Peruvian wart; Arístides Herrer, in leishmaniasis and Carrión’s disease; Carlos Carrillo, in smallpox; Oscar Miró Quesada, in neoplasm; Oswaldo Meneses, in poisonous animals (snakes, spiders); René Solís, in STDs; José Gonzales Mugaburu, in parasitology; Zuño Burstein in leprosy and mycology.

The National Health Institute has, since 1942, published one of the most important scientific publications in Peru, the Revista Peruana de Medicina experimental y Salud Pública, as its official organ of scientific reporting, of which the first editors were Drs. Telémaco Batisttini and Carlos Gutiérrez Noriega, and which at present (2004) is headed by Dr. Zuño Burstein, indexed at LIPECS, LILACS and SCIELO. It has a publishing committee and consulting council of the highest scientific quality.

Twenty years ago, the National Health Institute and the Health Ministry signed an agreement with the Daniel A. Carrión Institute of Tropical Medicine of the UNMSM, for research, staff training and treatment in leprosy and Sanitary Dermatology.

Brief history of some diseases

TEGUMENTARY LEISHMANIASIS IN PERU. PERUVIAN CONTRIBUTION TO ITS KNOWLEDGE AND LEGISLATION

Peru has the privilege — fortunately, from the scientific point of view, but unfortunately in the sanitary aspect — of having in its wide territory endemic areas of
tegumentary leishmaniasis, where the most diverse clinical modes of the process reproduce; such a feature is not present in other regions of the world, where, usually, a specific clinical mode predominates over large territorial areas; such is the case of the Oriental Button (pure cutaneous leishmaniasis) in the Old World.

Instead, in our country, which has such varied ecological conditions, there are clinical manifestations that we closely associate with their territorial origin. Therefore, we speak of uesta for the Andean leishmaniasis, and we give the name of espundia to that of jungle origin, assigning more or less specific clinical characters to each.

Classically, and from early date, the existence of two types or clinical forms of tegumentary leishmaniasis has been considered in Peru. Palma, in 1908, Escomel, Arce, and Monge, in 1914, Weiss, in 1924, and other Peruvian researchers accepted the differentiation between uesta and espundia, even without knowing the etiology of either clinical condition. But it was basically Escomel, in 1942, and Weiss, in 1943, the leishmaniasic etiology of both processes having been discovered, who established two perfectly identifiable clinical forms of leishmaniasis in Peru. One benign type, comparable to the Oriental Button, which primarily affects children, cures spontaneously, leaving the person immune for the rest of his life, rarely produces mucous lesions and only with continuity, and is exclusive to Andean regions; it is called uesta or Peruvian Andean leishmaniasis. The second type, a serious form, found primarily in adult men, with constant and metastatichal involvement of the respiratory mucosa, of jungle territorial origin, corresponds to espundia or American jungle leishmaniasis. This criterion was accepted in 1950 by the Nomenclature Committee of the Brazilian Society of Dermatology and Syphilography, and by the Ibero-American Society of Dermatology, at its Rio de Janeiro meeting.

Nevertheless, from the analysis of cases by various Peruvian researchers, such as Cornejo Ubillus, we can ascertain that there are clinical forms of leishmaniasis described in areas that do not correspond to the classical geographical distribution. Weiss himself, in 1953, questions his original belief that in the Andes only the uesta form was present, due to later verifications of the existence of some Andean focuses, though rare, of espundia, as well as jungle focuses of uesta. These facts, says Weiss, seem to eliminate the possibility of essential differences between the two classical forms; however, the statistical regional, and even local, differences are so accentuated, that they cannot be pushed aside.

Setting aside considerations that explain the different clinical modes centering on parasitological factors — such as the serological differentiation of different tegumentary leishmaniasis-producing strains, immunological conditions of the host, the role played by reservoirs and even vectors, among others — and based on his experience at the Dos de Mayo Hospital, having studied 158 cases of tegumentary leishmaniasis from the most diverse spots in the country, Burstein suggested the following classification for tegumentary leishmaniases that occur in Peru, at the Seventh International Congress of Tropical Medicine and Malaria, held in Rio de Janeiro in 1963:

1. Andean cutaneous leishmaniasis (equivalent to the classic uesta).
2. Andean mucocutaneous leishmaniasis.
3. Jungle cutaneous leishmaniasis.
4. Jungle mucocutaneous leishmaniasis (equivalent to the classic espundia).

This criterion was accepted at the First Peruvian Congress of Microbiology and Parasitology, in 1964, and is based on evolutionary clinico-epidemological concepts (Figures 25, 26, 27).

It is indispensable to accompany these denominations with the evolutionary typification of the process in order to give the classification a dynamic sense; to that end, Dostrowsky's criterion has been adopted, which, applied to cutaneous leishmaniasis (Oriental Button), considers it recent (or precocious) if the process is shorter than a year, and late if it has over a year of evolution.
The name *uta*, as Llanos explains, derives from the Quechua word *hutu*, which means to gnaw, to prick, to rot. The Spanish called it *llaga* (ulcer) in the Huallaga basin, and also *mal de los Andes* (ailment of the Andes). Other Quechua or Aymara idiomatic expressions refer to this pathology with the name *queepo*, due to the belief, in Abancay, that the burning of the face by the sun or the cold produced injuries that started the disease. The term *tiac-araña* (*tiac*-spider) is due to the belief that these household arthropods licked the skin of the face and hands at night where honey residues were present, and thus started leishmaniasis. Other terms used regionally include *jucuya*, *kjapa* and *anti-honcay*, among others; but, later, the tendency to give the name of *uta* to the leishmaniasis from the north of the country and *espundia* to that of the south of Peru has been predominant.

**Antiquity of tegumentary leishmaniasis in Peru**

In Peru, all the researchers who currently work with tegumentary leishmaniasis consider it an ailment that precedes the arrival of the Spaniards; the evidence, for most of them, is the mutilating lesions represented in certain Peruvian anthropomorphic *huacos* of the pre-Columbian era. The etiological identification of these representations has been the cause of numerous discussions, and the first one to associate them with *uta* was the Spanish naturalist historian Marcos Jiménez de la Espada, cited by Tamayo, in 1905, who picked up and backed this suggestion. Urcia, in 1913, upon making a historical analysis of *uta*, upheld its pre-Columbian age, based on *huaco* representations and on very precocious references to this disease by the Spanish; he quotes Pedro Pizarro, who, in 1571, refers to the “incurable ailment of the noses,” and Dr. Cosme Bueno, who speaks of “a corrosive ulcer especially in the face, of very difficult healing, caused by an insect, called *uta*.”

Weiss, in 1943, upholds the great antiquity of tegumentary leishmaniasis in our territory, based, in addition to the previous arguments, on the benignity of *uta* (tendency to spontaneous healing in around a year). Herrer, in 1956, says, “without denying the old age of this disease in America, we believe it is difficult to prove it, and the main argument put forth in its favor so far, that of the anthropomorphic *huacos* with mutilations on lips and nose, presents quite serious objections.” Among these objections, he points out that it is not accurate to ascertain that the *huacos* come from places near *uta* focuses; that some of them present the extremities mutilated with a different shape and aspect to those of utous lesions; that they still have the entire, some times widened, nasal partition, contrary to what happens with leishmaniasis; that they do not show lesions on the ear pavilion, something that happens with the disease, and that would not have gone unnoticed by the pre-Columbian potters. Instead, this researcher provides considerations based on the geographical distribution of *uta*, which could indicate its remarkable age.

As we can see, the arguments posed can be questioned, but it is evident that they all agree in admitting the great antiquity of leishmaniasis in Peru.
History of the etiological identification of tegumentary leishmaniasis in Peru

As a precursor of the etiological identification of tegumentary leishmaniasis in our milieu, we may mention Dr. José Julián Bravo, quoted by Weiss, who, in 1852, identified *uta* with Aleppo boil. But, according to Urcia, under the influence of Smith Archibald, these lesions were catalogued as forms of cutaneous tuberculosis. This lupoid theory was upheld until 1908, when Palm demonstrated that tuberculosis is not involved in its determination. However, in 1911, Escomel reported the finding of leishmania, in their flagellated form, in a case of *espundia*. Laveran and Nattan Larrere found leishmaniasis in material of *espundia* cases sent by Escomel. In 1912, Wenyon, with similar findings, arrived at the conclusion that *espundia* is a leishmaniasis. In 1913, Vélez and Monge proved the leishmaniasic etiology of ulcerous processes in the Convención valley (Cuzco). Simultaneously, that same year, Gastiaburú and Rebagliati found leishmania in cases of *uta*. Finally, the Harvard University Commission concluded, that same year, in a report published by Strong in 1914, that *uta* is a leishmaniasis, the flagellated form having been obtained, and inoculations in animals having tested positive.

Thus ended the problem of the etiological identification of tegumentary leishmaniasis in Peru, both in its pure cutaneous variety (*uta*), and in its mucocutaneous form (*espundia*).

Some considerations regarding the ecology, epidemiology, and the history of the study of vectors, reservoirs and the treatment of tegumentary leishmaniasis in Peru

Many researchers have contributed to the knowledge of the geographical distribution of this ailment in Peru; among whom it is worth pointing out, in chronological order, Raimondi A. in 1885, Pagaza M. in 1904, Escomel E. in 1911, Urcia J. in 1913, Weiss P., Rojas H. and Guzmán-Barrón A. in 1924, Marroquín J. in 1950, Cornejo Ubillus J. in 1951; many reports by Herrera A. of the National Health Institute, as of 1951, Kuczynski-Godard M. in 1945, Acurio B. and Valdieso N. in 1964, Burstein Z. in 1964, Acurio B. in 1969, many works by Tejada A. published as of 1970, and many other more recent studies by different researchers.

As for the vector species of tegumentary leishmaniasis in Peru, the studies necessary to ascertain which are the *phlebotomus* (latzomyias) species that act as vectors of *leishmania* still have not been completed with definitive experimental evidence. In 1943, in the province of Andahuaylas — coinciding with the endemic utogenous zone — Pesce and Pardo found two species of *phlebotomus* that were classified by Hertig as *Ph. Battistini* (Hertig, 1943).

In 1951, while studying the relation between tegumentary leishmaniasis and *phlebotomus*, Herrera considered that on the western slope of the Andes, *ph. verrucorum* and *ph. peruensis* were those that showed the closest relation to the geographical distribution of *uta* incidence. This researcher reported to us in person that “regarding the natural transmission of tegumentary leishmaniasis, there exists remarkable confusion. Frequently, for example, the *lutzomyia* species are indicated as vectors only because in them the presence of promastigotes (leptomonas) has been manifest, without properly identifying the flagellate in question.” In agreement with this opinion, Laison and Show point out that a large quantity of natural infections from flagellates among phlebotomes captured in nature has been observed, but only in a small number of them have the parasites been positively identified as *leishmania*. These authors, in a rigorous and very meticulous critical analysis of the problem, also point out that the presence of infection in *lutzomyia* transmitted by wild rodents that are not anthropophilic plays no role as transmitters for humans, and that it is necessary for anthropophilic *phlebotomus* to participate in the epidemiological chain of human leishmaniasis.

The study of the presence and distribution of *lutzomyia* in general, and of those which would play a role as vectors for tegumentary leishmaniasis, has been carried out and published in the country and abroad by Herrera, and, later, by the biologists Drs. Bertha
Llanos and Abraham Cáceres, of the National Health Institute and the Daniel A. Carrión Institute of Tropical Medicine of the UNMSM, where Dr. Abelardo Tejada — its current director — has contributed many investigations into the matter.

In Peru, the reservoirs of the parasite that would provide a satisfactory explanation of this endemic disease that has persisted from remote areas are yet to be detected with accuracy.

Ugaz, in 1886, in his study of *uta* (called lupus back then) in Peru, brought into evidence that one of the most widespread ideas among the inhabitants of utogenous zones — found in the towns of Cajamarca, Huamachuco, Ancash, Cerro de Pasco, Valle del Rimac and Ayacucho — involved the assignment of an important role in the production of the ulcerous ailment to mosquitoes that bit at dusk, which had fed on “juice of animals in putrefaction, especially snakes,” and which inoculated it to their victims; or to the inoculation of the resinous juice of *huarango* (*Acacia punta*) taken up by small white-winged flies that live in its shade (Cajamarca). In Cuzco, the belief of the generation of the disease by “spider licking” was widespread. Likewise, in Cajamarca, an important role was attributed to “the antimony that rises from the dry and hot soil of the ravines with the first rains of Lent.” The disease was also attributed to bad-quality waters (La Libertad). Urcia, in 1913, picked up Dr. Barranca’s reference, when he recorded the belief that “the Indian, upon wetting his nose while drinking, acquires the disease.” Urcia relates the very widespread belief of the existence of animals or plants that, directly or indirectly, through bite or contagion, inoculate the *uta* germ; he is inclined to believe that stagnant water can contain the producing germs, or the eggs and larvae of the insects; he gives a detailed description of an insect as vector — evidently referring to *Phlebotomus* — which “they want to call titira, when its name is uta”.

In 1914, Antúnez indicated the invariable presence of a shrub called *mito* (myth) in dangerous known sites of *uta* infection, and said: “*uta* appears as an epidemic only in the months of February, March and April, precisely during the time of fructification of the *mito*, disappearing with the exhaustion of the fruit. The *uta* starts growing in the individual who liked to eat the fruit at the foot of the shrubs, or in those who live in the immediate surroundings. It is not necessary to come near to eat the fruit, but it is so to stay within a two-kilometer radius in the zone of the *mitos* during the dangerous season”; he attributed the disease to a “white-headed mosquito that likes the fruit of the *mito*.”

In 1930, Maldonado made the following verbatim statement:

	[...] in Surco, an important focus of the wart and of *uta*, I have had occasion to find in spontaneous flora, as a characteristic element, *J. macrantha Mull Arg.*, a plant of the Euphorbiacea family, known colloquially as ‘female huanarpo’ [...] The existence of this plant allows for the suspicion that it could play some role in the etiology of leishmaniasis of the dermis, known colloquially as *uta*, since parasite protozoa have been found in the latex of many Euphorbiacea which, perhaps, could be considered as evolutionary states of the agent of this kind of ulcer. Since the valley of Surco is a focus of warts, the existence of *Phlebotomus*, known colloquially as *titira*, can be ascertained in it. One of its species could be vector of *uta*, and the female *huanarpo* could be the reservoir of such a disagreeable ailment.

In 1934, Sal y Rosas picked up the phytogenetic aspect of the *uta*, again pointing to the *mito* (*Carica candicans*), a lactescent plant of the euphorbiaceae family, as a constant element throughout the endemic area, disappearing at the same point at which the radius of *uta*’s pathological influence ends. He even affirms that the concomitance between *mito* and *uta* is so constant, that its absence “clearly marks the limit of the utous strip, a very precise sign to delimit, in uninhabited places, the endemic section from the endemic.” The *mito* is accompanied by the *huanarpo* (*Jatropha macrantha*), popular
experience suggests, in the sense that where there is mito there is uta. Sal y Rosas supposed that part of the evolutionary cycle of the Leishmania takes place in the plant, and holds the following “formula of utogenesis”: 1. Xerophytic and lactescent flora with the function of reservoir for the virus. 2. A winged and hematophagous vector, the Phlebotomus, and 3. Man. He closed up this problem suggesting the systematic destruction of the lactescent xerophytic flora.

This proposition was again placed under discussion by Burstein, who in 1956 and 1957 reported the finding of phytophomas in the latex of Jatropha macrantha Mull Arg., euphorbiae whose geographical distribution coincides with that of Andean pure cutaneous tegumentary leishmaniasis (uta), in the Rimac Valley. These phytophomas were isolated from the latex in their flagellated phase (leptomona) and cultivated in media containing human blood, reproducing the leishmania phase in them. Burstein also demonstrated the feasibility of recovering, for a relatively long time, leishmania pathogenic to man and other germs incorporated in vitro to the latex of these euphorbiae, known regionally by the name of huanarpes, thus demonstrating that these plants can be reservoirs of pathogenic leishmania and of other microorganisms in endemic zones.

The search for naturally infected animals, which could play the role of reservoirs, seems to have started in 1924, with the work of the committee appointed by the Health Office of the Health Ministry to study the Madre de Dios region, made up of Drs. Pedro Weiss, H. Rojas and Alberto Guzmán Barrón31, who examined 750 animals, including monkeys, rodents, etc., without finding evidence of infections. The first to report a finding of natural infection of animals in our milieu is Herrer, who, in a preliminary report in 194846, and later in 195147, described his research in that respect, practiced since 1941 in the utous locations of the Rimac Valley. He examined dogs, cats, donkeys, horses, rodents of the Phyllotis and Orysomis genre, foxes and a marsupial species known as muca, obtaining parasitological evidence of leishmaniacal infection in 46 of the 513 dogs examined. He pointed out that the incidence of the infection presented a marked parallelism with that of uta in man, observing the coexistence of lesions in dogs and men; the infected animals, except for one case, had had a relatively short stay in the utogenous locations. The demonstration by this same researcher of the great sensitivity of the fox to the experimental leishmaniacal infection — even though its natural infection has not been reported, nor in the other animals examined at that time — made him become suspicious of its possible role as reservoir.

Marroquín, in 195032, considered man with the active infection, the convalescent or the healthy carrier, as reservoir, based on Weiss’s conception9 that the germ can remain in the skin for a long time, the disease manifesting itself in the event of trauma.

The possibility that man is a decisive reservoir for explaining the endemic is very questionable, as is also that of the dog that always accompanies man. Herrer, in dealing with the epidemiology of the uta, in 195133 said, “there are places uninhabited by man and devoid of any type of cultivation, where, nevertheless, the disease is contracted. This phenomenon is so frequent that the cattlemen know it well, going as far as giving such places expressive names such as llagay-puquio (ulcer-spring), llagay-cueva (ulcer-cave), llagay-pampa (ulcer-pampa), etc., in other words, strings, caves and plains where this leishmaniacal ulcer is acquired. This characteristic is doubtlessly linked to the presence of some wild animal acting as reservoir.”

Many researchers in various countries reported the presence of leishmania in a large number of wild mammals; leishmaniasis was thus considered, at first, a zoonosis, arriving later to the proof that, in many cases, the animal leishmaniasis foci had no relation with man if the vectors that transmitted it among those hosts were not anthropophilic. Transmission is often occasional if man accidentally and as intruder bursts into a focus of animal leishmaniasis, which has led Laison and Show39 to assert that “man should be
considered an accidental host who does not play any important role in the conservation of the parasites in nature."

The problem of treatment of the leishmaniasic population in Peru, especially in the malign mucocutaneous forms, is discouraging, not only because of the limitations of the therapeutic agents available, but also, above all, because of the socioeconomic situation of the carriers of this ailment that affects the less-favored sectors of the population, and whose mutilating and deforming lesions provoke their social discrimination.

One of the first pharmacological therapeutic resources for tegumentary leishmaniasis, introduced in Brazil by Viana in 1912, was emetic tartar, which in 1915 was used for the first time in Peru by Julián Arce. In 1916, Escomel48 published his experiences with this drug, which continued to be used with favorable results for cutaneous cases, but with just palliative or totally inefficient action on mucocutaneous forms.

The marked toxic effect of emetic tartar forced the move from this medicine to other antimonials, initially trivalent, of intramuscular use, Neo-Antimosan (Repodral, Fuadin) and, later, pentavalent, Neostibosan and Solustibosan, withdrawn by their manufacturers for not being convenient to their interests; only Glucantime remained, applied intramuscularly or intravenously with healing results in the initial phases or on pure cutaneous forms of the disease, but with irregular response on mucocutaneous forms.

Amphotericin B (Fungisone), of intravenous use, utilized in Peru initially by Zegarra Araujo, in 196649, provided, despite its marked nephrotoxicity, therapeutic advantages in the mucocutaneous forms of Peruvian leishmaniasis (espundia).

The use of medicinal herbs used by the ancient Peruvians against this disease is currently being studied, in an attempt to find, through extracts, the active principles that can be therapeutically useful in cutaneous leishmaniasis. These investigations have been taking place since 2003, through an agreement between Peru and Japan, by a group of Peruvian and Japanese researchers led, on the Peruvian side, by Dr. Fernando Cabieses (President of the Southern Scientific University, Lima), and by Dr. Zuño Burstein (National Higher University of St. Mark, UNMSM), with the participation of the Daniel A. Carrión Institute of Tropical Medicine, of the UNMSM, with its Director, Dr. Abelardo Tejada, and Dr. Olga Palacios, and of the UNMSM School of Pharmacy and Biochemistry, with Drs. Bertha Pareja and Diana Flores.

In health-related Peruvian legislation (Supreme Decree No. 007-75-TR, of August 26, 1975), South-American mucocutaneous leishmaniasis (uta and espundia) was recorded as a professional disease in workers who migrate to leishmaniasis-endemic zones.

By Supreme Resolution No. 063-75-TR, on September 11, 1975, a commission was appointed to draft the Regulations for Hygiene and Security Conditions at work centers in leishmaniasis-endemic zones, in order to protect such workers. This committee was made up of, among other members, Drs. Aristides Herrer and Zuño Burstein, in representation of the National Health Institute.

By Supreme Resolution No. 026-76-TR, on October 21, 197650, the Regulations for Hygiene and Security Conditions were approved; they include 5 titles and 52 articles. The Resolution, signed by the President of the Republic, countersigned by the Ministers for Labor and Health, encompasses an overview, objectives, obligations of the companies, workers’ obligations, collective and individual protection measures (providing details on permanent and provisional camps installed in endemic zones), medical checkups, diagnosis of suspicious cases, notification, record and treatment, pointing out in this chapter that, in all leishmaniasis-diagnosed cases, the mandatory notification will be established, in harmony with the stipulations of the National Notification System of Transmissible Diseases, for the record, and that the positive cases of leishmaniasis acquired at work centers will be covered by Peru's Social Security, in accordance with the standing legal rules for its treatment and other ends. Lastly, sanctions are laid down for companies or employees who fail to fulfill these Regulations.
CARRIÓN’S DISEASE (PERUVIAN WART)

Overview

Daniel A. Carrión, a medical student who staged a heroic sacrifice by voluntarily inoculating himself with the material of a warty button and dying of the systemic process in 1885, consolidated the concept of unity between the anemic fever (Oroya fever) phase and the eruptive period (Peruvian wart) of this disease, considered by the dualists as two different ailments.

Carrión’s disease, or Peruvian wart, is a human bartonellosis, a general infectious, bacterial, non-contagious process, produced by *Bartonella bacilliformis*, transmitted by a winged vector (*Phlebotomus verrucarum*). It is an endemic disease, of a regional character in well circumscribed areas of certain Andean regions of Peru and with some foci in Ecuador and Colombia. Clinically, it presents a first stage, which, due to various causes, may not be apparent, with almost no symptoms, but which frequently yields the anemic fever phase, of great seriousness, which leads to death by severe anemia and a toxic-infectious status, formerly known as *Oroya fever*. If this stage is survived, after a period of variable duration, the second eruptive process presents itself, characterized by a warty (angiomatosic) outbreak of varying magnitude, with lesions of different size and depth, of which the location, besides the tegumentary, can involve internal organs. The spontaneous involution leads to a state of permanent immunity to the process.

The prognosis is bad if it is left to its spontaneous evolution in the severe form of the anemic fever period, and usually good, even in forms with large outbreaks, in the eruptive period. Death in the first stage is produced by severe anemia or by the frequent salmonellic complication at the onset of the intercalary period. The disease responds favorably to antibacterial antibiotics, and there is no vaccine against it. It offers epidemic risk when a non-immune population moves into endemic regions, with no external propagation outside the endemic area (Figures 28, 29, 30).

History

The Peruvian wart is a local American, more specifically Peruvian, disease, of unquestionably pre-Columbian age. The demonstrative expressions in mochica ceramics, the accounts of chroniclers of the Indies and other evidence have led Lastres to think that the wart has always existed, geographically speaking, in the same places where it is found today, mainly in ravines, known by the natives by the Quechua word *sirki*. The scientific interest in its study mainly arose, as of 1870, due to the construction of the railroad from Lima to La Oroya, through the Andes. Along the stretch that corresponds to
the warty zone of the Rimac Valley, a serious epidemic broke out, which — according to reports — caused the death of seven thousand workers, and of the one hundred British and U.S. engineers who built the railroad, all contracted the disease, and half of them died. The nosographic link between serious manifestations of this epidemic, called Oroya fever, and the cutaneous outbreak present in survivors, known as Peruvian wart, became gradually established, including, to this end, Daniel A. Carrión’s heroic sacrifice.

The scientific community of the world became interested in this mysterious and rare affection, which was exhaustively studied in its clinical, epidemiological, etiopathological, experimental and therapeutic aspects by many Peruvian and foreign researchers. Thus, in 1898, Odriozola\textsuperscript{53} published an essay that was considered one of the best contributions to the clinical study of the disease. In 1905, Barton\textsuperscript{54} discovered the microorganism that causes it. Strong\textsuperscript{55}, who headed the Harvard University committee that came to Peru to study this ailment, in 1913 created the Bartonella genre, giving the name \textit{Bartonella bacilliformis}, in honor to its discoverer, to the microorganism discovered by Barton. In 1913, Townsend Ch.\textsuperscript{56} discovered and named \textit{Phlebotomus verrucarum}, the insect transmitting the disease. The environment, the epidemiological setting and control measures of Carrión’s disease have been studied by many researchers, such as Maldonado A., Hertig M., Herrera A., Rebagliati R. and Gorbitz G., among others.

Outside Peru, mention should be made of Patiño Camargo, who in 1939\textsuperscript{57} studied an endemic focus in the Marino Department, on the border with Ecuador; and of Montalbán and Moral, who in 1940, in coordination with Hertig, studied the endemic Ecuadorian focus of the province of Loja, near the Peruvian frontier. After the work of Odriozola, many contributions to the knowledge of the etiopathogenesis of the clinical-pathological manifestations of this disease, its evolution and its therapy, have been made; for example, the works of Arce, Escamel, Strong, Hurtado, Monge, Mackenheim, Weiss, Urteaga, Gasbriburú, Reynafarje and others. The bacteriological study, after Barton and Strong, both in its morphological and cultural aspects, has been developed by Battistini, Hercelhers, Aldana and Colichón; and as regards the ultra-structure with electronic microscopy by Peters and Wiegand, Pérez Alva, Cuadra and Takano. Immunological studies, such as those conducted by Calderón Howe, have continued, though very sporadically, on the aspects of humoral immunity such as the cellular at the Dos de Mayo Hospital by Larrea and Contreras, and at the Daniel A. Carrión Institute of Tropical Medicine of the National Higher University of St. Mark by Colichón A.

Despite this quantity of research and researchers who have, to a large extent, solved the practical aspects of the disease related to public health — making it a controllable disease, epidemiologically and therapeutically, through the rather precise knowledge of its ecology, of its geographical distribution, of the vector that transmits it, of its clinical characteristics and diagnosis procedure, as well as of its etiological treatment — there remain, from the scientific point of view, many gaps that only persevering research will be able to clarify. It is unknown, for instance, precisely what its reservoir is; it remains a mystery if its existence or normal cycle in nature necessarily requires man in endemic zones; in other words, whether it is a human disease, or as in the case of leishmaniasis (with which it has many common aspects such as its geographical distribution, a matching one in many cases, and the same vectors) a zoonosis, or a phytoparasitosis, which, accidentally passes onto man when the latter invades its ecological niche, breaking the ecosystems and creating a vicarious cycle.

There is no animal available that can reproduce the natural history of the disease in the laboratory as it occurs in man, which would permit its full study in an experimental model. The reason why, being a general bacterial infection, it is not inoculable into man or laboratory animals using parasitized blood at the most virulent moment of the germ to produce, as would be expected, the same pathological manifestation, is unknown. The immunological behavior of the host is still under study with the current technology, and
there is no active immunization procedure to protect the exposed population from possibly contracting the process.

LEPROSY AND ITS CONTROL IN PERU

Introduction

Leprosy did not exist in America prior to the arrival of the European conquistadors. The Spaniards brought this disease to Central America, South America and, in North America, to Mexico and part of the U.S. The first leprosarium was founded in 1520 in Santo Domingo, and subsequent ones were set up throughout colonial America. In Brazil, the Portuguese introduced the disease in 1496; the large contingents of African slaves were a very important factor in Portuguese America, the Caribbean and Central America. In North America, in addition to the foci brought by the Spaniards, there were those brought mainly from France, Norway and China.

History of leprosy in Peru

The history of leprosy in Peru has been exhaustively studied by Dr. Hugo Pesce, and published in his Ph.D. thesis in 1961, with the title "Epidemiology of Leprosy in Peru". In this monumental work, which must serve as a valuable source of information for every Peruvian physician and sanitary worker, it is stated that leprosy developed independently in the three large regions of our country (coast, sierra and Amazon). On the coast, it has a remote and poor history, in the Amazon, a recent and explosive history, and in the sierra, a scarce and concealed development.

Leprosy was taken to the Peruvian coast by the colonizers coming from Spain, where there was a considerable endemic, with some 3,000 lepers and tens of leprosariums. This is why, 28 years after Lima was founded, a leprosarium became necessary, and in 1563, the St. Lazarus Hospital was founded, in the Pescadores quarter, on the right bank of the Rímac River, where assistance was provided to lepers in colonial times.

According to Pesce, leprosy in our Amazon region appeared manifestly in the twentieth century. Regarding its source, the oldest hypothesis refers to origins in Brazil, while another one postulates its Ecuadorian origin. Ponce de León’s investigation had the merit of proving that the leprosy infection of some sectors of the high jungle was processed prior to that of the low jungle, and that, most likely, it has not had a very remote Ecuadorian origin and scarce volume. Pesce says that "it is not feasible to compare the degree of danger of the tiny source of the high jungle with that of the Brazilian source, which must have assumed ground-swell character, given the visa tergo it impelled, and given the propitious circumstance of massive migration of 15,000 to 20,000 Peruvians and hundred of Brazilians due to the rubber rush, which lasted no less than 20 years."

The low jungle rapidly succumbed, starting in 1910, when the impact of massive Brazilian foci became evident, probably explained by the different environmental conditions and because the inhabitant of the high jungle was much less exposed to malnutrition, hypoproteinemia and aggressive intestinal helminthiases, with the derived anemic state and the consequent lowering of the general level of physiological immunity.

From 1901 to 1905, leprosy cases began to be reported in certain places of the Amazon region, and, on March 17, 1905, a Supreme Resolution was issued, authorizing the construction of a leprosarium in Iquitos for the lepers of the Loreto Department. The Prefecture ordered the construction, between 1906 and 1907, of an emergency asylum for lepers on Padre Island, facing the city of Iquitos. In late 1917, the second leprosarium opened in that city, and by law No. 5,020, dated January 28, 1925, the construction of a leprosarium in San Pablo, on the Amazon River, towards the border with Brazil, was ordered; it began operating on May 15, 1926. In 1940, the government created the Loreto and San Martín Health Supervision, which promptly grew into the Northeast Supervision,
in charge of Maxime Kuczynski, who, after founding an Anti-Leprosy Dispensary in Iquitos in 1941, reconstructed the San Pablo asylum as a farming colony, attaining remarkable advances in the exploration of various rivers, especially the Ucayali, conducting valuable leprological surveys. In 1944, with the creation of the National Anti-Leprosy Service, a few months later the Northeast Anti-Leprosy Service was created, taking on the supervisory roles in the region.

Hugo Pesce stated that the focus of child leprosy in Loreto was one of the most severe in the world. All the data collected on the clinical forms of child leprosy in that area revealed a process characterized by the absence of considerable signs of defenses on the part of the population, which meant that it was a rather recent, severe endemic, and with developmental features. Pesce noted that the first cases of leprosy among genuine jungle people observed in South America were reported by Maxime Kuczynski (Cambo and Cocama tribes), and by himself (Piro tribe). Successive cases were object of study, in 1953, by H. Pesce and R. Montoya. All cases were extremely malignant forms, which indicates the extremely serious and lasting danger that all the population of the Northeast would be exposed to if leprosy penetrated in the midst of jungle tribes, of which the number of members has been estimated at 141,000, far from any possibility of sanitary control.

**History of leprosy control in Peru**

In Andahuaylas, Hugo Pesce detected the first cases of Andean leprosy, and founded, in 1937, the Apurímac Anti-Leprosy Service. Moreover, on January 1, 1944, he created the National Anti-Leprosy Campaign, as a sanitary entity officially in charge of the fight against this disease at the national level. In this manner, the Peruvian school of leprology school was born around this master, the Northeast Anti-Leprosy Service being set up that same year.

The structural feature of the anti-leprosy campaign, which in 1954 became known as the National Anti-Leprosy Service, was that it was a unified organization, with a head office and various peripheral services. The head office, called the Leprosy Department, had managing, normative and control functions, with specialized sections. The peripheral services were in charge of conducting the anti-leprosy campaign in the territories under their jurisdiction; thus, in every leprogenic region, functional units, called Regional Anti-Leprosy Services, were built, each with its own organization.

This organization, methodically planned and implemented, within a short period, permitted the achievement of a diagnosis of Peruvian leprological realities, and the obtaining of an effective benefit for patients and the country. Unfortunately, on January 14, 1963, the Leprosy Department, previously transformed into the Leprosy Division, was dissolved by the government of that time, disassembling the meticulously mounted structure; its various constitutive elements were transferred to other organizations, and, starting in 1965, the peripheral levels were integrated into other health services of each area of the country.

The dismemberment and deterioration of the health actions related to Hansen’s disease at the different levels of responsibility, at both central technical and normative, and basic peripheral executive levels, as well as in research, staff training and others, led Minister and PAF Lieutenant General M. Campodónico, who was in charge of Public Health in 1977, to order the update of the Hansen’s Disease Control Program, considering that diagnosis, treatment and research in dermatoleprology was a multi-institutional responsibility of national importance, accepting the recommendations of the Regional Seminar on Hanseniasis, which took place in September 1971 in the city of Pucallpa. Unfortunately, successive replacements of officials and other unpredictable factors largely delayed the implementation of the established measures.

Meanwhile, Dr. Víctor Noria, with his individual and pioneering efforts in charge of the Leprosy Unit, a central-level technical-normative organization of the Ministry
of Health, was the only person who, with absolute responsibility, kept up a program based on the projects, on his own ideas, and on his vast experience as clinical leprologist and epidemiologist.

In 1980, Zuño Burstein published an essay on the "Breakdown of the Leprosy Control Program in Peru due to the Decentralization and Integration with the General Health Programs," providing a detailed analysis of the sanitary organization of leprosy control, and concluding that, in Peru, there was a serious breakdown of sanitary control actions caused, to a great extent, by the inadequate, untimely and premature policy of decentralization and integration with general health programs, not suited to the national situation. Moreover, he stressed that it was absolutely necessary to set up a well-articulated and adequately financed Hansen’s Disease Control Program, since it was a health problem of significant seriousness in endemic zones, with national repercussions.

In 1963, with the disappearance of the National Anti-Leprosy Service and its Leprosy Department, the specialized laboratory diagnoses, the preparation of lepromine, the fulfillment of special investigations and the training of professional and technical staff became, in theory, tasks of the Leprosy and Medical Mycology Department, located in the organizational structure of the National Institutes of Health, a decentralized dependency of the Health Ministry. This Department was derived from the Central Leprosy Laboratory, which was part of the Leprology Section of the abolished Leprosy Department, a command organization of the National Anti-Leprosy Service, at the level of the central organization of the Health Ministry. When the National Service and its Leprosy Department closed down, the Laboratory was incorporated into the Public Health Institute, in theory keeping its function and structure, established since 1944. Based on this structure, the Health Ministry has, since 1975, had an agreement — repeatedly ratified — with the National Higher University of St. Mark, through its Daniel A. Carrión Institute of Tropical Medicine, in order to conduct joint research work, services to the community and staff training, regarding hanseniasis and others ailments in the field of sanitary dermatology.

In a communication published in 1972, under the title "Our Contribution to the Diagnosis of Leprosy in Peru," Burstein reported that, out of 2,366 biopsies sent, from 1944 to 1971, for the diagnosis of leprosy to the Leprosy and Medical Mycology Department of the National Institute of Health under his management, 1,119 (47.3%) corresponded to lepromatose leprosy, 619 (26.2%) to undifferentiated leprosy, 233 (9.4%) to tuberculoid leprosy and 18 (0.8%) to dimorphic leprosy. Using the serial biopsies over time, the histopathological changes of these patients were studied, and a correlation between the clinical diagnosis and the histopathological verification was established. No later studies similar to this one have been conducted.

In 1980 Dr. Samsaricq, head of the Leprosy Program of the World Health Organization (WHO), visited Peru and suggested the setting up of a permanent committee that would take care of the Hanseniasis Control Program, promoting, evaluating and recommending new actions, as well as the creation of a national scientific committee to promote and evaluate research on the disease.

Up to 1985, the Epidemiology Office, within its programmatic structure, considered the integrated control of tuberculosis and leprosy under the Technical Office for the Coordination of Special Programs, even though the WHO considered the control of these diseases independently. For this reason, D.S. N° 017-87-SA was issued in 1987, approving only the Tuberculosis Control Program, thus disassociating it from that of Leprosy.

In January 1988, the National Hanseniasis Control Program was approved as part of the special health programs, appointing Dr. Augusto Reátegui as its general director. Supreme Decree No. 003-88-SA (January 22, 1988) established that "Peru, as a member of the World Health Organization, has adopted the commitment of the Fortieth World Health Meeting, of May, 15 1987, to organize active programs
towards the elimination of leprosy, as part of its health objective for everyone in 2000."

In October 1988, the Rules and Procedures for the Control of Hanseniasis in Peru were approved, of mandatory application in all the national territory in its technical, administrative, educational, social and investigational components. In 1992, the normative document was approved, entitled "Doctrines, Rules and Procedures for the Control and Elimination of Leprosy in Peru."

In our country, there was, up to 2000, a technical and administrative structure within the Health Ministry called Office of the National Program for the Control of Transmissible Diseases, which included the Tuberculosis and Leprosy Control Program, and which could count on the potential cooperation of an Advisory Committee formed by tropicalist, leprologist and dermatologist physicians.

At present (2004), the administrative restructuring of the Health Ministry has eliminated the specific national disease-control programs, including that of Leprosy. In its stead, six administrative structures called Health Strategies have been set up in a General Office for People's Health, and one of them is in charge of Tuberculosis and Leprosy Control.

**Policy of the leprosy control program and future outlook**

The framework of the doctrine adopted in 2000 by the National Leprosy Control Program in Peru is based on the principle that “transmissible diseases, including leprosy, are linked to cultural, social and economic factors of complex solution,” and that “control programs are of national scope, permanent and continuous; they use appropriate technologies, they feed back and make their operation more efficient through monitoring and evaluation, and, in their current version, they have adopted the strategy of incorporating and integrating their activities with the general health services, with the consequent elimination, due to their inefficiency, of vertical programs with specialized execution of their activities outside health services.”

Within this framework, the current program considers that “the fight for the control of leprosy is inscribed and articulated in the acknowledgement of the dignity of people, their universal rights and the search for liberation of their capabilities to attain full realization,” concluding that this new doctrine is based on a modern conception that “has a bioethical sustentation in the development of the principles of equity, subsidiarity, universality, solidarity and autonomy, developed through the interaction of the medical, educational and social fields.” The program is underpinned by the doctrine that it is feasible to control and eliminate leprosy in Peru based on certain action principles.

The WHO defines the elimination of leprosy as a health problem as a public prevalence rate of less than one case for every 10,000 inhabitants; however, this situation does not occur in certain identified and stratified regions of the country. This is why, in order to achieve the control and elimination of this disease, it is necessary to strengthen the development of a series of activities, based on the dissemination of the following principles: leprosy can be cured, the patient is to be treated at home and neither isolation nor reclusion in leprosariums is required; leprosy that is diagnosed early does not necessarily produce deformities or incapacities; once the polychemotherapy (PCT) is started, the leper does not infect others, and, if the patient does not receive treatment, he or she suffers deformities on hands and feet, which remain as sequels for the rest of his or her life, notwithstanding subsequent treatment.
Epidemiology of leprosy in Peru

The epidemiological behavior of leprosy in Peru is circumscribed to endemic areas, where 3,218,109 people live, of whom 1,255,062 are under 15 years of age. According to the leprosy prevalence rates corresponding to 2000, and taking into account WHO publications, it may be concluded that leprosy in Peru constitutes a public health problem, particularly in Ucayali Department, an area with a prevalence of the disease above the 1 x 10,000-inhabitants rate. This information allows us to prioritize control activities for the disease, seeking the commitment of local authorities and of the community in general, in order to develop coordinated actions that allow for the diagnosis and early treatment of all new cases of leprosy, achieving the prevention of disabilities and the effective reduction of the social impact of this disease (Figures 31, 32, 33).

Peruvian legislation for the control of STDs. History of the current rules

We find the first official reference in the Supreme Resolution of July 1, 1910, which, considering “that it is the duty of the State to take care of the prophylaxis of venereal diseases, which, in addition to the damage that they cause to individuals who contract them, also attack the interests of society, and those of the race”; “that universal experience has proven the inefficiency of police regulations on prostitution in the prophylaxis of these diseases,” “that experience has also proven, that the most efficient measures in this respect have been those related to inspection and sanitary monitoring of public women and tolerance houses, and to free medical treatment at appropriate dispensaries for those affected by STDs,” resolves: to entrust the Public Health Office with the organization and operation of the Prostitution Sanitary Service, setting up in the city of Lima and Callao, and later in the rest of the Republic, health dispensaries aimed at STDs; to grant free medical tests and treatment carried out at the dispensaries, and to order the police to enforce the fulfillment of the sanitary stipulations that are issued for the operation of that service and in relation to the conservation of morals and public order.

Abiding by this legal ruling, the internal Regulations of Lima’s Public Assistance, approved by Supreme Resolution of June 30, 1923, set up the Anti-STD Prophylaxis Section, with the roles of monitoring the sanitary aspect of women subject to that control, opening a Record of Prostitutes, and giving applicants a Health Certificate that authorizes them to the legal practice of prostitution. Police control and sanctions were indicated for clandestine prostitution and omissions in periodic sanitary control.

In turn, the Armed Forces established, by supreme decrees, norms for the prophylaxis...
and control of STDs for their members; thus, in April, 1923, the pertinent rulings were decreed for the Republic’s Police and the Gendarmerie, and, in November, 1928, for the National Army.

In September, 1926, by supreme decree, the National Anti-STD League was created as a health and welfare institution, dedicated to anti-STD activities and propaganda. This creation took place in fulfillment of the recommendations of the First National Anti-STD Conference, held in Lima on August 30 through September 5, 1926, which also, among other things, recommended starting sexual education at high school level, unifying healing methods or procedures, stimulating the development of the specialized field of venereology, and introducing the prenuptial medical certificate. It declared that, as long as existing social conditions continued, the regulation of prostitution would be necessary. It recommended a series of protection measures for under-age offspring, and for abandoned young women, suggesting the establishment of 18 years as the minimum age for the practice of prostitution, and also agreed to legally demand the mandatory numeric declaration of STDs.

On May 6, 1927, the Bylaws of the National Anti-STD League were approved by Supreme Resolution, which pursued the goal of collecting and channeling the guidelines outlined by the First National Anti-STD Conference; but, in its constitution, such a complex membership was set up — from the President of the Republic, ministers of State, presidents of the Supreme Court and of the Legislative Chambers to representatives of countless institutions — that it never began to operate.

The Government stepped in once again in January, 1941, creating by supreme decree the National Anti-STD Service, which answered to the General Health Office; it was entrusted with the execution of preventive, social and medical assistance activities related to STDs, and was the institution for guidance and the technical study of problems inherent to these diseases, with the obligation of centralizing general STD statistics and enforcing the supervision and technical control of existing venereology services carried out by other entities. That same year, and also by Supreme Decree, the medical treatment of any person suffering from any of the following diseases in the period of contagion, is rendered mandatory: syphilis, gonorrhea, soft chancre and venereal lymphogranuloma. It established severe sanctions for violations, including police intervention, if necessary, and the free sale of drugs, specifics and general medicine destined to the treatment of STDs, was prohibited. Furthermore, related medical obligations were established.

The current control of the practice of prostitution in Peru is stipulated in the Regulations on Special Police Licenses, approved by Supreme Decree in December, 1946, where requirements for the operation of houses of tolerance, brothels and pandering houses were laid down, as well as the obligation for women who practice prostitution to carry the certificate of good health issued by the Anti-STD Service, and the personal license issued monthly by the Tax Office. The managers of these houses are compelled to have them examined weekly by the National Anti-STD Service. The police monitor its fulfillment and send women who suffer a contagious disease for treatment. Violations of these rules incur fines that are provided for in these Regulations.

Due to a ministerial reorganization, the National Anti-STD Service was dissolved and substituted by the Venereology Department, which, by mandate under Supreme Resolution of May 19, 1952, adapted its operations to the purpose of modernizing the methods for the struggle against STDs in the country, and, in accordance with the principle of administrative decentralization of the peripheral executive sanitary services, was put in charge, mainly, of planning the anti-STD campaign. Consequently, it drafted a General Working Plan, with the following functions: outlining the national anti-STD fight plan, issuing technical guidelines for the execution of anti-STD campaigns the local health services would have to carry out, supervising or monitoring the fulfillment of local programs, setting up the advisory organization for all local programs, setting up the
advisory organization for all anti-STD programs of the appropriate Ministry and coordinating its activities with the other departments of the latter, with departments of other entities, and with departments of other sectors. It also drafted a detailed national anti-STD campaign plan.

Subsequently, the Venereology Department as a structure was dissolved, and it was incorporated as a program of the Epidemiology Division of the Health Ministry, which, in turn, was later integrated with the Transmissible Diseases Eradication and Control Office. That Office centralized the functions of epidemiological monitoring, programming and general and specific technical control rulings at the national level. STDs were included in the National Notification System of Transmissible Diseases, considered in the group of “diseases requiring sanitary action,” with the obligation to issue a notification within seven days of detection of the case.

In our country, AIDS patients have been treated since 1983; the first patients were, in general, homosexuals, who came with a clear diagnosis from the U.S. (under their status as Peruvian-Americans). Many had been given up as hopeless cases, or felt discriminated against, and sought better treatment in Peru.

Immediately, the specialists who treated these patients began to refer them — for immunological control — to Dr. Raúl Patrucco Puig, prematurely deceased in 1987, who initiated studies and the complete compilation of these cases.

In the early years, virtually all the patients were homosexuals and came from abroad (mainly from the U.S.). Later, there appeared cases of Peruvian homosexuals who had not traveled abroad, but who had had relations with tourists. There were also cases of contagion through blood transfusions. In this period, no cases were reported in the provinces. At the onset of the epidemic in Peru, few people took the problem of AIDS with the seriousness it required.

On November 25, 1985, the first Official Committee established to study the incidence of AIDS in Peru was appointed by Vice-Ministerial Resolution 005-85-SA/DVM. Its members were Drs. Gottardo Agüero (coordinator) and Raúl Patrucco, and, as delegates of the Peruvian Medical Association, Drs. César Delgado Sayán and Aníbal Escalante.

A short time afterwards, this committee established contact and coordinated with NAMRID (US Naval Medical Research Institute Detachment), which had expressed its intention to carry out an HIV antibody seroprevalence test on 40,000 people in Peru.

On February 19, 1987, by Vice-Ministerial Resolution 020-87SA/DVM, the previous committee was enlarged with the addition of Drs. Santos Hinostroza, Eduardo Gotuzzo, Enrique Fernández, Alejandro Padrón and Oscar Frisancho.

R.S. 011-87-SA was issued on April 2, 1987, whereby the National Multi-Sector Program for the Prevention and Control of AIDS was created, and R.S. 013-87SA, whereby the AIDS Cases Technical Certification, Assessment and Record Committee (CTCCR) was created. On April 7, by Ministerial Resolution 238-87-SA/DM, the roster of physicians who took part in it was issued: Drs. Raúl Patrucco (president), Eduardo Gotuzzo, Alejandro Padrón, Santos Hinostroza, José Gálvez Brandon, Oscar Misad, Aníbal Escalante, Guillermo Contreras and Miguel Campos.

On June 1, 1987, Dr. Gottardo Agüero was appointed, by R.M. 373-87-SA/DM, head of the National Multi-Sector Program for the Prevention and Control of AIDS, and, on June 9 of that same year, by R.M. 196-SA7P, he was appointed general director of the Program.

Due to the premature death of Dr. Raúl Patrucco, a Ministerial Resolution of August 21, 1987, appointed Dr. Aníbal Escalante to replace him as president of the CTCCR, and, by RVM 428-87-SA/DM, of July 10 of that same year, Dr. Alberto Yuén was appointed as a new member of the committee.

In December, 1987, a Preliminary Bill on Blood Banks was published, and, on November 21, 1988, the Supreme Decree 031-88-SA established the obligation of carrying out AIDS, hepatitis B and syphilis screening tests prior to any blood transfusions.
On December 1, 1988, by Supreme Decree 033-88-SA, the Special AIDS Control Program (PECOS) was created, being the result of the merger of the National Multi-Sector Program for the Prevention and Control of AIDS and the Technical Certification, Assessment and Record Committee.

By Ministerial Resolution 483-88-SA/DM, of December 27, 1988, the directors of the Special AIDS Control Program (PECOS) were appointed, and the members of the Technical Advisory Committee were named.

PECOS’s goals include, among others, the prevention and control of the transmission of HIV and the reduction of the associated morbidity and mortality. Its financial resources are the national budget of the Republic and the Emergency Plan, with support from the Pan-American Health Organization and from international development agencies (AID, Johns Hopkins University, Population Council), and from non-governmental organizations, such as Generation and Germinal, AIDS Com, etc. The political responsibility of PECOS corresponds to the Health Ministry, and it works in integration with the National Health Institute.

On July 23, 1990, Law No. 25,275 was issued, which is the highest-level AIDS-related instrument in Peru.

Subsequently, the STDs/AIDS National Control Program was created and located in the central organization of the Health Ministry, changing location until its current one (2004) under the General Office for People’s Health, as one of the six so-called Health Strategies of that General Office.

The Peruvian Union Against Sexually Transmitted Diseases (UPCETS), founded in Lima on June 14, 1982, a branch of the Latin American Union Against Sexually Transmitted Diseases (ULACETS), initially headed by Dr. Gottardo Agüero, and later by Dr. Zuño Burstein, has played an important catalyzing and guiding role during its lifespan in the early stages of awareness of the importance of control of STDs/AIDS, having carried out, among many other activities, the first workshop on AIDS in Peru, with the participation of various sectors.

The UPCETS carried out its activities in close relation with the Ibero-Latin American Association of Dermatology, Peru branch (CILAD-PERU) throughout its lifespan.

(Dr. Tarcila Rey Sánchez was in charge of the text revision.)

September 2005

References

(part III)

2. Cotlear A. Coordinador de la Sección Dermatología y Jefe interina del Dpto. de Medicina Humana, UNMSM. Carta del 8 de octubre de 1969 dirigida al Dr. Zuño Burstein, Director Universitario de Servicios Académicos y Registro Central de la UNMSM. Archivo personal del Dr. Z. Burstein.
| 17. Llanos R. Historia de la leishmaniasis tegumentaria en el Perú [ponencia]. 1er Congreso Latino Americano de Estudiantes de Medicina. Lima; 1958. |
| 23. Escomel E. Gaceta Médica. Arequipa (Perú); 1911. |
| 24. Wenyon Ch. La espundia es una leishmaniasis de la piel. Crónica Médica. 1913;30:146-8. |
| 27. Strong R. Informe preliminar de la primera expedición del Departamento de Medicina Tropical de la Universidad de Harvard a Sud América. Crónica Médica. 1914;31:2-12. |
| 36. Tejada A. Observaciones sobre leishmaniasis tegumentaria en el Departamento de Madre de Dios. 3º Congreso Peruano de Microbiología y Parasitología. Trujillo (Perú); 1970:44. |


44. Burstein Z, Romero O. Flagelados en el látex de la Jatropha macrantha (huanarpo hembra) [comunicación preliminar]. Arch de Pat y Clín. 1956;X:1-11.


56. Townsend Ch. La titira es transmisora de la verruga peruana. Lima. Crónica Médica. 1913;30:210-211.


NOTES ON
THE HISTORY
OF PERUVIAN
DERMATOLOGY

LUIS VALDIVIA BLONDÉT

1. Pre-Columbian period

There is no evidence that pre-Inca and Inca civilizations had writing; some diseases suffered by the populations of that time are known through anthropomorphic huaco pottery of the Moche, Huari, Lambayeque, Chimú and Mochica cultures, all of them pre-Inca, which allow us to deduce the representation of pathologies such as uta (Figure 1), Peruvian wart (Figure 2), albinism (Figure 3), facial paralysis (Figure 4), elephantiasis (Figure 5), hypothyroidism with leishmaniasis (Figure 6), “saddle-nose” congenital syphilis (Figure 7), harelip (Figure 8), and others. Also, there still persist Quechua (Inca) words employed to name different pathologies, such as sirki and ticti for Peruvian wart and ccara for pinta.

The study of bone injuries in mummies of the Paracas culture seems to indicate that the origin of syphilis is American; it is also known that they practiced trepanations and bone implants (Figure 9).

The beliefs of these people included magical religious concepts not very different from European beliefs of that time; they saw the cause of disease as divine punishment for sin and protected themselves with magic or occultism, and with a therapeutic arsenal that was much larger than that of Europe, so much so, that Philip II, King of Spain, sent Francisco Hernández to study medicines of the Americas. Hernán Cortés, conqueror of Mexico, had such confidence in their medicine and in American healers that he wrote to Charles V asking him to refrain from sending European doctors to America, since he deemed them unnecessary.

The native doctor who treated the Inca and the nobility was known by the name of hampi camayoc (hampi: medicine; camayoc: he who practices), and the peoples’ doctor was called camasca.

Most drugs came from the plant kingdom; some of them have made it to the present: cinchona or cascarilla (for fever and tertians), ironwood (for removing blotches from the face), Peruvian pepper tree (for headaches), pineapple and tamarind (purgatives),
guaiacum (anti-diarrheic), uchangana (abortive), guayruro (for heart ailments), vanargo (aphrodisiac) and isana (to repress sexual appetite), among others.

Conquest, Viceroyalty and first years of the Republic

The pathologies at the time of the Spanish conquest are known through the writings of the chroniclers rather than from those who carried out the healing. Medical education during the Viceroyalty corresponded to that of the medieval universities; until the seventeenth century, the incipient natural sciences and medicine were not taught. Thus, at the Royal and Pontifical University of St. Mark, created on May 12, 1551 (Figure 10), only Theology, Arts and Law were studied until 1638. In that year, by Royal Order of Philip IV, formal Medical education began with the Prime and Vespers Chairs; subsequently, in 1691, it was enlarged with the Galen or Method Chair, and in 1711 with the Anatomy Chair, which functioned irregularly until 1752, when the King confirmed its creation.

Medical practice was very limited and was performed at patients’ homes; hospitals, rather, were “houses of mercy.” The role of the hospital was to aid in a “proper” Christian death; medical aid was secondary and doctors and surgeons received symbolic wages. There were limitations for those who wanted to study medicine; only those “born with no note of infamy” could study, that is, half-bloods, zambos, mulattos or quadroons could not. Added to this was the low esteem in which the local elite held medicine as a career. For these reasons, in that period there were few doctors, and they practiced a little bit of everything. The same happened toward the end of the Colony and the beginning of the oligarchic Republic, when religious ideas and social obstacles caused a low demand for doctors; in Lima, in 1830, for example, there were 24 working physicians, and ten years later there were only two more.

Until the second half of the twentieth century, the teaching of medicine was basically centered at the St. Ferdinand Medical School.
The teaching of Dermatology in the Republic since 1856

Undergraduate education

During the oligarchic Republic (1856-1933), the National Higher University of St. Mark reoriented medical education under the influence of the Paris Clinical School. In 1856, Dr. Cayetano Heredia created the Medical School at the premises located at Santa Ana Square. As a forerunner to this School, we can mention the St. Ferdinand Medical School, founded by Hipólito Unanue Pavón (1755-1833), which carries its name in honor of the Viceroy Fernando (Ferdinand) de Abascal, who sponsored its operation. On July 18, 1808, the St. Ferdinand Royal Medical and Surgical School was founded, which operated up to 1821 next to the Royal Hospital of St. Andrew; between 1821 and 1856, it was under the name of St. Ferdinand Medical School (Figure 11). On September 6, 1903, its current location was inaugurated within the perimeter of the Botanic Garden, on Grau Avenue (Figure 12).

On January 5, 1855, the Natural Sciences and Mathematics School of the National Higher University of St. Mark was created; its first Dean was the scholar Antonio Raymondi. The School began its activities in 1866, in order to train professors for secondary instruction as a mandatory step before entering the St. Ferdinand Medical School. This constitutes the historical precedent for the integration of pre-medical courses in the undergraduate education syllabus of the Peruvian physician.

The records of the National Higher University of St. Mark show that in 1887, within the Education Program for Physicians, there was a Dermatology and Syphilography Course chaired by Dr. Julián Arce, who was in office until 1911, when he was succeeded by Dr. Belisario Sosa, replaced in 1926 by Dr. Pedro Weiss Harvey. In 1937, Dr. Aurelio Loret de Mola — who had graduated in France — took over the Chair of Dermatology, had Dr. Pablo Arana as assistant professor, and began a modernization stage in Dermatology according to the concepts of the time. In 1950, the Chair was constituted by Drs. Aurelio Loret de Mola as full professor, Arturo Salas as associate professor, and Marcial Ayaipoma, Amaro Urrelo, Víctor Gonzáles and Luis Flores as assistant professors.

In 1961, as a consequence of the approval of university autonomy (University Law No. 13,417, of April 8, 1960, in its article 34 granted the Medical School special privileges in relation to student participation in the government of the school), there ensued the collective resignation of 497 faculty members who were in disagreement with co-government. Many of them later rejoined the Medical School; others — including dermatologist Dr. Aurelio Loret de Mola, at that time the Chair of Dermatology — left St. Mark definitively. Other dermatologist professors who worked with him followed suit. This event is known as “the schism” and determined the founding of the Cayetano Heredia University for Medicine and Biological Sciences, marking the beginning of the proliferation of universities and medical schools in the country. Up to that time, only two universities with Medical Schools existed: St. Mark and the Trujillo National University, which only taught pre-medical courses, its students having to continue their studies at the St. Mark Medical School.

The rector of the National Higher University of St. Mark named a transitional governing board of the Medical School, which elected Dr. Alberto Cuba Caparó as the Dean. Dr. Clement Countar, a U.S. dermatologist, was hired for the reorganization of the Teaching Service in the specialized field. In 1962, Dr. Aizic Cotlear took over the Chair, and
remained until 1980; Dr. Oscar Romero Rivas succeeded him until 1993, when the Dermatology Course became a chapter within the internal medicine course; its Head up to the present is Dr. Dante Mendoza Rodríguez.

The development of Dermatology until the second half of the twentieth century was focused on the National Higher University of St. Mark. Starting in 1960, new universities were created in Lima and in the rest of the country, many of them with a Medical School. In 1966, there were Medical Schools at five universities: the National Higher University of St. Mark, the Cayetano Heredia Peruvian University, the Trujillo National University, the National University of St. Augustine of Arequipa and the National University of St. Aloysius Gonzaga of Ica.

At present, in Lima alone there are medical programs at eight universities: National Higher University of St. Mark, Cayetano Heredia Peruvian University, St. Martín de Porras Private University, Federico Villarreal National University, Ricardo Palma University, Scientific University of the South, St. John the Baptist University and Norbert Wiener University.

The Cayetano Heredia Peruvian University for Medical and Biological Sciences was created by Drs. Alberto Hurtado and Aurelio Loret de Mola in 1962. The former became the president and the latter took over the Chair of Dermatology.

On May 17 of that same year, the St. Martín de Porras Private University was founded; its first president was the Rev. Father Víctor Sánchez Valer; his Medical and Dentistry School opened on July 6, 1983. In 1984, the Medical School became independent, and Dermatology was taught as a chapter of the internal medicine course. In 2002, it became a course, headed by Dr. Julio Bonilla Espinoza.

The Federico Villarreal National University was founded on September 18, 1965. The Medical School was created by resolution No. 1,348, on April 12, 1966, and by Law 14,692 of October 18 of the same year. Its base hospital is the Hipólito Unanue Hospital (formerly, the Bravo Chico Chest Hospital). Its first Dean was Dr. César Reynafarje Hurtado, and the first head of the Chair of Dermatology was Dr. Juan Manrique Ávila.

In Southern Peru, medical education began in 1827 in Arequipa, at Independence College in coordination with St. Augustine University. Its first president was Dr. José Fernández Dávila. The Medical School operated with ups and downs up to its closure in 1876; it reopened in 1958, and the teaching of Dermatology within it began in 1960; its first professor was Dr. Marcial Ríos Flores, and its hospital educational base was at the Honorio Delgado Hospital (formerly, General Hospital). Drs. Víctor Delgado Fernández and Luis Suárez Eliot Han have been professors of the specialized field; the current Head of the service is Dr. Raúl Hurtado Paredes, with whom the Dermatology graduate program has been initiated.

In 1967, St. Mary Catholic University, which has a Medical School, was founded; initially, Dr. Marcial Ríos Flores, later, Dr. René Portugal Gallegos, Dr. Lilia Zapata Cárcamo, and currently, Dr. Fredy Mostajo Quiroz worked as Dermatology professors.

The clinical internships of students from both universities take place at the Goyeneche and Honorio Delgado hospitals, both of Public Health, and at the Social Welfare Hospital.

St. Anthony the Abbot University was created by Pope Innocent XII on March 1, 1692. The Medical School was created by the Executive Council on August 25, 1977, and was approved by the Regional Council of the Peruvian University in the city of Arequipa on August 30, 1977. Finally, on December 2, 1977, the National Council of the Peruvian University authorized its operation, starting in 1980. The Dermatology chapter in the undergraduate program is currently headed by Dr. Roy García Cuadros.

In the North there is the Trujillo National University, founded on May 10, 1824, by Simón Bolívar and Faustino Sánchez Carrión. It is the fourth oldest University in Peru, following St. Mark, St. Christopher of Huamanga and Cuzco’s St. Anthony the Abbot. The Medical School was inaugurated on December 29, 1957. The Dermatology course began
Notes on the history of Peruvian Dermatology

to be taught in 1964, having Belén Hospital as its outpatient office location. In 1969, the outpatient office of Dermatology at the Educational Regional Hospital was opened. The first professors of the undergraduate program in Dermatology were Drs. Ángel Morgan Zavaleta at Belén Hospital and Luis Tincopa Montoya at the Regional Hospital. Activities at the graduate level are headed by Dr. Luis Tincopa Montoya, who was named Emeritus Professor upon his retirement in January 2000, and who is in charge of the coordination of the residency with the collaboration of Drs. Jenny Valverde López and Percy Rojas Plasencia as tutors.

The Víctor Lazarte Echegaray Social Security Hospital became a Teaching Hospital in 1974. Dr. Víctor Che León worked as assistant dermatologist and was later joined by Dr. Oscar Tincopa Wong (1982); they both held their offices up to 2003. At present, Dr. Hernán Padilla Corcuera is in charge of the specialized field.

Graduate Dermatology education began at Trujillo National University on June 1, 1991, and had the Trujillo Educational Regional Hospital as its base location. The residency was headed by Dr. Luis Tincopa Montoya up until its closure in 2000.

Antenor Orrego Private University was created on July 26, 1988, and its Medical School began its activities in 1996. The Dermatology course began in 2000. Its first professors were Drs. Oscar Tincopa Wong at the Víctor Lazarte Echegaray Social Security Hospital, Ángel Morgan Zavaleta at the Belén Hospital, and Hernán Padilla Corcuera at the Albretch Social Security Polyclinic. From July 2003 to date, the courses have been headed by Drs. José Aucurra Valle at the Albretch Social Security Polyclinic, Hernán Padilla Corcuera at the Víctor Lazarte Echegaray Social Security Hospital, and Ángel Morgan Zavaleta at the Belén Hospital.

César Vallejo University was founded in 1991; its Medical School began its activities in 2000.

In Chiclayo, capital of Lambayeque Department, Pedro Ruiz Gallo University was founded on March 17, 1970; the Medical School began its activities in 1982 and the Dermatology course was launched in 1988. The first professor of the course was Dr. José Ruiz Agüero, at the Almanzor Aguinaga Peru Social Security National Hospital. At present, Dr. Rosa Rodríguez Barboza is the coordinator of the Dermatology course, and Dr. Enrique Arias Paredes is assistant professor.

Chiclayo Private University was founded on May 31, 1993, and its Medical School was founded in 1998; the Dermatology course has been taught since July, 2003. The first professor of the course was Dr. Aurora Cárdenas Silva, and Dr. Hernán Agip Díaz is currently in charge.

In Piura, capital of Piura Department, there is Piura National University, which was founded on August 18, 1961. On February 28, 1979, the Medical School was inaugurated, where the teaching of Dermatology is carried out as a chapter within the Internal Medicine course; its teaching hospital base is at the Social Security Regional Hospital. Drs. Rubén Torres Correa and Asterio Albines Bernal work as faculty.

University graduate education in Dermatology

In the 1960s and 1970s, with the mass spread of medicine, medical residency education became necessary. Previously, the training obtained in years of work at qualified hospital services in the specialized field was sufficient. This is how some of the Dermatology pioneers were trained in Peru, under the guidance of national professors or at foreign centers (Argentina, Brazil, Spain, France, East Germany and the United States).

On February 4, 1981, the Dermatology residency was created at the National Higher University of St. Mark. On April 7, 1981, the first Committee of the specialized field in the Graduate Unit was appointed, being presided by Dr. David Carrizales Ulloa, head professor. Its current president is Prof. Dr. Dante Mendoza Rodríguez.
Dermatology residency programs were later created at other universities already described.

In 1996, at the National Higher University of St. Mark, the First Syllabus of the Specialized Field, which remains in force today, was set up (Figure 13) a great step forward in the structuring of the teaching syllabus for dermatologists in the country.

**Hospital Teaching Centers**

With the creation of the Medical School at the National Higher University of St. Mark in Lima, in 1856, the teaching role of hospitals was established, for which they had to include university faculty education among their goals. This is how the so-called Hospital Teaching Centers in Peru originated — hospitals where appropriate undergraduate and graduate instruction is provided.

Due to their history, some of these hospitals of Lima and Callao are worthy of special mention.

The current Archbishop Loayza Hospital, located on Alfonso Ugarte Avenue, was inaugurated on December 10, 1924, under the name of the hospital it replaced — the former St. Anne Hospital — located on Lima’s Italy Square, and retaining its mission: the treatment of female pathologies. It was renamed Archbishop Loayza Hospital on March 27, 1954 (Figure 14). Its first Head was Dr. Juvenal Denegri. The congregate Sisters of Charity congregate of St. Vincent of Paul are in charge of the hospital’s administration; the Reverend Mother Superior Larrauray Correa, with great and selfless work, reached the post of Head of the hospital’s Nursing School in 1939. The scholarly physician and great archeologist Dr. Julio C. Tello was treated at this hospital until his last days, dying on June 3, 1947. Tello’s heart remains in the hospital’s Museum, where it receives the respect of the health workers.

The Dermatology Service was initiated at the infecto-contagious and skin diseases ward with Dr. Guillermo Fernández Dávila M., joined by Dr. Víctor Gonzáles Pinillo up to 1937; the leadership was later taken over by Dr. Aurelio Loreto de Mola; he was subsequently succeeded by Dr. Marcial Ayapoma Vidalón, Dr. Víctor Meth Tuesta and Dr. Aldo Ayapoma Nicolini up to the present. Eminent dermatologists participated in this service, notably Aurelio Loreto de Mola and Luis Flores Cevallos, both from the French School, who modernized Peruvian Dermatology.

The Dos de Mayo Hospital — inaugurated on February 28, 1875, in replacement of the St. Andrew Hospital (1557-1875) for the treatment of pathology in males — was, in its time, the South American hospital with the best physical facilities (Figure 15). Its first head was Mr. Juan José Moreyra; the Sisters of San Vincent of Paul carried out the administrative functions. Sister Superior Elena Regnier left in her notes to the Head, part of the history of the occupation of the hospital by Chilean troops and its subsequent abandonment, as well as her opinion on Daniel Alcides Carrión’s sacrifice (Figure 16). The main events in the history of medicine and Dermatology in Peru during the nineteenth century and the first half of the twentieth unfolded at this hospital, suffice it to mention Daniel Alcides Carrión. Medicine Day (October 5, 1930) and the Daniel Alcides Carrión Peruvian Medical Association were set up there.

Remodeled in 1967 with the support of the Kayser foundation, it became a general hospital, that is, for the treatment of men, women and children.

In 1935, the operation of the Skin Diseases Service was recorded at the St. Lazarus ward, headed by Italian-Peruvian dermatologist Alfieri Valdettaro and by Dr. Pablo Nagaro. In 1942, the service moved to a premises built for a clinical laboratory, located between the morgue and the children’s ward, and in 1945, it was shifted to the latter with Dr. Alfredo Parodi Bacigalupo as the head of St. Lazarus and St. Camillo services.
The first Dermatology Department head was Dr. Arturo Salas Brousset. He was followed by Drs. Enrique Franciscolo Castagnino, Julio Bonilla Espinoza, Oscar Romero Rivas, Victoria Morante Sotelo and Carlos Galarza Manyari.

The Police Hospital was inaugurated on October 30, 1942, with 250 beds; the clinic for officers included the Dermatology office, headed by Dr. Luis García Arrese, who was succeeded by the dermatologists Arturo Salas Brousset, Carlos Rizo Patrón Tassara, Oswaldo Paredes Reynoso, Emilio Carranza Cordiviola, Alberto Torero, Manuel Balaguer Rosas and Guido Paredes Llerena. The first director of the Hospital was Lt. Colonel for Sanitation Juan José Mostajo Vargas.

The Workers’ Hospital (the present-day Guillermo Almenara Hospital) was inaugurated on August 12, 1936, and began its activities on February 10, 1941. The Dermatology Service had 14 beds and its first head was Dr. Pablo Arana Iturri; he was succeeded by Drs. Juan Manrique Ávila, Adrián Casafrañca Lovatón, Luis Rioja Ugaz and José Catacora Cama.

The Central Military Hospital, inaugurated on December 31, 1957, received the staff of the former St. Bartholomew Military Hospital, where the dermatologist physician was Lt. Colonel for Sanitation Luis Castro Mendivil, until 1962. Its first dermatologist physician was Lt. Colonel for Sanitation Raúl Galladay Vásquez, trained in Argentina, who was the head of the Dermatology Service from 1962 to 1977. He was succeeded at the head office by Colonel for Sanitation Dr. Julio Saldaña Patiño, Dr. Alejandro Rosé Gonzáles and Dr. Leonardo Sánchez Saldaña. Dr. David Carrizales Uloa of the French School (Paris) worked as teaching and consulting physician and had much influence on the development of the Dermatology School of the Military Hospital. In 1968, the service received the name of Department of Dermatology.

The Central Aeronautical (Peruvian Air Force) Hospital (Figure 17) was inaugurated on July 8, 1969, with a Dermatology Service headed by PAF Colonel Dr. Dermatologist Luis Cavero Ortiz; Drs. Luis Valdivia Blondet, Manuel Palomino Yamamoto and Rafael Gamarra joined later. In 1984, the Dermatology Service began to operate as a teaching hospital center of the National Higher University of St. Mark. Its leadership was successively held by PAF Dermatologist Col. Dr. Luis Valdivia Blondet, who reached the rank of General, PAF Dermatologist Col. Dr. Manuel Palomino Yamamoto, PAF Col. Dr. Rafael Gamarra Gálvez and PAF Commanders Drs. Bruno Ciriani Anchorena and Lizandro Obregón Sevillano. Historically, this was the first dermatology service in the country recognized as medical-surgical by its Institution. It was a landmark of modern organization for a medical-surgical Dermatology Service, including in its facilities a radiotherapy section, a phototherapy section, an allergy section, a microscopy section, a photography office, an outpatient operating room and outpatient offices.

The Daniel Alcides Carrión National Hospital, was made up of the “Carrión Area” and the “St. John Area,” built by Callao’s Public Welfare, and which were inaugurated in 1941 and in 1968, respectively. On October 15, 1971, the two areas were unified under the name “Daniel A. Carrión Hospital Complex,” highlighting the name of the martyr of Peruvian medicine and a national hero. The first Head of the Dermatology Service was Dr. Wenceslao Castillo Rivadeneyra, up to 1999, when he retired because his service period was fulfilled, being succeeded by Dr. Zaida Gutiérrez Ylave.

The Central Hospital of the Employee of the Peruvian Institute of Social Welfare — Edgardo Rebagliati Martins Hospital — was founded on November 2, 1958; the first head of the Dermatology Service was Dr. Luis Flores-Cevallos, who was succeeded by Drs. Pedro Navarro Huamán, Enrique Yoshiyama Tanaka and Gadwyn Sánchez Fólix.

The Naval Medical Center, founded in 1956, had a Dermatology Service from the start; its head office has been held by Drs. José San Martín Razzeto, Humberto Costa Alfaro, Octavio Small Arana, Hugo Condori Di Burga and Gustavo Beltrán Grados.
The Children’s Health Institute — Children’s Hospital — was inaugurated on November 1, 1929, by Augusto B. Leguía, the President of Peru, with the name “Julia Swayne de Leguía Children’s Hospital.” The first head of the Hospital was Dr. Carlos Krumdieck. In January 1930, the outpatient offices began to operate with seven patients on the first day, and in April the first 20 hospitalization beds were opened. At present, it is the referral center for child pathology. The Pediatric Dermatology Service is headed by Dr. Rosalía Ballona Chambergo.

The Alberto Sabogal Sologuren Hospital was founded in 1942. In 1974, its name was changed to Area Hospital No. 1 IPSS. On February 12, 1982, the new hospital location in Bellavista was inaugurated, and in 1991, it changed its classification under the denomination of Regional Hospital III.

The Dermatology Office was created in 1950 with Dr. Luis Flores-Cevallos, who, in 1961, moved to the Dermatology Service of the Edgardo Rebagliati Hospital. In the same year, Dr. Juan Meza Balbuena joined, leaving the staff as follows: Dr. Juan Meza Balbuena (head doctor), Dr. Emma Ávila Del Carpio, Dr. Gloria Baquerizo and Dr. Rogelio Pinto Salas. In 1984, the medical team was made up of Drs. Humberto Gonzáles Garay (head doctor), Gloria Baquerizo, Emma Ávila Del Carpio, Rogelio Pinto Salas, Humberto Costa Alfaro, Herbert Tirado, Carlos Guerra Carabajal, Daniel Valverde Bejarano and José Salazar Zunamarín. From 1980 onward, Dr. Gonzáles Garay was head of the service up to his retirement in 1992, when Dr. Emma Ávila Del Carpio took over that office. In 1994, Dr. Rogelio Pinto Salas accepted the head office, and has held it to date. In June 2000, the Dermatology residency began with the arrival of Dr. Ferdinando de Amat Loza.

The Mary Mother of Help Hospital, founded in August 1986, began operating with a Dermatology Service headed, from the outset, by Dr. César Pérez del Arca. It is a teaching center of the National Higher University of St. Mark in the undergraduate department since 1986 and in the training of residents in Dermatology since May 2000.

The scientific societies of the specialized field

The Peruvian Medical Association, in the exercise of its role, classifies Scientific Societies into: Main, those that hold the representation of the specialized field throughout the country, and Special, the branches of International Scientific Societies (Rules for Medical-Scientific Societies of the Peruvian Medical Association, 1999, Article 7).

The Peruvian Society of Dermatology

The Peruvian Society of Dermatology and Syphilology was founded in solemn session headed by Dr. Aurelio Loret de Mola with the attendance of Drs. Ricardo Pazos Varela (Medical School), Gilberto Morey (president of the Peruvian Medical Federation), Oswaldo Hercules (vice-president of Lima’s Public Welfare Society), Guillermo Basombrío (president of the Argentine Society of Dermatology), Juan Machiavello (head of the Archbishop Loayza Hospital); Víctor Egiguuren (head doctor of the anti-venereal Service). The first temporary Board of Directors was made up of: President, Prof. Dr. Aurelio Loret de Mola; Secretary, Dr. Amaro Urrelo; Treasurer, Dr. Marcial Ayapoma V.; Members, Drs. Pedro Weiss, Hugo Pesce, Pablo Arana and Arturo Salas Brouset.

The Society was dissolved due to unknown reasons.

On September 1, 1964, a group of 22 dermatologists, gathered at the offices of the Daniel Alcides Carrión Medical Association, decided to set up an association called the Peruvian Society of Dermatology; they drafted and signed the Founding Record and appointed the organizing Commission presided by Dr. Aizic Cotlear.
The founding members were the following dermatologists: Guillermo Arana Zapatero, Marcial Ayairoma Vidalón, Zuño Burstein Alva, Antonio Caldas Rodríguez, Elda Canadell de Puertas, Wenceslao Castillo Rivadeneyra, Luis Cavero Ortiz, Aizic Cotlear Dolberg, Carlos Echegaray, Enrique Franciscolo Castagnino, Raúl Gallaray Vásquez, Rafael González Will, Juan Manrique Ávila, Oswaldo Paredes Reynoso, Carlos Regalado, César Rojas Miranda, María Elena Ruiz Soto, José San Martín Razzeto, Enrique Sifuentes, Nicolás Tapia Dueñas, Amaro Urrelo Novoa, Alfredo Yong Laos.

The Commission called elections two months later. The first Board of Directors of the Society was headed by Dr. Amaro Urrelo Novoa; he was succeeded in periods of government — which at first lasted one year, and from 1975 onward, two — by fourteen presidents who, with their respective Boards of Directors led the Society up to 2004.

The presidents of the Peruvian Society of Dermatology have been the following:

1965-1966: Dr. Amaro Urrelo Novoa (re-elected)
1967: Dr. Juan Manrique Ávila
1968-1969: Dr. Aizic Cotlear Dolberg (re-elected)
1970-1971: Dr. Luis Flores-Cevallos (re-elected)
1972-1973: Dr. Wenceslao Castillo Rivadeneyra (re-elected)
1974: Dr. Zuño Burstein Alva
1975-1976: Dr. Raúl Gallaray Vásquez
1977-1978: Dr. Antonio Caldas Rodríguez
1979-1980: Dr. Humberto Gonzáles Garay
1981-1982: Dr. David Carrizales Ulloa
1983-1984: Dr. Manuel Palomino Yamamoto
1985-1986: Dr. David Carrizales Ulloa
1987-1988: Dr. Luis Valdivia Blondet
1989-1990: Dr. José Salazar Zumarán
1991-1992: Dr. Julio Saldaña Patiño
1993-1994: Dr. David Carrizales Ulloa
1995-1996: Dr. Luis Valdivia Blondet
1997-1998: Dr. Héctor Cáceres Ríos
1999-2000: Dr. Leonardo Sánchez Saldaña
2001-2002: Dr. Gadwyn Sánchez Félix
2003-2004: Dr. Nicolás Tapia Dueñas

The first application to be filed was recorded in the minutes on March 17, 1965, and the applicant was Dr. José Ruiz Agüero. In 2004, there are 245 members, excluding Honorary Members and Corresponding Members. During the administration of the first Board of Directors, the symbol of the Society was approved, a huaco portrait of the Mochica culture (Figure 18) that represents a nobleman ill with tegumentary leishmaniasis, a disease that is characteristic of our country and that has strong dermatological roots; on the same date, the model for the Society Certificate was approved.

The first Bylaws were approved on October 1, 1964. Various changes were made in Bylaw Assemblies; the last one, which is still in application, took place on November 25, 1996.

At the outset of the Peruvian Society of Dermatology, the Peruvian Medical Association was not yet in existence, and it was the Peruvian Medical Federation that regulated the medical profession in the corporate and ethical aspects at the national level. The Society was accepted as a base organization on September 19, 1965. The Peruvian Medical Federation continues as a national corporate organization, and great leaders of Medicine have emerged from it, such as Drs. Max Cárdenas, Julio Castro Gómez and the current National Dean of the Peruvian Medical Association, Dr. Isaías Peñaoloz Rodríguez.

The bylaws of the Peruvian Medical Association were approved on July 1, 1969, and,
in January 1970, the first Board of Directors took office. This institution pursues scientific, ethical and deontological (non corporate) goals at the national level, and is supported by the national scientific societies in carrying out these roles. After fulfilling all the rules and requirements for its inclusion on the Record of Medical-Scientific Institutions, the Society was recognized as such by Resolution CMP-CN-146 of the National Council, on December 28, 1973.

With the passage of time, new specialized subfields come up, which bring together doctors dedicated to the study of a segment of their basic specialized field. As a result of this, and with a mistaken craving of fame, new societies proliferate, competing with the mother societies and causing disorder, which makes the supervision of their activities by the Association difficult. This is why the Medical Association appointed a committee for the study and regulation of scientific societies; the PSD was listed as the Main Scientific Society in the National Registry of Medical-Scientific Institutions on page No. 005 of the Registry of Main Medical Associations by Resolution No. 1680 of the National Council, dated May 12, 1999 (Figure 19). Its relation to the Peruvian Medical Association has always been loyal and merited a Certificate of Honor on October 5, 1988.

On August 18, 1972, the South Peruvian Association of Dermatology was founded in the city of Arequipa, recognized as a branch of the Society on December 29, 1972; it subsequently became inactive up to 1995, when, in coordination with the dermatologists of the southern region (Arequipa, Cuzco and Tacna), the Southern Branch of the Peruvian Society of Dermatology was set up based in Arequipa, its first president being Dr. Víctor Delgado Fernández.

The initiative to set up the Northern Branch, which came up in 1979, was carried out on August 15, 1987; its first president was Dr. Luís Tincopa Montoya.

Fortunately, the members of the Society who practice in specialized subfields, putting aside personal interests, and understanding that any division weakens the representation of their main society, and therefore their strength, set up several chapters. The first was the Pediatric Dermatology Chapter (1995), with Dr. Héctor Cáceres Ríos as the first president; at present, that office is held by Dr. Rosalía Bayona Chambergo. The Dermatological Surgery Chapter was set up on March 8, 1996, its first president being Dr. Luis Valdivia Blondet, and the current one, Dr. Lizandro Obregón Sevillano; it is the merit of this chapter to have designed and carried out skin cancer prevention, diagnosis and treatment campaigns, in socially and economically disadvantaged areas, for the first time in the country. Its enthusiasm awakened the interest of the Chair of Dermatology of the National Higher University of St. Mark to include a Dermatological Surgery Course in the graduate training program.

On August 28, 2002, the Photobiology Chapter was founded; its first president was Dr. Luis Valdivia Blondet, and the current one is Dr. Gustavo Beltrán Grados. Of more recent creation are the Teaching Chapter, headed by Dr. Manuel Palomino Yamamoto; the Cutaneous Histopathology Chapter, headed by Dr. Gadwyn Sánchez Félix, and the Geriatric Dermatology Chapter, headed by Dr. Arturo Saettone León.

As far as publications are concerned, the Society issues the *Revista Dermatología Peruana*, the historical precedent for which was the *Revista de la Sociedad Peruana de Dermatología*; its first issue came out in June 1967, under the presidency of Dr. Juan Manrique Ávila, the editor being Ms. Beatriz de Marcenaro, and it ceased to be published in 1972. The *Dermatología Peruana* journal began its publication in 1996 with Volume No. 6 (Figure 20) — continuing the numbering of the *Revista de la Sociedad Peruana de Dermatología* — during the presidency of Dr. Luis Valdivia Blondet, who was the editor of that publication up to 2001, when he was succeeded by Dr. Arturo Saettone León.

The *Bulletin of the Peruvian Society of Dermatology*, which is basically work-related and social in character, is periodically published. The following books have also been
The Peruvian Society of Dermatology, as the country’s Main Scientific Society, is the one authorized to hold national and international congresses of the specialized field, having carried out ten national congresses to date: the First National Congress in 1970, held at the Employee’s Hospital in Lima; the Second Peruvian Congress of Dermatology and Fourth Bolivarian Congress of Dermatology, from July 23 to 26, 1979, at the Central Military Hospital, under the presidency of Dr. Juan Manrique Ávila, the Third Peruvian Congress of Dermatology, which had Drs. Arturo Tapia (Panama), Jorge Abulafia (Argentina) and Emilio Quintanilla (Spain) as guest professors, held at the Central Military Hospital from November 12 to 15, headed by Dr. David Carrizales Ulloa; the Fourth Peruvian Congress of Dermatology, held in 1988 at the Central Military Hospital under the presidency of Dr. Luis Valdivia Blondet; the Fifth Peruvian Congress of Dermatology, from October 21 to 26, 1990, at the Alberto Sabogal Hospital under the presidency of Dr. José Salazar Zumaran; the Sixth Peruvian Congress of Dermatology, held at the Peruvian Military Circle, from November 8 to 10, 1996, under the presidency of Dr. Luis Valdivia Blondet, which marked the beginning of national congresses as mega events; the Seventh Peruvian Congress of Dermatology, held from September 24 to 27, 1998, with Dr. Leonardo Sánchez Saldaña in the lead; the Eighth Congress of Dermatology, held from August 30 to September 3, 2000, in Arequipa, with the presidency of Dr. Héctor Cáceres Ríos; the Ninth Peruvian Congress of Dermatology, Seventeenth Bolivarian Congress of Dermatology and First Latin American Congress of Photobiology, held from August 28 to September 1, 2002, in Lima, headed by Dr. Gadwyn Sánchez Félix; and the Tenth Peruvian Congress of Dermatology, held from September 1 to 5, 2004, with the presidency of Dr. Nicolás Tapia Dueñas.

In 2003, the Society sponsored the Third Latin American Congress of Pediatric Dermatology, an event it organized in coordination with the Latin American Society of Pediatric Dermatology.

In the corporate aspect, its first challenge as an organization in defense of its members occurred in July 1971. Several professors of the Chair of Dermatology and members of the Society were victims of an abuse of power by the authorities of University of St. Mark’s Medical School, when they were not ratified in their faculty posts, without the due prior process that would the affected parties the right to defend themselves. At that moment, the Society was unable to defend its members: at a Meeting of the Board of Directors in 1971, it declared that it would not step into the issue because it was “not the jurisdiction of the Peruvian Society of Dermatology.” Today, the lesson having been learned, it can be proudly said that it has been successful on many occasions in defense of its members and of the profession, even in periods of national political life when individual guarantees were suspended, with the risks that this implies.

In the educational aspect, this Society has permanently fulfilled its teaching activity through the organization of updating courses, sessions and round tables aimed at the specialist and the general practitioner. It always fought for the creation of the Schooled Medical Residency, a goal it achieved on February 4, 1981. Under Resolution No. 63,772 of the president’s office, dated April 7, 1981, the first Specialized Field Committees for the Second Specialization Program in Human Medicine were appointed; the Dermatology Committee was made up of Drs. David Carrizales Ulloa (president), Víctor Meth Tuesta, Iram La Torre Tuesta, Wenceslao Castillo Rivadeneyra and Oscar Romero Rivas.

In relation to National and International Scientific Societies, a positive and ethical attitude is maintained. The Society has belonged to the Bolivarian Federation of Dermatology since 1966 and to the International League of Dermatological Societies since 1965. It always hews to the doctrine emanated from the Peruvian Medical Association.
that International Scientifics Societies do not have preeminence over national ones.

On September 1, 1999, the wish of having its own premises was attained — a place where all dermatologists meet and work under the mission of improving the specialized field and not carving it up.

**CILAD-Peru**

CILAD-Peru is an association established in 1964 by the national delegate of the Ibero-Latin American Association of Dermatology (CILAD, currently called CIDERM, Peruvian Dermatology Circle), which appears as such in the Special Registry of Branches of International Medical-Scientific Institutions. It has a duplicating scientific activity to that of the Peruvian Society of Dermatology and publishes the journal *Folia Dermatológica*.

### Epilogue

Although there are manifestations of the knowledge of cutaneous pathologies since pre-Columbian times, the modern history of Peruvian Dermatology starts in the nineteenth century — the period when the specialized field began as such in the world — and its historical evolution revolves around two basic hubs: the St. Ferdinand Medical School of the National Higher University of St. Mark and the Peruvian Society of Dermatology. ■

September 2005

### Acknowledgements

Dr. Nicolás Tapia Dueñas, who provided us with his photographs of *huacos* for this work.

Julio Bonilla Espinoza, Oscar Romero Pridat and Carlos Galarza Manyari, who provided information on the history of the Dos de Mayo Hospital.

Dr. Gladys Vidarte Orrego, for her collaboration in obtaining information on the history of the Archbishop Loayza Hospital.

Dr. Oscar Tincopa Wong, who cooperated with information on the dermatological history of Northern Peru.

Drs. Víctor Delgado Fernández and Marcial Ríos Flores, for the information on Dermatology in Southern Peru.

And all those who made the writing of this work possible.

### References


Notes on the history of Peruvian Dermatology

Notes on the history of Peruvian Dermatology
The archipelago of the Antilles serves as a frame to the Caribbean Sea. It approaches the Florida peninsula through the Lucaya Islands, the coasts of Venezuela through the Leeward Isles and Trinidad, and the Yucatán peninsula through the island of Cuba. Almost in the middle of this chain of islands is Puerto Rico, the smallest of the Greater Antilles.

Scientists assert that what is today the Caribbean was formerly a large extension of land: the Antillean Land. During the Jurassic and Cretaceous eras, there was a series of seismic movements that affected the entire land. Volcanic eruptions made the Antillean platform sink and lower its level, allowing the sea to cover it. Puerto Rico, like the other Greater Antilles, represents the summit of great mountains, while the Lesser Antilles are of volcanic origin.

The original population of the Antilles settled initially in the western part of Cuba, where they arrived from Yucatán. Its cultural development was very primitive: they had no houses, nor did they produce pottery; agriculture was unknown to them and they lived off hunting and fishing. When Christopher Columbus arrived on his second trip, the island of Puerto Rico was inhabited by the Taíno, who had displaced the original inhabitants and who, as is inferred from studies of their language and their pottery, came from the Orinoco Valley, in Venezuela. The sea currents coming from Africa through the southern Atlantic Ocean turn northward at the level of the Guianas, especially in summer when the Orinoco River grows, which could have facilitated their arrival in the Windward Isles. The Caribbean side of the islands could protect them from the winds that came from the Atlantic. Many of these islands were virtually connected, a fact that would facilitate navigation from one to the other. (It must be recalled that these groups had not invented sails and that their voyages were made in canoes).

The Taíno arrived in Puerto Rico around 400 B.C. At the time of the arrival of Columbus, these inhabitants were threatened by the Carib Indians, who had already conquered the Lesser Antilles.

In the two millennia that the Taíno had inhabited the Island, they had already established their culture, not as advanced as those of Central and South America, but indeed at the level of those of North America. They lived in communities; they had houses with furniture for sleeping in and for cooking. They made pottery, worked stone and textiles,
which they had of different colors. The women adorned themselves with earrings and necklaces of pebbles, and cut their hair.

The Taino were socially divided into three classes: the nitaino (chiefs), naboria (workers), and bohique, who were doctors and priests. They believed in a god of good whom they called Yukiyú, an immortal being who had no beginning, although it had a mother called Alabex. There was also a god of evil called Juracán, who was responsible for storms, earthquakes and bad harvests. They believed in an afterlife, and thus carefully buried their dead in a crouching position, with their knees against their chests and their heads tilted. In their tombs, they placed vessels full of food and water to use on the trip.

The bohique were in charge of religious ceremonies and of the care of the sick. They had knowledge of the curative properties of plants; they used mancinella (Hippomane) and tua-tua (Jatropha gossypifolia) as purgatives and cashew (Anacardium occidentale) for respiratory diseases. They knew the art of bloodletting, castrating and treating broken bones by keeping them immobile with damp yagua palm (the fiber-like tissue that surrounds the highest and most tender part of the palm’s trunk). They also used massages in their treatments.

The Antillean Indian had good hygienic habits. Upon getting up in the morning, he used to bathe in the river or ravine, and then, with the help of his couple, he would paint himself with achiote (Bixa orellana), to protect himself from the sun’s rays and from mosquitoes.

From the arrival of Columbus to the change in sovereignty

On November 19, 1493, on his second trip, Christopher Columbus discovered Puerto Rico; he made a stopover to stock up with water and set sail three days later, never to return. In 1508, Juan Ponce de León began the colonization.

The Spaniards treated the population severely; they employed the natives’ forced labor for mining production, the construction of houses and agriculture. These changes in their ways of life caused the Indians many losses. Other natives died from a smallpox epidemic — a disease that had not existed in America — followed by a syphilis (Gallic disease) epidemic and other diseases coming from Africa and Europe. The Taino used guaiacum (guaiacum officinale) to combat syphilis.

Due to the decrease in the indigenous population, African slaves began to be imported. A census of 1530 reported a population of 369 whites, 1,148 Indians (out of an original population of more than 30,000), and 1,523 black African slaves.

Towards 1787, the population had increased to 103,051, but only 2,302 full-blooded Indians remained, descendants of those who were able to hide from the conquistadors by taking refuge in the harshest parts of the hills near the village of Maricao, in a place known as the “Indiera.”

Little has been written on the medicine of this era, but it is known that in 1803 smallpox appeared again in the country and was treated by Dr. Francisco Oller, who, using the vaccinia, succeeded in containing the epidemic. Fate was different for the cholera epidemic that took place in 1855, during which an estimated 30,000 people died, including one-third of the slaves.

The few existing doctors were assigned to military sectors. There were no hospital facilities for the population, and only the higher class had access to doctors.

On December 10, 1898, the Treaty of Paris was signed, an event that put an end to the Spanish-American War and closed a four-century era, during which neither health nor education were properly attended to on the Island.
Academic Dermatology

Progress in communications, transportation facilities and our geographic location have permitted Dermatology in Puerto Rico to benefit from schools of thought from Spain, North America (with its influences received from France, Germany and England), Mexico, various countries of South America, and, of course, from the other Caribbean islands.

The father of Puerto Rican Dermatology was Dr. Arturo L. Carrión (Figure 1). After having graduated as a physician in 1919 from Havana University, he continued specialization studies in dermatology at New York’s Skin and Cancer Hospital, to return to Puerto Rico afterwards. He headed the Plague Prevention Service in 1923-31. From 1926 onward, he conducted research work and taught at the School of Tropical Medicine, at that time under the aegis of Columbia University (USA). Dr. Carrión devoted his life to the study of fungi, becoming a world authority.

In 1936, Dr. Alfredo L. Bou opened the first private practice dedicated exclusively to dermatology patients. In 1941, Dr. Elí Rojas came back to Puerto Rico, having specialized at the University of Pennsylvania.

During the Second World War, an excellent group of dermatologists arrived in the country, preceded by Dr. Honorato Estella Entralgo, a Spanish physician who settled in Puerto Rico in 1943 and was in charge of the Insular Leprosarium until his death, in 1965. Dr. Luis Maduro was the first to settle in Ponce, breaking the trend of specialists settling exclusively in the capital city of San Juan. Another distinguished dermatologist was Dr. Héctor Torres, who had been a teacher and pharmacist; he subsequently studied medicine, became a dermatologist and later studied law. Drs. Víctor Montilla and Jesús Quiñones, after having received training in the United States, settled in Puerto Rico.

After the war, Dr. Víctor M. Rivera arrived to work as consultant at the Veterans’ Hospital; Dr. Rivera had graduated from Loyola University, in New Orleans, Louisiana, and had specialized in Dermatology at New York’s Skin and Cancer Hospital. In 1950, the Medical School of the University of Puerto Rico (Figure 2) was founded, and Dr. Rivera was appointed to head the Dermatology section of the Internal Medicine department, an office he held until 1965. That School was made up of Drs. José Correa, Jesús Quiñones and Honorato Estella Entralgo.

During the 1950s, specialists in Dermatology, Drs. Emilio Trilla — regarded as the first dermatological surgeon — and Francisco Barnés arrived from the United States. Dr. Lawrence Fleisher arrived in Puerto Rico while serving in the United States Army; his work at the tropical diseases research laboratory encouraged him to study medicine, and in 1956 he graduated from our School. He returned to the United States to complete studies in his specialized field and, upon returning to the country in 1960, became part of the Dermatology Department, where he made important contributions up to his retirement in 2002.

Another key figure in the history of academic dermatology was Dr. Víctor M. Torres. He studied Medicine at Columbia University, in New York, where he graduated in 1951 and where he subsequently specialized in Dermatology (1954-57). In 1964, he went back to Columbia-Presbyterian Medical Center and was trained in Dermatopathology. Upon his return to Puerto Rico (1965), he took over the management of the Dermatology section of the Medicine Department, and in 1966 he began to set up a training program. His first graduates (1969) were Drs. Ramón Piñeiro, Eduardo Hernández and Luis Guillermo
Dr. Gloria de la Vega was the first female dermatologist, forming part of the second group to graduate from the Dermatology Program.

When the opportunity appeared to train in Puerto Rico, the number of Puerto Ricans who went to the United States to complete their specialization decreased. Up to the present, some ninety dermatologists have been trained at our institution.

During the sixties, Drs. Armando Silva, Pedro Lázaro, Héctor Hernández López, Héctor Cardona and César A. Quiñones began their practice, the latter having completed a Master’s in skin physiology. In the seventies, Drs. Rafael Pasarell, Raúl Morales, María del P. Millán, Aurea Ramírez and Fernando Calero arrived, all of them trained outside Puerto Rico.

Dr. Jorge L. Sánchez, who completed his residency at our program in 1970, specialized in dermatopathology with Dr. Bernard Ackerman at New York University and became the head of the Dermatology Section in 1973. In 1980, and thanks to his efforts, the section became the Dermatology Department. Dr. Jorge L. Sánchez also held the offices of Executive Head of the Adults’ University Hospital, Rector of the Medical Sciences Area and Interim President of the University of Puerto Rico.

In the 1980s, Dr. Néstor P. Sánchez (1981) and Dr. Rafael Vélez Torres (1985) returned to Puerto Rico; the latter was the last Puerto Rican dermatologist who specialized in the United States. Drs. Oteyza (from Cuba) and Porres (from Spain) settled temporarily in Puerto Rico, but subsequently moved to the United States.

At the beginning of 2005, the post of head of the Dermatology Department was taken by CÉSAR QUIÑONES, PABLO I. ALMODÓVAR.
over by Dr. Néstor P. Sánchez, who is also a dermatopathologist. The School currently includes Drs. Néstor P. Sánchez, Jorge L. Sánchez, Pablo I. Almodóvar, Miguel Vázquez Botet, José R. González, Luz D. Figueroa, Aida Lugo-Somolinos, Aivlys Pérez, Rafael F. Martín, Francisco Colón, Hiram Ruiz Santiago, Alma Cruz and Hiram Ruiz Arroyo.

The vacancies for the residency are in high demand, a situation that has allowed us to choose excellent candidates, many of them with another specialized field already completed, such as pediatrics, family medicine, internal medicine and anesthesiology. At present, we have dermatologists sub-specializing in phototherapy, immunodermatology, dermatopathology, pediatric dermatology, cosmetic surgery, Mohs surgery and laser treatment. In this way, our specialized field is placed in a prominent position within medicine and earns a seat in the health field in our Island and at the international level.

There are currently 65 dermatologists in active practice in Puerto Rico, more than a third of whom are women. There is approximately 1 dermatologist for every 60,000 inhabitants, and services are distributed throughout the island.

Scientific research

Scientific research began with Dr. Arturo Carrión, who published nearly 200 articles over the course of his life. Other specialists who have contributed many internationally published research papers followed him.

The Dermatology Department has been a great stimulus for research and for the production of scientific work; every year, between 5 and 10 scientific essays are published in the world’s principal dermatology journals.

Leprosy in Puerto Rico

Very little is known about the diseases and epidemics that occurred during the four centuries of Spanish domination. It is known that the Puerto Rican deputy before the Spanish Courts struggled unsuccessfully to set up a leprosarium for the many patients of this disease who (Figure 3) wandered around the Island. It is thought that leprosy arrived in the island with the introduction of slaves from Africa; its existence is known through the transaction documents, where it was specified that the owner would get his money back if the purchased slave developed the disease.

In 1898, with the change of sovereignty, the first attempt to isolate leprosy patients took place, with the creation of a shelter in the rear of the San Juan prison. In 1902, the first leprosarium was set up on Cabras Island, an islet off San Juan harbor; the location, isolated by the sea, had for many years been a quarantine site. In 1926, the patients were moved to a location near the city of San Juan, with better facilities for treatment.

The Insular Leprosarium served as an isolation spot in the pre-treatment era for patients with the disease. Between 1943 and 1965, Dr. Honorato Estella headed the institution and obtained the approval of legislation to mitigate the laws, since effective treatment already existed.

In 1966, the management of the Leprosarium became part of the Dermatology section of the Medicine Department of the Medical School. At that moment, the name of the institution was changed to Dermatological Center, under which it operated until 1977, when it was finally closed, since, as in all other places where leprosariums existed, with the arrival of multiple therapies it was no longer necessary to keep them in operation. In 1984, the Tropical Dermatology clinic was set up; since then, leprosy patients receive
their treatment and checkups at the clinics of the Dermatology Department. Dr. Pablo I. Almodóvar has been the primary doctor and head of this Department under the Leprosy Program sponsored by the U.S. Public Health Service over the last twenty years.

### Associations of dermatologists

The first association of dermatologists was constituted with the forming of the Dermatology Section of the Medical Association of Puerto Rico, in the early 1950s. For two decades, this section grouped most dermatologists who practiced their specialized field in Puerto Rico.

In 1971, a new organization was formed, the Dermatological Society of Puerto Rico. This entity, independent from the Dermatology Section, slowly became the largest grouping of dermatologists. Since 1971, the Society has every summer held a convention to which practically all the dermatologists of Puerto Rico and many residents in the United States assist. A mini-convention also takes place in November. In this manner, active dermatologists accumulate a large part of the credits that are necessary for their re-certification every three years. These activities are characterized by their scientific and social excellence, and guest lecturers, North Americans and Europeans, Central and South Americans and residents of the Caribbean, participate in them. The success of the Dermatological Society of Puerto Rico is to a large extent the result of the commitment of the Dermatology Department of the Medical School with the academic and scientific part of the conventions.

Most dermatologists are members of the American Academy of Dermatology and many of them attend the annual conventions. A large number of dermatologists belong to other professional societies, including the Ibero-Latin American Association of Dermatology (CILAD), groups of dermatopathology, cosmetology, cosmetic surgery, Mohs surgery, pediatric dermatology and the Association of Professors of Dermatology.

### Communications

In 1977-79, Dr. César A. Quiñones published a newsletter with the title *News from...*, which was distributed among dermatologists and other specialists interested in our field; in the newsletter, news was discussed, information was exchanged, medical drug costs were compared, etc. With technological progress, in August 2000 Dr. Quiñones set up a worldwide web page called *notimed.com*, which ended in 2004, when the Dermatological Society of Puerto Rico, under the management of Dr. José Rabelo, officially created our web portal: SDPR.ORG.

The most significant event in the short life of Dermatology in Puerto Rico was the holding of the Eighteenth Congress of the Ibero-Latin American Association of Dermatology (CILAD), in August 1995. Around a thousand dermatologists attended, spending some memorable days of scientific and social exchanges, while getting to know Puerto Rico. During this congress of the CILAD, the first convention of the Latin American Society of Dermatopathology was also held, an association formed in Porto Alegre, Brazil, in 1994.

January 2005
The island of Santo Domingo is the cradle of Dermatology in America. The land that Christopher Columbus loved most was the place where the first European settlements were made and hence, it was there that the history of post-colonial Medicine and Dermatology began.

**Pre-Columbian Dermatology**

At the time of the Discovery, the island was inhabited by various native races, with predominance of the Arahucano (Taíno) and Siboney, who were in a period of development corresponding to the early Neolithic\(^1\). In various chronicles, the Europeans describe the indigenous population as having a healthy aspect and unusual beauty, specially mentioning the quality and beauty of their skin and the shine of their hair\(^2\).

The relationship of the Indians with medicine was animist; they did not conceive sickness as something natural, but as supernatural, which is why medicine was carried out with magical practices by the *bohuti*\(^3\), who in turn resorted to and invoked the *zemies* in search of help.

The predominant pathologies in the island were characteristic of tropical climates, together with other illnesses of universal distribution. In his *General History of the Indies*, Friar Bartolomé de las Casas speaks of illnesses not known by the Spanish colonists, who were infected shortly after their arrival. Among them he mentions buboe, the phagedenic ulcer or *rámpano* or tropical ulcer\(^2\); malaria, cause of the first epidemic recorded in the New World; chiggers, a malady which greatly grieved Europeans on their plantations; tropical mycoses, gusarola, elephantiasis, hookworm, tuberculosis, yellow fever and syphilis – although the origin of these last two is strongly debated\(^3\). Malnutrition, rickets, asthma, typhoid fever and dysentery, among others, were common\(^4\). The Spaniards in turn brought leprosy, smallpox (which decimated the indigenous population), gonorrhea, and eruptive fevers.
Indigenous medicine was empirical and transmitted orally; it was also traditional and secret. Since no written records of this civilization exist, except those drawn up by Europeans, many facts are unknown.

A very scarce flora existed on the island, but its inhabitants knew how to make the most of it. In the Cohoba ceremony (in which they employed D. stramonium) the bohuti, or sorcerer, could induce a state of lethargic sleep in his patient. Another practice utilized smoke or aspiration of tobacco, also occasionally used by the Spaniards for the effect of stupor that it provoked and which permitted them to alleviate the pain caused by ulcers5-8.

Among the first recorded cutaneous pathologies, apart from buboe — painful ulcerative lesions — lesions known as caracaracol were found, which according to the narrations, could well correspond to ringworm or dermatophytosis of the body5. Buboe were treated with an infusion of guayacán or holy wood; legs with circulatory disorders were submerged in an infusion of the jobo fruit that refreshed them and increased tension; the fruit of the little manzanillo tree were used for acute gout attacks, as even Columbus himself got to experience7.

Yagrumo or yoruba in the form of poultices was applied on wounds, or otherwise nodules, excrescences and humors were sucked; other substances used were the bija (ajiaco or saffron) applied in the form of an oily ointment, with which they painted the body and which served them as part of their clothing and to drive mosquitoes away; guao leaves, besides being a powerful poison, were also used as whiteners of the facial skin, and the balsam was applied as an homeostatic for wounds and ulcers. To combat malaria, they were not unaware of the use of a plant with byproducts of quinia, which is still employed in certain regions of the mountains of our Central Cordillera8, 9.

Dermatology in colonial times

Due to the plagues and the vicissitudes of slavery, the Indian population rapidly diminished in number; this was also the case, but to a lesser degree, with the Spaniards, attacked by ailments unknown to them, such as the first malaria epidemic which did not spare Admiral Columbus, who suffered three attacks of the disease2-4.

In 1493, the settlement of La Isabela was built in the north of the island, in the current province of Puerto Plata, boasting the first colonial construction in the New World: fortress, church, roads, town hall, and hospital. The latter was staffed by Master Juan, a surgeon but not physician. It was there that the first doctor sent and paid by the Catholic Kings began his practice: Dr. Diego Alvarez Chanca10 who, arriving on Columbus’ second voyage, treated the first malaria epidemic, and also diagnosed some supposed ulcers of the Indian chief Guacanagarix, equivalent to what we would call a factitial dermatosis2, 4.

In 1495, the first yellow fever epidemic was recorded11; smallpox epidemics struck the indigenous population as far back as 1494, so that by 1518 only fifteen thousand Indians remained on the island, according to historian Ulloa Cisneros2.

In 1502 the city of Santo Domingo was founded, and along with it the first cathedral (Figure 1) and the first hospital, St. Nicholas of Bari, which possessed some twenty beds and a leprosarium and found itself “infected with buboe”2, 3 (Figure 2). Later, in 1511, the St. Lazarus Hospital was opened, the first leprosarium in the New World (Figures 3 and 4).
In the year 1500, the first surgeon arrived, Master Alonso; in 1533, the first autopsy in the New World was carried out, on female Siamese twins, carried out by surgeon Juan Camacho, who in his description placed special emphasis on the skin\textsuperscript{4}.

In 1519, the first Protomedicato (medical inspection board) in the Americas was set up, to regulate the practice of medicine; in 1562, by the papal bull “Apostolatus Culmine,” the first University of the New World was created, St. Thomas Aquinas, which today is the Autonomous University of Santo Domingo (UASD). In 1582, the first Shelter for Children was inaugurated, which as Dr. Pedro López records, was frequently attacked by epidemics of scabies and rashes\textsuperscript{2}.

With the arrival of slaves from different parts of Africa, new illnesses arrived; in this way, the island, according to the chroniclers, was scourged by filariasis, gusarolas, smallpox, leprosy, dysentery, yellow fever, scabies, buboe, chancre, sores and varicose ulcers.

In the 18th century, cutaneous illnesses were described such as filaria, frambesia, blennorhea, black smallpox, measles, gusarola, verola (spot marks), chiggers, ulcers and various types of chancre\textsuperscript{9, 11, 12}.

Buboe are one of the first pathologies described on the island. In 1730, Damier Chevalier described some skin lesions that could well correspond to leprosy, stating that “they are a consequence of smallpox (syphilis)”; in 1747, he published a treatise about the ailments on the island, in which he pointed to leprosy as a common pathology in the black and white population, considering it a modified syphilis\textsuperscript{2, 12}.

As with the Indians, the medicine of the black slaves was also animist and empirical, based on the use of poultices and brews together with magic rituals performed by the bokor\textsuperscript{12}.

In 1804, Emmanuel Chopitre — a French physician who had settled in the French part of Hispaniola — made one of the first descriptions of leprosy in the Americas, also considering it a type of syphilis. In Paris, this author described what we today know as fascies leonina, as well as some aftereffects of the disease; he also described frambesia or buboe in three clinical forms — small yaws, red yaws and large yaws\textsuperscript{1, 2, 13}.

Another French doctor, Charlevoix, defined leprosy as a pathology that was not indigenous to these lands, but as coming from Europe, one that was common in the cities and rare in the country\textsuperscript{1, 3}.

\section*{Dermatology under the Republic}

Since 1845, an order existed for the confinement of leprosy patients at the Hospital of St. Nicholas of Bari. In 1881, the first Medical Association was founded; during these years physicians were still general practitioners or surgeons; specialized fields were unknown, as they only began to be conceived in 1852, after the opening of two medical schools, in Santo Domingo and Santiago\textsuperscript{1, 4}.

379
The 20th century

Towards 1904, a leprosarium was to be built on the small island of Catalina, in the southeast of the country, but that project was abandoned. The work was carried out in Nigua, southwest of the city, and concluded in 1911\textsuperscript{15}. Its head was Dr. Fernando Arturo Defilló, the first leprologist in our country, in the periods 1912-1922 and 1922-1926\textsuperscript{16}. Dr. José Antonio Minino Bhäer headed the leprosarium in 1928\textsuperscript{17}; its last director was Dr. Mario Fernández, since it is now a geriatric home.

As of 1912, the first female Dominican physician, Evangelina Rodríguez, who had graduated in France, worked in gynecology-obstetrics and urology, and treated sexually-transmitted diseases (STDs), among prostitutes in her native San Pedro de Macorís, producing the first systematic descriptions of these pathologies.

Dr. Guillermo Herrera, a brilliant leprologist who had studied in France, took over the leadership of the leprosarium in Nigua beginning in 1942, remaining there until mid-1980. He was the first to use sulfonates on leprosy patients and published various articles in the Dominican Republic and abroad on “Liquenoid lesions in leprosy” and “Treatment of leprosy with sulfonates”\textsuperscript{18}.

The first dermatologists and the first Society of Dermatology

In the 1940s, the existence of the first specialized dermatologists who had studied in foreign lands must be highlighted: Víctor Manuel Soñé Uribe studied in Brussels and practiced as a dermatologist and venereologist; Manuel Felipe Pimentel Imbert (Figure 5) studied dermatology and mycology in Puerto Rico, practicing in both areas; he devoted himself to teaching medicine as a mycologist and bacteriologist, and as a dermatologist had a private practice; Héctor Purcell Peña and Miguel Ortega are also worthy of mention\textsuperscript{19, 20}.

On June 8, 1949, the Dominican Society of Dermatology and Syphilography (SDDS) was founded; its first president was Dr. Pimentel Imbert and the vice-president was Dr. Héctor Purcell Peña, a venereologist; other members were Juan Mella, Miguel Ortega, Víctor Soñé Uribe, venereologist dermatologists, Guillermo Herrera, leprologist, Julio Senior, Guillermo de los Santos, general practitioners; José de Jesús Ravelo de la Fuente, laboratory physician, and as honorary president, Fernando Defilló.

However, the ruling political regime did not allow the scientific activities of the medical guild, so that the society remained practically inactive until 1962. In that year, a new board was elected and new bylaws were proclaimed, with a commission formed by Pimentel Imbert, Herrera, Purcell, Soñé, together with Miguel Contreras and Huberto Bogaert Díaz (Figure 6); Rafael Rodríguez Castellanos, Félix Benzo, Gilberto Baltasar Robiou, José Ruso, Rafael Fernández Báez and Rafael Díaz also took part.

It was established that the society would be composed of Dermatology, Venereology, and Leprology specialists, would have its own magazine, would host congresses, symposiums, courses and all relevant scientific activities; its members could enjoy trips and study scholarships. The modification of the name of the association was also authorized for the one it currently bears, Dominican Society of Dermatology (SDD in Spanish)\textsuperscript{20, 21}. 
The origin of the Dominican Dermatological Institute. Its achievements

In 1963, with the goal of cooperating throughout the country against this illness, the Board for the Struggle Against Leprosy was founded, which was to become the future Dominican Dermatological Institute. During the period 1963-1965 the Board carried out an intensive information campaign in all the media, with the active collaboration of the SDD; in 1964, it obtained land for the creation of a center, the construction of which was launched in 196522.

On February 3, 1966, the doors of the Dominican Dermatological Institute (IDD) were opened (Figure 7), a private entity, with the advice of professor Fernando Latapí — of the Pascua Dermatological Center of Mexico — and his assistant Amado Saúl. The institute was begun at a small site on the outskirts of the city by a small group of physicians: Huberto Bogaert Díaz and Sócrates Parra, who graduated in the United States; Ernesto Benzo and Colón Kuret, general practitioners with a knowledge of Dermatology; Mario Fernández, Antonio Coiscou Weber and Eladio de los Santos (Figures 8 and 9), dermatologists, recently arrived from the Pascua Dermatological Center23.

The creator of this project, which is currently the central axis of Dermatology in the Dominican Republic, was Dr. Huberto Bogaert, who fought tenaciously to create and keep the Center alive. Before 1966, there was no organized program with a nationwide scope for the control of leprosy; there were only three clinics at the hospitals, with six specialists in the whole country, five of them in Santo Domingo and one of them in Santiago. In that year the Medical School of the Autonomous University of Santo Domingo (UASD) reinforced its education program, making it eminently practical and including Dermatology in its program of Internal Medicine. In that year, too, a Symposium on Syphilis and another on Leprosy for general practitioners were organized23, 24.

In 1967, the IDD signed an agreement with the UASD to offer graduate courses in dermatology and to improve the teaching of mycology. The following year the first dermatologists who had fulfilled the one-year course graduated at the IDD: Idalina Sánchez, Maritza Santiago and Rosa Francia Rojas.

In 1969, the first training program was launched for dermato-leprologist medical auxiliaries, who were actively incorporated into the Leprosy Control Program and contributed greatly to the struggle against this disease; at the same time, they have detected...
cases of other pathologies such as deep mycosis, leishmaniasis, cancer, and other skin ailments of social and medical interest.

This program has remained as one of the most successful health models with which the Dominican Republic reckons. Drs. Juan Antonio Bodden, and Zino Castellazzi, from Venezuela, and Drs. Dennis Martínez — with an outstanding participation as head of the program over many years — and Miriam Hilario have contributed to it, alongside the administration of the IDD.

In Santiago, Drs. Rafael Díaz and José Canaán have set the standards for cutaneous medicine, whereas Román Brache stands out in San Francisco de Macorís.

**Dermatology as of the 1970s**

On August 30 and 31 and September 1, 1970, the first national congress was held, which had Leprosy and Syphilis as central topics. To date, the Dermatological and Skin Surgery Institute (IDCP) has held nine dermatological meetings; the SDD has carried out eleven, which alternate every two years (Figure 10).

Superficial and deep mycoses were first studied by Pimentel Imbert, who had a private practice, and then by Rafael Coiscou and Rafael Isa and the bio-analysts Ana Cecilia Cruz and Bertina Gil at the IDD, who controlled thousands of cases of mycoses of all types.

At the Dermatological Institute, the major mycoses that affect the Dominican people have been studied, bacterial and viral infections of the skin; cutaneous tuberculosis, chronic bullous diseases, collagenosis and diverse parasites. Among the latter, 40 cases of leishmaniasis have been discovered in the 1974-1998 period, all of them of the anergic type, caused by a parasite of the Mexican L group; they were studied in depth by the Margarita Quiñones (Figure 11), who in 1978 introduced the techniques of immune-fluorescence into the country for the diagnosis of toxoplasmosis, syphilis, and collagen-related pathologies.

The IDD (presently IDCP) (Figure 12) has dermatological units in San Pedro de Macorís, for the east region, Santiago for the Cibao or central region of the country, Puerto Plata for the northern region, San Cristóbal for the southern region, Barahona for the southwestern region, and La Romana and Higuey in the east.

In 1975, the specialized services in Cosmetics, Cryosurgery, Pediatric Dermatology, Occupational Dermatoses and Internal Medicine were created. The latter was initiated by Dr. Alfredo Staffeld; later the department was divided in two: Internal Medicine applied to Dermatology, headed to the present day by Juan Pablo Guzmán, and cardiology-nephrology, currently under the leadership of Francisco Bonnet.

In 1984, the IDD opened the Sexually-Transmitted Diseases Center (CETS in Spanish), expanding the dermatological working field, under the leadership of Claudio Vóquez; soon thereafter, the STD departments began to operate at the Santiago and Puerto Plata units. During the 1984-1998 period, the main STDs that affected the Dominican people were studied. Currently, the center is carrying out preliminary studies for a vaccine against HIV.

**Development of specialized subfields in Dermatology**

In 1992, the residency in Dermatological Surgery at the IDD was formally launched. The first dermatological surgeons in our country — Luisa González and Emma Guzmán...
— carried out their training in the plastic surgery department that existed in the institute during the 1972-1992 period. Subsequently, Drs. Antonio Giraldes, Ana Cruz and Kirshe Fernández trained in Mexico and San Salvador. Today, the Dermatological Institute has an official residency of Dermatological Surgery with a duration of two years, which has acquired remarkable development.

The cosmetic area was developed in the 1970s, when young specialists traveled to Argentina to train with Alejandro Cordero; among them were Ana Josefa Marte, Margarita Cotes, Doraída Jones. This allowed the opening of a department of the specialized subfield at the IDD, this being one of the favorite areas of specialization for dermatologists.

The field of cryosurgery was launched at the IDD in the 70s by Rosa Francia Rojas, with a practice in a private and institutional manner. At the IDD, this department has been headed since 1986 by Silvia Marte, a pediatrician, dermatological surgeon, and specialist in cryosurgery. In the private sector the work of Edgardo Jorge Job, who trained in Japan, has also been outstanding.

Phlebology ceased to be exclusively for surgeons. Eida Espaillat, followed by Carmen Yris Taveras, created the basis for dermatological Phlebology, together with Chantal Utendale from Belgium, and then with Daniela Guerrero, Cesarina Liviano and Víctor Pou.

Stomatology has been handled by Dr. Adolfo Arthur Nouel, a dentist and stomatologist, who trained in Argentina with Prof. Grinspan and who, together with Dr. Fernando Jacobo Armach, initiated the Department of Stomatology at the IDD.

Initially, skin biopsies were interpreted by general pathologists, to the extent that in 1965 the SDD incorporated three of them — Rafael Alfau Cambiaso, Alcides Hernández Guante and Michelle Khoury. The latter studied in France with Prof. Civatte and was the first dermatopathologist at the IDD, succeeded by Nilda Fernández and Antonio Torres, who practice in the private sector. At present, this department is led by Fernanda Nanita Estévez, who trained in Argentina with Prof. Abulafia and works in close collaboration with the dermatopathologist Rayza Acosta and the general pathologist Nerys Ramírez. Currently, there are six dermatopathologists in the country.

Occupational Dermatology has its origins in the 1980s, when Idalina Sánchez trained with the Spanish professor Conde Zalazar (1983) and created the department at the IDD; Elfida Sánchez, who also trained with Conde in 1992, succeeded her at the post.

### Other institutions

In January 1988, a second institution of cutaneous medicine was created, the Herrera Dermatological Clinic, founded by Idalina Sánchez, Eida Espaillat, Rosa Francia Rojas and Mariselda Fernández. Today the center owns ample headquarters and departments such as occupational Dermatology, cosmiatriacs, minor surgery, cryosurgery, laboratory and pharmacy and, as with the IDC, is dedicated to offering services to a population of limited resources.

At present there are other private dermatological clinics, which focus mainly on cosmetics.

### Publications

**First Dermatology Publication**

In 1967, the IDD launched the first dermatological publication, the *Revista Dominicana de Dermatología* or RDD, the official organ of IDD, currently in circulation; it is...
issued semiannually and receives contributions from the resident physicians and national and foreign specialists.

**OTHER PUBLICATIONS**

In 1978, the first book on Dominican cutaneous medicine was published, with Dr. Bogaert as publisher; it is the official textbook for Dermatology education at the main universities of the country. This publication remains in circulation with reprinting running every two years and has had eight editions already. Later on, in 1992, Dr. Bogaert together with Castellazi published a Leprosy Handbook.

In 1993, the second dermatological publication of the IDD was created, the *Carta Dermatológica Clínica-Quirúrgica*, a quarterly paper which is basically aimed at the general practitioner and is freely distributed at the country’s main medical treatment centers.

In 1994, the official bulletin of the SDD was born: *Perlas Dermatológicas*, edited by Nilda Fernández, published quarterly. At present, the Dominican Republic has three publications on cutaneous medicine.

**The teaching of Dermatology**

The residency in Dermatology, launched in 1967 with a one-year duration, was extended to two years in 1974 and later on to three, upon inclusion of a previous year of Internal Medicine to be carried out at a university hospital; in 1987 it was extended to four years.

During this time the IDD trained numerous specialists in Dermatology; others arrived having studied in diverse countries, such as Brazil, Spain, the United States and Mexico, to launch into dermatological work in the city of Santo Domingo and other cities of the interior.

At present, some 150 certified dermatologists exist in the country, among them more than a hundred graduates of the IDCP; this residency has acquired international fame, to the point were many foreigners attend from countries such as Guatemala, Spain, El Salvador, Honduras, Costa Rica, Panama, Mexico, Colombia, Chile, Iran, the United States and Puerto Rico, among others.

The IDCP residency also maintains exchange programs with different universities of the United States, like the Iowa University Hospital, New York Hospital, Washington University, STD Training Center of Washington, University of Miami, Cleveland Hospital and Jackson Memorial Hospital, as well as the Dr. Gea González Hospital and the Dr. Barba Rubio Dermatology Institute of Mexico.

Part of the medical staff of the United States navy visits the IDCP periodically, to receive training in tropical diseases and ITS.

**Programs**

**Program of Struggle Against Leprosy**

In the year 1972, the IDD began to receive a modest economic subsidy from the government on the basis of an agreement signed with the State Secretariat for Public Health and Social Welfare. Through this agreement the Secretariat delegated to the IDD the power to program, direct, and execute the Leprosy Control Program, with the advice of Dr. O. Hasselblad of the American Association For the Struggle Against Leprosy; the program was launched in 1973 and currently receives help from different international institutions, such as the Fight Against Leprosy of Canada and the Royal Order of Malta. Its development has permitted the eradication of leprosy as a public health problem before the foreseen year (1999); currently the prevailing rate is maintained at 0.4 every 10,000 inhabitants, which is why it is considered one of the model programs in Latin America.
PROJECT FOR SUBCUTANEOUS MYCOSIS INTERVENTION

Begun by Cosicou in the 1970s, and regularized by Rafael Isa at the end of the 80s, it was brought to fruition in the year 2000, thanks to the Spanish Government, through the Humanism and Democracy Foundation which permits specialized treatment, intervention, and free supply of medication to patients with incapacitating subcutaneous mycoses such as chromoblastomycosis, mycetoma, sporotrichosis, rhinocodiumylomycosis, feohifomycosis and botriomycosis; the latter program has Dr. Martha Miniño as Head of Research, under the overall leadership of Dr. Isa38, 39.

PRIMARY TREATMENT IN DERMATOLOGY

This program, a fundamental part of the IDCP, of the Program of Struggle against Leprosy and of the Project for the Control of Subcutaneous Mycosis, was conceived and developed at the beginning of the 1970s by Dr. Bogaert. The program offers medical treatment in the place of residency — marginal urban and rural areas — to people suffering from skin ailments of easy treatment and without complications, referring the more serious cases to a second or third level of attention. It allows for periodic population examinations at a national level, the tracking of specific diseases and free delivery of drugs manufactured by the IDCP, as well as a follow-up of these cases, and community education38, 40. It is basically handled by non-medical personnel — medical auxiliaries in leprosy — together with specialized physicians and resident doctors in training.

OTHER PROGRAMS

The IDCP-DHBD (Dr. Huberto Bogaert Díaz) has developed other programs such as the control, prevention, and treatment of filariasis and cutaneous myiasis, HIV vaccination, Intervention Program in ITS for HIV prevention and Gender and Health Program, financed and directed by diverse foreign institutions.

Dermatological products manufactured in the Dominican Republic

Initially, dermatologists depended on foreign products, but when the IDD was born a laboratory was created for drugs used in formulas prepared according to physicians’ indications, which are the basis of the medicines employed in the Primary Treatment in Dermatology program; they are sold at low prices to the patients who come to any of the IDCP units for treatment, and are distributed in a free manner in field work. Later on, with the advent of cosmiatrics, at the beginning of the 1980s, cosmetics and cosmetic compounds and preparations were added. At present, the IDCP’s Production Laboratory offers numerous formulas that include masks, peelings, cabin material, antibiotics, cosmetic products and an entire arsenal in this field41, 42.

In the 1980s, Dr. Ana Josefa Díaz and her husband, Ramón Marte, a chemical engineer, opened their ANACEL laboratory, which was one of the first to make cosmetic products in our country. There are other laboratories, such as the one run by the Herrera Dermatological Center, which also fill customized prescriptions and cosmeceuticals.

Ending the 20th century and entering the 21st

The IDD, as pointed out above, changed its name in 1995 to the Dermatological and Skin Surgery Institute (IDCP); in 2002, after the death of Dr. Bogaert, it took the name IDC-P-Dr. Huberto Bogaert Díaz, or IDCP-DHBD43.

Dermatology is increasingly centralized on the cosmetic and surgical aspects, which is why the residency in this specialized field has become one of the most sought after, and new specialized subfields have appeared in the area, such as hair implants, laser-therapy, etc.
Dermatology and art

Up to the moment, only two dermatologists have stood out in the arts: Thimo Pimentel, son of Pimentel Imbert, is a painter, sculptor, and engraver and his works have been exhibited in different points of Latin America. Luis González de Bogaert is also a painter and sculptor, activities he shares with writing stories and essays. For her part, Martha Miniño is a writer and reporter, as well as an art critic.

Dermatology and magic

Voodoo is very rooted in Dominican culture, and in their rituals the sorcerers or bocós prepare different infusions and baths for the spells or enviaciones, using potions and formulas transmitted by oral tradition from the times of the black predecessors. However, the majority of the people prefer to resort to a physician as far as skin afflictions are concerned.

Annex

<table>
<thead>
<tr>
<th>Location</th>
<th>Name</th>
<th>Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fuerte La Navidad</td>
<td>Infirmary</td>
<td>1492</td>
</tr>
<tr>
<td>La Isabela</td>
<td>La Isabela</td>
<td>1493*</td>
</tr>
<tr>
<td>Fuerte Magdalena</td>
<td>Infirmary</td>
<td>1494</td>
</tr>
<tr>
<td>Asunción La Vega</td>
<td>Asunción</td>
<td>1495</td>
</tr>
<tr>
<td>Región del Cibao</td>
<td>La Buenaventura</td>
<td>1496</td>
</tr>
<tr>
<td>Santo Domingo</td>
<td>San Nicolás de Bari</td>
<td>1502-9**</td>
</tr>
<tr>
<td>Santo Domingo</td>
<td>San Andrés</td>
<td>1503-11**</td>
</tr>
<tr>
<td>Santo Domingo</td>
<td>San Lázaro</td>
<td>1512-18**</td>
</tr>
<tr>
<td>Santo Domingo</td>
<td>Hospital Los Indios</td>
<td>1511***</td>
</tr>
<tr>
<td>Asunción de la Vega</td>
<td>San Sebastián</td>
<td>1562</td>
</tr>
</tbody>
</table>

* Had its own apothecary shop.
** Launching and completion of the work.
*** Begun, never completed.


References

6. Coll y Toste C. La Medicina entre los indo-antillanos.
8. Larrazábal Blanco C. Farmacopea India. Santo Domingo. Tribuna Médica. 1923:58
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>42.</td>
<td>Departamento Producción IDCP. Formulaciones Instituto Dermatológico y Cirugía de Piel; 2003:1.</td>
</tr>
</tbody>
</table>
Uruguay and the River Plate
Experienced their savage spring...

It is the Charrúa race
Of which only the name
Has been retained by the waves and the forests
So it will evoke the soul of a poem

A name that still reproduces
The faraway storm, which approaches
Forming the beacons of the lightning
With the heavy, ashen clouds.

It is the indomitable race
Which in this land fostered
Fatherland of loves and glories,
Which leans against the Uruguay and Plate rivers;

The Fatherland, whose name
Is a song in the poet’s harp,
A shout in the heart, a light in the dawn,
Fire in the mind and in the heavens a star...

... Down fell the flower into the river.
The tremulous concentric circles
Set the green water hyacinths swaying
And, in the silence of reed patch, died...

(J. Zorrilla de San Martín: Tabaré³)

Like those concentric circles that die in the arms of the reed patch, it was attempted to annihilate a race; the conquest was successful and colonization total: political, cultural
and religious. We share the concept transmitted to us by INDIA (*Integración Nacional de los Descendientes de Indígenas Americanos*, National Integration of Descendants of Natives of the Americas): “They tore off our leaves, removed our branches, cut off our trunk, but were unable to reach our root and, from there, our strength sprouts anew.”

Once having carried out the Discovery, the Spaniards found it necessary to establish whether the Indians were human beings, for the purpose of evangelizing them. In 1537, Pope Paul III admitted their human condition in a Bull.

All across the Americas the Indians suffered from the greed of the conquerors, which began with Columbus and his unrestrained desire to obtain gold: “Gold is most excellent; from gold, treasure is created, and with it, whoever possesses it does all he wishes to in this world, and succeeds in helping souls into Paradise.”

In 1495, Columbus in person headed a military campaign against the Indians of Hispaniola; 500 of their number were taken as slaves to Spain, but owing to the protests of theologians, slavery was banned. Or better said, as Eduardo Galeano states, it was “blessed,” since the customary practice after each subjection was to read a lengthy and rhetorical requirement, in the presence of a notary public, calling on the Indians to convert to the “holy faith,” and enslaving them if they did not.

Amerigo Vespucci, to whose cartographic work we owe the name “America,” coldly recorded the cruelties committed towards the natives of the Antilles. As Columbus had done before, he stated that the Indians were “shy and slow-witted and one could whatever one wanted with them.”

According to Galeano’s analysis, the civilizations that arrived on these lands were experiencing the creative explosion of the Renaissance. The Americas appeared as one more invention, incorporated – along with gunpowder, the printing press, paper and the compass – in the seething emergence of the Modern Age, with a huge imbalance in the development of the two worlds, which to a great extent explains the ease with which the native civilizations collapsed.

From the very birth of our Nation (1830), the Official History took it upon itself to make it clear that “Uruguay was a country without Indians,” which encouraged a strong immigrant presence, the last great European wave of which arrived in the 1920s, in search of peace and wellbeing.

The Eastern State (Uruguay) of 1830 was a liberal project, and for that reason initially anti-Artigas, opposed to the concept of Great Federal Fatherland and of integration of the Americas that had been proclaimed by our Founding Father José Gervasio Artigas Pasqual.

Artigas struggled for the rights of the Indians, among whom he lived for many years; they were his fellow fighters in the armed struggle for independence, constituted his personal guard, and were to be his faithful friends until the last days of his life in exile in Paraguay.

The emerging State attempted to demonstrate that the Charrúa were numerically scarce; additionally, they were constantly libeled by being called brutish and incorrigible. “Those were times of subtly racist preconceptions, with so many prejudices driven in that Zorrilla de San Martín, the brilliant author of *The Legend of the Fatherland*, had to create a half-breed character to put human feelings into the character of Tabaré. Personally I only admire the beauty of his poetry; I disagree with the plot,” says Abella.

Barran maintains that it was the country’s dominant classes that created the myth of the European and white Uruguay. The estuary of the River Plate had a late colonization, since there was no treasure to be had and the River Plate did not constitute a passage to the “lands of metals.” These regions became inhabited for three fundamental reasons: the quality of their plains, the natural port of Montevideo and the condition of their frontier territory between Spain and Portugal.

The persecution and ethnocide of the Charrúa began much earlier than 1830, specifically...
The Indians of Uruguay and their relationship with Dermatology

as of 1610 with the hostilities of the bandeirantes. From then on, the lack of deep jungle refuges conditioned the natives’ way of living, leading to become even more nomadic6.

The native legend states that the first young Charrúa woman who died defending her people from the bandeiras was buried on the slope of a hill, and that her betrothed remained many days alongside her grave until, in a later combat, he too was killed and was buried alongside his beloved. After some time, the body of the girl sprouted from the earth converted into a red-blooming coral tree (ceibo); on its branches there would sit a bird of red plumage, keeping a lookout on the horizon: it was the heart of her betrothed. The libertarian vermilion flycatcher reminds the Charrúa people that it must never accept slavery and the bloom of the red ceibo is today our national flower8.

The bandeirantes were armed groups created in São Paulo as a highly organized undertaking that recruited Indians to be sold on the sugar plantations and farms of the region. São Paulo had been founded in 1543 on the very edge of the dividing line set by the Treaty of Tordesillas, signed between Spain and Portugal to establish the limits of Portuguese territorial expansion in the Americas9.

The massacres and persecution of the Charrúa continued for more than two centuries. At the Battle of the Yi (1703) the allied forces of Tape (Guaraní) and Spaniards killed 300 Charrúa. In 1751, Governor Joaquim de Viana gave the order to “knife them to death.” In 1797, the Corps of Blandengues was created for the purpose of “carrying out war without quarter against the infidels,” and many more such episodes can be listed10.

On April 18, 1831, General Rivera, the country’s first President, savagely killed the members of the last Charrúa tribes in an ambush at the Salsipuedes stream. The very same men who had been his faithful soldiers were brought together at that location, under the pretext of seeking a Peace Treaty that ended in a betrayal.

In a communication sent to General Laguna, who had been charged with gathering the Charrúa, President Rivera wrote to him, “Instill the greatest trust in them and assure them of the President’s good will and friendship toward them…” The motive invoked by the Government was that the Charrúa occupied lands that had been allocated (when it was they who had inhabited them for 3,500 years), and that Rivera wanted to “pacify the countryside.”

The armed group at Salsipuedes was constituted by Guaraní brought from Paraguay, battalions of Argentines and Brazilians led by landowners, and the National Army under the command of President Rivera and his nephew Bernabé Rivera. The latter was, some time later, executed by a group of Charrúa headed by Chief Sepé, who had sworn to obtain revenge against the “traitor Don Frutos Rivera”11–13.

When we refer to the ethnocide carried out against the Charrúa, we must not forget that it was lengthily discussed and planned: prior to deciding on “Operation Salsipuedes,” thought had been given to sending them to Patagonia or expelling them to Brazil.

In 1831, José Ellauri, the War Minister, signed a decree that allowed the Charrúa to be shipped away “without allowing them to be disembark in port.” The Charrúa Ramón Mataojo, sent to France, is listed as hospitalized in Toulon from April 22 through 29, 1832, and died on board ship on his return, on September 2111, 16.

In those same years several Charrúa were exiled to the Malvinas Islands; there, under the command of Antonio Rivero from Entre Ríos province, they attacked Luis Vernet’s establishment in Puerto Soledad, on August 26, 1833. Some were caught and deported to Valparaíso; others died in combat.

In the Malvinas there lie Charrúa who fought in the defense of the Argentine and American sovereignty over the islands in 1833. In 1982, when they were occupied by Argentine troops, they gave the site the name of “Capitán Rivero” in memory of the actions of that Indian from Entre Ríos; then they named it Puerto Argentino and today it is again called Port Stanley11, 13.

On February 25, 1833, four survivors of Salsipuedes were taken to France: Vaimaca
Pirú and Tacuabé, who had fought for independence with Artigas and Rivera, Guyunusa and Senaque, a shaman-doctor.

Official History told us that they were the last four Charrúa, but that was not the case: after the slaughter, children and women were distributed among the families of Montevideo, many men fled and many others sought refuge in spots where they could not be found, even on the other side of the border.

The entrepreneur François de Curel took them to France for the purpose of showing them to the King and Scientific Societies. They were presented in public, in an inhumane circus exhibition; among the famous individuals who came to see the show was Chopin.

After a few months Senaque died, then so did Vaimaca and afterwards Guyunusa was felled by tuberculosis. But before dying she gave birth to a son by Tacuabé, who fled with the child and vanished in France without a trace. Nothing further was heard of them. The situation is different in our territory from that of the rest of the Americas, where Indian communities exist. For over a hundred years already, there are no native Indians in Uruguay, but their descendants do live here, currently gathered in diverse institutions for different purposes. For almost twenty years they have been researching their ancestry, staging conferences and cultural events, recovering symbols and words stashed away for a very long time, even singing them. Toward 1991, the first censuses showed 120 descendant families (360 individuals). More recent data show figures of up to half a million individuals.

The Biological Anthropology studies begun in 1985 by Drs. Mañé Garzón and Nora Sans are continuing today in diverse locations of the territory. The research carried out by Dr. Sans in the Department of Tacuarembó show that more than 20% of the genes of the population are of Indian origin. Some 59% of this population descends from Indians on the maternal line, which demonstrates that in Uruguay as in Latin America native women mated with Europeans. The data are repeated, albeit somewhat lower, in other parts of the territory. This research shows that a significant share of American blood is preserved in our population: we inhabitants of this country aren’t, therefore, only European immigrants or the descendants of those immigrants.

The voyages to the Paranaguazú (River Plate)

All records written about the indigenous Uruguay date from the period of the conquest and the centuries that followed the latter. The writing of the native peoples being unknown, to study them it has been necessary to turn to the chronicles of visitors and to archeological, anthropological and philological research. The narratives often belong to ill-informed people, whose interests were removed from ethnography, yet they are, even so, very valuable.

Paranaguazú (“river as broad as the sea”) is what the Indians called the River Plate; the latter name is due to a mistaken interpretation, since it was believed that our territories were rich in metals; but the name has lived on through time.

Before becoming the feared “navigators’ graveyard,” as is shown by the many shipwrecks caused by the dangerous pampero winds and by the sandbars on its riverbed, the River Plate was where illusions were buried. Despite its wide opening it turned out to be impossible to use it to reach the silver-laden entrails of the Americas, where the legendary Hills of Silver lay, currently Potosí.

In 1502, Amerigo Vespucci reached the Paranaguazú and called it the River Jordan. In 1516, the expedition of Juan Díaz de Solís launched a series of forays which Spain and Portugal undertook in tight competition to search for the passage to the Pacific and discover the paths to the lands of treasure. Before Solís, other sailors had arrived; this is demonstrated by the name of Flores Island, on the River Plate, and the map
of 1515, drawn up the cartographer Schöner, which showed a strait that theoretically communicated the southern seas20.

Solís gave the name of “Sweet Sea” to the River Plate, where he would meet his death at the hands of the Indians who inhabited the coasts of what is now Colonia, and who then ate him. These Indians were not Charrúa, but Guaraní who engaged in cannibalism only as a ritual practice, since sources of protein were very abundant in these territories, as was pointed out in the chronicles of travelers on describing the fauna and flora of the region. Ritual cannibalism was practiced by Amazonian groups but not by Patagonian ones20, 21.

Starting with Solís’ arrival, we come into possession of chronicles that describe the lifestyle and customs of the Charrúa; here we shall mention the most important ones.

In 1520, Ferdinand Magellan navigated the River of Solís, the name given to it in honor of the fallen sailor. As from this voyage the name of Monte Vidi is recorded, a name which – according to one of the theories regarding the city’s appellation – would designate our capital, Montevideo, alluding to the hill (monte) found on the bay. (In 1502 Vespucci had called it “Pinnaculum Detentio,” that is to say, of the stoppage or of temptation, depending on the translation favored). Magellan navigated along the Uruguay River, where the Indians replenished his supplies. Unable to find the route to the treasure, he continued to the south and, along the strait that now bears his name, reached the Pacific18.

In 1527, there arrived Sebastian Cabot, who founded the first settlement in Uruguay on the shores of the San Salvador River, and, as attested to by the chronicles, had contact with the Indians.

Diego García, in his memoirs (1526-1530), bequeathed one of the most valuable documents for the identification of the Charrúa nation.

In his travel log (1530), Lope de Souza offered very interesting testimony about his contacts with the Charrúa, also describing the places, animals and plants of the region.

In 1536, Pedro de Mendoza investigated the mouth of the Uruguay and of the Paraná. On the southwest coast, next to the Riachuelo stream, he founded a settlement which he called Santa María de los Buenos Aires. A soldier on his expedition, Ulrich Schmidl, wrote a lengthy narrative after a stay of almost twenty years in these lands.

To Martín del Barco Centenera, who arrived with Governor (Adelantado) Ortiz de Zárate (1573), we owe a poem — known posthumously — which he called Argentina and the Conquest of the River Plate. In this case, “Argentina” alludes to the territories that encompassed all areas of the Plate, which, as mentioned earlier, had become renowned owing to the erroneous news that silver existed in the region.

Etymologically the word “Argentina” comes from argentum (silver). So powerful was the influence of that title that not only did it change the name of the River of Solís for that of Río de la Plata (River Plate, literally of Silver), but endured to give name to the sister Nation, the republic of Argentina18, 22.

### Indigenous Uruguay

No hominid fossils have been found in the Americas, since the American Indian did not originate on the continent. Diverse researchers maintain that he arrived from Asia, crossing over from Siberia, at different stages, through the Behring Strait. According to Bates, his appearance in America took place before that in Europe, some 35,000 to 40,000 years ago according to archeological discoveries. They were beings of a Mongoloid type, which later gradually acquired differentiated features according to environmental factors. Other theories hold that they could also have arrived across the Pacific Ocean and from the Antarctic.
On our territory the existence of man dates back approximately 10,000 years. This discovery was carried out by the archeologist Tadei, who in 1955 found large workshop-fields, in the north of our territory, of what Daniel Vidart called the “Catalanensian culture.” They inhabited the area without spreading far, because it is rich in flora and fauna. These groups, which constitute our prehistory, were low-level gatherers and hunters.

Afterwards there were other incursions by diverse cultures until, some 3,500 years ago, the Charrúa are though to have arrived from Patagonia. According to the research, in the years of the Discovery of America, Uruguay was inhabited by some thousands of Indians — Charrúa, Chaná, Guenoa, Minuane, Yaro, Bohane, Guaraní and Arachan — and their territory extended to Brazil and Argentina. We shall briefly describe their origin and the differences between the diverse tribes.

The Charrúa, Guenoa, Chaná and Minuane constituted the Charrúa macro-ethnicity with similar origin and linguistic roots. They occupied the territories of the coast of the Plate and central and northern Uruguay. The Minuane spread as far as the Río Grande and the Charrúa and Chaná up to Argentine Mesopotamian region. The Charrúa were racially Patagonian (Chonick), a characteristic American branch of the plains with strong analogies with many customs of the Tehuelche, including the language. According to Servafín Cordero, the arrival of the Charrúa is believed to be determined by the identifying mark of the Neolithic, the bow and arrow.

In addition to the theory that maintains that American man reached the continent across the Bering Strait (Mongoloids), there is another, widely accepted one, developed by Rivet, who maintains that the Patagonian race is of Australian origin; there are 70 similar words between Tehuelche and Australian languages. Goebner and Schmidt found certain ethnographic similarities between the Indians of Tierra del Fuego and Australian Aborigines: the height and skin color of the Patagonians is similar to that of the Australians and not to that of the Mongoloids. What Rivet does not explain clearly is how they arrived, given the distance separating them across the ocean.

The Yaro and Bohane are tribes that arrived in our territory before the Charrúa, approximately 6,000 years ago, slipping across the Amazon basin along the torrents, descending from the Andean mountain range. They arrived along the Paraná and Uruguay rivers and settled in our territory and in the Argentine Mesopotamia. The testimony of Sepp (1691) describes their anthropological features and customs; Félix de Azara establishes that their language was totally different from that of the rest of the Indians of the region.

After the settlement of the Charrúa coming from Patagonia, approximately 2,000 years ago there was an inflow of tropical races — Guaraní and Tupí-Guaraní — belonging to the Carib family, a word etymologically linked to “cannibal.” They filled vast territories from the Guianas to the Plate. In our region the Guaraní settled along the coast of Uruguay and on its islands and the Tupí-Guaraní in northwestern Uruguay (Arachan).

Before the conquest, the Guaraní expansion took place, surrounding the territory settled by the Charrúa; exchanges of merchandise and intercommunications were frequent between the two groups. The influence of the language and culture of the former gradually spread among the Charrúa tribes that settled on the tribal borders; thus, many of the names of Charrúa chiefs left to us in the narratives of chroniclers and travelers already had a Guaraní form before the conquest. This situation increased after the Conquest, and their tribes were shifted inland thus increasing their links with the Guaraní-Tape.

After the Discovery the Tupí-Guaraní totally invaded our territory. Their cultural influence over 200 years had the result of the disappearance of the Charrúa language; the Jesuit missionaries, who used the Guaraní language to impose their religion, contributed to consolidate this predominance. Researchers rescued a little over 70 words of the Charrúa language from oblivion. In 1831, after the ambush at Salsipuedes, the survivors were
handed over as slaves; among the prohibitions enacted by the new Government was that of employing their language, something far removed from Artigas' ideas. Artigas has after 1779 lived several years among the Charrúa, and over the course of his activities always struggled for the rights of the Indians and of the humble, earning the apppellations of "Protector of Free Peoples" and "Father of the Poor". From among his thoughts as Leader of the Easterners (Uruguayans) there stand out, in several documents (Landholding Rules, April Congress, Instructions of the Year XIII), the noble principles of Solidarity, Equality and Liberty, as necessary in ancient societies as in globalized ones.

The inroads of the Guaraní from the Missions over several centuries left notable traces in our culture and customs, as is demonstrated by the names of the majority of our rivers, geographical features in general, flora and fauna. It is likely that the Charrúa gave them different names, but the lack of a fixed population, which is the fundamental underpinning of lasting roots, caused those original names to be forgotten.

The incursions of Guaraní inhabitants after the conquest began as of 1612, as they fled the attacks of the bandejantes.

The "cow runs" (vaquerías) consisted in cattle drives from the Banda Oriental (Eastern Margin) to the Missions, and many Indians remained in our territory afterwards.

The military campaigns of the Spaniards which included Guaraní soldiers, as well as the struggle against the Portuguese in Colonia de Sacramento (1680), or afterwards at the Battle of the Yi, brought in thousands of individuals who likewise settled in our territory.

The expulsion of the Jesuits from the Missions (1767) triggered the emigration of 15,000 Guaraní toward the south, a process that continued in succeeding years. Afterwards, the Guaraní who formed part of Artigas' army returned from Paraguay following the military defeat; others entered Rivera's army; many came in when Rivera reconquered the Eastern Missions.

Between the colonial era and 1851, there are 30,000 records of baptism and death of Guaraní inhabitants. This human volume forms the basis of Uruguayan rural society; some remained on the margin of Hispanic society, with a nomadic and wandering existence, although they later gradually joined the sedentary populations; the majority was integrated into the society of the time. They all left us their culture, their customs and their traditions, which had a notable influence on the shaping of our society.

General and dermatological healing practices

We shall now refer to the traditional resources that the Charrúa and Guaraní employed as healing methods.

Abella maintains that, prior to the arrival of Columbus, all the peoples of the Americas were in contact. There is abundant proof of traditional barter among all communities, including those of the Andes, the Guaraní, the Pampa Indians and those of the plains. Smoke signals were one form of communication. It is also proven that the Indians were skillful canoeists, and the hydrography of the Americas was well suited to forms of communication. The canoe was a widespread and efficient form of transport and communication among the Indians of the region, and the native flora offered appropriate raw materials for building them: trees like the timbó and angico for canoes and the tacuaruzú (tacuara reed) for rafts.

The similarity of healing methods between the Charrúa and Guaraní allow us to deal with the subject as one. In the first place, a double phenomenon was featured among both groups: on one hand the healer, the priest and the sorcerer were related to one another; on the other, there existed a knowledge of healing plants.

People with very different social, political, economic and religious levels coexisted in
the Americas, but they shared a magical and religious tradition and had similar conceptions of disease, the same theoretical foundations and equal healing practices.

From time immemorial, man has attempted to understand the world around him, balancing the empirical and the magical. The healer was the lord of life and death. In this way, the cause and the origin of diseases were considered magical phenomena that were handled by the spirits, whose representatives on earth were the shamans, sorcerers or healers, who acted as interpreters of the unknown and therefore held sway over the magical nature of the world.

Ideas and practices with a shamanic content have been repeatedly described among many indigenous peoples of the Americas. They constitute the survival of very ancient beliefs, originating in the neo-Siberian region of Asia, which arrived with the population that emigrated from that continent. Pi Ugarte maintains that despite the timespan of development and the vast area of dispersion, the beliefs present elements in common which are deeply rooted, and underpin very similar ceremonies.

Abella offers an interesting narrative of an experience that confirms the above. Members of the Pay Tavyterá and Aua Chiripá Guaraní ethnic groupings were given colors and asked to draw medicinal drugs of the forest. Behind them they drew the corresponding protecting spirits, without eyes; the eyes, they stated, they lend to the person who approaches, and imbue him with energy. In our country, in the locality of Durazno, pictograms with a human form have been discovered with also lacked eyes.

The shamans’ knowledge of the spirits of nature and of the healing properties of plants conferred authority on them, as well as the obligation to provide answers. Shamans were the executive arm of magic. The condition of shaman was not reached by anyone who so wished; it could only be attained by people who had been born with certain abilities, as a signal that their powers belong to, and originate from, the supernatural world. The shaman seeks diverse means of communication with the divine; in this regard, the oneiric world is of great importance. Ceremonies are held aimed at coming into contact with the spirits, which lead the shaman into a state of trance or ecstasy, guaranteeing entry into the other world in order to heal the patient, or to counteract the harm caused by another shaman. The shaman could also create illnesses, or evil spirits.

The Guaraní called the shaman pajé, ñanderú or pai. One of the Charrúa shamans whose name has come down to us was Chief Senaqué, who was taken to Paris in 1831.

In 1753, Father Mirimón described practices carried out by the Guenoa and Minuane: “The sorcerers graduate on Mount Ybiti María; the Guenoa infidels gather there, make their quivers, pierce themselves, bore through their bodies and commit a thousand devilries, until Satan appears to them visibly, there at the top of the hill.”

The shaman’s healing abilities are aimed at expelling the noxious entity affecting the patient, attempting to neutralize it so it won’t cause further harm. This determines the shaman’s victory or defeat: the face-off between good and evil spirits, which are actually the main parties to the confrontation between health and disease, life and death.

As regards the concept of disease, Indians related it to three main causes: a) those generated by live, evil people (particularly other shamans); b) those emerging from the inner struggle between the (negative) “animal soul” and the (positive) “divine soul” of the individual himself; c) those produced by “spirits” and supernatural beings in nature. Any undertaking to heal the victim required the shaman’s therapy.

The procedure for capturing the patient’s fleeing soul and the concrete handling applied to his body, such as the suction or “sucking” of the skin at the height of the stomach to extract substances that were harming him (mystical missiles, stones, thorns, insects) were common practices. Blowing, rubbing, heating or burning, were also characteristic among many American native peoples, including the Guarani and Patagonians. Techniques including ecstasies, fasts and sundry mortifications were common to other ethnic groups in the Americas, including the Indians of the North American prairies.
Félix de Azara (1796) says regarding the Charrúa: “Their physicians apply the same remedy to all manner of ailments, namely sucking very hard on the patient’s stomach, persuading him that the evils are thus extracted for gratification.” Regarding the Minuane he adds, “They cure their patients sucking on the their stomachs like the Charrúa.” The method of sucking, said the Austrian Jesuit Dobrizhoffer, extended to “an ulcer or bleeding wound obtaining a real profit... in snake bites,” and he stated that it was a common method throughout the Americas.

In 1812, Colonel Díaz stated that the Charrúa allowed women to practice healing: he mentioned the existence of “squaws who officiated as physicians among them.”

The rubbing consisted in scrubbing the patient with the fat of rhea, aguará tigre, armadillo, iguana or fish and then rubbing the body with leather; rubbing with hot ashes was also practiced. The ceremonies were sometimes accompanied by placing smoking herbs around the patient.

Dr. Schiaffino tells us that bloodletting was not only used but commonly abused among the Charrúa races; it was employed not only to alleviate ailments but to feel lighter, making their raiding easier, or for their solemn and funerary ceremonies. The Guaraní applied bloodletting to veins of the head, elbow or calf, according to whether they sought to cure headaches, fevers or other ailments.

Baths were among their favorite therapeutic procedures; the Charrúa preferred cold baths and the Guaraní, hot ones. Our rivers were reputed to having healing powers. In his work History of the Conquest, Lozano, repeating an Indian source, attributes healing powers to the Hum (Negro River) “since, from its very source, it runs through land very abundant in sarsaparilla.” In his research into the descendants of Artigas, N. Caula mentions that on May 21, 1802, King Charles IV of Spain awarded Santo Domingo de Soriano the Title of “very noble, brave and loyal Town and Port of the Health of the Negro River,” due to the healing powers of its waters. The latter were analyzed in Paris in 1877 by the chemist Hill, who in his report concluded, “The waters of the Negro River belong to the special group of the sulfide-sulfurates and are certified for the healing of diseases of the skin and of the abdominal viscera as well as of intestinal obstruction and syphilis virus.”

In that period many eminent Buenos Aires families would visit these waters by medical prescription.

Schiaffino, for his part, states that in the practice of aligning fractures and dislocations, analogous procedures were applied all over the continent; the museum in La Plata (Argentina) shows perfectly consolidated bones. According to the geographical area, diverse plants were used; the Guaraní employed the Caapitá Guazú, and in our latitudes, probably, the carob tree and peppertree.

Not everything was magical or symbolic in Indian medicine; in tandem with this there also existed some type of methodical research over hundred of years, capable of determining the healing powers of plants and flowers, as well as relationships, causes and effects, which have continued up to our days in oral tradition.

Father Furlong states that “between the medicine of the Americas and that of Europe there was no clash, but rather an embrace.” In many narratives of the conquest — Gonzalo Fernández de Oviedo, Alonso de Zurita, Cieza de León and the Inca Garcilaso, among other authors — there are numerous notes on Indian botany and medicine.

In 1522 Hernán Cortés, after having been cured by Aztec physicians, wrote the emperors, “Physicians should not be allowed to come to New Spain, the native ones sufficing.”

In 1570 Philip II, in one of the Laws of the Indies (Volume V Title 6), stated his wish that a compilation be sent to Spain of the Indians’ knowledge of medicinal plants, herbs and seeds as well as of the form of preparing, ingesting, applying and cultivating them. He himself, along with the Council of the Indies, sent his own physician, Francisco Hernández, on one of the many expeditions, along with two Mexican draftsmen who recorded 3,000 plants with 2,000 illustrations.
On April 24, 1793, Dr. Antonio Lamella, a resident of Montevideo, was awarded a pension to devote himself to botanical studies, “because of the many medicinal plants existing in the region”37.

The expedition of the naturalist Malaspina (1779) recorded over 500 plants in the southeast of our country, 50 of which were unknown to Europeans38.

Dom Pernetty — known as “the curious abbot” — traveled with Captain Bougainville (1767) and gave a minute description of the medicinal plants cultivated in a garden belonging to the residence of a Spanish official (mio-mio, blackberry, amaranth, paico carqueja, guaycurú, charrúa, higuerita, kalawalla). In his chronicles he refers to a Medical Treatise on American flora published by Nicolás Monardes in the sixteenth century, in which there was a report on “a ground mixture of armadillo caparison in a concoction of sage, which cures venereal diseases and makes thorns stuck anywhere emerge”39.

Biogeography is the science that establishes and studies the diverse ecological areas possessing specific features, which has allowed worldwide territorial classifications to be carried out40. These so-called phytogeographical areas do not coincide with the political borders of the Americas; they are called phytogeographical provinces41. The Uruguayense province extends toward Argentina’s Mesopotamia and toward Río Grande do Sul; it does not correspond to the Paranaense area. Our zone is subsidiary to a humid subtropical area, with scarce forests in comparison with the areas further north (Paranaense province). Our plants share characteristics with those of neighboring countries in the same phytogeographical area. Many plants, with great powers of adaptation, are shared by several of these zones.

During his exile in Paraguay Artigas, as narrated by A. Ribeiro, cured the ulcers on his legs with spiny-bur (Acanthospermum australe), known in our territory as agarrabicho or yerba de la oveja. The same author mentions Artigas’ knowledge of medicinal plants42.

Caula, for his part, quotes the Paraguayan writer Roa Bastos in reference to the request which Dictator Gaspar de Francia made to “old Artigas, who cures with herbs,” to send him a herb preparation from Caraguatay, to alleviate his ailments; Artigas had acquired this and further knowledge through his close links with the customs of the Charrúa42.

During the battles for Independence our Founding Father must doubtlessly have turned, an infinite number of times, along with his Indians, to those “roadside pharmacies” mentioned by Abella in his work6.

**ROADSIDE PHARMACIES**

Most of the chronicles agree in stressing the good health of the Charrúa. “A bodily constitution and solid health such as most Europeans would envy,” states Dobrizhoffer44. Azara (1786) wrote, “I have not noticed their suffering either a particular nor the Gallic disease and I believe they live longer years than we do” (38).

The Charrúa reached extreme old age with less physical deterioration than Europeans; their hair never turned entirely white. Their skin was of a dark color, olive brown as described by D’Orbigny in 1829. In 1833, Dr. Fleurens did an anatomical study of the skin of the Charrúa taken to Paris, stating that it was similar to that of blacks; he made clear that he referred to identity in histological structure and not in color, and added, “The hair bulb is normal, slightly smaller than that of Europeans; in its upper part it exhibits a strong accumulation of pigment, the lower part being less pigmented... The stalk is thinner than that of Europeans”11, 22.

They rubbed their skin with animal fat and “then went out into the sun so it would sink in,” wrote Colonel Díaz (1812) in the History of the Republics of the Plate. Tiger (jaguar) fat was employed to cure many of the diseases of the skin: “It was a medication that did not fail against worms” since, it was believed, the latter abandoned their cavities...
because of the nauseous smell emitted by the substance. They also employed other fats, owing to their continuous contact with water, and sometimes mixed them with herbs that served them as insect repellent\textsuperscript{22, 34}. The Charrúa practiced multiple skin incisions be it for funerary mortification or as a form of pointing out the number of enemies slain.

The Indians’ diet was rich in protein owing to the consumption of venison, rhea, armadillo, partridge, dusky-legged guan, fish and mollusks; the diet was rounded out with fruit such as \textit{butiá arazá}, passion fruit and coral tree sprouts and abundant honey of the \textit{lechiguana} wasp, Brazilian paper wasp and \textit{camoatá}\textsuperscript{43}. The Indians’ forest was a “supermarket” which they made twofold use of: the forest as source of fruit and honey, provider of protein, supplier of drink, and the forest as a pharmacy, with 48 known species of medicinal plants\textsuperscript{44}.

The Indians throughout the Americas maintained a “religious” relationship with native trees. In our region the Charrúa and Guaraní venerated the strangler fig tree, the belhambra and the \textit{aruera}, considering that each species had a guardian spirit. They respected and preserved the legends on sacred trees, magical or diabolical plants and medicinal or hallucinogenic herbs, which they passed on to their descendants.

Gonzalo Abella transcribes the words of an inhabitant of the city of Artigas: “My Charrúa grandmother used to tell me things and ask me not to forget them... afterwards she would take me out into the countryside and make me greet certain trees and I was called on to remember that they were sacred”\textsuperscript{c}. Descendants of the Charrúa who now live in Entre Ríos, Argentina, speak of the mesquite as of “a sacred tree by virtue of its gifts”\textsuperscript{45}.

In the native Uruguayan flora, more than 170 plant species with medicinal value have been recognized, more than 40 of which have applications in the treatment of skin ailments. In the compilations consulted, which obey a lengthy oral tradition, their application to multiple skin lesions is mentioned — wounds, “sores,” ulcers, rashes, inflammation of the skin and mucosae, tineas, scabies, boils and “pimples,” “corns” and “syphilitic sore” warts — as healing agents, astringents, etc.


Medicinal herbs were prepared according to the traditional methods of infusion, concoction and maceration, be it of the stalk, leaves, flowers, bark or roots, applying them to the area to be treated.

Popular medicine as practiced by the Charrúa and the Guaraní of the missions had a vast spread and acquired strong roots in the Banda Oriental (Uruguay). It was practiced with such intensity that for many years it was employed not only by medicine men but by the majority of the rural population, as well as by many other sectors of society. It was also adopted by the African-descended community; thus, the herb-dispensing black man and the faith-healing black woman are stock characters, represented today in \textit{candombe} groups during Carnival, as is the case of the charming \textit{“gramillero black”}\textsuperscript{16}.

There were Charrúa in the Argentine Mesopotamia; their descendants currently live there. A web page created by the Pueblo Jaguar Association, located in Villaguay (Entre Ríos, Argentina), publishes, under the heading of “Ethnobotanical garden of the Charrúa people,” a list of medicinal plants with their applications. Mr. Santos Mornico is the Charrúa herbalist who leads the page: “The spirit of our herbalists and healers is the refuge for our knowledge and practices; their work endures as long as the forest endures. Traditions remain alive if they are transmitted to new generations, today as always, and their efficacy encourages the preservation, regaining and protection of this traditional knowledge for the benefit of Mankind”\textsuperscript{45}. 399
Barrán maintains that between academic medicine and popular medicine there wasn’t a chasm but an idea of continuity, particularly until the years 1875-80. Among the residents of our country’s hinterland it is common, even today, to employ medicinal plants for many ailments, independently of the fact that they recognize and respect academic medicine.

The “roadside pharmacies” still exist. In the summer of 2003 we participated in an excursion to the Carapé Hills, guided by a local man, Don Tomás. An unfortunate excursion participant experienced an intense acute gastroenterocolitis; our guide then walked some meters away from the path and on his return offered him the stalk and leaves of a “Santa María” to drink as an infusion, with very good results.

We then arrived at the centuries-old forest of coronilla that we were looking for. There Don Tomás told us about many healing herbs existing in the area; from his grandfather and uncle, he said, he had learned everything related to medicinal plants and their properties.

I was listening to him while relaxing on the ground; but he advised me not to remain there, because “the primavera would give me the itches.” (Primavera, meaning “spring,” the season, is the local name for ragwort).

The return to Montevideo was indeed itchy. When night came I realized why those weeds are called “spring”... I had “broken out” in a rash.

September 2005

### References

The Indians of Uruguay and their relationship with Dermatology


36. Álvarez R. El tesoro médico que España dejó en América. Available in: http://www.diariomedico.com/edicion/noticia/0,2458,468830,0.html


47. Barrán JP. Historia de la Medicina en el Uruguay, Montevideo: Ediciones de la Banda Oriental; 1990:43.
Putting together a History of Latin American Dermatology implies the need both to study it and to write it down, for those dermatologists who are older in years and have lived long enough to remember the concepts and the moments that have been transmitted from generation to generation. It implies recapturing, in an anecdotal and biographical form, the treasury of a national scientific past of enormous wealth and depth, in the face of the constant flow of progress of a science that is ever broader and more complex due to the amount of knowledge that is contributed by the new forms and techniques of information. The maelstrom in which the activities of today’s human being are caught alter his value scale. This often leads us to neglect and to not assign its due value to that laborious, constant, persevering and talented past, with its true originality, without taking a halt at what was most important and perceptible, namely the great figures of our national medicine — especially in dermatosyphilography — in the eighteenth, nineteenth and twentieth centuries.

For this reason it becomes essential to evoke the roots that generated the current thinking. The vast undertakings of that select and brilliant group of physicians have been rendered for us not only in their public professional work as doctors, but also, and fundamentally, in the scientific publications they have bequeathed us as proof and testimony to that constant striving and which constitute the concrete basis of the medical consciousness of our culture.

We have undertaken this work in the role of coordinators with the aim of publishing — with enthusiasm, but also facing all the difficulties that are due to the lack of sources of information — the history of Dermatology and Syphilography in Uruguay, in the most complete manner possible, on the basis of the documentation preserved in the Medical School’s libraries. In their archives, as well as in those of the Ministry of Public Health, are found the first documents and journals that were published in the River Plate.

It is absolutely essential to thank the notable and fundamental support given to us at all times and in a personal manner by Dr. Fernando Mañé Garzón, professor and head of the Medical School’s Department of Medical History, as well as that of his collaborators, authors of numerous articles referring to a lengthy period that encompasses the
seventeenth, eighteenth and nineteenth centuries. Also collaborating in a totally selfless manner — without which this brief publication would be impossible — are the following authors, all of whom stand out by virtue of their vast and extensive knowledge of Dermatology, originating in particular from their lengthy hospital work: professors Drs. Juan Francisco Tost, Eustaquio Montero, Esther Casella de Vilaboa, Ana Cassinelli, Probo Pereira, Moris Margounato, Néstor Macedo and Griselda de Anda and Drs. Carmen Riveiro and Francisco Amor García.

Uruguay is a small country located between Argentina and Brazil which spreads its coasts along the River Plate and the Atlantic and has a population of some three million inhabitants. It has a sole Medical School established in the capital, Montevideo, where all Uruguayan physicians have carried out their studies; it is located in part in a vintage building in which the basic subjects are studied and in part at the Manuel Quintela University Hospital for Clinics. Teaching is also carried out at hospitals run by the Ministry of Public Health, such as the Maciel, Pereyra Rossell, Pasteur and Institute of Hygiene. Owing to the major increase in medical students in recent years, the teaching of some clinical subjects has been instituted at the hospitals of the capitals of some departments (states) in the interior of the country.

The first Hospital Service in the city of Montevideo

When Bruno Mauricio de Zabala founded the City of Montevideo in 1726, the sanitary care of the first inhabitants had to be provided for. At that time the city had 400 inhabitants in the central area and 4,000 in its surroundings.

Thus began the First Sanitary Era. The seriously ill were transferred to Buenos Aires, a city with which there was almost daily contact, thus creating what was called the Medicine of the River Plate. Medical attention was provided in private homes; to treat convicts and soldiers, the Doctors of the Presidio (garrison) were called. In 1760, a small House-Home was set up in Maldonado, called the Royal Hospital, to provide medical treatment to some patients at a remove from the Capital. Soon afterwards, near the port of Montevideo, a Hospital was founded in a small establishment, which was called Of the Navy. In 1775, the Brotherhood of Charity of St. Joseph was created, with Francisco Maciel and Mateo Vidal among the main founders, along with a small group of notables belonging to the Cabildo (city hall). Between 1775 and 1789, the Charity Hospital\(^1\)-\(^3\) (Figure 1) was founded, because of the number of patients and for their greater comfort and better treatment; in 1791, it spread to a nearby spot to achieve its expansion. Lastly, on April 24, 1825, the cornerstone was laid for the new and definitive Hospital, which was called Maciel in honor of its first founder\(^9\)-\(^16\). In sum, the Charity Hospital operated from 1788 to 1825, with successive expansions.

The first doctors studied in Buenos Aires, where a Medical School already existed. Those first years were highly inauspicious for the population, because along with patients of local origin there were the numerous wounded in the wars between Easterners (Uruguayans), Spaniards and Portuguese, owing to the continuous invasions that took place, mainly between the years 1813 and 1816. Later, Dámaso Antonio Larrañaga, Vicar of the Parent Church, and Pintos de Araujo Correa expanded those establishments...
to offer more hospital treatment, creating the Nursery Home (Casa Cuna) for abandoned and ill children.

Between 1825 and 1881, there unfolded the Second Era, in which the Maciel Hospital already operated in its definitive form according to the parameters of the times (Figure 2). June 17, 1888, saw the celebration of the first Centennial of the Charity Hospital. Over the course of the years other hospitals were founded that helped to maintain the sanitary care of the population, which was increasing at a very fast rate owing to the strong rise in immigrants originating in diverse countries of Europe.

The first Medical School, founded in 1875 close to the Maciel Hospital, moved in 1908 to its definitive location on General Flores Avenue.

José Brito Foresti graduated from the Medical School in 1890: in 1897, at the Maciel Hospital, he created and headed the Polyclinic for Skin and Syphilis — later called Dermosyphilopathic Clinic (1908)¹²–¹⁶ — in a historical milestone that marks the launching of Uruguayan Dermatology. In 1994 the Clinic moved to the “Dr. Manuel Quintela” University Clinics Hospital, where it operates at the current time. Over that entire lengthy period numerous generations of dermatologists trained there under the guidance of its Teachers. Thus unfolded the founding of National Dermatological Medicine, whose history is described in the corresponding chapters.

Biographical sketches of the most outstanding figures in Uruguayan Dermatology. Nineteenth and twentieth centuries

José Brito Foresti

Raúl A. Vignale, Francisco Amor García

He was born in Montevideo on October 24, 1870, and graduated from the Medical School in the year 1890 (Figure 3). His doctoral thesis (1894) was titled “Something About Public Disinfection,” and it makes manifest his concern over sanitation problems, as well as the influence of Louis Pasteur’s new concepts. That same year, he traveled to Paris where he remained for three years at the Hospital Saint-Louis as an assistant alongside great teachers like Besnier, Fournier, Hallopeau and Gaucher, among other figures; later he made other journeys to Europe. In January 1897, he was appointed, because of his trajectory and by competition, Head of the First Dermosyphilopathic Polyclinic at the Maciel Hospital, where for more than 40 years he carried out treatment and teaching activities, complementing them at the Ricord Ward, where patients were hospitalized. On March 21, 1908, in open competition, he was appointed Full Professor of the Medical School’s Dermosyphilopathic Clinic, a post he held until 1939, when he died at the age of 68. His merits and publications are countless. He was the first President of the Uruguayan Society of Dermatology, founded in 1918, and later Honorary Member, President of numerous congresses, scientific meetings and an infinite amount of other activities in the specialized field. On July 30, 1960, the Uruguayan Society of Dermatology, which was presided by Prof. Dr. Bartolomé Vignale, with Dr. Carlos María Fosatti in the capacity of Secretary, sent the Montevideo

Figure 2: Hospital of Charity (1857), current National Monument. The expansion of the previous site, with two stories with wards for women and men, can be seen. In one angle of the building, the first Chapel of Montevideo

Figure 3. José Brito Foresti, first Lecturer of the Dermosyphilopathic Clinic of the Medical School at the Maciel Hospital
Department Council the request that a street be given his name, which was adopted in 1969.

His most renowned disciples were Bartolomé Vignale, Aquiles Amoretti, José María Tiscornia and Héctor Santomé, who years later were Assistant and Full Professors at the Medical School.

Prof. Dr. Bartolomé Vignale

Raúl A. Vignale, Francisco Amor García

He was born in Montevideo on February 3, 1892, into a family of Genoese immigrants (Figure 4). He entered Medical School in 1911 and graduated in 1916. He covered the entire teaching career at the Medical School by competitions based on background or on opposition. Between 1919 and 1922, he was Head of the Dermosyphilopathic Clinic, in 1928 Assistant Professor and in 1947 Full Professor, until 1965 when he stepped down due to retirement, later being appointed Emeritus Professor by the School Council. His training basically took place alongside Prof. Dr. Brito Foresti. On numerous occasions he traveled to Paris for specialization work at the Hospital Saint-Louis and later to Italy and Spain with the principal Teachers of the diverse services. In his first years he held his practice at the Maciel Hospital, transferring later, in 1954, to the Clinics Hospital. His huge merits, the numerous publications in medical and specialized journals, made Vignale one of the masters of Dermatology. He was also President of several congresses and scientific gatherings. He stood out as a person of exquisite sensibility and was extraordinary by virtue of his excellent human qualities, quality and respect for his colleagues, and outstanding good humor. He was coeditor of the Revista Uruguaya de Dermatología along with Prof. May and the professors’ delegate in the School Council, among other merits. He had the praiseworthy idea of creating, along with his Professor, the Dermatology and Syphilography Section of the Medical Society of Uruguay and in 1956, the famous Sessions of Dermatology of the River Plate, which were held every two years, with Montevideo and Buenos Aires alternating as the venue.

Prof. Dr. Aquiles Amoretti

He succeeded Prof. Bartolomé Vignale as Full Professor at the Medical School’s Dermosyphilopathic School in 1959, up to 1969. He carried out his entire teaching career at the Medical School following competitions as Head of Clinics, Assistant, Assistant Professor. In addition, competitions based on background and opposition were the steppingstones to his career at the Ministry of Public Health. He started out as dermovenereologist doctor at the Antisyphilitic and Venereal Disease Dispensaries, later called Sexual Hygiene Dispensaries, to later gain, by competition, the post of head of the Skin Service at the Pasteur Hospital; he held that post for many years, succeeding Dr. Pedro Raúl Alonso, founder of the Service. He was the clinical doctor par excellence, a great semiologist, an example of the influence of the French School and of the professors who preceded him like J. May and B. Vignale. His insistence on clinical diagnosis reached the point of maintaining that while histopathology aided in diagnosis, in cases of many doubts the clinical examination was predominant. He was the continuator of the Sessions of the River Plate, President of the Uruguayan Society of Dermatology and of numerous congresses. He published an infinite number of articles in Annals of the Medical School, many of them in collaboration with R. Vignale, all on previously unpublished clinical cases, which obtained diverse awards, especially in Argentina and Brazil.
He was born on November 26, 1924, younger son of Bartolomé Vignale and Beatriz Maragliano. He began his teaching career while a student, as teaching assistant in the Department of Histology and Embryology led by Washington Buño, and later through an open competition as Teaching Assistant for Physiopathology and Medicine with professors Drs. José P. Migliaro, F. Herrera Ramos and Manlio Ferrari. After graduating in 1954 with a doctoral thesis on the “Malberbe Tumor,” graded cum laude, he attained all ranks at the Medical School through competitions based on merit and opposition, until he became Full Professor in 1969. Years later he was to be succeeded by Professor Dr. Probo (1988). That thesis won him a scholarship by earning the “Artigas Prize,” the top award obtained by a student at that time. Under that scholarship, he requested a stay in New York with Alfred Hopf, but owing to his father’s illness, in order to be near him he chose to move to Buenos Aires for five years (1958-1962) to carry out specialized studies with professors Luis E. Pierini, David Grinspan, Julio M. Borda, Jorge Abulafia, R. Mazzini, Pomposiello and Jonquières at the Rawson Hospital; with Marcial Quiroga, M.A. Mazzini and P. Magnin at the Ramos Mejía Hospital and with Dagoberto Pierini at the Nursery Home-Pedro de Elizalde Children’s Hospital. It was especially at the Rawson — where Dr. Jorge Abulafia, a true master of dermatopathology, had a practice in that subfield — where Raúl Vignale learned his craft. At Abulafia’s side, daily, from 7 A.M. to 6 P.M., he consolidated his clinical and anatomopathological knowledge, cultivating friendships that he cherishes in his memory to this day.

He developed that subfield for many years, traveling once a month, up to the present time, to practice at the Dermatopathology Services in diverse hospitals. In addition, Vignale applied immunology to clinical medicine as a fundamental element to explain the physiopathology of diseases. At the Maciel Hospital’s Dermosyphilopathic Clinic Service he worked in that specialized field as anatomopathologist alongside Prof. Dr. Luis Torres de la Llosa, to continue later at the Dr. Manuel Quintela Clinics Hospital. It should be stressed that Pathological Anatomy was always carried out at the Service itself, from the faraway days of the Maciel Hospital and later at the Clinics Hospital. At the Ministry of Public Health he took part in his first open competition as Dermatologist of the SAYPA (Anti-Tuberculosis Service, Treatment and Preservation), where he worked for the space of four years treating patients with tuberculosis who exhibited skin lesions, and who had been released by the Saint-Bois In-Patient Hospital. Years later, he had to take part in another open competition for the post of Doctor of Dermovenereology and Sexual Hygiene, which he held at the Anti-Syphilis and Venereal Disease Dispensaries. Later, through a competition based on background, he became Head Doctor at the Dermatological Polyclinic at the Pereyra Rossell Hospital, which inaugurated the Service with his newly created post; he ceased his work there in 1969, when he was appointed Full Professor at the Clinics Hospital’s Dermasypilopathic Clinic. At the Ministry of Public Health, in the Oncology Institute, he was at the Dermatological Polyclinic alongside Dr. José Espasandin and the new Assistants of the Medical School’s Clinic. In sum, he carried out his entire career at the Ministry of Public Health, where he reached the rank of Head, and at the Medical School as Full Professor. He was assistant in Pathological Anatomy at the Ministry of Public Health for many years at the Central Post of the Pereyra Rossell Hospital which was led by Prof. Matteo. He has earned numerous prizes, honors and awards from diverse International Academies of Dermatology; among others, the award issued by the CILAD Governing Board in Málaga as one of the principal dermatologists in Ibero-Latin America; later, at the Main Auditorium of the Medical School, the International Committee of Leagues of Societies of Dermatology awarded him the
“Certificate of Appreciation” for his extraordinary merits in teaching, research and international cooperation in the field of Dermatology. For the latter event, Prof. Ana Kaminsky traveled expressly from Buenos Aires to Uruguay as delegate of the International Committee with headquarters in the United States. He was also founder, Secretary and President of ULACETS (Latin American Union Against Sexually Transmitted Diseases) and President of diverse International Congresses along with other outstanding professionals from Uruguay and Latin America.

Prof. Dr. Probo Pereira da Silva

It is an essential duty to mention this illustrious Full Professor of Dermatological Clinical Medicine, a man of exquisite personality, respectful of his duties and obligations. He had the great virtue of continuing to further the growth of Dermatology in Uruguay and neighboring countries. He created the Department of Dermatological Surgery and the Contact Dermatitis Section that is currently led by Prof. Dr. Selva Alé. He dedicated his life to teaching, creating working groups that at the present time are yielding excellent fruit in their treatment and teaching work. Because of his great interest in Dermatological Surgery he sent numerous young people to Buenos Aires and to Córdoba to specialize in that branch of Dermatology. He thought about the future, about what Dermatology ought to be in the years ahead. More than enough merit to reward him with the title of creator of the diverse aspects of modern Dermatology. He was on several occasions an ULACETS Board member, Secretary and President of the Uruguayan Society of Dermatology and President of several Congresses in the specialized field.

We don’t wish to conclude this brief summary without mentioning numerous physicians who devoted their lives to our field, rising through open competitions to all ranks up to those of head doctors at the Ministry of Public Health and at the Medical School. We refer to Juan F. Tost, Cándido Prego, Pablo Klestorny Blanco, Héctor Abreu, José M. Infantozzi, Carmen Riveiro, Esther Casella de Vilaboa, Eustaquio Montero, Luis Torres de la Llosa, Ana Cassinelli and so many others who stood out as extraordinary teachers, in careful and methodical semiology and in the arduous daily hospital work, persons of the greatest delicacy in daily exchanges, respectful of their colleagues’ opinions, whom we recall with enormous affection and respect. It is impossible to name them all, but it is they who have aided the unfolding of Dermatology, leaving their deep and imperishable traces for the younger generations to learn from their teachings. Their excellent virtues had the magnificent and altruistic goal that we all recognize in many colleagues, whom it is necessary to remember as a prior step to eternal rest.

We have now already reached the modern era, between 1985 and 2004, with the more recent generations of dermatologists, who have learned from their elders and who take on the responsibility of teaching and transmitting the knowledge that passes from generation to generation. They are the Clinical Medicine associates, the assistants, the Adjunct Professors: Drs. Néstor Macedo, Miguel Martínez and Selva Ale and the current full professor, Dr. Griselda de Anda, a true engine, an indefatigable worker of genius, who day in, day out over the course of very many years has devoted her life to teaching, treatment and research. Professor and teacher in Clinical Dermatology and in Dermopathology, she also created sections for specialized treatment such as those for Pediatric Dermatology and leg ulcers, continuing with Surgery and Contact Dermatitis. She has stood out for her continuous travels abroad to carry on learning, mainly at the annual Meetings of the American Academy of Dermatology. Her extensive scientific output encompasses innumerable articles published in diverse national and foreign journals and an enormous number of participations in congresses, symposia and scientific gatherings in Uruguay and diverse Latin American countries, in the United States and in Europe.
With extraordinary enthusiasm and devotion, Prof. de Anda has caused Uruguay's current Dermatology to rise to international levels over the last twenty years. The same can be said of her extraordinary collaborators, Drs. Macedo, Alé and Martínez, as well as of the younger physicians, who have continuously presented innumerable articles and books, obtaining a large number of International Awards. It can be stated with certainty that an infinite number of disciples have developed at Prof. de Anda’s side. It is the third glorious stage of Dermatology in Uruguay.

### Hospitals with Dermatology services

**Hospitals dependent from the Ministry of Public Health that have dermatological polyclinics**

**MACIEL HOSPITAL**

The Maciel Hospital has constituted a true glory of Uruguayan Medicine over the course of several centuries1–16. It operated, from its outset, as a Hospital of the Ministry of Public Health, but its activities were divided. There were the doctors of the Medical School like José Brito Foresti, Bartolomé Vignale, José María Tiscornia Denis, Héctor Santomé, Antonio Blanco and Juan F. Tost (Figures 5, 6). We stress the figure of extraordinary physicians of the Medical School and of the Ministry of Public Health, like José May, Cándido Prego, Héctor Abreu, Eustaquio Montero, Blanco, Esther Casella de Vilaboa and Ana Cassinelli. Excellent physicians passed through those services, which it is a duty to mention: Levy, Rampoldi, Dos Santos, Susana Dorce, Diab, Macedo, Bruno, Mocobocki and Conti.

The Maciel is, since a few years ago, one of the main referral hospitals for all of Uruguay. Under the leadership of Dr. Ana Cassinelli and Diab it maintains a very free-flowing relationship with the Hemato-oncology and Bone Marrow Transplant Patients Service, with the Chest Surgery Service and especially with the country’s only Center for Gravitational Therapy and with the Psycho-Social Medicine Unit (the only one in Public Health). Its physical facilities were expanded in 1999 and it enjoys all the modern elements for a better treatment for patients. Dr. Cassinelli’s latest and fundamental achievement was to include specific medications for Dermatology in the hospital’s formulary which can only be prescribed by specialists, which allows a relatively stable amount of medication to be maintained. We very particularly wish to stress Cassinelli’s intense, selfless and extraordinary work, which has placed her service among the best in the Americas.

**FERMIN FERREIRA HOSPITAL**

It was created at the end of the nineteenth century for the interaction and treatment of patients with tuberculosis. Separated from the main nucleus of the buildings were two wards for leprosy patients; it was the original leprosarium led for many years by Ernesto Stirling, a man who devoted his entire life, with affection, enthusiasm and devotion, to the care of his patients. When this hospital was closed down the patients came to be treated at a specially designed building on the outskirts of Montevideo, the Hansenian Institute. It had four wards (two for women and two for men), six houses separated from the central nucleus for patients living as a couple, and central and administrative offices. This part was headed by Dr. Victor Rosen and the patients’ section by Drs. Moris Margounato and Nieves Varela. It had everything
essential as regards materials and medications and also included the input of dentists, neurologists, surgeons and physiotherapists. The campaign against Hansen’s disease and control over the struggle against it throughout the country was in Dr. Vázquez’s hands.

Pereira Rossell Hospital

This is an enormous building divided into numerous wards for Gynecological Clinical Medicine and a Central Ward for Pediatric Clinical Medicine. In one of the Services, which was headed by Prof. Dr. Euclides Peluffo, Dr. Raúl Vignale, at his request, would participate in 1962 to examine children with skin lesions and to teach. In the year 1964, the Ministry of Public Health created the Dermatological Polyclinic which was led, as Head of the Service, by Vignale himself through competition based on background. A year later Dr. Walter Teny, who worked as Dermovenereologist Doctor in Dispensary No. 1, went over to the post of assistant in Clinical Medicine. That post was left by Vignale to enter competition for that of Professor of Dermosyphilopathic Clinical Medicine at the Clinics Hospital in 1969, succeeding Prof. Dr. Aquiles Amoretti. At the current time the Dermatological Polyclinic at the Pereira Rossell continues to operate with true efficiency, with sacrifice, in morning and afternoon hours, treating Polyclinic and Ward patients, led by distinguished physicians like Drs. Pazos, Valls, Viña, Pous and Salmentón, always with Dr. Tena at the head. It is only strictly fair to point out that Prof. Dr. Griselda de Anda, Professor of Dermatological Clinical Medicine at the Medical School, goes there assiduously and for free, to cooperate in its activities with efficient scientific labors. In addition, as always happens in these cases, teaching work is carried out at the three Pediatric and Gynecological Clinics. It is a Referral Center for all of Uruguay.

Operating at this Hospital is the Specialized Center for the Treatment of Skin Diseases (CETEP), which depends from the Ministry of Public Health. Its head is Adjunct Prof. Néstor Macedo, who works alongside Drs. Bessonart, Piñeyro, Tcheckmedyian, Delucchi, Méndez, Kleist, Moriyama, Labat and Casanova. It treats the elderly and children, and has an archive that is a model in Uruguay. It enjoys the most advanced technology for the diverse forms of treatment employed: photochemotherapy, cryotherapy, echography, operating room for minor surgery. The “leg ulcers” Polyclinic is an example of know-how offering excellent results. On the last Tuesday of each month an Athenaeum is held to which colleagues from other hospitals are invited and every Wednesday there is a discussion of clinical cases. In this way, an excellent group has been developed whose future is more than promising. This is another example of the extraordinary scientific and treatment level of Uruguayan Dermatology, along with other Services at diverse hospitals.

Pasteur Hospital

Founded and launched at the end of the eighteenth century, it had a Dermatological Polyclinic from its outset; starting out there as Head of the Service was Prof. Dr. Héctor Raúl Alonso, who worked there for many years; he was succeeded by Aquiles Amoretti, Eustaquio Montero, Moris Margounato, Ana Urruty and Ana Miralles, accompanied by numerous collaborators. It currently operates in morning and afternoon hours. The Skin and Sexual Hygiene Dispensary attached to that Service was many years ago, under the leadership of Prof. Dr. Juan F. Tost; it then became a dependency of the Skin Polyclinic. We wish to stress the extraordinary work and the huge and uniring labors of them all and of their collaborators, by virtue of their scientific level and their extensive and fruitful
hospital work, examining both Polyclinic and Ward patients. We do not wish to conclude without mentioning assistant physicians Munch, Civila, Ponasso and Vareika.

“DR. MANUEL QUINTELA” CLINICS HOSPITAL

The Medical School’s Dermatological School, as we have already mentioned, currently operates there, under the leadership of Prof. Griselda de Anda. In the year 1978, a photograph was taken there of Prof. Aquiles Amoretti and his collaborators when he held the post of Full Professor of the Clinic (Figure 7). We stress the importance of this Center as a referral unit for all the country’s dermatologists.

Hospitals not depending from the Ministry of Public Health or the Medical School

POLICE HOSPITAL

It was founded in 1980 to treat police officers and their family members; Dr. Eustaquio Montero started out as Head of the Service there. Endowed with an extraordinary hospital conception, it offers all the resources essential for exceptional medical treatment. Montero, who has devoted his life to Dermatology and Dermatopathology, began studying in Philadelphia, U.S., later achieving, following his specialization in both branches, and thanks to his enormous enthusiasm, dedication and effort, the highest levels in the scientific and treatment fields. His Skin Polyclinic is an example that needs to be followed by all young dermatologists as regards patient care. He works there together with Drs. Arévalo, Cateura and Tcheckmedyian, offering excellent medical attention. Every type of medical and surgical procedure is carried out, as well as the anatomo-pathological examinations reported by Dr. Montero himself. An exemplar of modern Dermatology.

MILITARY HOSPITAL

As in the case of the Police Hospital, an enormous, multiple and complex building for hospitalization and Polyclinics was erected for Military Personnel. It was initially created as a small Hospital for urgent cases, later to turn into one of the important such institutions in the Americas. Its first Head was Adjunct Prof. Luis Torres de la Llosa who, along with Dr. Rotkier and investing true scientific potential turned this Polyclinic into a complete establishment with an excellent, very well stocked archive of photographs and histological preparations. The Service is currently led by Dr. Della Santa who is accompanied by Drs. Santurión, Bazzano, Costa, Iglesias, Lacuesta, Machado, Téllez and Vainsencher.

PEDRO VISCA

This was a Pediatric Hospital that offered a large number of Polyclinics, among them that of Dermatology. From its launching until its definitive closure, the leadership of this Service was held by Adjunct Prof. José María Tiscornia Denis, an extraordinary teacher. Only he could have done that work with such enthusiasm, carrying out the indefatigable labors of every morning, alone or, sometimes, accompanied by some graduate student in

Figure 7. At the Clinics Hospital with the entire teaching staff and nurses (1957). Left to right, seated: Tost, Prego, Tiscornia, B. Vignale, Amoretti, Sanjinés and Abreu; standing: Ramos (nurse), Aronovich (archivist), Kliestorny, Torres de la Llosa, R. Vignale, Blanco, García (nurse)
the specialized field. As a fact which we want to draw special attention to, due to the exquisite sensibility of his personality, in addition to his treatment work he likewise devoted himself to teaching by giving explanations to patients’ relatives on how to apply the corresponding treatment and providing continuous advice, like a real father, on how to educate a child so as to achieve a secure and promising future. Only in him is this extraordinary virtue to be found.

**INSTITUTE OF HYGIENE**

The Services of the Medical School and of the Ministry of Public Health operate here. It is located beside the Clinics Hospital and forms part of a building complex with two separate entrances. In one section is the Institute itself, where the Chairs of Parasitology, Bacteriology, Parasitary Immunology and Hygiene and Preventive Medicine are located as well as part of the Medical School’s Immunology Laboratory. In the other, the Hospital of Hygiene operates, with the Chair of Infectious Diseases with a Polyclinic for outpatients and hospitalization wards especially prepared for AIDS patients. These patients are habitually treated by various specialists — infectologists, internists and dermatologists. Antiretroviral medication is supplied for free by the Ministry of Public Health, even if the patients lack the corresponding Treatment Card issued by the Ministry; in this way, every patient always receives medical attention, a fundamental fact for achieving his improvement and healing. We wish to stress the work of Dr. Liliana Calandria, Assistant Professor of the Medical School at the Clinics Hospital and current Head of the Service for AIDS patients, as well as that of the infectologists and her other collaborators. This brilliant work is recognized at national and international level; she is President of URUSIDA (Uruguayan AIDS Society) and Secretary and President of numerous national and foreign congresses on the subject of AIDS; she is also a main consultant for the principal Centers for diagnosis and treatment in America, including the US, and Europe.

**DISPENSARY FOR THE PROPHYLAXIS OF SEXUALLY TRANSMITTED DISEASES**

Its site of operation is located beside the annexes of the Maciel Hospital. It was founded to provide treatment for prostitutes and homosexuals; the Service operates in the morning hours for the former and in the afternoon for the latter. Diverse physicians worked there as Heads of the unit: Riveiro, Vilaboa, Dos Santos, Boggio, Canetti and Nicola. The Dispensary has a constant relationship with the Venereal Treatment and Prophylaxis Center of the Ministry and with the Police, which also maintains the records of the patients, who are currently controlled on a monthly basis.

**History of dermatological journals in the nineteenth and twentieth centuries**

Here we offer a general overview of the first journals in the nineteenth century and the early twentieth, a period in which a new specialized field was launched in Uruguay only a century after the founding of its capital city, Montevideo, in 1726. In a necessary selective manner, we shall only mention the pioneering publications of the first professors of the field, as well as, in later years, those of the professors heading the Services, for the Medical School and for the Ministry of Public Health.

In the 1850s, the first papers on patients with dermatological pathology ailments appeared in the publication *La Facultad de Medicina* (a fortnightly journal); years later, Prof. Dr. José Brito Foresti presented cases from the Charity Hospital’s dermosyphilopathic clinic there; there are likewise papers on the subject in the *Anales de Medicina Montevideana* (1852-1932).

The year 1898 saw the launching of the *Revista Médica del Uruguay* (1898-1932), of
a monthly character, which was for many years the only one, and the cornerstone for those that appeared in the early twentieth century. The publishing board was formed by diverse medical personalities, among them José Brito Foresti as managing editor. Between 1898 and 1926, Brito Foresti and his colleagues published a total of 71 articles, many of them on ailments described for the first time, together with B. Vignale and collaborators. Bartolomé Vignale presented publications in the same *Journal*, which was the official organ of the Medical Organization of Uruguay, created in those years; between 1919 and 1926, there appeared 41 articles with his authorship. In 1917, it published the first articles by Dr. José May, who participated with 91 in all. Mention should be made of the dermatologists who collaborated in all these issues: Juan A. Rodríguez, J. F. Canessa, Raúl del Campo, J. Canabal, R. Scaltriti, J. Rosende, J. de Salterain, A. Prunell; physicians from other fields, the great Teachers of our national medicine, also collaborated.

Appearing in 1916 were the *Anales de la Facultad de Medicina*, the latter’s official organ, which presented thousands of papers by the diverse doctors both of the School and of the Ministry of Public Health, of Montevideo and of the interior, encompassing all medical fields. Afterwards, between 1955 and 1965, and with the “Dr. Manuel Quintela” Clinics Hospital already inaugurated and with the Dermosyphilopathic Clinic in operation, the professors and physicians of the Service collaborated with articles, among others Prof. Drs. Aquiles Amoretti, José María Tiscornia Denis, Héctor Santomé and Drs. Raúl Vignale, Luis Torres de la Llosa, Antonio Blanco, Pablo Klestorny, Cándido Prego and countless colleagues in the specialized field.

The first stage of the *Anales* ended in 1966; the second ran from 1978 to 1981.

Also requiring mention are the *Archivos de Medicina, Cirugía y Especialidades del Uruguay* (1936-38/40-53), although it offers few articles on our field.

Another publication was created in those same years, in this case exclusively on our branch of medicine, the *Revista Uruguaya de Dermatología y Sifilografía*, launched with a double issue (1-2) on March 18, 1936, and whose trajectory lasted until 1953. Its first Editor was Prof. Dr. José May; associate writers were Drs. Gloria Alonso de May, Roberto Riveiro Rivera and Carlos Galfetti Urioste. Prof. Dr. José May was a physician, appointed by competition, at the Ministry of Public Health and held the post of Head of the Service of Dermatology and Syphilography at the Maciel Hospital. He devoted the first issue of the journal to Dr. José Brito Foresti, whose photograph appears on the first page. Among collaborators were Drs. Radamés Costa, Julián Rosende, Mario Taglioreti, Nicolás Tiscornia and Enrique Apolo, Luis Gastaldi, Juan Carlos del Campo, Ángel Cuervo, Héctor Ardao, Rafael Turcio, Miguel Rubino, Héctor Santomé, Carlos Bordes and others. A subject which was given specially attention in this journal was the problem of leprosy; there is detailed information on the meetings of the Lower House of Congress at which the bill for a *Law on the Struggle Against Leprosy in Uruguay* was presented, which was later adopted and then completed with the *Bill for Regulations on the Struggle Against Leprosy* and the *Plan for the Struggle Against Leprosy*. The law draft had for the first time been presented at the Second South American Congress of Dermatology and Syphilography held in Montevideo in 1921.

Among other matters deserving special mention, we draw attention to the article *Le traitement de la fièvre jaune*, in French in the original since, in that period, at the end of each Gathering of the Clinic a written summary of the cases was drawn up in that language for publication in the Journal. It is also worth mentioning that on diverse occasions, outstanding personalities of France were present, such as Gaston Milian, H. Gougerot, R. Burnier and Lucien Périn of the Saint-Louis Hospital in Paris, glorious summit of the Dermatology and Syphilography of that era. We also stress the extraordinary papers on the Nicholas-Favre disease, reproduced in numerous articles and books in French.
It must also be mentioned that Prof. Dr. José May was the creator of the wax moulages which Von Rommel, an émigré who lived in Montevideo, carried out with such precision that they were a faithful reproduction of the patient’s ailment. This extraordinary Museum was the first of its kind created in Latin America, similar to that which existed at the Saint-Louis Hospital.

April, 1947, saw the launching of the Revista de la Cátedra de la Clínica Dermosífilopática de la Facultad de Medicina. Hospital Maciel. (19) Its publisher was Prof. Dr. Bartolomé Vignale and the managing editors were Drs. Carlos María Infantozzi and Pablo Klestorny, heads of Clinical Medicine. Klestorny was likewise the photographer of the Clinic, where all patients were recorded in images. The journal published the most important clinical cases of the month, including the debates raised in the Chair. Its trajectory ended in October 1949, when it ceased to be issued for financial reasons.

Between 1989 and 1991, Dermatología Uruguaya, the official organ of the Uruguayan Society of Dermatology, was published, under the leadership of Prof. Dr. Probo Pereira. We draw attention, as an unprecedented and historical event at the Medical School, to the major exhibition staged in 1940, in the Main Auditorium, of some 500 photographs of patients with diverse skin ailments, belonging to the Dermosyphilopathic Clinic. The exhibition was carried out thanks to the extensive and fruitful work of Prof. Vignale and particularly of Dr. Pablo Klestorny — untiring collaborator, laconic but top-notch at human relations and extremely talented. Over the course of four months it was visited by numerous doctors and by thousands of medical students.

All the above is a brief summary of the history of the beginnings of our specialized field, created by our notables, true forerunners and masters, professors Drs. Brito Foresti, José May and Bartolomé Vignale. We shall recall that they all completed their training mainly in France; and we must also stress the excellent relations they maintained with the select group of Argentine dermatologists — like Pedro L. Baliña, Pablo Bosq, Fidanza, Schujman, J. Fernández and Carrillo — with whom, on numerous opportunities, they exchanged information at their headquarters in each country to prepare the meetings of the respective Clinics14-16.

**Congresses, symposia and sessions**

We shall very briefly present a summary of the principal scientific gatherings of the twentieth century in our country. In 1918, the first Congresses of the River Plate were held in Montevideo, on the same year in which the Second South American Congress took place in Rio de Janeiro.

In 1938, the First Uruguayan Medical Sessions, Dermatology and Syphilography Section constituted a fundamental event in the history of Uruguayan Dermatology by virtue of their extremely high international scientific level. Along with Drs. May y Vignale, who were the Presidents, outstanding colleagues participated from Argentina (Fidanza, Contardi and Schujman (Rosario), Garzón y Mocola (Córdoba), Puente, Carrillo, Orol Arias, Gómez, Mazzini, Gomis, Picerna, Costané Decoud, Cordívoli, Braseras, Kaminsky, Castex, Borda, Quiroga, Pierini, Abulafia and Sánchez Basso); from Brazil (Paulo Vieira, de Souza Campos, Lindemberg, da Fonseca Bicudo, Póvoa and Berardinelli); from Paraguay (Boggini and Ugarriza); from Chile (Macchiavello and Coutts), and from France (Rabut).

In succeeding years numerous Meetings and Congresses took place with the participation of all dermatologists not only of Montevideo but also of the interior, which marked a notable scientific advance for the period.

The First Sessions of Dermatology of the River Plate were held in December 1956, promoted by Bartolomé Vignale and thanks to his special friendship with Quiroga, Garzón, Pierini, Mazzini, Kaminsky and others. They met with extraordinary success, for
which reason they were repeated every two years, being held on a rotating basis in the two countries of the Plate. The tenth gathering, in 1970, took place at the Solís seaside resort and was presided by Dr. Eustaquio Montero. These meetings were later called off to be replaced by the RADLA (Figure 8).

The RADLA (Annual Meeting of Dermatologists of the Southern Cone) has, over the years, met with extraordinary success, with an international impact. The venue rotates among Uruguay, Argentina, Brazil, Chile and Paraguay, which have lately been joined by Bolivia and Peru. We stress the importance of this event, fundamentally by virtue of the unity forged among the dermatologists of the Southern Cone, to whom those of other countries, such as Ecuador, Colombia and Venezuela, may possibly be added in the future.

The Ibero-Latin American Association, the maximum dermatological authority in the region, acknowledged worldwide, constitutes the most important gathering of the dermatologists of Spain, Portugal and Latin America. This encounter, which is held every four years, represents the true link of dermatological science, friendship and fellowship between Europe and America.

The Uruguayan Society of Dermatology, with a historical past filled with glory, is the fundamental institution that brings together all the dermatologists of Uruguay. In October 2005, the Tenth Uruguayan Congress of Dermatology will take place along with the Tenth International Meeting of Dermatological Therapeutics and the Sixth Sessions of Dermatological Therapeutic Updates of the CETEP. These congresses gather all of the country’s dermatologists to present their experiences; outstanding physicians from diverse countries of Latin America, Europe and the United States are always invited.

The Inland Society of Dermatology, with its active Governing Board, also carries out its congress every two years, at the capital of one of the districts.

### The Uruguayan Society of Dermatology

The Uruguayan Society of Dermatology, always and tightly linked to all the dermatologists and venereologists of the Maciel, Pereira Rossell, Pasteur and Pedro Visca Hospitals, Institute of Military and Police Hygiene and Dispensaries of Dermatology and Sexual Hygiene, was created on May 15, 1918 as the Section of Dermatology and Syphilography of the Medical Society of Uruguay. It was an essential need, since it replaced the old Athenaeums which were held separately at each Hospital Center.

On September 1, 1927, Prof. Dr. José May proposed the creation of the bylaws of the Uruguayan Society; a commission formed by Profs. José Brito Foresti, Bartolomé Vignale and Máximo Halty was appointed to draw them up.

The Society operated in an irregular manner at the Maciel Hospital. Only in 1956 did activities re-emerge under the leadership of Bartolomé Vignale, with the participation of prestigious dermatologists who represented the diverse services. It was the first time in which all dermatologists came together, a significant event in the history of the Society.

New bylaws were drawn up and a Governing Board was constituted, to last two years, whose members were renewed through periodic elections. The last Saturday of each
month was established as the day for meetings, a date which has since then been regularly complied with.

Participating at the outset of the Society were the illustrious Drs. Rafael Turcio, Cándido Prego, Ernesto Cacciatore, Luis A. Torres de la Llosa, Héctor Abreu, Arturo Prunell, Arnaldo Lombardi, Manuel Terán, Radamés Costa, Angel Sanjinés, Juan F. Tost, Antonio Blanco, Leocadio Alvarez. Each Service’s clinical cases were presented and discussed, and very often the most interesting ones were published in the journals of the period.

For twelve years, during the De Facto Period — of domestic war — no meetings of any kind were allowed, for which reason the Society suspended its sessions. In 1984, it restarted its activities with new zest and enthusiasm, which led it to carry out monthly meetings and to renew its Governing Boards every two years on the occasion of the National Congresses.

Another fact to stress is that the number of dermatologists practicing their profession in the various departments (districts) of the Republic led to the creation of the Inland Society of Dermatology.

For the last six years, the Uruguayan Society of Dermatology has a headquarters of its own, a permanent secretariat, an archive holding its records from its launching to recent years, computers for the young to search for bibliography and a library with the latest international journals, recently subscribed to. These results have been obtained after an arduous, tenacious and persistent labor of the Governing Boards with the efficacious cooperation of drug companies. As we have already pointed out, the journal *Dermatología Uruguay*, the Society’s official organ, was published for three years, after which it ceased publication for financial reasons.

Lastly, it must be stressed that the successive Presidents and Governing Boards have worked intensively for many years with unique devotion and dedication, achieving an international standing. The majority of Uruguayan dermatologists currently publish innumerable scientific papers in diverse foreign journals such as the *Archivos Argentinos de Dermatología, Revista de la Asociación Argentina de Dermatología, Revista Chilena de Dermatología, Anais Brasileiros de Dermatologia, Actas Dermosifilográficas de España*, as well as several publications of the United States. Congratulations to them all. In these recent periods with Macedo and currently with de Anda, they have been holding their monthly meetings and especially Intensive Courses on different aspects of Modern Dermatology such as Esthetic and Surgical Medicine which will prove highly fruitful for future generations.

Historical and Evolution of the Struggle Against Sexually Transmitted Diseases in Uruguay

In the early days of Montevideo life, treatment for the sick was offered fundamentally on the basis of Christian charity. But with the passage of time, these ideas gradually changed, so that the obligation was established on the part of the State to treat those persons who, lacking in means, required medical attention; this led to the creation of various hospital centers. One of the population’s major sanitary problems were venereal diseases, currently called Sexually Transmitted Diseases (STDs). The very large number of patients involved led the Government, through Public Health officials and by a ruling of the National Council on Hygiene, to found the Prophylactic Institute for Syphilis on May 23, 1917, with a view to the prophylaxis and treatments of those patients and to protect the health of the population. Its first head was Dr. Juan A. Rodríguez, who was succeeded by Dr. Manuel Terán until 1949, the year on which Prof. Dr. José May took over. It is necessary to stress that it was the first building in the Americas devoted exclusively to this disease. The Ministry of Public Health, created in 1933, incorporated the Prophylactic
Institute for Syphilis as a Section for Venereal Treatment and Prophylaxis. There, by reason of their lengthy, self-sacrificing and fruitful labors, we stress the names of Drs. Mario Taglioreti, Arnaldo Lombardi, Rubén Cusmanich, Pablo Klertorny, Héctor Abreu and Francisco Amor García. The physicians in charge of this struggle at the Hospital Clinics were Prof. Dr. José Brito Foresti and Joaquín Canabal at the Maciel Hospital; at the helm of the National Syphilocomium stood Dr. Germán Segura and the doctors of the Military Hospital. The patients were, according to their symptomatology, treated jointly with other specialists; they were hospitalized in the Ricord Ward. Until the year 1906, the majority of syphilitic prostitutes registered in police records were hospitalized at the Gynecological Clinic of Prof. Dr. Enrique Puey, under a ruling of the Medical Inspection of Prostitution dependent on the National Council on Hygiene, and at the Dr. Germán Segura ward, where the Syphilocomium (Hospital Service for Venereal Diseases) was set up under the leadership of Dr. Juan A. Rodríguez. Patients belonging to the Army and to Police forces went into the Military Hospital. It was the Institute which was in charge of performing all tasks related to lab tests (Wasserman and LCR); drawing up the guidelines for the diverse forms of treatment and supervising prevention, and controlling the anti-syphilis dispensaries created several years previously as well as the statistics corresponding to each district.

Competitions were held for the physicians who at the given moment were called “doctors in dermatology and sexual hygiene.” Alberto Scaltriti and Angel Canabal worked at the Institute, along with dermatologists from diverse hospitals and dispensaries. As from its founding in 1917, this Institute was an example and a point of referral for all of Latin America; its reports were the first to be issued following the guidelines of the papers of the European school, particularly the French one. Years later, the Institute was put in charge of control of all venereal diseases, not only syphilis. This huge undertaking set foundations that proved essential for succeeding generations by virtue of the earnestness with which the work was always carried out, of the results of its laboratory tests, of the originality of its research and of its control over all aspects related to these diseases.

**Latin American Union Against Sexually Transmitted Diseases (ULACETS)**

At the initiative of a group of Central American dermatologists, the creation of this new entity was proposed during a CILAD Congress. In the years 1974-76 a Governing Board was constituted and the bylaws drawn up. The importance of this institution, which has worldwide renown, was acknowledged by the PAHO-WHO which appointed us as advisors for these STDs.

Numerous congresses were held in diverse countries of Latin America, at two-year intervals; three of them took place in Montevideo, under the leadership of Raúl Vignale, Probo Pereira and Hilda Abreu. Every three months a Bulletin was issued together with Prof. Walter Belda of Brazil, *alma mater* of the institution, and personalities like Woscoff, Flichman, Vignale and other Latin American colleagues, who for many years worked in an intensive and selfless manner. The Bulletin presented new medical scientific advances, as well as comments on the Congresses. This was ULACETS’ first period of glory.

Some years ago, the advent of AIDS produced a division, ULACETS remaining on one hand and the Latin American Union Against AIDS on the other. At the CILAD-2004 Congress in Buenos Aires a new ULACETS Governing Board was formed under the leadership of Dr. Parizzi and Hilda Abreu; meetings began and the venues of the next Congresses were established. This shall be the second glorious stage of ULACETS-UPICETS.
References

2. Ponce de León LR. El primitivo Hospital de Caridad [monografía]. Montevideo: Facultad de Medicina; 1907.
HISTORY OF DERMATOLOGY IN VENEZUELA

CONCEPTION, BIRTH AND DEVELOPMENT

ALFREDO LANDER MARCANO, JAIME PIQUERO-MARTÍN, ANTONIO RONDÓN LUGO, OSCAR REYES FLORES, BENJAMÍN TRUJILLO REINA, HERNÁN VARGAS MONTIEL

"The deeper we delve into the past, the further we will reach into the future". Winston Churchill

First stage. From Indian times to 1904. Conception

Indian Period

Our knowledge of the skin diseases (Figure 1) of Venezuela’s indigenous peoples before the arrival of Christopher Columbus on his third voyage to the New Continent is based on “medical” accounts mostly written by the priests who arrived with the discoverers, and particularly with the colonizers. It must be remembered that these priests were not acquainted with medicine, had scant knowledge of diseases, and in general were very prejudiced people.

The term pre-Columbian medicine is inaccurate since, when Columbus arrived in the American continent, there wasn’t one sole medicine here, but rather as many as there were peoples inhabiting the land. In Venezuela, the Arawak and the Carib vied for social, anthropological, medical and warfare supremacy.

Most Indians were physically strong and healthy people, with good teeth, and fit for physical work. Skin diseases were infrequent, possibly...
because they bathed often and daubed their skin with an annatto-based dyestuff, which they used for aesthetic purposes and as a mark of identity. Nowadays this dyestuff is known to afford some protection against insect bites.

Among the native and primitive peoples, diseases were not considered to be the result of action by an invisible and intangible agent, but rather caused through the agency of an enemy, or an evil spirit, or some supernatural entity related to religious beliefs. Surely for these reasons there were individuals, recognized among them, who were capable of freeing them from disease through peculiar and primitive methods such as exorcism, incantation, prayer, smoke, the drinking of concoctions, dances, gestures, sleight of hand and magic – all of these used to invoke the help of the spirits, frighten them or have them expelled from the body of the ill. These methods were applied to diseases in general, and most probably, the dermatological pathologies were not an exception.

The indigenous peoples suffered from various skin diseases; the most common were: pinta or spotted sickness, impetigo and other infections such as infestation with chigoe fleas, pediculosis (lice infestation), sarcoptic itch (scabies), myiasis, leishmaniasis (also called Andes sickness or uta); intoxications and insect and reptile bites. With regard to syphilis, some authors hold that the disease was carried to Europe with the return of the discoverers and conquistadors, while other authors assert the opposite.

The Indians employed numerous preparations from animal, plant and mineral sources as treatment for cutaneous disorders. They used roots, stems, flowers, resins, extracts and powders from various plants, including the lignum vitae, which was later used medically in Spain and other countries as a specific treatment for syphilis. They also used various balms for treating wounds, in addition to numerous herbs and plants: barro macho, red mangrove, agave, merey, nettle, sarsaparilla, vera, etc. As a keratolytic they used the fig tree, and cantharides as a caustic.

The annato or lipstick tree (known locally as onoto and other common names according to the different tribes and regions) was often used as a sunscreen and against insect bite. The western tribes used coca leaves (Erythroxylon coca or E. peruvianum) which they chewed with the addition of lime. They also used extracts from plants of the genus Datura (Solanaceae), which are rich in alkaloids, atropine, hyoscyamine and hyoscine or scopolamine for inebriation, together with chicha or other drinks to enhance their effects.

Black nightshade (Solanum nigrum) was frequently used to treat skin ailments involving vesicles, herpes infections, impetigo, scabies and ulcers (sores). Its use has extended to this day.

Sumac or manceneel (Rhus striata, Hippomane mancinella) was also used for skin disorders similar to those treated with black nightshade. Nowadays it is known that both plants owe their beneficial effects to their content of tannic acid, which gives them an astringent effect.

Tusilla (Dorstenia contrahierba) was used to treat pruriginous conditions such as nettle rash, and also for illnesses localized in the genital area.

Curare — an extract of botanical origin obtained from various species of the genus Strichnos, which grow abundantly on the banks of the River Orinoco — is a powerful agent that produces paralysis in striated muscle. It was likely used to treat muscle contracture and tetanus, although its principal use was as a weapon against the conquistadors as arrow poison to cause the enemy’s death by respiratory paralysis.

Indians were also familiar with some herbs which, once mashed and applied to wounds caused by poison arrows, blocked the effects of the poison.

Colonial period

The colonial period began on August 19, 1498 with the discovery of a region that later would be known as Venezuela. On his third voyage, Christopher Columbus arrived on the
eastern shores south of the Paria Peninsula, at a harbor that he called Macuro — today Puerto Cristóbal Colón in the state of Sucre.

This lengthy period covers the end of the fifteenth century to July 5, 1810, when Venezuela declared its independence and was proclaimed a republic.

With the arrival of the conquistadors and European (mostly Spanish) settlers in America, a complex and difficult social, environmental and cultural situation began to develop — the encounter of human beings of very different origin, habits, languages, knowledge and resources, which posed a serious ethnological and transcultural problem.

With the conquistadors came the first medical professionals. In accordance with the rules of the Catholic Monarchs, all ships were required to carry personnel for health services. In this way physicians and healers mingled, many of them famous and well-known, some hailing from Spain and others native to the Americas.

By 1585, the most common diseases were smallpox, measles, dysentery, fevers, rhinitis, malaria, ulcers and pustules (buboes) brought by the Africans, which were treated by the Indians with lignum vitae. The first epidemic of smallpox occurred in 1580, and originated with black slaves from Guinea, who brought measles and malaria as well.

Indigenous culture was crumbling, but not indigenous medicine. Due to the scarcity of physicians and the retarded development of medicine in the Iberian Peninsula, the invaders were forced to take on the ways and habits of the natives and to submit themselves to the indigenous medicine of medicine men and shaman-healers (piaches).

This situation is reflected in a letter sent by Cortés to Charles V, in which he recommended to the king “not to let Spanish physicians into Mexico because the skill and knowledge of the Aztec physicians rendered it unnecessary”1-5.

Republican period

In 1810, once Venezuela’s independence from the Kingdom of Spain was obtained, the development of medicine in the Republic commenced.

Some physicians of that time began to take an interest in skin diseases. Among them we can cite Dr. José María Vargas, who in 1826 began his lessons on Anatomy and pioneered histological observations in Venezuela with his microscope, which he had brought from Europe. In 1827, he was elected as the first president of Venezuela’s Central University — the Medical School was created on June 23 of that year, by a decree of the Liberator Simón Bolívar. José María Vargas later became the first civilian president of Venezuela.

Various works about Dermatology began to appear at that time, among them the following:

— *Afecciones cutáneas de los niños* (Cutaneous Disorders in Children), by José Félix Rivas Alas.
— *Gangrena* (Gangrene), by A. F. Delgado.
— *Enfermedades venéreas* (Venereal Diseases), by C. Arvelo, M. Porras and M. M. Ponte.
— *Tíñas* (Types of Tinea), by D. Armas.

Dr. Louis Daniel Beauphthuy practiced medicine during the 1850s and wrote on leprosy, demonstrating a wide knowledge of tropical diseases.

There were still no medical specialties, but obstetrics, ophthalmology and legal medicine were already taking shape. Throughout all of this period, doctors, medical school graduates, surgeons, physics, barber-surgeons, barber-bleeders, apothecaries, healers, nurses and midwives made up the wide range of people who practiced medicine. Fees were established in annuities.

Even though the first hospitals were St. Paul’s Hospital (1602), which ceased to operate
in the nineteenth century, the St. Lazarus Royal Hospital (an eighteenth-century clinic), and the Caracas Military Hospital (eighteenth century), the creation of a hospital dedicated to the care of the country’s ill occurred two centuries later and was due to Dr. Juan Pablo Rojas Paúl, president de la Republic (1888-1890). This hospital was inaugurated on January 1, 1891, by Dr. Raimundo Andueza Palacios, Rojas Paúl’s successor. It was called the “Vargas Hospital” and became the cradle of Dermatology in Venezuela, now as a specialized branch of medicine.

In 1882, Dr. Nicanor Guardia, Jr., was the first physician who practiced Dermatology as a specialized field in our country, after having taken specialization courses in Paris.

In 1903, Dr. Manuel Pérez Díaz created the first Dermatology Service at the Vargas Hospital.

Second stage. 1905 to 1946. Birth

**Historic milestones**

1903. Profesor Manuel Pérez Díaz, head of the Vargas Hospital’s Medical Service, succeeded in requesting from Paris a collection of wax models of skin diseases; a Museum within the Dermatological Service was then organized.

1903. First Dermatology Service in Caracas’ Vargas Hospital.

1906. The Cape Blanco Leper Colony was founded in the Federal District.

1908. The Chair of Clinical Dermatology was created at the Caracas Medical School and Dr. Manuel Pérez Díaz appointed as its first professor.

1910. Clinical Dermatology became mandatory for sixth year students.

1917. Drs. Juan Iturbe and Eudoro González published a report on the first case of cutaneous leishmaniasis in Venezuela in the *Gaceta Médica de Caracas* (Caracas Medical Gazette).

1920. A report on the first case of human blastomycosis in Venezuela was published.

1921. Dr. Luis Razetti submitted a bill on Antivenereal Defense at Venezuela’s 3rd Medical Convention, which took place in Valencia.

1926. The ministry of Health and Social Welfare created the first Antivenereal Dispensary.

1936. Founding of the *Venezuelan Society of Syphilography and Leprology*, today known as the *Venezuelan Society of Dermatology and Surgical Dermatology*.

1936. A Dermatology Service was created at the Los Andes Hospital, in Mérida.

1936. *Venezuelan Dermosyphilography*, a work by Professor Dr. Miguel Jiménez Rivero, was published — the first book on Dermatology published in Venezuela.

1938. The Venereal Diseases Division was created.

1938. Dr. Pablo Guerra for the first time applied allergy tests and patch tests created by himself.

1938. Dr. Pablo Guerra was appointed head of the Clinical Chair, where he introduced radical complementary changes. Diagnoses were confirmed by direct examination under the microscope, histopathological culture and immunological tests.

1938. Professor José Sánchez Covisa, head of Madrid’s Chair, arrived in Caracas, where he was appointed adviser to the Chair of Clinical Dermatology, where he stood out for his teaching work.

1939. The Caracas Dispensary and School was created, which contributed to training the first group of venereologists in the country.

1939. Dr. Humberto Campins created a Dermatology Service at the Antonio María Pineda hospital in Barquisimeto.

1941. Treatment of venereal disease was declared mandatory.
1941. Drs. Arminio Martínez Niochett and Adolfo Pons discovered and reported the first case of kala-azar in Venezuela, in a patient from the state of Guarico.

1945. Dr. Martín Vegas became the head of the Chair of Dermatology at the Caracas Dermatology Hospital.

1945: The Antonio José de Sucre military and naval hospital was founded in Caracas.

1945: Dr. Francisco Scannone established the Skin Diseases Service at the Luis Razetti Oncological Institute in Caracas.

1947. The Institute of Tropical Medicine within the Medical School of Venezuela’s Central University was created with a view to studying the most widespread diseases in rural areas.

1948. The Ibero-Latin American Association of Dermatology (CILAD) was established in Havana, Cuba.

Biographical sketch of our notables

Dr. Manuel Pérez Díaz (1872-1931). Born in Caracas on April 30, 1872, he graduated as a physician in 1895 from Venezuela’s Central University. In the same year he was awarded a fellowship to conduct Dermatology studies in Paris’ Saint-Louis Hospital. He was a founding member of the National Academy of Medicine in 1904. As of 1910, he was head of the Dermatology Service at the Vargas Hospital, a post he held until his death.

He was also Inspector General of the country’s Leper Colonies. Among his works, those on Duhring’s herpetiform dermatitis, pemphigus vulgaris and skin sarcoma stand out.

The first third of the twentieth century was marked by Pérez Díaz’s leadership within Venezuelan Dermatology. He died in Caracas on March 17, 1931 (Figure 2).

Dr. Miguel Jiménez Rivero (1822-1938). A successor of Dr. Pérez Díaz, Dr. Miguel Jiménez Rivero was a physician with a lengthy teaching and academic career. He studied for his doctorate at Caracas University and in Rome. He was appointed professor of the Chair of Dermatology in 1929. He published Venezuela’s first book on Dermatology, titled Dermosifilografía Venezolana (Venezuelan Dermosyphilography). He died in Caracas on December 7, 1938.

Dr. Pablo Guerra (1903-1944). Dr. Guerra was born in Caracas on May 3, 1903; he studied Dermatology in Paris, where he wrote an outstanding dissertation titled Papel de las levaduras en Dermatología (The Role of Yeasts in Dermatology), which received an award. He returned to Venezuela in 1937, where he had his doctor’s degree validated at Venezuela’s Central University. He published numerous papers on Dermatology, on his own or in collaboration with other physicians, among whom were: Martín Vegas, J. A. O’Daly, Gil Yépez and José Sánchez Covisa. Dr. Guerra worked at the Dermatology and Pathological Anatomy services at the Vargas hospital, and the Dermatology service at the Caracas Children’s Hospital. He founded the Allergy Service and, together with Dr. Carlos J. Alarcón, created a service for the treatment of leg ulcers; he also founded the Mycology laboratory. In 1939, he was appointed professor of the Chair of Dermatology and Syphilography at Venezuela’s Central University, following the death of Prof. Jiménez Rivero.

In 1943, Dr. Guerra was one of the organizers of the First Venezuelan Seminar on Dermatology and Venereology. Important roles in the organization of this Seminar were played, among others, by Drs. Juan Iturbe, Martín Vegas, Félix Lairet, Armando Castillo Plaza, Abel Mejías, José Sánchez Covisa and Ildemaro Lovera.

Dr. Guerra died suddenly in the city of Caracas on February 5, 1944, while fully engaged in scientific work.
Professor Dr. José Sánchez Covisa (1881-1944). Dr. Sánchez Covisa was born in Hueste, Spain, in 1881, and obtained his doctorate in Medical Sciences at the University of Madrid in 1903. There he was full professor of the Chair of Dermatology and Syphilography, dean of the Medical School, member of the National Academy, president of the Medical Association and president of the Spanish Academy of Dermatology. For political reasons in 1938, he came to Venezuela, a country he chose as his adopted land. He held the post of technical adviser at the Ministry of Health and Social Welfare’s Venereology Division; he was vice-president of the First Sessions on Dermatology, and was appointed honorary head of the Chair of Clinical Dermatology and Syphilography at Venezuela’s Central University. In Spain he published numerous papers and articles on Dermatology, which have been widely disseminated in Venezuela as well. Dr. Martín Vegas (1897-1991) (Figure 3) was born in Caracas on March 23, 1897. He graduated as a medical surgeon from Venezuela’s Central University on June 20, 1920. Five years later he obtained his doctorate in Medical Sciences. In 1922, he moved to France where he studied Dermatology and Syphilography at Paris’ Saint-Louis Hospital, and Microbiology at the Pasteur Institute. He created the first Dermatological service within Venezuela’s Red Cross, whose director later was Dr. Ildemaro Lovera. Dr. Vegas was also Head of the Cabo Blanco Leper Colony. He became a member of the National Academy of Medicine, and in 1944 he succeeded Dr. Pablo Guerra as head of the Chair of Dermatology at Venezuela’s Central University and of the corresponding Service at the Vargas Hospital.

Dr. Vegas published many papers on the specialized field and attended a considerable number of scientific meetings and congresses. During the second third of the twentieth century he took the position that had been held by Dr. Pérez Díaz. Dr. Vegas died in the city of Caracas in 1991. The memory of his work remains alive through the creation of the “Dr. Martín Vegas” Award and Conference, at the initiative of Dr. Francisco Kerdel Vegas when he was the head of the Venezuelan Society of Dermatology in 1964.

Dr. Jacinto Convit (1913-) (Figure 4). Dr. Convit was born on September 11, 1913. In 1937, when he was a medical student, he began to work at the Cabo Blanco leprosarium and later continued as a resident physician. There he began his lifelong devotion to the benefit of the needy.

He pursued graduate studies in Dermatology at the Skin and Cancer Unit, Columbia University, New York, and later in Epidemiology at the Western Reserve University, Cleveland, Ohio.

In 1948, together with colleagues from Spain and Latin America, he founded the Ibero-Latin American College of Dermatology (CILAD).

He was a dermatologist at the Vargas Hospital as of 1948, then head of the Dermatology Service and of the Chair of Dermatology; he also founded the National Institute of Dermatology (later known as the Biomedical Institute), the Association for Dermatological Research and the Biomedical Institute as a center of biomedical research, not limited to dermatological ailments. He fostered the clinical-histopathological and immunological study of dermatological diseases, particularly leprosy and leishmaniasis, as well as their management and prevention through immunoprophylaxis and immunization therapy. He published over 300 papers and articles in international journals, which are eloquent evidence of Dr. Convit’s dedication to research and to solving Venezuela’s health problems.
Dr. Jacinto Convit is an outstanding figure within today’s Dermatology in Venezuela. Third stage. From 1946 to this day. Development

In 1955, Dr. Carlos Julio Alarcón was appointed full professor and head of the Chair of Dermatology and Syphilography at the Vargas Hospital, joined by Drs. Jacinto Convit, Juan Di Prisco, Luis A. Velutini, Rafael Medina, Imelda Aasen Campos, Dante Borelli, César Lizardó, Armando Salas, Jacobo Obadía Serfaty and Oscar Reyes Flores, the latter as an honorary instructor.

In 1958, the Dermatology Service and Chair were created at the Caracas University Hospital, which was inaugurated in 1956 at Caracas’ University Complex (Figure 5).

Until then, the Dermatology Service and Chair had been successively headed by Manuel Pérez Díaz, Pablo Guerra, Martín Vegas and Carlos Julio Alarcón.

At the time of the creation of the Service and Chair at the “Luis Razetti” University Hospital located in the University Complex, Dr. Carlos Julio Alarcón took over as head, with the following collaborators: Juan Di Prisco, Luis A. Velutini, Imelda Campos, César Lizardó, Dante Borelli, Jacobo Obadía, Oscar Reyes Flores, Eduardo Estrada and Luis Gómez Carrasquero.

Since their foundation, the Service and Chair of the University Hospital have been successively headed by: Carlos Julio Alarcón, Juan Di Prisco, Oscar Reyes Flores, José Rafael Sardi, Homagdy Rodríguez de Arévalo, Adriana Calebotta, Omaira Castellanos de Camejo, Zulay Torres and Francisco González Otero.

Drs. Jacinto Convit — as chief physician — Armando Salas, Mariano Medina, Francisco Kerdel Vegas and José Manuel Soto remained at the old Service and Chair at the Vargas Hospital. On November 29, 1971, the Service was moved to a new building next to the Vargas Hospital, under the name of the National Institute of Dermatology, later called the Biomedical Institute (October 22, 1984) (Figure 6).

This institution was conceived and developed thanks to the efforts and resolve of Drs. Jacinto Convit and Francisco Kerdel Vegas. Under its wing there operate, apart from various research laboratories, the outpatient departments of general and specialized Dermatology (leprology, mycology, pediatric dermatology, leishmaniasis, allergy, vulvar pathology, stomatology, lupus, pathology of the lower limbs, psoriasis, surgical pathology), the laboratories of immunology, histochemistry, dermatopathology, the library, and the archive, statistics and administration offices.

Three graduate university services operate there as well: Dermatology, Dermatopathology, and the Master’s studies in Tropical Epidemiology.

Since its inception, the Biomedical Institute has been headed by Dr. Jacinto Convit; the Institute is attached to the Dermatology Service of Caracas’ Vargas Hospital, which has been successively headed by Jacinto Convit, José Manuel Soto, Antonio Rondón Lugo and Jaime Piquero Martín.

The Chair of Dermatology at the Medical School has been successively held by Jacinto Convit, Eva Koves, Mauricio Goihman and Antonio Rondón Lugo.

In 1962, at the initiative of the two Chairs, projects were developed to start graduate courses in Dermatology. At the Biomedical Institute the heads of graduate studies were Jacinto Convit, José Manuel Soto and Antonio Rondón Lugo. The first course started in 1964 with a duration of two years which was later extended to three years.

The two initial graduate courses in Caracas (at the Vargas and Luis Razetti University hospitals) were later followed by the Dermatology Service of the Caracas Military Hospital,
initially headed by Hugo Naranjo A., and then successively by Drs. Glenda Cortez de Castro, Carlos de la Cabada and Fátima Ferreira.

Other hospital Care Centers have maintained an intense health care and teaching activity: the Caracas Children’s Hospital, the Social Security Center for Dermatology and Allergy, and the Luis Razetti hospital.  

**Sexually transmitted diseases**

In July of 1938, the Venereology Division (within the then Health and Social Welfare Ministry) was created, which was charged with antivenereal services and dispensaries in various cities throughout the country. They were outfitted with laboratory equipment and medicine for the diagnosis and treatment of such diseases. The fight against venereal diseases was led by R. Sánchez Peláez, Carlos Julio Alarcón, Rafael Medina, Cornélio Arévalo Morales and Mari Carmen Ferreiro.

Sexually transmitted diseases are treated at specialized outpatient departments usually attached to the general Dermatology outpatient offices.

Besides medical care, the Venereology Division at present supplies medical information through conferences, scientific meetings, internships, training and courses.

**Subfields**

**MYCOLOGY**

Care, diagnosis and treatment centers are located in the city of Caracas, in the Mycology laboratories of hospitals’ Dermatology Services and specialized outpatient offices, staffed with specialists in this area. The specialized area was launched as an organized service by Drs. Dante Borelli and María Bastardo de Albornoz, the latter being the founder of the Mycology laboratory at the Biomedical Institute. At present this laboratory is headed by Mireya Mendoza and Dr. Elsy Cavallera.

Dr. Dante Borelli founded the laboratory and outpatient offices at the Caracas University Hospital, which has been headed successively by Drs. Homagdy Rodríguez de Arévalo and Ángela Ruiz.

During many years Dr. Carmen Marcano, together with Dr. Dante Borelli, headed the Institute of Tropical Medicine.

There are also numerous referral centers in various cities in the interior of the country, headed by specialists in this area, who are coordinated by Dr. María Cecilia Albornoz with the invaluable cooperation of Dr. Tulio Briceño Maaz (a dermatologist and historian). They are: Ciudad Bolívar, Julman Cermeño and Ismery Cabello; Valencia, Rosa O. de Briceño; Coro, Francisco Yegres; Barquisimeto, Segundo Barroeta, Ramón Zamora and Carolina Rojas; Maturín, Sara Rodulfo; Cumaná, Anabella Smitter de Sanabria; Trujillo, José V. Scorza; Maracaibo, Hernán Vargas Montiel.

**LEPROLOGY AND SANITARY DERMATOLOGY SERVICES**

Medical care, consultation, diagnosis and treatment are centered in the Biomedical Institute and the Dispensaries for Sanitary Dermatology, located in the Sanitary Units in the capitals of the various states. Dr. Nacarid Aranzazu has headed the Central Service of the Ministry of Health for the last 30 years.

Treatment and control of these ailments is carried out for free, both for patients and for their families. In the case that hospitalization of a patient is required, this is done at one of the Dermatology Services of the various hospitals.
PEDIATRIC DERMATOLOGY

This subspecialty was started at the initiative of Dr. Eva Koves, who began her outpatient practice at the Biomedical Institute. Dr. Luis A. González A. later set up an outpatient office for dermatological problems in children at the Pérez Carreño Hospital, and was followed by Dr. Esther Wackzol in the city of Caracas J. M. de los Ríos Children’s Hospital. Dr. Francisco González founded the outpatient department for Pediatric Dermatology within the Dermatology Services of Caracas’ University Hospital.

IMMUNOLOGY

Dr. Mauricio Goihman introduced the development of immunology within Dermatology and conducted important research work at the Biomedical Institute, together with Drs. Marian Ulrich, María Cristina di Prisco, and Nieves González and J. F. Tapia in their respective laboratories. He also taught the first immunology courses for the graduate courses in this field, which were continued by Dr. J. F. Tapia.

DERMATOLOGICAL INFORMATION

The library of the Biomedical Institute, the Dermatología Venezolana (Venezuelan Dermatology) journal and, since 1998, the publication via Internet of Piel Latinoamericana (Latin American Skin), headed by Rolando Hernández, J. F. Tapia and Jaime Piquero-Martín attest to the educational work that Venezuela’s Dermatology has contributed to the professional development of this field.

History of the Venezuelan Society of Dermatology and Dermatological Surgery

The history of the Society has always been very closely linked to the history of medicine and hospitals and academic institutions. The National Academy of Medicine was founded on June 11, 1904, under the administration of General Cipriano Castro.

On November 14, 1936, according to the launching record, a group of dermatologists decided to join their efforts to “promote an adequate solution to our problems of syphilis and leprosy.” Drs. A. Marcucci Delgado, Tomás Rodríguez, Manuel Murillo, J. M. López Olivares, Federico Lizarraga, José Mejía, César Ávila Chacín, Domingo A. Calatrava and Rafael Campo Moreno decided to found the Venezuelan Society of Syphilography and Leprology and appointed Dr. Martín Vegas as president. He was assisted by Rafael Campo Moreno as secretary and Tomás Rodríguez as librarian. The Society’s initial efforts were focused on the organization of the existing health dispensaries, with a view to providing a stronger response to venereal diseases in general and against syphilis and leprosy in particular. The design, organization and implementation of common clinical case records for all dispensaries was a huge effort carried out with the cooperation of all the physicians who worked at the dispensaries, guided by the recently created Society and with the key collaboration of the health authorities.

During the early years, activities revolved around issues of general Dermatology, venereology and leprology. The meetings of the new Society were held at the antivenereal dispensaries.

In 1937, the holding of an “Antivenereal Week” was promoted, which took place in the first week of September. Prior to this the Society members launched an informative campaign that used newspaper space granted for this purpose, in addition to printed brochures and advertising in conspicuous places. The antivenereal campaign carried out by the Health Ministry was successfully modified.

Throughout that year, the debate that had begun prior to the Antivenereal Week
continued, with respect to the recommended treatment for syphilis. Eventually it was decided to hold an Antivenereal Day on September 4.

In 1938, Domingo Calatrava was appointed vice-president of the Society. Rafael Campo Moreno continued as secretary and Rafael Domínguez Sisco took the post of librarian.

In 1944, the Venezuelan Society of Syphilography and Leprology began to publish its papers in the Journal of the Caracas Polyclinic, in the section reserved for the Venezuelan Society of Dermatology.

The academic activity carried out by the founding members at the Society’s meetings surpassed the boundaries of the antivenereal and antileprosy struggle. For this reason, on July 7, 1945, Drs. Martín Vegas, Francisco Scannone, Antonio Araujo, Leopoldo Briñeo Iragorry, Mariano Medina Febres, A. Chávez, Rafael Campo Moreno, Juan Di Prisco, Juan Iturbe, Armando Salas, José Lucio González, Carmelo Lauria, Luis Rodríguez Santana, Jacinto Convit, Tomás Genatios, Idemaro Lovera and Carlos Julio Alarcón met in Caracas to register the Society founded in 1936, under the new name of Venezuelan Society of Dermatology and Venereology.

Its Governing Board was made up of five members chosen in the way established in its bylaws: during one year they would perform the roles of president, recording secretary, correspondence and publications secretary, treasurer and librarian. This is the way dermatological academic activity properly began, through which, several years later, the dreams of the founding members would be achieved: the creation of graduate studies in Dermatology at the Vargas and University hospitals, and later at the Caracas Military Hospital.

On November 8 that same year, for the first time in the history of societies of medical specialties, an official chapter was created in the interior of the country, in the state of Zulia, and Dr. Jorge Hómez Chacín, a distinguished dermatologist, was appointed president.

In June of 1948, the first honorary members of the Society were named, who had been nominated and selected on the basis of their merits. This honor befell four Cuban professors, thirteen professors from the United States, one professor from France, four from Argentina, three from Brazil and one from Venezuela: Dr. Juan Larralde.

On April 24, 1950, by invitation of the Ministry of Health, two members of the Society — Drs. Martín Vegas and Rafael Medina — were appointed members of the World Health Organization’s Expert Committee on Venereal Diseases.

In March, 1956, Dr. Rafael Medina, a distinguished member of the Society, was named Local Secretary of the International Congress of Dermatology that was held in Stockholm.
On November 14 the same year, the Martín Vegas Award was created in commemoration of the twentieth anniversary of the founding of the Society, and this day was designated as the date to celebrate the Society’s anniversary. For this reason, Congresses and Annual Meetings are held at this time of the year.

The International Congress of Dermatology asked the Society to name a delegate from Venezuela, a responsibility that fell to Dr. Francisco Scannone.

In December of 1948, Dermatología Venezolana was founded as the Society’s official journal.

Since its creation, the Society has changed names three times. On January 7, 1970, it adopted a new denomination: Venezuelan Society of Dermatology (VSD), which was stated in a communication to the Governing Committee of the Venezuelan Medical Federation, “because under this generic name it is understood that Venereology, Leprology, Mycology, Allergology, Dermatological Histopathology, Dermatological Oncology, Dermatological Microbiology, Dermatological Surgery, Surface Radiation Therapy, Cosmetology, as well as all the fields that may develop in future, which are related to diseases of the skin and of its annexeses, complete the scope of this specialized field.”

On February 28, 1972, Dr. Kerdel Vegas proposed the creation of an Annual Conference in well-deserved and permanent recognition of Dr. Martín Vegas. Since then, this Conference is the hub of the Congress and Annual Meeting.

In 1973, an agreement was reached with the American Academy of Dermatology for the implementation of refresher courses in Venezuela, which were successfully developed thanks to the efforts of Francisco Kerdel Vegas and Mauricio Goihman Yahr.

From 1973 on, a stage of consolidation of the Society of Dermatology began. In addition to the annual and monthly meetings, the Society reinstated the Venezuelan Congresses of Dermatology. The second such Congress was held under the chair of Dr. Obadía Serfaty, the third in 1978 was chaired by its president, Dr. Cruz Graterol Roque, and the fourth Congress by Dr. Antonio Rondón Lugo.

Over the course of its life, the VSD has organized: the Seventh Ibero-Latin American Congress of Dermatology in 1971, six Venezuelan Congresses of Dermatology and 39 Annual Meetings, as well as the granting of the following awards: Dr. Martín Vegas, Dr. César Lizardo, Dr. Jacinto Convit; the Dr. Juan Di Prisco and Dr. José M. Soto Forums, and the Dr. Víctor Suprani poster awards.

In addition to the Dermatología Venezolana journal, the Society began to publish a monthly Bulletin in the late 1960s, in which clinical cases from the monthly meetings were discussed as well as the Society’s administrative information. This Bulletin was revived under the presidency of Dr. Jaime Piquero-Martín (1990-1992) and a Dermatological Information Service including scientific information was added to this second publication. Furthermore, monographs were added as supplements of the Dermatología Venezolana Journal.

During the three periods in which Dr. Antonio Rondón Lugo presided over the Society of Dermatology it was possible to bring together and integrate all dermatologists into the association. The category of active member was created for dermatologists who had completed graduate courses and who had been unable to join the Society owing to excessively stringent rules. Continuing Medical Education courses also began to be made available to dermatologists, general practitioners and the community as a whole.

In addition, dermatologists from the interior of the country began to be brought in through the creation of the Western Branch and later the Eastern Branch founded in Clarines, state of Anzoátegui. Lastly, in July 2001 the Society created the South-Eastern Branch whose first coordinator was Dr. Alfredo Lander Marcano.

During the presidency of Dr. Francisco González Otero the Venezuelan Society of Dermatology changed its name to its present denomination: Venezuelan Society of Dermatology and Dermatological Surgery.
Research conducted at various centers has resulted in numerous articles published in international journals and in Dermatología Venezolana, the institutional periodical of the Venezuelan Society of Dermatology. Numerous other papers relating to clinical cases, reviews, case studies, commentaries, etc. have also been published.

The publication of this journal started in December 1957, under the management of Dr. Luis A. Velutini and it has been brought out with a frequency of three to four issues per year since then.

The journal’s editors have been: Luis A. Velutini, Rafael Medina, Jaime Piquero-Martín, Antonio Rondón Lugo, Oscar Reyes, Mauricio Goihman, Félix J. Tapia, Margarita Oliver.

History of Dermatology in the interior

Until 1956, the Society “had been locked up within the confines of the Vargas Hospital,” in the words of Francisco Scannone, its then president. But the Society then unanimously decided to hold monthly scientific meetings or visitations to special centers such as the Cabo Blanco Leper Colony, which is located on the coast of the Federal District.

On March 22, 1956, at the Society’s General Meeting, the possibility was put forward of creating chapters in cities of the interior, and on July 14 a meeting was held for the first time at the Cabo Blanco Leper Colony with the attendance of guests from other societies and dermatologists from around the country to discuss leprosy exclusively.

ZULIA, WESTERN VENEZUELA

On November 8 of that same year, an Official Chapter was founded in the interior of the country (in the state of Zulia), for the first time in the history of the specialized medical societies, and Jorge Hómez Chacín took office as president. This event initiated an opening of the Society, from the capital to the interior, thereby promoting the development of Dermatology throughout the country.

In the state of Zulia, and specifically in Maracaibo, Dermatology had started as a specialized medical field in the 1940s with Dr. Fernández Vautrai at the old First Aid Unit within the Dr. Urquinaona Central Hospital. In 1948, Dr. Jorge Hómez Chacín — who had completed his graduate studies in Parasitology, Tropical Medicine and Dermatology at the University of Paris and in Paris’ Saint-Louis Hospital — took charge of the outpatient department.

One year later, Dr. Pedro Lapenta was put in charge of the Leprosarium on the Island of Providencia in Lake Maracaibo. He practiced also at the Chiquinquirá Hospital and in Maracaibo’s Children’s Hospital until 1953, when he was appointed chief physician at the Cabo Blanco Antileprosy Sanatorium, in Maiquetía, and managing physician (1962 to 1965), and he moved to the city of Maracay.

Later they were joined by Drs. Nectario Durango Nazario, Humberto Rincón Bracho and Humberto Bojana, followed by Hernán Vargas Montiel and César Barroso Tobila.

At the University Hospital, Nectario Durango Nazario and Humberto Rincón Bracho started the Dermatology outpatient offices in 1960. Later an excellent Dermatology Service was organized by a group of specialists led by Hernán Vargas Montiel, Anairma Durango Michaílos and Elizabeth Guadagnini. Currently there is a project to create a Dermatology Service within the Autonomous Service of Maracaibo’s University Hospital (SAHUM).

In 1991, the group from the University Hospital’s Dermatology Service decided to establish a Continuing Medical Education system through which a “Course in Updated Dermatology” and later an “Itinerant Course in Dermatology” were implemented. The
system was extended to western Venezuelan states such as Falcón, Lara, Mérida, Táchira, Trujillo and Zulia.

On June 25, 1996 and at the request of Antonio Rondón Lugo, then president of the Venezuelan Society of Dermatology, the aforementioned interrelation resulted in the reactivation of the Central-Western Chapter (by then called Branch, on account of amendments in the bylaws) of the Venezuelan Society of Dermatology, which streamlined scientific exchanges between dermatologists from the various regions.

BOLÍVAR (SOUTH OF THE COUNTRY)

The country’s Dermatology reached Ciudad Bolívar through Dr. Francisco Battistini, who in 1949, after his return from France, founded the first outpatient office in Dermatology in the state of Bolívar. In 1960, undergraduate studies began, and only in 1975, the Graduate Residence in Dermatology. Later on Dr. Florencio García Morales and, upon her return from Paris’ Saint-Louis Hospital, Dr. Ana María Battistini de Brun, who continued at the helm of the graduate program started by her father, joined the service. For his part, Dr. Oscar Perfetti returned from Britain with sound scholarship and in a few years carried out outstanding work in Puerto Ordaz\(^1\). Another distinguished dermatologist who has assisted in the strengthening of Dermatology in the region is Dr. Ismery Cabello.

CARABOBO (CENTRAL PART OF THE COUNTRY)

Dermatology in the city of Valencia, state of Carabobo, started in the 1950s with Dr. Fernando Aguilera on his return from Argentina and France after completing his studies. Years later he was joined by Omar Miret Ortega and Raúl Fachín Visoupon completion of their graduate studies at the Vargas Hospital, in London and the United States.

Dr. Marco Tulio Mérida joined in later. In 1976, the first scheduled residencies began, which were the basis for graduate studies in Dermatology at the beginning of 1985.

Other distinguished dermatologists are Carlos Fachín, Marlene Mendoza, Olga Morella Herrera, Rosa Oliveros, Ilse Angulo.

ARAGUA (CENTRAL PART OF THE COUNTRY)

Dermatology in the state of Aragua started in 1965 with Dr. Pedro Lapenta following his practice in leper colonies on the Island of Providencia and in Cabo Blanco, being seconded by Jorge Alvarado, Willian Vázquez, R. Otamendi, Lilian de Cequeda, Maritza Maya and Luis Felipe Guada.

LARA (CENTRAL WESTERN PART OF THE COUNTRY)

In Barquisimeto, the first Service was founded by Dr. Humberto Campins in 1939, at the old Antonio María Pineda Hospital. He later moved to the Antonio María Pineda Central Hospital. In 1950, Dr. Carlos Zapata joined the service as an associate. In 1954, upon his return from the Skin and Cancer Unit, the service was joined by Dr. J. J. Henríquez, who remained in that city until 1966 when he moved to Caracas.

In 1958, Dr. Cruz A. Graterol Roque was appointed acting head of the Service, and in 1963, Dr. Segundo Barroeta joined the Service following graduate studies in Buenos Aires; in 1970, he became head of the Dermatology Service in the “Antonio María Pineda” Hospital, until his retirement in 2004. He was replaced in the post by Dr. María Herminia Araujo.

Drs. María Antonieta Mejías and Segundo Barroeta have been the leaders in the field of Dermatology in the state of Lara. In 1971, graduate courses began under the guidance of Dr. Segundo Barroeta as scheduled health care residencies until 1987 when they become university graduate courses.
MÉRIDA (SOUTH-WESTERN PART OF THE COUNTRY)

The Los Andes Hospital and the Antivenereal and Leprosy Research Dispensary of the Health Care Unit were, since their founding in 1936, the institutions initially dealing with dermatovenerological diseases in this region. Professor Pedro Guerra Fonseca was the head of the Dermatology Service there, together with J. M. Luengo Vale and Francisco Fonseca. It is important to highlight today the work of Drs. Graterol and Luis Soucre as promoters of Dermatology in this state.

TÁCHIRA (SOUTH-WESTERN PART OF THE COUNTRY)

Dermatological practice began in San Cristóbal with Dr. Francisco Cárdenas Becerra. Later on, during the 1950s, Dr. Adolfo Vivas Arellano started specialized practice at San Cristóbal’s Central Hospital after completing his graduate course in Dermatology in the city of Rio de Janeiro. In the following years, Dr. Orlando Ramírez joined the hospital, being put in charge of the organization of its Dermatology Service.

BARINAS (CENTRAL REGION OF THE COUNTRY)

The performance of Dr. Rolando Hernández Pérez as a leader of Venezuelan Dermatology in the interior is to be stressed.

September 2005

References

With the conclusion of the Spanish Civil War (1936-1939), two illustrious dermatologists, Mr. Enrique Álvarez Sáinz de Aja (Spain) and Dr. Pedro Baliña (Argentina) proposed, in view of the interruption in international congresses, to bring together Portuguese, Spanish and Latin American specialists. Giving thought to common roots and denominators, in 1947, on the occasion of an anniversary of the Argentine Society, the foundation was laid in Buenos Aires for a new institution. 

The Ibero-Latin American Dermatology Association (Colegio Ibero-Latinoamericano de Dermatología) was founded in Havana on April 11, 1948, in one of the rooms of the Rodríguez Valdés Municipal School; the corresponding document was signed with dermato-leprologists of Spain, South America, Cuba and Mexico. The first Congress was held in Rio de Janeiro in 1950, under the presidency of João de Aguilar-Pupo, with Antar Padilha Gonçalvez as General Secretary. The first bylaws were adopted in Lisbon in 1961; according to article 2, the objective of the institution is to boost scientific exchanges, fraternal links and intellectual contacts to promote the progress of Spanish- and Portuguese-speaking dermatological physicians. The Association brings together the 22 countries of Ibero-Latin America and is one of the world’s largest dermatological groupings (Figure 1). CILAD exercises the representation of its associates before the International League of Dermatological Societies. For immediate communications there is an electronic address: cilad@cilad.org.

PRESIDENTS OF THE IBERO-LATIN AMERICAN DERMATOLOGY ASSOCIATION OVER THE COURSE OF ITS HISTORY

1948-1950 João de Aguiar Pupo (Brazil).
1950-1953 José Gay Prieto (Spain).
1953-1956 Fernando Latapí (Mexico).
1957-1959 Augusto Salazar-Leite (Portugal).
1959-1963 Luis E. Pierini (Argentina).
1964-1967 Xavier Vilanova (Spain) and Juvenal Estévez (Portugal).
1967-1971 Antar Padilha Gonçalves (Brazil).
1976-1979 Rubem David Azulay (Brazil).
1988-1991 Sebastião Sampaio (Brazil).
2000-2003 Francisco Camacho Martínez (Spain).
2003-2007 Roberto Arenas (Mexico).

PRESIDENTS OF THE CONGRESSES
3. Mexico D.F (1956), Fernando Latapí.

At the Lisbon Congress in 1959, the magazine that constitutes the Association’s official organ was launched: *Ibero-Latin American Dermatology (Dermatología Ibero-Latino-Americana, DILA)*, headed by Augusto Salazar Leite and Francisco Da Cruz Sobral, General Secretary For Life of the Association, under whose editorship the magazine lasted 14 years. In 1966, *Cutaneous Medicine (Medicina Cutánea, Joaquín Piñol Aguadé)* was launched independently. In 1973, the two magazines merged and gave rise to *Ibero-Latin American Cutaneous Medicine (Medicina Cutánea Ibero-Latino-Americana, Med Cutan Iber Lat Am)*. Prof. José María Mascaró started out in the editorial office in 1967 and remained at its head for 28 years; he was followed by Prof. Mario Lecha and, as deputy editor, Carlos Ferrándiz Foraster, later replaced by Juan Ferrando; Ramón Grimalt and José M. Mascaró Galy collaborate in the editorial work. For many years, secretarial work and editorial coordination have been in the hands of Carmen Marcos. In 2004, in volume 32, Alberto Woscoff and Jayme de Oliveira Filho joined as associate editors.

*Ibero-Latin American Cutaneous Medicine* is CILAD’s official organ; it is a bimonthly publication and it is issued in three languages: Spanish, Portuguese and English; it is published in color and has an on-line version on its web page: <http://www.medcutan-ila.org>. In 2004 there also appeared a Newsletter (*InfoCILAD*) and an institutional address: <www.cilad.org/Institucional/Delegados>.

Over the course of time *Cutaneous Medicine* has modernized its format and content. It currently includes the following sections: Editorial, Originals, Clinical cases, Specialized sections, Satellite symposium, History of Ibero-Latin American Dermatology, Information, Letters to the Editor (handled by Mauricio Goihman), Therapeutic Updates (León Jaimovich) and Ongoing medical training (launched in 1996 with Rafael Falabella).

September 2004
The Ibero-Latin American Dermatology Association (CILAD)

References


5. Salazar-Leite A, da Cruz Sobral F. Final de un mandato.

On October 27, 1972, on the occasion of the Argentine Congress of Dermatology held in the city of Buenos Aires, at a Meeting summoned by Prof. Pablo Viglioglia, President of the Congress, it was decided to found the Annual Gathering of Latin American Dermatologists (Reunión Anual de Dermatólogos Latinoamericanos, RADLA), in accordance with the Declaration signed by the representatives of the dermatologists of 13 Latin American countries: Argentina, Bolivia, Brazil, Colombia, Costa Rica, Dominican Republic, Ecuador, El Salvador, Mexico, Paraguay, Peru, Uruguay and Venezuela. It was decided to hold it on an annual basis and that it should be constituted as a meeting for scientific exchanges, teaching and fraternity, whose main aim is a permanent updating and training in the diverse fields of Dermatology.

The history of RADLA is traceable, according to Dr. Clovis Bopp, to the conjunction of diverse initiatives that had arisen previously; in the first place, in the framework of a meeting organized by Prof. Alejandro Cordero in Buenos Aires, with the participation of Argentine and Brazilian dermatologists, as well as the groups formed on the occasion of the Seventh Ibero-Latin American Congress (Caracas, December 1971) and of the Twenty-Ninth Brazilian Congress of Dermatology (Nova Friburgo, October 12 through 21, 1972).

Dr. Sebastião Sampaio states that during the Congress of the CILAD in Caracas in 1971, Drs. Juan Carlos Gatti, Pablo Viglioglia, Osvaldo Mangano and Sampaio himself suggested the holding of an annual gathering of Argentine and Brazilian dermatologists, an idea that garnered the support of Dr. Tancredo A. Furtado.

A year later, during the Brazilian Congress in Nova Friburgo in October 1972, the subject was again posed by the above-mentioned dermatologists, who were enthusiastically joined by the President of the Congress, Dr. Rubem Azulay. On that occasion, the proposal was expanded to an annual meeting of Latin American dermatologists.

A week later, RADLA was born. It was decided that the first meeting should take place in Buenos Aires on November 1 through 4, 1973. This first meeting was held under the presidency of Prof. Pablo Viglioglia, with Prof. Jorge Abulafia as vice-president Prof. Juan C. Gatti as secretary-general; some 300 dermatologists took part.

According to the Bylaws in force, the Annual Gathering of Latin American Dermatologists (RADLA) was created in view of the rising importance and medical and social responsibility of Dermatology in Latin America; it is held every year at rotating venues in...
<table>
<thead>
<tr>
<th>RADLA</th>
<th>Venue</th>
<th>Year</th>
<th>President</th>
<th>Secretary-General</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Argentina (Buenos Aires)</td>
<td>1973</td>
<td>P. Viglioglia</td>
<td>J. C. Gatti (+)</td>
</tr>
<tr>
<td>2</td>
<td>Brazil (Rio de Janeiro)</td>
<td>1974</td>
<td>R. D. Azulay</td>
<td>A. P. Mesquita</td>
</tr>
<tr>
<td>3</td>
<td>Argentina (Buenos Aires)</td>
<td>1977</td>
<td>A. Casaló</td>
<td>G. Mangano (+)</td>
</tr>
<tr>
<td>4</td>
<td>Brazil (Guarujá)</td>
<td>1978</td>
<td>S. Sampaio</td>
<td>J. Costa Martins</td>
</tr>
<tr>
<td>5</td>
<td>Argentina (Buenos Aires)</td>
<td>1980</td>
<td>J. C. Gatti (+)</td>
<td>J. E. Cardama (+)</td>
</tr>
<tr>
<td>6</td>
<td>Brazil (Rio de Janeiro)</td>
<td>1981</td>
<td>R. D. Azulay</td>
<td>J. Servia</td>
</tr>
<tr>
<td>7</td>
<td>Argentina (Buenos Aires)</td>
<td>1982</td>
<td>A. Woscoff</td>
<td>E. Chouela</td>
</tr>
<tr>
<td>8</td>
<td>Uruguay (Montevideo)</td>
<td>1984</td>
<td>R. Vignale</td>
<td>P. Pereyra</td>
</tr>
<tr>
<td>9</td>
<td>Chile (Santiago)</td>
<td>1985</td>
<td>J. Honeyman</td>
<td>G. Eguiguren</td>
</tr>
<tr>
<td>10</td>
<td>Argentina (Buenos Aires)</td>
<td>1986</td>
<td>O. Mangano (+)</td>
<td>R. Galimberti</td>
</tr>
<tr>
<td>11</td>
<td>Brasil (São Paulo)</td>
<td>1988</td>
<td>E. Rivitti</td>
<td>F. Forim Alonso (+)</td>
</tr>
<tr>
<td>12</td>
<td>Uruguay (Montevideo)</td>
<td>1989</td>
<td>P. Pereyra</td>
<td>N. Macedo</td>
</tr>
<tr>
<td>13</td>
<td>Brazil (Rio de Janeiro)</td>
<td>1990</td>
<td>A. C. Pereira Jr. (+)</td>
<td>J. Ricart</td>
</tr>
<tr>
<td>14</td>
<td>Chile (Santiago)</td>
<td>1992</td>
<td>C. Vera Mora (+)</td>
<td>M. Cifuentes</td>
</tr>
<tr>
<td>15</td>
<td>Argentina (Buenos Aires)</td>
<td>1993</td>
<td>L. Jaimovich</td>
<td>H. Cabo</td>
</tr>
<tr>
<td>16</td>
<td>Brazil (Porto Alegre)</td>
<td>1994</td>
<td>C. Bernardi</td>
<td>H. Poncio</td>
</tr>
<tr>
<td>17</td>
<td>Uruguay (Montevideo)</td>
<td>1996</td>
<td>N. Macedo</td>
<td>C. Carmona</td>
</tr>
<tr>
<td>18</td>
<td>Chile (Santiago)</td>
<td>1997</td>
<td>R. Guarda</td>
<td>R. Cabrera</td>
</tr>
<tr>
<td>19</td>
<td>Paraguay (Asunción)</td>
<td>1998</td>
<td>V. Calgaris</td>
<td>A. Guzmán</td>
</tr>
<tr>
<td>20</td>
<td>Argentina (Mar del Plata)</td>
<td>2000</td>
<td>H. Cabrera</td>
<td>P. D. Giovanna</td>
</tr>
<tr>
<td>21</td>
<td>Brazil (Foz de Iguazú)</td>
<td>2001</td>
<td>J.C. Empinotti</td>
<td>J. Santamaria</td>
</tr>
<tr>
<td>22</td>
<td>Bolivia (Santa Cruz)</td>
<td>2002</td>
<td>J. M. Zomora</td>
<td>M. E. González</td>
</tr>
<tr>
<td>23</td>
<td>Peru (Lima)</td>
<td>2004</td>
<td>Fernando Magill</td>
<td>Godwyn Sánchez</td>
</tr>
<tr>
<td>24</td>
<td>Argentina (Buenos Aires)</td>
<td>2005</td>
<td>Edgardo Chouela</td>
<td>Fernando Stengel</td>
</tr>
<tr>
<td>25</td>
<td>Chile (Santiago)</td>
<td>2006</td>
<td>Raúl Cabrera</td>
<td>Félix Fich</td>
</tr>
</tbody>
</table>
the diverse countries forming it, for scientific exchanges, teaching and fraternity among all the region’s dermatologists. It is constituted by an intense Scientific Program lasting two days, preceded by two days of refresher courses on the specialized field.

RADLA is headed by a Council of Delegates democratically chosen by its participants, and its members are divided into two categories: permanent and renewable.

To date, 24 meetings have already been held; the two last took place with great success in Lima and Buenos Aires. The next is to be held in 2006 in Santiago, Chile. In an agreement reached at the last meeting of the Council of Delegates in Lima, it was unanimously decided not to hold the RADLA in the year 2007 because the World Congress of Dermatology is to be held in Argentina.

September 2005

References

Pediatric Dermatology took shape as a specialized field in the second half of the twentieth century, albeit several dermatologists and pediatricians had already worked previously in that area in the United States, Europe and Latin America. In October 1972, Drs. Ramón Ruiz Maldonado and Lourdes Tamayo organized the First International Symposium on Pediatric Dermatology in Mexico City; the International Society of Pediatric Dermatology was founded during its course and the specialized field was officially born. Some of the world’s most outstanding specialists have participated in it: Martin Bear, of Ireland; Ferdinando Gianotti, of Italy; Joan E. Hodgman, Coleman Jacobson, Gunther Kahn, Andrew M. Margileth and Lawrence M. Solomon, of the United States; Edmund J. Moynahan, of Britain; Dagoberto O. Pierini, of Argentina; Ramón Ruiz Maldonado, of Mexico; Eva Torok, of Hungary, and Kasuya Yamamoto, of Japan.

Since that date, ten world congresses have been held and diverse regional societies of this field have been created in the United States, Europe, Japan and Latin America.

In 1973, Drs. Ramón Ruiz Maldonado and Lourdes Tamayo created and consolidated a training college in Pediatric Dermatology in Mexico where more than 80 specialists from Latin America, Europe, the United States and other countries have graduated. The study course, which is officially certified, lasts 3 years for pediatricians and 1 year for graduate dermatologists. At a later date, Dr. Dagoberto O. Pierini launched the Pediatric Dermatology training program in Argentina, where there are currently two training institutes in the field, headed by Dr. Margarita Larralde and Dr. Adrián Martín Pierini, respectively. In Venezuela, for several years, a program led by Luis Alfredo González Aveledo was in operation. Currently, Drs. Magalis Herrera Navarro and Leopoldo Díaz-Landaeta lead a Specialization program in Pediatric Dermatology at the Pediatric Subfields Hospital in Maracaibo.

The emergence of Pediatric Dermatology as a well-defined specialized field promoted vast advances in research, diagnosis, treatment and epidemiology of childhood dermatological diseases. Its development has made notable progress possible in areas such as neonatal physiology, prenatal diagnosis, keratization ailments and the knowledge and handling of pathologies such as bullous epidermolysis, vascular tumors and atopic dermatitis, among others.
During the Sixth Peruvian Congress of Dermatology, held in Lima in November 1996, it was decided to found the Latin American Society of Pediatric Dermatology (SLADP). Among its founders are outstanding specialists from diverse Latin American countries such as Ramón Ruiz Maldonado, of Mexico; Evelyne Halpert, of Colombia; Héctor Cáceres and Leonardo Sánchez, of Peru; Luis Alfredo González Aveledo, of Venezuela; Margarita Larralde, of Argentina; Susana Giraldi, of Brazil, and Danny Suquilandia, of Ecuador. The first president of the society was Ramón Ruiz Maldonado; the legal standing of the SLADP was obtained in Mexico City through writ No. 64,954, Volume 1,059, of the year 1996.

The first congress of the Latin American Society of Pediatric Dermatology was held in the city of Santa Fe de Bogotá, Colombia, in October 1997, organized by Evelyne Halpert. The first full meeting took place there and the first governing board was elected: President, Dr. Ramón Ruiz Maldonado; Vice-president, Dr. Evelyne Halpert; Secretary, Dr. Carolina Durán; Scientific Activities Secretary, Dr. Margarita Larralde; Trade Activities Secretary, Dr. Héctor Cáceres Ríos; Press and Publicity Secretary, Dr. Luis Alfredo González Aveledo.

The second Latin American Congress of Pediatric Dermatology, organized by Luis Alfredo González Aveledo, was held from June 14 through 17, 2000, in the city of Caracas. A new governing board was chosen there, headed by Dr. Evelyne Halpert.

With a view to the Ninth World Congress of Pediatric Dermatology held in Cancún in the month of October, 2001, the SLADP successfully organized the pre-congress course called “From the Newborn to the Adolescent,” which enlisted the participation of many of the continent’s current leaders in Pediatric Dermatology.

The Third Latin American Congress of Pediatric Dermatology was held in Lima in May 2003, under the presidency of Héctor Cáceres. The event, which encompassed a novel interactive program, brought together the majority of specialists in Latin America and served as the framework for the renewal of the governing board and election of Dr. Cáceres as president.

The SLADP currently includes 15 countries with their respective permanent delegates and it is affiliated to the International League of Dermatological Societies. Each group has organized diverse events, within its country, in the field of Pediatric Dermatology.

In recent years the SLADP has grown significantly, currently constituting a solid institution with more than 200 members, devoted to promoting the development of Dermatology in Latin America. In several countries of the region, books have been published on this field, and some Latin American pediatric dermatologists have participated in the publication of major works in the United States and Europe. Promoted by Dr. Héctor Cáceres and his working group, the Journal Revista de Dermatología Latinoamericana has recently been created; it is published three times a year and has a free on-line version at <www.dplat.org>.

September 2005

References


Ruiz Maldonado R. Pediatric Dermatology in Mexico. In: Oranje AP, Kunz B.

When we look into the past we come across history and we often find different versions of the same event; but when we look into the future, it is difficult to anticipate what is going to happen, since history tends to change its course according to new events that trace a path for those who go through it. Nevertheless, based on real facts of the present, it is possible to obtain an approximate view of things to come at the dawn of the twenty-first century, and a little beyond... a reality that only those present in years to come will see.

Society and Dermatology in the Latin American region

Latin America encompasses an important region of the planet that adds up to some 400 million inhabitants, heirs of Spanish and Portuguese cultures. For different historical and socio-political reasons, our countries are at a stage of development that varies from one geographic region to the next, and even within the same country. With similar ancestral roots, the Latin American is characterized by his informality, strong family ties and happy spirit, but with a tireless will for work and improvement.

Our future is linked to the union of the nations that make it up, and more particularly with the globalization phenomenon, which finds a good example in the Free Trade Area (FTA), which is becoming more of a reality every day\(^1\).

In the same way that very strong socioeconomic blocks exist among other countries, our region will inexorably have similar characteristics as years go by, which will have important repercussions in the scientific field, including Dermatology. The main problem is the capacity with which we will be able to face this challenge. It is stated that, at present, we are insufficiently prepared to compete with the developed world, since its members have already solved their basic problems, while, on the contrary, many of our countries are just beginning to undergo important changes in their development. Because of this, we run the risk of being swept by a much more efficient competitiveness that can cause unemployment, more poverty, higher costs for the health area and limitations on access to a specialist or to modern drugs owing to their high prices, as we are
already beginning to experience. Thus we see that, for example, just one of the multiple
doses of treatment with drugs for psoriasis designed with biomolecular techniques can
cost from twice to four times — or more — the monthly wages of a worker. Meanwhile,
there is an insistence on the copyright of patents for new drugs to be applied in the coun-
tries that sign free trade treaties, yet at the same time its inhabitants have no access to
them because of their prices. Knowing how much herbalism and phytotherapy, which are
nowadays so in vogue, will continue to grow in the future as complements or substitu-
tions for the new generation of sophisticated dermatological therapies\(^3\) will depend on
how affordable these drugs are for a population that cannot obtain them because, among
other reasons, they are frequently not covered by their health plans.

\[\text{A modern world more than ever communicated by technology}\]

The development of new systems of communication, computers and the rapid trans-
mission of data make teleconferences with video and sound possible; this task will be
routine in a not too distant future, but currently, even though the method has been tested
with great success, its cost makes its benefits questionable\(^4\). Nevertheless, other advan-
tages, such as the decrease in referral patients, patient satisfaction and the improvement
in the knowledge of general practitioners involved in the process, cannot be ignored\(^5\). In
the future, the large dermatology centers will, as part of their task, attend cases of the
smaller cities and of some rural centers. It will then be possible to view lesions many kilo-
meters away, propose conducts to be followed, order complementary tests, and suggest
treatments; in sum, patients will receive the benefit of the opinions of experts whom they
now rarely have access to, saving time and money\(^6\). It will also be possible to recruit pa-
tients to collaborate voluntarily in dermatology research projects, especially in unusual
dermatoses.

\[\text{Dermatological education and graduate schools}\]

Communications technology will be increasingly present in medical education, and
the growing interaction among countries will make the unification of undergraduate and
graduate education programs necessary, controlled by international educational entities
in charge of regulating program contents. Due to this growing interaction among the in-
habitants of Latin America and between them an those of other countries outside the re-
geon, the day will come when dermatological licensing exams will be carried out to make
degrees valid, if not in all, very likely in most Latin American countries, thus generating
an even quality standard in dermatological care in the entire American continent.

As a consequence of this interaction, internships by guest professors will be more fre-
quent, providing greater encouragement to dermatology teaching and research and to
the creation of doctorates in the basic sciences, allowing for the training of human re-
sources that are more versatile and prepared to solve the problems of Latin America. In
all likelihood, the access of the dermatology patient to the specialist will be quicker and
more timely, reducing morbidity and even mortality. At present, with the models of gen-
eral health plans, second opinions are unjustifiably denied or delayed for patients who
require them, with the consequent rise in the cost of medical services and the complica-
tions caused by diagnosis or therapy problems.

One of the most significant items in the design of Dermatology programs will have to
be the maximization of the available resources for undergraduate syllabuses, taking ad-
vantage of the administrative, faculty, research and treatment infrastructure of graduate
programs. The syllabuses will have to include and stress the most important clinical problems that the student will find in his or her daily practice, since the extensive contents studied in old courses facilitate learning by rote but not the understanding of the medical problem.

As a consequence of new technologies, in the future, skin infections and parasitoses will have a definitive solution with the appropriate prevention, with new vaccines and drugs. At the same time, the increase in dermatoses of senior patients, caused by greater longevity, as well as by the increase in the population over 80 years of age, must be foreseen.

### Dermatology in Latin America

The proliferation of Dermatology schools will yield a surplus of specialists in the near future — as is already happening in some countries — which will have different consequences: firstly, it will make it necessary to set rules to restrict the training of an excessive number of dermatologists; at the same time, dermatological care will reach a larger number of people. Nevertheless, in most countries, a trend towards the concentration of specialists in the large urban centers is also taking place, bringing with it an uneven distribution, for which an adequate solution will have to be sought. Likewise, the technologies that are typical of countries of the more developed world will also become part of the routine of Latin American countries, a phenomenon that will go hand-in-hand with socioeconomic development. However, we cannot leave aside the influence of the political movements of the future and the consequences inherent to their zeal to provide more well-being and improve health services in each country for the entire population to have access to an appropriate health and pension plan, but which could lead to the development of mere health businesses.

### Risks faced by Dermatology in Latin America

It is possible to foresee that the free trade treaties will elicit fundamental changes in the income of Latin Americans, depending on their contribution to making the economy of their respective countries viable. If the region operates as a solid economic block, with coherent ideas and joint actions, without competitively destroying our neighbors, alliances will be tightened to strengthen our economies, generating more employment and better consumer goods that will raise the quality of life of our fellow countrymen. But if the challenge is met in a disorderly manner, offering exaggerated advantages in exchange for inferior benefits, we will cancel the possibilities of a harmonic development with benefits for the parties involved.

Contained within this context is the supply of services, an aspect that is better handled by the more industrialized countries owing to their through knowledge of the area and because of the volumes they handle, with the adjustment of operational costs to be highly competitive. What has happened with communications technology could be replicated in the technology of health, which could become one more business to which the most powerful and those who have more experience in the international health business would have access. Dermatology also belongs to this group. Thus, it is likely that we will have foreign multinationals managing our health under the conditions that they want to impose on us.

Another risk for Dermatology in our countries is the proliferation of dermatologists devoted to skin cosmetics and aesthetics. The lack of opportunities in the medical area, the "surplus" of dermatologists — due to the inability of our economies to absorb them — and other, no less important factors, will make those who have skills in cosmetic
procedures seek job solutions in these highly attractive disciplines; already in the present, the demand for body, face and hair beautification services keeps a major number of dermatologists busy. This forces us to think that, during the learning stage, an overview of this situation will have to be provided in order to attain a balance that allows dermatologists to work reasonably within the scope of cosmetology and aesthetics without abandoning Dermatology as a fundamental science in their daily activity. Otherwise, our specialized field will become something insignificant and superficial, a non-medical activity with no importance, which will gradually surrender its field of action to other specialized fields; in this way, there would be the risk of disappearing completely from the medical arena, regardless of the fact that it is currently a profound science with discoveries that have not yet been attained by other specialized fields\textsuperscript{10}, as is the case, for instance, with the use of humanized antibodies constructed through manipulation of molecular biology for the treatment of psoriasis\textsuperscript{11} or the transplant of cultivated skin in epidermolysis bullosa therapy\textsuperscript{12}.

Over the last twenty years, we have had remarkable development in the area of dermatological surgery, which has created acute controversies about our role as skin surgeons; while some think that our specialized field is medical in character, patients seek the dermatologist to obtain their surgical services with the conviction that this specialist knows the tegument exhaustively and will perform an excellent job in the surgical area. Without delving into unnecessary debates, it is a fact that Dermatology is already included among specialized medical surgical fields and that it is taught at all the Dermatology services with important differences from one school to the next. The future of this discipline will depend on the degree of technical complexity applied to it, but it will have to add modern techniques of molecular biology to its syllabus, which allow the implementation of medical surgical therapies for the treatment of various dermatoses; thus, we might foresee the use of autologous cultivated skin with all its components to substitute deforming scars due to burns, or to correct giant pigmented congenital nevi, replacing the areas of affected skin by skin designed by experts and obtained by means of \textit{in vitro} cultures.

\section*{Research, the engine of development; its role in Dermatology}

In a more technologically developed world, research has undergone radical changes over the last fifty years, going from the clinical dermatologist to the full-time doctor in basic sciences, from small to large research labs, to the importance given to the understanding of the basic processes of normal and affected skin, and, finally, from clinical observation, histology and immunology to cell cultures, molecular biology, genetics, genomics and proteomics\textsuperscript{13}. At the same time, the reduced interest among the new generations in research and academic medicine generate a great concern over the future of the specialized field, and efforts are made to identify the factors involved in this phenomenon\textsuperscript{14}. A survey conducted among a group of dermatologists on their attitude regarding cosmetology yielded a result of unprecedented interest for this discipline and a clear trend among the youngest to devote themselves to practical tasks instead of academic ones\textsuperscript{15}.

These trends are not entirely alien to Latin America. With the awakening of our countries, it is possible to expect the contribution of resources for research into the most important problems to improve, as well as total control of leprosy or the eradication of leishmaniasis, which affect countless patients. Nevertheless, the survival of Dermatology as a specialized field will also depend to a large extent on the creation of Master’s and Ph.D. programs that implement a strategic alliance between graduate schools and the institutions devoted to research that handle these technologies which are already a reality in many countries of Latin America.
The twenty-first century, a new era of opportunities

In order to attain a better distribution of dermatologists in a certain country, the constitution of rotating teams to work in areas with no specialists, organized by the medical centers of the big cities for periods of one, two, or more months, in distant rural nuclei, could provide employment opportunities and contribute to the solution to the unequal geographical distribution of specialists.

With the improvement in information technology and in the new computer versions, the image of the old dermatologist with his looking-glass will be gradually replaced by modern examination and diagnosis technologies, at first at large hospital centers and later in more distant places. Tele-dermatology will be one of the great challenges of the future. The implementation of new technologies will solve the difficulties of the excessive current cost, to the point where it would be more economical to use the methods of remote video image than traveling large distances to obtain the same service of dermatological treatment. However, it is evident that the success of these programs will depend on the cost and the setting-up of systems, on the availability of the dermatologist’s time, on easy access to the Internet, on the administrative facilities and on the methods of payment or reimbursement to the specialists for their medical work.

Another aspect is that advances in systematization will make the improvement of the denominations referred to cutaneous diseases indispensable; Latin America must prepare itself to contribute to this dictionary of dermatological terms and diagnoses, maintaining its historical presence at the international level.

In earlier studies, the significant acquisition of know-how and skills by students who opt for a rotation in Dermatology has been demonstrated, as well as their capacity to retain the knowledge acquired for several months, which is reinforced with later experience. This is an opportunity for the new doctors of the future, who, just by taking up this optional course, already have a predisposition to obtain additional dermatological knowledge, which suggests that this methodology should be encouraged to improve education. The academic strengthening of graduate programs in Dermatology through the creation of specialized subfields that offer different options for future dermatologists in Latin America, in tune with the academic and social needs of each country, will also be important.
References

1. Silversides A. New free trade agreement could make generic drugs less accessible in the Americas. CMAJ. 2004;170:335.
Every work that is completed entails the culmination of an effort. Nevertheless, on re-reading everything that our dear Latin American dermatologist colleagues have written, on reviewing the paths covered by our predecessors in the treatment of their contemporaries’ skin, on regarding the extraordinary figures that this continent has contributed to world Dermatology, we cannot but imagine that is not the end but, as we said in the Preface to this same book, the beginning of a road.

Latin American unity isn’t a utopia but a need, as is well posited by Rafael Falabella when reflecting on the future of our Latin American Dermatology.

We share, within our differences, innumerable characteristics and habits, the fruit of the amalgamation among natives, conquerors and the immigrants at the end of the nineteenth century.

We also share countless problems such as medical overpopulation in large cities and deficit in the periphery, and differences in the possibility of access to specialists and means of diagnosis and treatment among the social sectors of a same country and sub-region.

But we likewise share the creative capacity of our dermatologists, demonstrated in their daily adaptation to the deficiencies in health systems, and in their individual development when they work in more favorable environments.

We also share the language, which eases our communications and allows us, at the same time, to differentiate ourselves with our regionalisms.

With these elements, with these abilities, and with the capacity to broach tasks in common such as those that have been entailed by this book and this XXI World Congress of Dermatology, we cannot deny that we see the Unity of Latin American Dermatology become a fact. It is only a question of joining wills, setting aside personal aspirations, and tackling a new project for future generations.

The beneficiaries of this achievement will be the young dermatologists of this region and, particularly, all the population that depends on their knowledge and scientific development.

We cannot end this History of Latin American Dermatology without apologizing to all those who have been omitted or mentioned erroneously. The Dermatological Societies of all Latin America, with very scarce exceptions, have appointed those they considered best suited to writing the history of each country. The material they sent us was reviewed by the appropriate technical bodies, and once corrected sent back to their authors for...
their final approval. In turn, we editors reviewed all the material with the aim of avoiding flagrant errors, but all our good will may have allowed some defect or omission to slip through: for this reason we again apologize to our readers and colleagues.

Together, we are already starting to cover the beginning of the road.
**INDEX OF NAMES**

<table>
<thead>
<tr>
<th>Name</th>
<th>Page Numbers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aasen Campos, Imelda</td>
<td>425</td>
</tr>
<tr>
<td>Abad, Adis</td>
<td>160</td>
</tr>
<tr>
<td>Abad, Jaime</td>
<td>215</td>
</tr>
<tr>
<td>Abascal, Horacio</td>
<td>156, 161</td>
</tr>
<tr>
<td>Abeliuk Raschokvan, Samuel</td>
<td>179, 182</td>
</tr>
<tr>
<td>Abeliuk Sharager, Jorge</td>
<td>182</td>
</tr>
<tr>
<td>Abella, Francisco</td>
<td>234, 235</td>
</tr>
<tr>
<td>Aberastury, Maximilian</td>
<td>32, 44</td>
</tr>
<tr>
<td>Abisaad, Luz Stella</td>
<td>141</td>
</tr>
<tr>
<td>Abreu, Ana María</td>
<td>126</td>
</tr>
<tr>
<td>Abreu, Héctor</td>
<td>408, 409, 410, 411, 416, 417</td>
</tr>
<tr>
<td>Abreu, Hilda</td>
<td>178, 417</td>
</tr>
<tr>
<td>Abreu Daniel, Alfredo</td>
<td>7, 12, 151, 157, 158, 160</td>
</tr>
<tr>
<td>Abreu e Lima</td>
<td>70</td>
</tr>
<tr>
<td>Abulafia, Jorge</td>
<td>34, 35, 37, 40, 42, 43, 45, 46, 47, 64, 65, 66, 85, 121, 128, 219, 297, 312, 313, 327, 367, 383, 407, 414, 434, 437</td>
</tr>
<tr>
<td>Acosta, Santos</td>
<td>118</td>
</tr>
<tr>
<td>Acosta Madiedo de Hart, Álvaro Enrique</td>
<td>123, 127, 128, 130, 135, 138, 142, 146, 148</td>
</tr>
<tr>
<td>Acurio, B.</td>
<td>341, 355</td>
</tr>
<tr>
<td>Adame, Gilberto</td>
<td>7, 13, 257, 266, 439</td>
</tr>
<tr>
<td>Adeodato, J.</td>
<td>72</td>
</tr>
<tr>
<td>Agip Díaz, Hernán</td>
<td>361</td>
</tr>
<tr>
<td>Agudelo Alzate, Libardo</td>
<td>120, 132</td>
</tr>
<tr>
<td>Agüero, Gottardo</td>
<td>353, 354</td>
</tr>
<tr>
<td>Aguiar, Otávio Garcez de</td>
<td>89</td>
</tr>
<tr>
<td>Aguiar Pupo, João de</td>
<td>77, 78, 84, 85, 99, 108, 155, 433, 434</td>
</tr>
<tr>
<td>Aguiar Díaz, Erasmo</td>
<td>278, 280, 281</td>
</tr>
<tr>
<td>Águilera, Sergio</td>
<td>176</td>
</tr>
<tr>
<td>Águilera, Fernando</td>
<td>431</td>
</tr>
<tr>
<td>Águilera, Fernanda</td>
<td>431</td>
</tr>
<tr>
<td>Águilera, Sergio</td>
<td>176</td>
</tr>
<tr>
<td>Águirre de González, Amelia</td>
<td>296, 299</td>
</tr>
<tr>
<td>Aires, María Arací Pontes</td>
<td>90</td>
</tr>
<tr>
<td>Alarcón, Carlos Julio</td>
<td>423, 425, 426, 428</td>
</tr>
<tr>
<td>Alarcón, Rosario</td>
<td>172</td>
</tr>
<tr>
<td>Alarcón Casanueva, Raúl</td>
<td>169, 171, 173, 182, 186</td>
</tr>
<tr>
<td>Albinos Bernal, Asterio</td>
<td>361</td>
</tr>
<tr>
<td>Albornoz, María Cecilia</td>
<td>426</td>
</tr>
<tr>
<td>Alchorne, Alice Avelar</td>
<td>82, 101</td>
</tr>
<tr>
<td>Alchorne, Mauricio Mota de Avelar</td>
<td>82, 86, 100, 101</td>
</tr>
<tr>
<td>Álè, Selva</td>
<td>408, 409</td>
</tr>
<tr>
<td>Alegria, Elmer</td>
<td>331, 332</td>
</tr>
<tr>
<td>Aleixo, Antonio</td>
<td>84, 92</td>
</tr>
<tr>
<td>Aleixo, Josephino</td>
<td>92, 93</td>
</tr>
<tr>
<td>Alencar, Nehemías de</td>
<td>91</td>
</tr>
<tr>
<td>Alencar-Ponte, Danielle</td>
<td>7, 12, 111, 135, 136</td>
</tr>
<tr>
<td>Alfau Cambiaso, Rafael</td>
<td>383</td>
</tr>
<tr>
<td>Alfonso, Santiago</td>
<td>159</td>
</tr>
<tr>
<td>Allevato, Miguel Ángel</td>
<td>37, 41, 45, 46, 47, 298</td>
</tr>
<tr>
<td>Almeida Neto, Estevão</td>
<td>101</td>
</tr>
<tr>
<td>Almeida, Fernando Augusto de</td>
<td>86, 102</td>
</tr>
<tr>
<td>Almodóvar, Pablo I.</td>
<td>7, 14, 371, 374, 375, 376</td>
</tr>
<tr>
<td>Alonso de May, Gloria</td>
<td>413</td>
</tr>
<tr>
<td>Alonso, Fausto</td>
<td>99</td>
</tr>
<tr>
<td>Alonso, Héctor Raúl</td>
<td>410</td>
</tr>
<tr>
<td>Alonso, Pedro Raúl</td>
<td>406</td>
</tr>
<tr>
<td>Alperovich, Ben Amí</td>
<td>40</td>
</tr>
<tr>
<td>Altuzarra Galindo, Edgar Ricardo</td>
<td>134, 147</td>
</tr>
<tr>
<td>Alvarado, Jorge</td>
<td>431</td>
</tr>
<tr>
<td>Alvarado C, Alberto</td>
<td>210</td>
</tr>
<tr>
<td>Álvares, Rosicler Aiza</td>
<td>91</td>
</tr>
<tr>
<td>Álvarez, Domingo</td>
<td>243</td>
</tr>
<tr>
<td>Álvarez, Erick</td>
<td>132</td>
</tr>
<tr>
<td>Álvarez, Gregorio</td>
<td>34</td>
</tr>
<tr>
<td>Álvarez, Humberto</td>
<td>338</td>
</tr>
<tr>
<td>Álvarez, Leocadio</td>
<td>416</td>
</tr>
</tbody>
</table>
Bermeo M., Patricia, 215
Bermeo Vivanco, Jorge, 192, 196
Bermeúa, Andrés, 126
Bermúdez, Victoriano, 155
Bernardi, César Duilio Varejão, 85, 107, 438, 439
Bernhard, Armin, 106
Berrio Muñoz, Joaquin Eliecer, 129
Berrón Ruiz, Angélica, 271
Bertoló, Soledad, 183
Bessonart, 410
Betancourt Osorio, Jaime, 121, 131, 132, 140, 143, 144, 147
Blagini, Dante, 32
Blagini, Roberto, 38, 41, 47
Bianchi, Oscar, 43
Blase, F. de, 32
Bicudo Junior, João, 101
Bigatti, A, 32
Bingham, Hiram, 304
Bittar, Elías, 40, 186
Blanco, Antonio, 409, 411, 413, 416
Blasi, E, 33
Blaustein, Samuel, 43
Bloch, Grete, 59, 60, 62
Block, Susana, 41
Blum, Edmundo, 192
Boaknin, León, 39
Bocanegra, Olga, 40
Bodden, Juan Antonio, 382
Boente, María del Carmen, 56
Borda, Julio Martín, 34, 40, 41, 46,
Borde, Carlos, 413
Boreli, Dante, 425, 426
Borges, Paulo Cezar, 92
Borja, C, 65
Bosq, Pablo, 414
Botero, Fernando, 143
Botrich, Harm, 33
Bottene, Iza Maria, 102
Bo, Alfredo L, 373
Box, Pablo, 43
Brache, Román, 382, 387
Bracho Oña, Jorge, 195, 212
Brañas, Guillermo, 296
Brañas, Francisco, 261, 313, 330, 439
Brañas, José Julián, 341
Brañas, Raquel, 179
Braz, Cláudio Valéria, 104
Brian, Jaime, 63, 64, 65
Briceño Iragorry, Leopoldo, 428
Briceño Maaz, Tulio, 426, 432
Brivio Durán, Alberto, 172, 185
Brito, Arival Cardoso de, 86, 90
Brito, Thales de, 219
Brito Foresti, José, 405, 406, 409, 412, 413, 414, 415, 417
Bruyé, Silvina, 60
Bruning, Carmen, 178
Brusco, Jorge, 41
Budel, Analise Roskamp, 106
Bueno, Cosme, 340
Bulhões, Oscar de, 73
Bulizani, Mônica, 102
Bumaschny, P, 35
Buño, Washington, 407, 418
Burgos, César, 127, 131, 148
Burnier, R, 413
INDEX OF NAMES

C
Cabada, Carlos de la, 426
Caballero, Alberto, 131
Caballero Garay, Virgilio, 296
Cabello, Ismery, 426, 431
Cabezas, Ana María, 170
Cabieces, Fernando, 344, 368
Cabo, Horacio, 37, 45, 46, 47, 438
Cabrera, Hugo Néstor, 36, 37, 38, 47, 213, 297, 213, 438, 439
Cabrera, Juan José, 280
Cabrera, Marco A., 239
Cabrera Moraga, Raúl, 170, 174, 176, 177, 180, 181, 182, 183, 184, 185, 186, 298, 438
Cacciatore, Ernesto, 416
Cáceres, Abraham, 342
Cáceres, Camilo, 342
Cáceres, Héctor, 7, 16, 213, 298, 315, 365, 366, 367, 442
Cáceres Orozco, Sergio, 129, 134
Cádiz, Mamerto, 168, 170
Caferri, María Isabel, 61
Caino, Juan F., 41
Calandria, Liliana, 412
Calatrava, Domingo A., 427, 428
Calb, Ignacio, 43
Caldas Rodríguez, Antonio, 365
Calderón, S., 67
Calle Vélez, Gonzalo, 120, 126, 127, 131, 132, 139
Calles, Aquiles, 265
Calvo, Jacqueline, 102
Camacho, Alain Alexander, 146, 147
Camacho, Eleodoro, 317, 333
Camacho, Francisco M., 132
Camacho, Juan, 379
Camacho Martínez, Francisco, 434
Camacho Sánchez, Miguel, 132
Camacho, O., 32
Campbell, Gladis, 91
Campbell, Iphis, 86, 91, 110
Camps, Humberto, 422, 431
Campo Amalia, 56
Campo, Martha Helena, 132, 141
Campo, Raúl del, 413
Campos, Manso, Rafael, 427, 428
Campos, Amadeo, 39
Campos, Blanca, 177, 178, 186
Campos, Enio Candido de, 106
Campos, Miguel, 353
Campos, Nelson de Souza, 108, 318, 414
Campos Carlos, Alejandro, 41, 56
Camposzana, Ramiro, 200
Canán, José, 382
Canabal, Ángel, 417
Canabal, Joaquín, 413, 417
Canadell de Puertas, Elda, 313, 319, 326, 329, 335, 365
Cancio, Carlos, 41
Candiotti Vera, Jorge, 367
Canessa, J. F., 413
Cantó, Albaras, 85
Cantillo, Luz, 280, 281
Capurro, E., 44
Capurro, J., 32
Carabelli, Susana, 44
Carabajosa, Josefinia, 265, 298
Carboni, Eduardo, 39, 44
Cardama, José E., 34, 36, 37, 42, 44, 46, 438
Cardemil, Alfredo, 171, 172, 186
Cárdenas, Max, 365
Cárdenas Becerra, Francisco, 432
Cárdenas Jaramillo, Vicente, 120, 139
Cárdenas Silva, Aurora, 361
Cárdenas Uzquiano, Hernando, 7, 12, 63, 64, 65, 67, 312
Cardona, Héctor, 374
Cardoso, Aldo de Sá, 91
Cargni, Carlos, 41
Carmona, C., 438
Caro, Apolinario, 63, 64
Carpio, 263
Carrió Amaya, Antonio, 218, 221
Carrió Cordoviola, Emilio, 186, 363
Carrasquilla, Juan de Dios, 119, 124, 126, 148
Carrera, José Luis, 33, 34, 37
Carrera Cobos, Timoleón, 210
Carri, Alberto, 43
Carrillo, Alicia, 62
Carrillo, Carlos, 338
Carrillo, Francisco, 39, 414
Carrión, Arturo L., 373, 375
Carrión, Daniel Alcides, 310, 316, 318, 345, 346, 362, 363
Carrión, Jerónimo, 207
Carriazes Ulloa, David, 329, 335, 361, 363, 365, 367
Cartagena, N., 40
Carvajal Hernández, Carlos, 197, 200, 213
Carvajal Huerta, Luis, 191, 192, 197, 198
Carvalho, Alberto, 34, 47
Carvalho, Franco de, 85
Carvalho, Leónicio, 71
Casafranca Lovatón, Adrián, 363
Casalú, Augusto, 34, 37, 47, 438, 439
Casanova, 410
Casas, José G., 34, 43, 46, 47
Casco, Ricardo, 44
Casella de Vilaboa, Esther, 404, 408, 409
Cassinelli, Ana, 404, 408, 409
Castaneda, Carlos, 155, 156, 157
Castañeda, Gabriel José, 118, 119, 124, 138
Castaño, Olga Lucía, 141
Castellano M., Gustavo, 130
Castellanos de Canejo, Omaira, 425
Castellanos de la Roca, Álvaro, 237, 238, 240
Castellanos Lorduy, Héctor José, 132, 138, 147
Castellazzi, Zino, 382, 384, 387
Castellitto, Roberto, 40, 43
Castellón, Manuel, 179
Castillo, Antonio, 62
Castillo, E. B. del, 121
Castillo, Félix, 339, 334
Castillo, Fidel del, 208
Castillo, Marián, 239, 243
Castillo, Paula, 175, 176
Castillo, Armando, 423
Castillo Puerto, Carmelo, 122
Castillo Rivadeneyra, Wenceslao, 311, 312, 313, 324, 325, 329, 334, 363, 365, 367
Castro, Abilio Martins de, 84
History of Latin American Dermatology

Castro, Doralda, 141
Castro, Lia Cândida Miranda de, 92
Castro, Nancy, 141
Castro, Raymundo Martins, 80, 84, 85, 100, 103, 105
Castro Gómez, Julio, 365
Castro Mendivil, Luis, 334, 363
Castro Ron, Gilberto, 129, 130, 220
Catacora Cama, José, 315, 363
Cave, 411
Cavalcanti, Jorge Duarte Quintela, 91
Cavallera, Elsy, 426
Cavero Ortiz, Luis, 311, 363, 365
Caviedes López, Ernesto, 194, 199
Ceballos, Gabriel, 129
Celi, Alfinger, 133
Cequeda, Lilian de, 431
Cermeño, Julman, 426
Cerqueira, Alexandre Evangelista de Castro, 71, 72, 74, 89
Cerruti, Humberto, 84, 99, 155
Cervini, Andrea Bettina, 8, 11
Cestari, Tânia, 106
Cevallos, Diego, 205
Chagas, Bruno, 71, 73
Chávez, A., 428
Chávez, Carolina, 133
Chávez, Guadalupe, 298
Child, Raquel, 178
Chiriboga Ardito, Luis, 196, 197, 213
Chopitre, Emmanuel, 379, 387
Chouela, Alfredo, 35, 46
Chouela, Edgardo, 37, 42, 45, 438
Cicero, Ricardo, 264
Cifre Recinos, Edgar, 236
Cifuentes Mutinelis, Mirtha, 167, 172, 180, 183, 184, 186, 438
Ciriani Anchorena, Bruno, 363
Cisneros, Eudoro, 32
Ciuffardi, Emilio, 316
Civatte, Jean, 32, 120, 128, 169, 173, 324, 383
Civil, Eduardo, 213, 411
Clara, Jorge, 41
Clark, José A., 154
Close de León, Jorge, 234, 237, 239
Cobas, Sergio Iván, 238, 240
Coelho, Carlos Cley, 94
Coelho Urquen, Mauricio, 8, 13, 187, 198, 202, 211, 212, 213, 214, 215, 216
Cofré, Julita, 176, 186
Cofré, Pedro, 175, 176, 179, 182, 184
Coiscou, Rafael, 382
Coiscou Weber, Antonio, 381, 387
Colichón A., 346
Colmenares Porras, Pablo, 134
Colón, Francisco, 375
Columbié, Yolanda, 160
Combariza, Epifanio, 118, 126
Conant, Marcus, 184
Condori Di Burga, Hugo, 363
Consigui, Carlos, 38, 44, 47
Consigui, Javier, 38
Contardi, 414
Conti, Alcides, 40
Conti, 409
Contreras, Guillermo, 346, 353
Contreras, Miguel, 312, 380
Convit, Jacinto, 424, 425, 428, 429
Cordero, Alejandro A., 33, 34, 35, 37, 48, 47, 130, 297, 383, 437
Cordero, Alejandro (h), 37, 43
Cordero, Eduardo, 208
Cordero A., Carlos N., 234, 239, 243, 246
Cordero C., Fernando A., 234, 236, 239, 243, 244, 255
Cordero Carrión, Luis, 207, 209
Cordero J., Leoncio, 191, 193, 210, 211
Cordisco, María Rosa, 56
Cordivola, 414
Corea, Leonor, 274, 279
Coreja, Andrés, 41
Corejo Ubillas, J., 339, 341, 355
Coronel, Manuel, 207
Corral, Nicanor, 209
Corrales Lugo, Hugo, 122, 133
Corrales Medrano, Hugo, 122, 133
Correa, Álvaro, 132, 146
Correà, Benedicto, 102
Correà, Cecilia Cassal, 107
Correa, José, 373
Correa Bustamante, Wilson, 193, 194, 197, 198, 212
Correa Galindo, Ernesto, 121, 127, 132
Correa Henao, Alfredo, 123, 127
Correal, Alcibiades, 130
Correal Urrego, Gonzalo, 112, 125
Corredor, Gustavo, 125
Cortelezzi, Emilio, 32, 40
Corrés, Alonso, 120, 126, 127, 128, 132, 137, 139, 434
Corrés, Marta, 158
Corrés Enciso, Carlos, 119, 130, 131, 138
Cortez de Castro, Glenda, 426
Corti, Rodolfo N., 33, 34, 37
Costa, Izelda, 91
Costa, Oswaldo, 78, 84, 92, 93, 94
Costa, Paulo Uchôa, 93
Costa, Radamés, 413, 416
Costa Alfaro, Humberto, 363, 364
Costa Córdova, Horacio, 43
Costa Jr., A. F. da, 85
Costa Martins, José Eduardo, 85, 100, 438
Costa, Edgard Drohle da, 85
Costané Decoud, 414
Cotes, Margarita, 383
Cottlar Dolberg, Aizic, 311, 322, 325, 326, 328, 329, 330, 332, 334, 335, 336, 354, 359, 364, 365
Countar, Clement, 359
Coutis, 414
Covelli Mora, Claudia Marcela, 126, 128, 130, 141
Covo, Germán Enrique, 132
Covo Segrega, Luis Miguel, 133, 147
Cravioto, Joaquin, 270
Crespi, Héctor G., 37, 43, 46
Crespo, Emiliano J., 208
Cox Cardoso, Alberto Eduardo, 86, 91
Cruz, Alma, 374, 375
Cruz, Ana Cecilia, 382, 383

455
**INDEX OF NAMES**

<table>
<thead>
<tr>
<th>Name</th>
<th>Page Numbers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cruz, Martín de la</td>
<td>260</td>
</tr>
<tr>
<td>Cruz, Oswaldo</td>
<td>74, 75</td>
</tr>
<tr>
<td>Cruz Argumedo, Fernando Adolfo</td>
<td>220</td>
</tr>
<tr>
<td>Cuadra</td>
<td>346</td>
</tr>
<tr>
<td>Cuba Caparó, Alberto</td>
<td>359</td>
</tr>
<tr>
<td>Cucé, Luiz Carlos</td>
<td>85, 100, 104</td>
</tr>
<tr>
<td>Cuervo, Ángel</td>
<td>413</td>
</tr>
<tr>
<td>Cueva</td>
<td>209</td>
</tr>
<tr>
<td>Cueva Vallejo, Agustín</td>
<td>207, 208</td>
</tr>
<tr>
<td>Cunha, Paulo Rowison</td>
<td>8, 12, 69, 87, 88, 102, 108</td>
</tr>
<tr>
<td>Cunha, Pedro da</td>
<td>97</td>
</tr>
<tr>
<td>Cuvia</td>
<td>209</td>
</tr>
<tr>
<td>Cuvia Vallejo, Agustín</td>
<td>207, 208</td>
</tr>
<tr>
<td>D`Alessandro, Miguel Ángel</td>
<td>157</td>
</tr>
<tr>
<td>Daiber, Alberto</td>
<td>176</td>
</tr>
<tr>
<td>Damazo, Virgilio Climaco</td>
<td>73</td>
</tr>
<tr>
<td>Darier, Jean</td>
<td>32, 53, 169, 173, 174</td>
</tr>
<tr>
<td>Dávalos, José M.</td>
<td>309</td>
</tr>
<tr>
<td>Dávalos y Peralta, José</td>
<td>295</td>
</tr>
<tr>
<td>David, Carlos</td>
<td>240</td>
</tr>
<tr>
<td>De Anda, Griselda</td>
<td>61, 404, 408, 409, 410, 411, 416</td>
</tr>
<tr>
<td>De Carli, Eduardo</td>
<td>43</td>
</tr>
<tr>
<td>De los Ríos, Eudoro H.</td>
<td>40, 60</td>
</tr>
<tr>
<td>De Simoni, 70</td>
<td></td>
</tr>
<tr>
<td>De Castro, Patricia</td>
<td>128, 135</td>
</tr>
<tr>
<td>Deffilió, Fernando Arturo</td>
<td>380</td>
</tr>
<tr>
<td>Degas, Robert</td>
<td>120, 128, 312, 320, 324</td>
</tr>
<tr>
<td>Dekmuk, Miguel</td>
<td>312</td>
</tr>
<tr>
<td>Del Pino, Gisela</td>
<td>106, 312</td>
</tr>
<tr>
<td>Del Rio</td>
<td>263</td>
</tr>
<tr>
<td>Defina, António Francisco</td>
<td>100</td>
</tr>
<tr>
<td>Delfino, Gisella</td>
<td>56</td>
</tr>
<tr>
<td>Delgadillo, Alcides</td>
<td>274, 279</td>
</tr>
<tr>
<td>Delgado, Sergio</td>
<td>274</td>
</tr>
<tr>
<td>Delgado Fernández, Víctor</td>
<td>312</td>
</tr>
<tr>
<td>Delgado González, Carlos</td>
<td>274, 279</td>
</tr>
<tr>
<td>Delgado Paredes, José María</td>
<td>122, 134</td>
</tr>
<tr>
<td>Delgado Ríascos, José María</td>
<td>120</td>
</tr>
<tr>
<td>Delgado Sayán, César</td>
<td>353</td>
</tr>
<tr>
<td>Della Giovanna, P.</td>
<td>438</td>
</tr>
<tr>
<td>Della Santa</td>
<td>411</td>
</tr>
<tr>
<td>Delucchi, 410</td>
<td></td>
</tr>
<tr>
<td>De León G, Suzette de</td>
<td>8, 13, 223, 243, 244</td>
</tr>
<tr>
<td>Denegri, Juvenal</td>
<td>362</td>
</tr>
<tr>
<td>Desjeux, Phillippe</td>
<td>65</td>
</tr>
<tr>
<td>Di Paola, Guillermo</td>
<td>121</td>
</tr>
<tr>
<td>Di Prisco, Juan</td>
<td>425, 428, 429</td>
</tr>
<tr>
<td>Di Prisco, Maria Cristina</td>
<td>427</td>
</tr>
<tr>
<td>Diab, 409</td>
<td></td>
</tr>
<tr>
<td>Díaz, David</td>
<td>208</td>
</tr>
<tr>
<td>Díaz, Julio</td>
<td>43</td>
</tr>
<tr>
<td>Díaz, Luis A.</td>
<td>108, 131, 214</td>
</tr>
<tr>
<td>Díaz, Luisa H.</td>
<td>133</td>
</tr>
<tr>
<td>Díaz, María Antonia</td>
<td>160</td>
</tr>
<tr>
<td>Díaz, Pacífico</td>
<td>32, 34, 55</td>
</tr>
<tr>
<td>Díaz, Rafael</td>
<td>380, 382</td>
</tr>
<tr>
<td>Díaz, Sandra</td>
<td>180</td>
</tr>
<tr>
<td>Díaz Almíida, José G.</td>
<td>8, 12, 151, 157, 158, 159, 160</td>
</tr>
<tr>
<td>Díaz Cardozo, Antonio</td>
<td>115</td>
</tr>
<tr>
<td>Díaz de la Rocha, José</td>
<td>157, 158</td>
</tr>
<tr>
<td>Díaz de Marte, Ana Josefa</td>
<td>383, 385</td>
</tr>
<tr>
<td>Díaz Gómez, Claudia Juliana</td>
<td>147</td>
</tr>
<tr>
<td>Díaz Muñoz, Juana</td>
<td>179</td>
</tr>
<tr>
<td>Díaz Saubidet Jorge</td>
<td>57, 59</td>
</tr>
<tr>
<td>Diaz-Landaeta, Leopoldo</td>
<td>441</td>
</tr>
<tr>
<td>Diez de Medina, Juan Carlos</td>
<td>8, 12, 63, 298</td>
</tr>
<tr>
<td>Dillon, Neuzia Lima</td>
<td>81, 100, 101, 103</td>
</tr>
<tr>
<td>Diniz, Orestes</td>
<td>84, 93</td>
</tr>
<tr>
<td>Domenici, Rodolivho Mendes</td>
<td>92</td>
</tr>
<tr>
<td>Domínguez, Juan A.</td>
<td>28</td>
</tr>
<tr>
<td>Domínguez, Luciano</td>
<td>312</td>
</tr>
<tr>
<td>Domínguez, Nayib Ambrad</td>
<td>120, 123</td>
</tr>
<tr>
<td>Domínguez Cherit, Judith</td>
<td>265</td>
</tr>
<tr>
<td>Domínguez Sisco, Rafael</td>
<td>428</td>
</tr>
<tr>
<td>Dorce, Susana</td>
<td>409</td>
</tr>
<tr>
<td>Dostrowsky, A.</td>
<td>339, 355</td>
</tr>
<tr>
<td>Dover, C.</td>
<td>205</td>
</tr>
<tr>
<td>Dragicevic, Vesna</td>
<td>178</td>
</tr>
<tr>
<td>Drapkin, Israel</td>
<td>179</td>
</tr>
<tr>
<td>Drassnower, Enrique</td>
<td>316</td>
</tr>
<tr>
<td>Driban, Nelson</td>
<td>40</td>
</tr>
<tr>
<td>Duarte de Rendón, Bertha</td>
<td>194</td>
</tr>
<tr>
<td>Duarte, Idá</td>
<td>99</td>
</tr>
<tr>
<td>Duarte, Miguel F.</td>
<td>133</td>
</tr>
<tr>
<td>Dhum, Gisella</td>
<td>33</td>
</tr>
<tr>
<td>Duperrat, B.</td>
<td>320, 327</td>
</tr>
<tr>
<td>Duque Ossman, Yamil Alberto</td>
<td>129</td>
</tr>
<tr>
<td>Duque Perdomo, Matías</td>
<td>153, 154</td>
</tr>
<tr>
<td>Durán McKinster, Carola</td>
<td>240, 270, 271, 442</td>
</tr>
<tr>
<td>Durán Merchán, María Mélida</td>
<td>122, 127, 131, 137, 140</td>
</tr>
<tr>
<td>Durango, María Bernada</td>
<td>142</td>
</tr>
<tr>
<td>Durango Michailos, Anaírma</td>
<td>430</td>
</tr>
<tr>
<td>Durango Nazariego, Nectario</td>
<td>430</td>
</tr>
<tr>
<td>Dutra, Vanderli</td>
<td>92</td>
</tr>
<tr>
<td>Eaton, George E.</td>
<td>304</td>
</tr>
<tr>
<td>Ecchegaray, Carlos</td>
<td>365</td>
</tr>
<tr>
<td>Eccheverría, Enrique</td>
<td>235</td>
</tr>
<tr>
<td>Eccheverría, F.</td>
<td>65</td>
</tr>
<tr>
<td>Edelson, Richard</td>
<td>214</td>
</tr>
<tr>
<td>Egas, Eduardo</td>
<td>201</td>
</tr>
<tr>
<td>Equiguren, Víctor</td>
<td>364</td>
</tr>
<tr>
<td>Equiguren Lira, Gonzalo</td>
<td>170, 172, 174, 180, 182, 185, 438</td>
</tr>
<tr>
<td>Eguren, Leopoldo</td>
<td>65</td>
</tr>
<tr>
<td>Eid, Lourdes</td>
<td>133</td>
</tr>
<tr>
<td>Elboi, José</td>
<td>310</td>
</tr>
<tr>
<td>Empinotti, Júlio César</td>
<td>107, 298, 438, 439</td>
</tr>
<tr>
<td>Encalada Córdova, Franklin</td>
<td>197, 198, 211, 212, 213, 214, 216</td>
</tr>
<tr>
<td>Encinas, Enrique</td>
<td>337</td>
</tr>
<tr>
<td>Estella Enralgo, Honorato</td>
<td>373, 375</td>
</tr>
<tr>
<td>Escalante, Aníbal</td>
<td>353</td>
</tr>
<tr>
<td>Escobar, José J.</td>
<td>123</td>
</tr>
<tr>
<td>Escobar, Julio</td>
<td>138</td>
</tr>
<tr>
<td>Escobar Gil, Olga Patricía</td>
<td>141</td>
</tr>
<tr>
<td>Escobar Restrepo, Carlos Enrique</td>
<td>126, 130, 136, 140, 141</td>
</tr>
<tr>
<td>Escomel, E.</td>
<td>339, 341, 344, 346, 354, 355, 356</td>
</tr>
<tr>
<td>Escudero, Carlos Hugo</td>
<td>62</td>
</tr>
<tr>
<td>Esculies, José</td>
<td>297</td>
</tr>
<tr>
<td>Espaillat, Eda.</td>
<td>383</td>
</tr>
<tr>
<td>Esparragotza y Gallardo, Narciso</td>
<td>234</td>
</tr>
</tbody>
</table>
History of Latin American Dermatology

Espasandin, José, 407
Espejo, Luis, 207
Espin, Carlos, 192
Espinal Múnera, Hugo, 120, 143
Espinosa, Teodoro, 212, 214, 215
Espinosa Sotomayor, Roberto, 274
Espinosa Bravo, 191, 199
Espoz, Horacio, 178
Estebanson, Santiago, 249
Estete, Miguel de, 307
Estévez, Fernanda Nanita, 383
Fachín Viso, Raúl, 431
Facio, Ludovico, 33
Faivre, João Mauricio, 70
Faraday, Michel, 27
Faria, Antônio Januário de, 72
Faria, Luiz da Costa Chaves, 70, 74, 76, 95
Farín, J., 32, 44
Farías, Pastor, 155, 161
Farrero, Cecilia, 62
Fassio, Gustavo Adolfo, 191
Feijóo, Fernando, 39
Fenn, Gerry, 219
Fernández, Jorge, 69
Fernández, Arturo A., 32
Fernández, Enrique, 353
Fernández, Fernando, 157, 158
Fernández, José María, 39, 44, 318, 328, 414
Fernández, Kirhe, 383
Fernández, Mario, 380, 381
Fernández, Mariselda, 383
Fernández, Nilda, 383, 384
Fernández, Víctor, 237, 240
Fernández Báez, Rafael, 380
Fernández Blanco, Emilio, 33, 35, 46
Fernández Blanco, Graciela, 43, 47
Fernández Bussy, Ramón, 39
Fernández Dávila M., Guillermo, 362
Fernández Dávila, José, 360
Fernández de Valenzuela, Pedro, 115
Fernández Hernández-Baquero, Guillermo, 156, 158, 161
Fernández Vautrai, 430
Ferrándiz Foraster, Carlos, 434
Ferrando, Juan, 434
Ferrari, Manlio, 407
Ferraro, Arlindo, 96
Ferraz, Neide, 89
Ferreira, Fátima, 426
Ferreira, José Alvimar, 97
Ferreira, Ludgero, 72
Ferreira, Luis, 38
Ferreira-Marques, João, 40
Ferreiro, Mari Carmen, 426
Ferrer, Ismael, 155
Ferrer, Jaime, 176
Ferrer, Silvia, 133
Ferretti Jurado, Humberto, 197
Festa Neto, Cyro, 100
Fich Schlicot, Félix, 167, 172, 177, 178, 180, 182, 183, 184, 185, 186, 438
Fidanza, Enrique, 32, 33, 39, 44, 414
Figueira, Absalom Lima, 95
Figuerias, Danilo Vicente, 96
Figueroa, Luz D., 375
Finlay, Carlos Juan, 152
Fleischmajer, Raúl, 35
Fleisher, Lawrence, 373
Fleurens, 398
Flichman, Juan Carlos, 44, 65, 417
Flom, Rosa Ettis de, 43
Flores, Diana, 344
Flores, Jaime, 319
Flores, José Felipe, 234
Flores de Lacarruba, Luz María, 439
Flores-Cevallos, Elbio, 8, 14, 291, 301, 302, 329, 335, 369
Flores-Cevallos, Luis, 8, 14, 291, 301, 306, 311, 312, 313, 314, 316, 319, 320, 328, 332, 359, 362, 363, 364, 365, 369
Flores Díaz, Enrique, 220
Flores González, Luis, 38
Flórez Díaz Granados, Mercedes, 131
Fonseca, Aureliano da, 312
Fonseca, Francisco, 432
Fonseca, Tiburcio, 31
Fonseca Filho, Olympio da, 75, 79, 84
Forero, Manuel, 129, 134, 138
Forim Alonso, Fausto, 297, 438
Forman, Eugenio, 43
Fortín Guartle, Guillermo, 237, 239, 255
Forster, Juliana, 213
Fosatti, Carlos María, 405, 415
Foss, Norma, 104
Fracastore, Girolamo, 305
Fraga, Armiño, 75
Fraga, Sylvio, 83, 95, 102
França, Emmanuel Rodrigues de, 90
Francia Rojas, Rosa, 381, 383
Francisco Castagnino, Enrique, 363, 365
Franco, Nélida, 33
Franco, Roberto, 119, 126
Freire, Patricio, 195
Freitas, Raimundo Barros de, 90
Frey Gabler, Rodolfo, 179
Freyre, Manuel, 38
Frías Chaco, Oscar, 353
Frucchi, Humberto, 99
Fuentes, Jairo, 132
Fuentes, Héctor, 171, 172
Fuentes, Victoria, 160
Funes, Juan M., 239
Furones, Esperanza, 160
Furtado, Clarisse, 106
Furtado, Tancrédio A., 84, 85, 88, 93, 94, 437
Fusseu, Dolores, 200
G
Gabizo, João Pizarro, 71, 73, 74, 76, 95
Gálvez, Maria Bernarda, 129, 133
Gáñaro Barrera, María Bernarda, 129, 133
History of Latin American Dermatology

González de Méndez, Concha Marina, 237
González del Cero, Sebastián, 39
González Diaz, Ignacio, 169, 171, 172, 173, 175, 176, 179
González Herrejón, Salvador, 264
González Martin, Juan, 172
González Ochoa, Antonio, 270
González Oddone, Miguel, 297
González Otero, Francisco, 425, 427, 428, 429
González Pérez, Guillermo, 155
González Prendes, Miguel A., 155, 157, 161
González Rescigno, Gilberto, 43, 65
González Rioseco, Héctor, 179
González Rodríguez, Guillermo, 129, 134
González Rojas, Carlos Horacio, 8, 12, 111, 129, 131, 133
González Urueña, Jesús, 264
Gorbitz, G., 346
Gorostiaga, Graciela, 439
Gotlib, Natan, 34, 45
Gotuzzo, Eduardo, 338, 353
Gougerot, Henri, 32, 320, 413
Goulart, Zopyro, 85
Grandi, Paulina, 175, 176
Graterol Roque, Cruz A., 428, 429, 431, 432
Grau Triana, Juan, 154
Guada, Luis Felipe, 431
Guadagnini, Elizabeth, 430
Guadamuz, Juan José, 274
Guarda Tatin, Rubén, 8, 12, 163, 167, 170, 172, 173, 174, 176, 177, 180, 181, 182, 184, 185, 186, 438, 439
Guardia, Nicanor (h), 422
Gübelin, Walter, 170, 172, 174, 178, 186
Guedes, Antonio Martins, 94
Guerra, Humberto, 338
Guerra, Pablo, 422, 423, 424, 425
Guerra Carbajal, Carlos, 364
Guerra Castro, Myra, 159
Guerra Fonseca, Pedro, 432
Guerra Mercado, Juan, 65
Guerrero, Daniela, 383
Guerrero, Laureano, 139
Guerstein, Fanny, 176
Guillélemetti, Antonio, 172, 186
Guillén, Humberto, 201
Guillot, Carlos Federico, 33, 43, 46, 49
Guillot, Pedro, 38
Guimarães, Newton Alves, 85, 89, 100
Guinzb urg, Alejandro, 213
Gurfinkel, Andrea, 98
Gutiérrez, Juan Gualberto, 117
Gutiérrez, Manolo, 236
Gutiérrez Aldana, Guillermo, 8, 12, 111, 119, 127, 128, 130, 131, 135, 138, 142, 146, 148, 346
Gutiérrez Arostegui, José Miguel, 281
Gutiérrez Noriega, Carlos, 338
Gutiérrez Yiave, Zaida, 363
Guzmán, A., 438
Guzmán, Emma, 382
Guzmán, Juan Pablo, 382
H
Habermann, Marta Cassoni, 104
Haddad Júnior, Vidal, 104
Halfpert Ziskiend, Evelyne, 8, 16, 127, 129, 131, 134, 135, 136, 147, 442
Halty, Mónica, 415
Hanfin, John, 184
Harper, John, 56
Hartmann, 63
Hassan, Mercedes, 37
Hasseblad, O., 384
Hasson, Ariel, 172, 173
Hayes, Rutherford B., 288
Hebra, Ferdinand, 32, 73, 74
Heins, Norberto, 179
Hemb, Achyles, 106
Henao, Mario, 139
Henao Blanco, Tomás, 119, 130, 138
Henríquez, J. J., 431
Herrane, María Isabel, 61, 171, 173, 180, 182, 183, 184, 185, 439
Hercules, Oswaldo, 318, 346, 364
Heredia, Cayetano, 309, 310, 311, 359
Hering, Mónica, 172
Hernández, Azucena, 240
Hernández, Eduardo, 373
Hernández, Francisco, 203, 259, 261, 357, 397
Hernández, Gonzalo, 201
Hernández, Juan F., 133
Hernández, Walter León, 127, 128, 139
Hernández Guante, Alcides, 383
Hernández López, Héctor, 374
Hernández Pérez, Enrique, 9, 13, 213, 219, 220, 221, 313, 434
Hernández Pérez, Rolando, 427, 432, 439
Herrera, Guillermo, 380
Herrera–Ceballos, Enrique, 434
Herrera Navarro, Magalis, 441
Herrera Ramos, F., 407
Hertig, M., 341, 346
Héry, Thierry de, 259
Hevia Parga, Hernán, 164, 169, 171, 172, 173, 174, 175, 179, 183, 184, 186
Hidalgo González, Carlos, 192
Higueros, José, 237
Hilario, Miriam, 382
Hinojosa, Santos, 353
Hodgman, Joan E., 441
Hómez Chacín, Jorge, 428, 430
Honeyman Mauro, Juan, 167, 170, 172, 173, 174, 176, 177, 180, 181, 182, 183, 184, 185, 186, 297, 438, 439
Hopf, Alfred, 407
Horta, Paulo de Figueiredo Parreiras, 72, 75, 78, 82, 85, 97
Houleri, J. R., 32
Houssay, Bernardo Alberto, 121
Howe, Calderón, 346
HozUlloa, Carmen Helena de la, 128, 130, 141
INDEX OF NAMES

Humboldt, Alexandrowich Ferdin, 63, 64, 65
Hurtado, Alberto, 360
Hurtado, Aníbal, 177, 178
Hurtado, J., 65
Hurtado Paredes, Raúl, 312, 346, 360
Huyke, Bernardo, 175, 270
Ibarra, Guadalupe, 271
Idrovo A., Juan, 210
Iglesias, Manuel, 41, 411
Ilho, Guillermo, 57, 59
Imery, Marcos, 251
Indacochea, Abelardo, 334
Infantozzi, Carlos María, 414
Infantozzi, José M., 408, 410
Ingrata, Stella Maris, 40
Ipiranga, Sylvia, 104
Irazabal, Porfirio, 428
Iribas, José Luis, 34, 37
Irigoyen, Carlos, 274, 279
Isaaza Zapata, Rafael, 129, 133
Isaza, Víctor, 133
Isaza Zapata, Rafael, 129, 133
Isaza, Miguel de la, 117
Iturbe, Juan, 422, 423, 428
Iturre de Aguirre, Lucia, 40

J
Jacobs, Alvin, 270
Jacobson, Coleman, 441
Jacobsthal, E., 235
Jadassohn, 321
Jaimovich, Carlotia, 41
Jaimovich, León, 35, 36, 38, 42, 45, 46, 47, 297, 298, 434, 438, 439
Jaller, Antonio, 132
Jalón, Roberto, 192
Jara, Mónica, 176
Jara Padilla, Iván, 170, 174, 176, 177, 180, 182, 183, 184, 185
Jaramillo, Diego Elías, 132, 136, 139, 141
Jaramillo, Luis Carlos, 209, 210
Jaramillo Ayerbe, Felipe, 127, 128, 133, 135, 140, 147
Jaramillo Bruce, Roberto, 168, 169, 170, 171, 179, 185
Jaramillo Puertas, Juan, 196
Jardim, Márcio Lobo, 85
Jatobá, Aderbal Loureiro, 91
Jiménez, Manuel, 297
Jiménez, Sol Beatriz, 141
Jiménez Califa, Guillermo, 127, 135, 141, 142, 148
Jiménez Castilla, José Luis, 263, 265
Jiménez Rivero, Miguel, 422, 423
Job, Edgardo Jorge, 383
Jones, Doraida, 383
Jonquières, Enrique D., 32, 33, 34, 37, 47, 407
Jorge, Eduardo, 85
Junqueira, Hugo, 92

K
Kadunc, Bogdana Victoria, 101
Kahn, Guinter, 270, 441
Kaminsky, Ana, 35, 36, 37, 41, 43, 312, 408, 434
Kaminsky, Carlos, 36, 44, 312
Kaminsky, Aarón, 33, 34, 35, 37, 47, 121, 219, 414, 415
Kaplan, H. A., 35
Kasuke, Ito, 312
Kelber, Jaime, 121
Kerdel Vegas, Francisco, 424, 425, 428, 429
Khouny, Michelle, 383
Kien, María Cristina, 43
Kisianski, Viviana, 56
Klein Kohn, Oscar, 169, 170, 179, 182, 186
Kiehl, 410
Klestorny Blanco, Pablo, 408, 409, 411, 413, 414
Knopfelmacher, Olida, 297
Kobayashi, Mancia Mayko, 104
Kohan, Ricardo, 57, 59, 60, 62
Koves de Amini, Eva, 425, 427, 428
Kowalczuk, Alicia, 43
Kriener, José, 35, 43, 105
Krumdieck, Carlos, 364
Kuczynski-Godard, Maxime, 316, 341, 348, 355
Kuhl, Isabel C. P., 106
Kuret, Colón, 381

L
Labat, 410
Labrada, Melba, 143
Lacaz, Carlos da Silva, 80, 100
Lacentre, Eduardo, 34, 43
Lacuesta, 411
Laffargue, Jorge, 43, 62
Lairet, Félix, 423
Lamas Grubesich, Roger, 169, 173, 179, 182, 183, 186
Lamela, Antonio, 398
Lander Marcano, Alfredo, 9, 15, 419, 428, 429
Lanfranchi, Héctor, 60, 298
Lapenta, Pedro, 430, 431, 432
Lara, Luz Marina, 133
Lara, Raúl, 66
Larralde, Juan, 428
Larralde de Luna, Margarita, 37, 43, 46, 297, 298, 441, 442
Larrañaga, Dámaso Antonio, 404
Larrea, J. T., 209, 346
Larrère, N., 341
Lasso, 191, 199
Lastória, Joel Carlos, 104
Latapi, Eugenio, 264
Latapi, Fernando, 155, 217, 219, 264, 266, 267, 269, 270, 381, 433, 434, 435
Laterza, Amelia M., 271
La Torre Tuesta, Iram, 367
Lauria, Carmelo, 428
Laveran, C., 341
Laverde, Alfredo, 119, 131, 138
Lavieri, Alberto, 56
Lázaro, Pedro, 374
Lazzarini, Rosana, 99
Leão, Arêa, 75, 79
Lecha, Mario, 434
Leda, Antonio, 434
Lega, Pedro, 338
Letiário, Artur da Silva, 89
León, Armando, 239
León, Juan de, 233
León, Luis A., 199, 200
León Chérrez, Víctor, 196, 197, 212, 213, 214, 215, 216, 361
León Romero, Doris Stella, 134, 147
León Temera, Lesbia de, 132
Leonforte, José F., 40, 186
History of Latin American Dermatology
<table>
<thead>
<tr>
<th>Name</th>
<th>Pages</th>
</tr>
</thead>
<tbody>
<tr>
<td>Marques, Antônio de Souza</td>
<td>81, 95</td>
</tr>
<tr>
<td>Marques, Mário</td>
<td>104</td>
</tr>
<tr>
<td>Marques, Silvio Alencar</td>
<td>100, 103, 104, 297</td>
</tr>
<tr>
<td>Marroquin, J.</td>
<td>341, 343, 355</td>
</tr>
<tr>
<td>Marrugo Guardo, Gonzalo</td>
<td>133, 147</td>
</tr>
<tr>
<td>Marrugo Ramírez, Rubén</td>
<td>120, 125</td>
</tr>
<tr>
<td>Marsden, Philip Davis</td>
<td>91</td>
</tr>
<tr>
<td>Marte, Ramón</td>
<td>385</td>
</tr>
<tr>
<td>Marte, Silvia</td>
<td>383</td>
</tr>
<tr>
<td>Martín, Rafael F.</td>
<td>375</td>
</tr>
<tr>
<td>Martínez, Carmen Alicia</td>
<td>143</td>
</tr>
<tr>
<td>Martínez, Dennis</td>
<td>382</td>
</tr>
<tr>
<td>Martínez, Miguel</td>
<td>408, 409</td>
</tr>
<tr>
<td>Martínez, Sandra O.</td>
<td>133</td>
</tr>
<tr>
<td>Martínez, Sergio</td>
<td>143, 147</td>
</tr>
<tr>
<td>Martínez, Winston</td>
<td>175, 176</td>
</tr>
<tr>
<td>Martínez Campos, Aldo Edgar</td>
<td>9, 13, 274, 276, 277, 278, 279, 280, 281</td>
</tr>
<tr>
<td>Martínez Campos, Oscar</td>
<td>274</td>
</tr>
<tr>
<td>Martínez Jiménez, Ángel</td>
<td>274, 277, 279</td>
</tr>
<tr>
<td>Martínez Niochett, Armiño</td>
<td>423</td>
</tr>
<tr>
<td>Martínez Santamaría, Jorge</td>
<td>126</td>
</tr>
<tr>
<td>Martins, Carlos José</td>
<td>97</td>
</tr>
<tr>
<td>Martins, José Eduardo Costa</td>
<td>86, 100, 438</td>
</tr>
<tr>
<td>Martins, Sarita</td>
<td>86</td>
</tr>
<tr>
<td>Mascaró Blanco, Antonio</td>
<td>179</td>
</tr>
<tr>
<td>Mascaró Galy, José Manuel</td>
<td>434</td>
</tr>
<tr>
<td>Mascaró, José María</td>
<td>270, 312, 434</td>
</tr>
<tr>
<td>Masi, Domingo</td>
<td>297</td>
</tr>
<tr>
<td>Máximo, José Antonio</td>
<td>9, 12, 43, 47, 56, 57, 58, 59, 60, 61, 297</td>
</tr>
<tr>
<td>Masson, Rodolfo</td>
<td>106</td>
</tr>
<tr>
<td>Matteo</td>
<td>407</td>
</tr>
<tr>
<td>Matus, Juan de Dios</td>
<td>274</td>
</tr>
<tr>
<td>Matus, Rodolfo</td>
<td>275</td>
</tr>
<tr>
<td>Mauricio, Rafael</td>
<td>243</td>
</tr>
<tr>
<td>Mauro, Diana</td>
<td>41</td>
</tr>
<tr>
<td>May, José</td>
<td>406, 409, 413, 414, 415, 416, 418</td>
</tr>
<tr>
<td>Maya, Maritza</td>
<td>431</td>
</tr>
<tr>
<td>Mayor, Sylvia Souto</td>
<td>99</td>
</tr>
<tr>
<td>Mayorga Peralta, Rubén</td>
<td>237</td>
</tr>
<tr>
<td>Mazzini, Miguel Ángel</td>
<td>32, 33, 34, 35, 36, 37, 41, 46, 47, 54, 50, 407, 414</td>
</tr>
<tr>
<td>Mazzini, Raúl</td>
<td>34</td>
</tr>
<tr>
<td>Mc Adden, E.</td>
<td>43</td>
</tr>
<tr>
<td>Meda, Telma</td>
<td>240</td>
</tr>
<tr>
<td>Medellín, Julio César</td>
<td>141</td>
</tr>
<tr>
<td>Medina, Álvaro</td>
<td>130</td>
</tr>
<tr>
<td>Medina, Lídia</td>
<td>172</td>
</tr>
<tr>
<td>Medina, José</td>
<td>249</td>
</tr>
<tr>
<td>Medina, Rafael</td>
<td>425, 426, 428, 430</td>
</tr>
<tr>
<td>Medina Febres, Mariano</td>
<td>425, 428</td>
</tr>
<tr>
<td>Medina Pinzón, Alberto</td>
<td>131, 141</td>
</tr>
<tr>
<td>Medina Zepeda, María Eugenia</td>
<td>280, 281</td>
</tr>
<tr>
<td>Meireles</td>
<td>70</td>
</tr>
<tr>
<td>Mejía, José</td>
<td>427</td>
</tr>
<tr>
<td>Mejía, Milton</td>
<td>143</td>
</tr>
<tr>
<td>Mejía, Paula Alexandra</td>
<td>142</td>
</tr>
<tr>
<td>Mejías, Abel</td>
<td>423</td>
</tr>
<tr>
<td>Mejías, María Antonieta</td>
<td>428, 431</td>
</tr>
<tr>
<td>Melada, Maria Fernanda</td>
<td>312</td>
</tr>
<tr>
<td>Meléndez, Esperanza</td>
<td>132</td>
</tr>
<tr>
<td>Meléndez, L.</td>
<td>31</td>
</tr>
<tr>
<td>Meléndez, Salomón</td>
<td>217</td>
</tr>
<tr>
<td>Melis de la Vega, Manuel</td>
<td>167, 172, 176, 182, 186</td>
</tr>
<tr>
<td>Mella, Juan</td>
<td>380</td>
</tr>
<tr>
<td>Mello Filho, Alexandre</td>
<td>80, 101</td>
</tr>
<tr>
<td>Mello, Coaracy</td>
<td>97</td>
</tr>
<tr>
<td>Mello, Luis Campos</td>
<td>85</td>
</tr>
<tr>
<td>Mena Cedillos, Carlos</td>
<td>271</td>
</tr>
<tr>
<td>Mendes, José Pessoa</td>
<td>85, 101</td>
</tr>
<tr>
<td>Méndez, María Isabel</td>
<td>410, 439</td>
</tr>
<tr>
<td>Mendoza, Marlene</td>
<td>431</td>
</tr>
<tr>
<td>Mendoza, Mireya</td>
<td>426</td>
</tr>
<tr>
<td>Mendoza Rodríguez, Dante</td>
<td>324, 329, 334, 335, 336, 360, 361</td>
</tr>
<tr>
<td>Meneses, Oswaldo</td>
<td>338</td>
</tr>
<tr>
<td>Menezes, Caetano de</td>
<td>85</td>
</tr>
<tr>
<td>Menezes, Irene</td>
<td>106</td>
</tr>
<tr>
<td>Menocal, Raimundo G.</td>
<td>152, 153, 156</td>
</tr>
<tr>
<td>Menta, Marcelo</td>
<td>298</td>
</tr>
<tr>
<td>Mercadal Peyri, José</td>
<td>312, 434</td>
</tr>
<tr>
<td>Mercadillo, Patricia</td>
<td>439</td>
</tr>
<tr>
<td>Mercau, Augusto</td>
<td>39, 44</td>
</tr>
<tr>
<td>Merchán, Nicanor</td>
<td>209</td>
</tr>
<tr>
<td>Merchán Manzano, Marcelo</td>
<td>197, 211, 212, 213, 214, 215, 216</td>
</tr>
<tr>
<td>Mérida, Marco Tulio</td>
<td>431</td>
</tr>
<tr>
<td>Merkel, Felipe</td>
<td>315</td>
</tr>
<tr>
<td>Mesa de Sanclerete, Myriam</td>
<td>120, 126, 132, 139, 141</td>
</tr>
<tr>
<td>Mesa Cock</td>
<td>112</td>
</tr>
<tr>
<td>Mesa Cock, Jairo</td>
<td>9, 12, 111, 112, 133, 135, 136, 140</td>
</tr>
<tr>
<td>Mesa Restrepo, Jorge</td>
<td>120, 132, 139, 141</td>
</tr>
<tr>
<td>Mesquita, P.</td>
<td>438</td>
</tr>
<tr>
<td>Meth Tuesta, Víctor</td>
<td>313, 319, 333, 362, 367</td>
</tr>
<tr>
<td>Meurethg, Charles</td>
<td>265</td>
</tr>
<tr>
<td>Meza, Desiderio</td>
<td>297</td>
</tr>
<tr>
<td>Meza, José Joaquin</td>
<td>133</td>
</tr>
<tr>
<td>Meza Balbuena, Juan</td>
<td>329, 334, 335, 356, 364</td>
</tr>
<tr>
<td>Michel, Luis</td>
<td>65</td>
</tr>
<tr>
<td>Migliaro, José P.</td>
<td>407</td>
</tr>
<tr>
<td>Milian, Gastón</td>
<td>413</td>
</tr>
<tr>
<td>Millán, María del P.</td>
<td>374</td>
</tr>
<tr>
<td>Millares, Francisco</td>
<td>297</td>
</tr>
<tr>
<td>Minelli, Lorivaldo</td>
<td>105</td>
</tr>
<tr>
<td>Mínino, Martha</td>
<td>9, 15, 377, 385, 386, 387</td>
</tr>
<tr>
<td>Mínino Bhäer, José Antonio</td>
<td>380</td>
</tr>
<tr>
<td>Miquel, Alberto</td>
<td>297</td>
</tr>
<tr>
<td>Miralles, Ana</td>
<td>410</td>
</tr>
<tr>
<td>Miranda, Ana G.</td>
<td>67</td>
</tr>
<tr>
<td>Miranda, Hernán</td>
<td>338</td>
</tr>
<tr>
<td>Miranda, J. Luiz</td>
<td>84</td>
</tr>
<tr>
<td>Miranda, Rui Noronha de</td>
<td>83, 85, 89, 105</td>
</tr>
<tr>
<td>Mirande, Luis T.</td>
<td>40</td>
</tr>
<tr>
<td>Miret Ortega, Omar</td>
<td>431</td>
</tr>
<tr>
<td>Miró Quesada, Oscar</td>
<td>338</td>
</tr>
<tr>
<td>Misad, Oscar</td>
<td>353</td>
</tr>
<tr>
<td>Miyares Ca, Carlos</td>
<td>158</td>
</tr>
<tr>
<td>Mocobocki, 409</td>
<td></td>
</tr>
<tr>
<td>Mocola, 414</td>
<td></td>
</tr>
<tr>
<td>Mogrovejo Carrión, José</td>
<td>209, 210</td>
</tr>
<tr>
<td>Molgó Novell, Monserrat</td>
<td>172, 182, 183, 185</td>
</tr>
<tr>
<td>Molina, Leonor</td>
<td>128, 135</td>
</tr>
<tr>
<td>Molina, María Teresa</td>
<td>170</td>
</tr>
<tr>
<td>Molina Leguizamón, Eduardo</td>
<td>33</td>
</tr>
<tr>
<td>Mom, Arturo, 33, 36, 46</td>
<td></td>
</tr>
<tr>
<td>Monardes, Nicolás</td>
<td>19, 114, 259, 398</td>
</tr>
<tr>
<td>Monasterios, Guido</td>
<td>66</td>
</tr>
<tr>
<td>Moncada, Ximena</td>
<td>171, 178</td>
</tr>
<tr>
<td>Moncaleza de Lasprilla, Cecilia</td>
<td>121, 132</td>
</tr>
<tr>
<td>Moncayo, Luis</td>
<td>195</td>
</tr>
<tr>
<td>Monge, Carlos</td>
<td>311, 318, 339, 341, 346, 354, 355</td>
</tr>
<tr>
<td>Monroy, Hugo</td>
<td>328</td>
</tr>
</tbody>
</table>
### History of Latin American Dermatology

| Mont, Luis | 238 |
| Montalbán | 346 |
| Moral | 346 |
| Montaña Granados, Eliseo | 119, 126 |
| Montenegro López, Galo | 9, 13, 187, 194, 199, 200, 215, 297 |
| Montero, Eustaquio | 404, 408, 409, 410, 411, 415 |
| Montero Rivera, Luis | 169, 179 |
| Montes, Diego de | 145 |
| Montes de Oca, Leopoldo | 31 |
| Monti, Jorge | 43 |
| Monti, Juan | 39 |
| Montilla, Víctor | 373 |
| Montoya de Bayona, Luz Stella | 133, 147 |
| Montoya, R. | 348 |
| Mora, Carlos Enrique | 129 |
| Moraes, Otávio | 102 |
| Moraga Miranda, Romeo Augusto | 237, 240 |
| Morales, Alejandro | 326, 329, 330, 335, 336 |
| Morales, Enriqueta | 271 |
| Morales, Raúl | 374 |
| Morales Beltrán, Raúl | 179 |
| Morales Coello, J. R. | 154 |
| Morales Éttienne, Armando | 274, 279 |
| Morales Saravia, Julio | 334 |
| Mora, Edgar | 133 |
| Moreno, Alger León | 270 |
| Moreno, Isabel | 172, 186 |
| Moreno, Luis Felipe | 121, 147 |
| Moreno, Gustavo | 215 |
| Moreno Aguilar, María E. | 271 |
| Moreno Collado, Clemente | 265 |
| Moreno Macías, Luis Hernando | 124, 126, 129, 132, 133, 141, 143, 147, 439 |
| Moreno Valero, Germán | 192 |
| Moreano, Lisandro | 146 |
| Morey, Gilberto | 364 |
| Moreya, Juan José | 362 |
| Morgan Zavaleta, Ángel | 361 |
| Moriyama, 410 |
| Moscoso, Sebastián | 209 |
| Moscoso Serrano, Eudoro | 192, 193, 212 |
| Mosquera, Hando | 133 |
| Mostajo Quiroz, Fredy | 360 |
| Mostajo Vargas, Juan José | 363 |
| Mosto, Santiago | 34, 45 |
| Mota, Joaquín | 71, 73, 74, 78, 85 |
| Motta Beltrán, Adriana | 142 |
| Muñoz, M. | 32 |
| Muller, Luiz Fernando Bopp | 106 |
| Mullins, Enrique | 171 |
| Mundi, Guillermo Alejandro | 133 |
| Muñoz A., Osvaldo | 214, 215 |
| Murguetio Stacey, Raúl | 191, 194, 197, 199, 200 |
| Murillo, Manuel | 427 |
| Muschietti, A. | 32 |

| N
| Naar, Julio César | 133 |
| Nacuchio, Marcelo | 213 |
| Nagaro, Pablo | 362 |
| Nahuel, Raquel | 170, 173 |
| Nanni, Maria Elizabeth | 104 |
| Náquira, César | 337 |
| Naranjo A., Hugo | 426 |
| Natale, Carlos de | 41 |
| Nauck, Ernst Georg | 337 |
| Nava, Luis | 63, 64, 65 |
| Navarro César, Alfonso | 133 |
| Navarro Huamán, Pedro | 312, 327, 329, 363 |
| Navin, Thomas | 236 |
| Negroni, Pablo | 44, 46, 312 |
| Negroni, Ricardo | 44, 60 |
| Neira Cuadra, Jorge Isaac | 9, 13, 273, 281, 282 |
| Neira P., Octavio | 193 |
| Neumann Scheffer, León | 9, 13, 257, 265, 266 |
| Neves, René Garrido | 82, 85, 86, 97 |
| Newman, Julius | 219 |
| Neyra, José | 321, 322 |
| Nogueira, Ana Maria | 102 |
| Nonohay, Ulisses de | 106 |
| Nopper, Amy | 57, 60, 297 |
| Nordenskiold, Barón | 290 |
| Noria, Víctor | 348 |
| Novel, Adolfo Arthur | 383 |
| Noussitou, Fernando | 33, 34, 37, 46 |
| Nudenberg, Alberto | 39 |
| Nudenberg, Bernardo | 39, 46, 47 |
| Núñez Andrade, Roberto | 269 |

| O
| Oliveros de Briceño, Rosa | 426, 431 |
| O’ Daly, J. A. | 423 |
| Obadía Serfaty, Jacobo | 425, 428, 429 |
| Obregón de León, María del Socorro | 237, 238, 239, 240 |
| Obregón Sevilla, Lisandro | 363, 366 |
| Ocampo Candiani, Jorge | 265, 266 |
| Ochoa, Amparo | 129, 134, 141 |
| Ochoa Cobos, José Humberto | 209 |
| Ochoa M., Xavier | 215 |
| Odriozola, E. | 346, 356 |
| Ojeda, Beatriz | 196 |
| Olchansky, Manuel | 34 |
| Olivares, Liliana | 37, 44, 45, 46, 47, 439 |
| Oliverí, Elio | 172 |
| Oliveira Filho, Jayme de | 434 |
| Oliveira, Sônia Antunes de | 94 |
| Oliver, Margarita | 430 |
| Ollague Loayza, Wenceslao | 191, 192, 193, 194, 195, 196, 198, 197, 199, 211, 212, 312 |
| Ollague Torres, José María | 197, 198, 199, 213, 439 |
| Oller, Francisco | 372 |
| Olmos Castro, Norberto | 40 |
| Oporto Gatica, Manuel | 179 |
| Opromolla, Milton Vladimír Araújo | 103 |
| Oramas, José | 207 |
| Orellana, Isabel de | 237 |
| Oreliana, Isabel de | 237 |
| Orol Arias, Céferino | 32, 33, 414 |
| Ormaza Henestroa, Adolfo | 122, 131, 133, 134 |
| Oroz Montiglio, Julia | 167, 175, 176, 179, 182, 185, 186 |
| Orozco, Miguel A. | 38 |
| Orozco Covarrubias, María de la Luz | 271 |
| Orsini, Olyntho | 92, 93 |
| Ortega, Antonio | 207 |
INDEX OF NAMES

Ortega, Juan José, 234
Ortega, Miguel, 380, 387
Ortega, Rírña, 177, 178
Ortiz, Donald, 133
Ortiz, Luis Guillermo, 373
Ortiz, Pedro, 334
Ortiz, Salvador, 243
Ortiz, Yolanda, 9, 13, 257, 265, 266, 297
Ortiz Medina, Aníbal, 40, 43
Ortiz Monasterio, Fernando, 219
Osa, Ovidio de la, 154, 155
Osorio, Laureano, 141
Osorio Camacho, Enrique Alonso, 121, 131
Ospina Alzate, José F., 134
Otamendi, R., 431
Oteiza, Alberto, 155
Otero Marrugo, Víctor, 130, 133, 147
Othaz, Ernesto L., 40
Oubogui, M., 45
Oviedo, Belia de, 38
Oxilia, Mario, 45
Oyarzún Carrillo, Fernando, 171, 173, 182
P
Pacheco, Aída, 239
Pacheco Mora, Leónidas, 281
Pacheco Solís, Nubia, 280
Padilha-Gonçalves, Antar, 80, 85, 86, 96, 433
Padilla, Mariano, 234
Padilla Corcuera, Hernán, 361
Padilla G., Plínio, 215
Padilla y Padilla, Carlos, 235
Padrón, Alejandro, 353
Pádua, Antonio de, 91
Pagaza, M., 341, 355
Palacios, Alberto, 45
Palacios, Manuel, 208, 209
Palacios, María Teresa, 141
Palacios, Olga, 337, 344
Palacios A., Jorge, 193
Palacios Álvarez, Santiago, 195, 197, 200, 213
Palacios Bernal, Virginia, 129
Palacios de Bordón, Hermelinda, 297
Palacios López, Carolina, 271
Palacios P., Rolendio, 213, 215
Palermo, Eliandre, 104
Palma, Luis Fernando, 128, 135, 138, 139
Palma, R., 339, 341, 354, 355
Palmieri, Jorge, 240
Parada, Mauricio, 174
Pardo Castelló, Vicente, 151, 153, 154, 155, 161, 217
Pardo Villalba, Guillermo, 119, 120, 130, 131, 137, 138, 146
Paredes, Domingo, 192
Paredes, Horacio Antulio, 237
Paredes, Ricardo, 199
Paredes Llerena, Guido, 363
Paredes Reynoso, Oswaldlo, 363, 365
Pareja, Bertha, 344
Pareja, Wenceslao, 209
Pareja Coronel, Armando, 191
Pargendler, Mirian, 106
Parizi, 417
Parodi, Arturo, 321
Parodi Bacigalupo, Alfredo, 362
Parr, Cristóbal, 34, 37, 40, 47, 186
Parr, Francisco, 192
Parr, Ricardo de la, 118, 124
Parr, Rodrigo de la, 170, 174
Parr, Sócrates, 381
Parr de Cantú, Viviana, 40
Parr Enríquez, Marco Antonio de la, 169, 170, 173, 174, 179, 182
Parr García, Mariene, 275, 277, 279, 280
Pasarell, Rafael, 374
Paschoal, Francisco Macedo, 86, 104
Paschoal, Luiz Henrique Camargo, 77, 81, 86, 100, 101, 104
Pasqua, Ladislao, 262, 264, 269
Pascutto, Cristina, 45
Pasmanik Guiñerman, Isidoro, 171, 173, 174, 177, 178, 179, 182, 185, 186
Pastrana, Fernando, 160
Patino Camargo, Luis, 123, 126, 140, 148, 346, 356
Patrión, Pablo, 310
Patrucco Puig, Raúl, 324, 325, 353
Patrus, Orcanda Andrade, 86, 94
Patterson, John, 72
Paula, Ribeiro de, 91
Paulo Filho, Thomas de Aquino, 91
Paysse Gault, José Victor, 191
Paz Soldán, Carlos Enrique, 316, 330
Paz y Paz, Ramiro, 237
Pazmiño, Pedro, 206
Pazos Varela, Ricardo, 364, 410
Pecoll, T., 70
Pecoraro, Vicente, 39, 47
Pedemonte, Luis H., 40, 62
Pellegr, Euclides, 410
Peniche, Jorge, 213, 265
Peña U., Emmanuel, 193
Peñaherrera Astudillo, Servio, 192, 193, 197, 198, 211
Peñaloza Rodríguez, Isaisa, 365
Peñaranda, Elkin, 135, 142
Peragallo, Joaquín, 179
Peralta, Pedro, 309
Pereira, Carlos Adolfo, 84
Pereira, Ignacio, 119
Pereira, José M., 158
Pereira, Luiz Carlos, 106
Pereira Junior, António Carlos, 79, 84, 85, 86, 95, 438
Pereira da Silva, Probo, 404, 408, 414, 417
Pérez, Aivlys, 375
Pérez, Gustavo, 142
Pérez, Lilian, 172, 176
Pérez Alfonso, Ricardo, 298, 428
Pérez Alonso, Alfonso, 274
Pérez Alva, 346
Pérez Chavarria, Edgar, 234, 239, 240
Pérez de Arce, Gonzalo, 179
Pérez del Arca, César, 364
Pérez Díaz, Manuel, 422, 423, 425
Pérez-Cotapos Subercaseaux, María Luisa, 167, 172, 173, 182
Perfetti, Oscar, 431
Périn, Lucien, 413
Peryassú, Demétrio, 79, 85, 96
Peryassú, Marcus, 98
Pescetto, Federico, 169, 182
Pessano, Juan, 33
History of Latin American Dermatology

<table>
<thead>
<tr>
<th>Author</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pessolani, Domingo</td>
</tr>
<tr>
<td>Petit, Pablo</td>
</tr>
<tr>
<td>Planeta Muñoz, Moisés</td>
</tr>
<tr>
<td>Piccone, Zulema</td>
</tr>
<tr>
<td>Pierini, Adrián Martín</td>
</tr>
<tr>
<td>Pierini, Dagoberto</td>
</tr>
<tr>
<td>Pierini, Luis E.</td>
</tr>
<tr>
<td>Piérola, Luis F.</td>
</tr>
<tr>
<td>Pignataro Antonio</td>
</tr>
<tr>
<td>Pimenta, W.</td>
</tr>
<tr>
<td>Pimentel, Thimo</td>
</tr>
<tr>
<td>Pimentel Imbert, Manuel Felipe</td>
</tr>
<tr>
<td>Pinheiro, Ana Maria Costa</td>
</tr>
<tr>
<td>Pinheiro, Francisco</td>
</tr>
<tr>
<td>Pinkus, G.</td>
</tr>
<tr>
<td>Pinto, Antônio Gentil de Castro Cerqueira</td>
</tr>
<tr>
<td>Pinto, Jackson Machado</td>
</tr>
<tr>
<td>Pinto, Jane Macy Neffá</td>
</tr>
<tr>
<td>Piñeiro, Raúl</td>
</tr>
<tr>
<td>Piñol Aguadé, Joaquín</td>
</tr>
<tr>
<td>Piquero Martín, Jaime</td>
</tr>
<tr>
<td>Piraino, Roberto</td>
</tr>
<tr>
<td>Pires, Ane K. Simões</td>
</tr>
<tr>
<td>Pires, Mario Cezar</td>
</tr>
<tr>
<td>Pires Caldas, María</td>
</tr>
<tr>
<td>Pizarro, Pedro</td>
</tr>
<tr>
<td>Pizarro, Policarpo</td>
</tr>
<tr>
<td>Pirani, Roberto</td>
</tr>
<tr>
<td>Pires de Parra, Nélida</td>
</tr>
<tr>
<td>Portero, Mar, 133</td>
</tr>
<tr>
<td>Podoswa, Gregorio</td>
</tr>
<tr>
<td>Polit, Andrés</td>
</tr>
<tr>
<td>Poli, E.</td>
</tr>
<tr>
<td>Pomposiello, Ismael</td>
</tr>
<tr>
<td>Ponce de León, S.</td>
</tr>
<tr>
<td>Pons, Adolfo</td>
</tr>
<tr>
<td>Pons, Sebastián</td>
</tr>
<tr>
<td>Poncio, H.</td>
</tr>
<tr>
<td>Porras de Quintana, Luisa</td>
</tr>
<tr>
<td>Porres, Salvador</td>
</tr>
<tr>
<td>Porto, Jarbas Ancleto</td>
</tr>
<tr>
<td>Porto, Alfredo</td>
</tr>
<tr>
<td>Portugal Gallegos, René</td>
</tr>
<tr>
<td>Portugal, Hildebrando</td>
</tr>
<tr>
<td>Portugal, Pedro Menezes</td>
</tr>
<tr>
<td>Posada Arango, Andrés</td>
</tr>
<tr>
<td>Posada Trujillo, José</td>
</tr>
<tr>
<td>Pou, Víctor</td>
</tr>
<tr>
<td>Pou, 410</td>
</tr>
<tr>
<td>Póvoa, 414</td>
</tr>
<tr>
<td>Pozetti, Eurides</td>
</tr>
<tr>
<td>Prada de Castañeda, Stella</td>
</tr>
<tr>
<td>Prado Barrientos, Fabio</td>
</tr>
<tr>
<td>Prado Rocha, Federico</td>
</tr>
<tr>
<td>Prats González, Florencio</td>
</tr>
<tr>
<td>Pregó, Cándido</td>
</tr>
<tr>
<td>Pretelt, José</td>
</tr>
<tr>
<td>Primeles, Benjamin</td>
</tr>
<tr>
<td>Proença, Nelson Guimarães</td>
</tr>
<tr>
<td>Proença, Thais</td>
</tr>
<tr>
<td>Prose, Nei</td>
</tr>
<tr>
<td>Prunell, Arturo</td>
</tr>
<tr>
<td>Prunés Risetti, Luis</td>
</tr>
<tr>
<td>Pruche, Albio</td>
</tr>
<tr>
<td>Puente, José M.</td>
</tr>
<tr>
<td>Puey, Enrique</td>
</tr>
<tr>
<td>Pueyo, Silvia Teresita</td>
</tr>
<tr>
<td>Puga, Raúl</td>
</tr>
<tr>
<td>Pupo Neto, João Roberto</td>
</tr>
<tr>
<td>Purchel Peña, Héctor</td>
</tr>
<tr>
<td>Puyó Medina, Luis</td>
</tr>
<tr>
<td>Q</td>
</tr>
<tr>
<td>Quevedo, Emilio</td>
</tr>
<tr>
<td>Quezada R., Alberto</td>
</tr>
<tr>
<td>Quezada, Carlos G.</td>
</tr>
<tr>
<td>Quinte, Sergio</td>
</tr>
<tr>
<td>Quintanilla, Emilio</td>
</tr>
<tr>
<td>Quintero, Alfonso</td>
</tr>
<tr>
<td>Quiñones, César A.</td>
</tr>
<tr>
<td>Quiñones, Jesús</td>
</tr>
<tr>
<td>Quiñones, Margarita</td>
</tr>
<tr>
<td>Quiñónez, Noemí</td>
</tr>
<tr>
<td>Quiroga, Marcial Ignacio</td>
</tr>
<tr>
<td>R</td>
</tr>
<tr>
<td>Rabelo, Eduardo</td>
</tr>
<tr>
<td>Rabello, Francisco Eduardo</td>
</tr>
<tr>
<td>Rabelo, José</td>
</tr>
<tr>
<td>Rabinovich, Rafael</td>
</tr>
<tr>
<td>Raggio, Ximena</td>
</tr>
<tr>
<td>Ragusín, Neocle</td>
</tr>
<tr>
<td>Raimondi, Antonio</td>
</tr>
<tr>
<td>Ramírez, Ana Francisca</td>
</tr>
<tr>
<td>Ramírez, Aurea</td>
</tr>
<tr>
<td>Ramírez, Jorge</td>
</tr>
<tr>
<td>Ramírez, Martha S.</td>
</tr>
<tr>
<td>Ramírez, Nerys</td>
</tr>
<tr>
<td>Ramírez, Orlando</td>
</tr>
<tr>
<td>Ramírez Bravo, Gastón</td>
</tr>
<tr>
<td>Ramírez Cifuentes, Oswaldo</td>
</tr>
<tr>
<td>Ramírez Dávalos, Gil</td>
</tr>
<tr>
<td>Ramírez Delgado, Pedro</td>
</tr>
<tr>
<td>Ramos Arizpe, Sergio</td>
</tr>
<tr>
<td>Ramos e Silva, Márcia</td>
</tr>
<tr>
<td>Ramos e Silva, João</td>
</tr>
<tr>
<td>Rappoldi Bestard, Roberto</td>
</tr>
<tr>
<td>Ranalletta, Maria</td>
</tr>
<tr>
<td>Rassi, Divino Miguel</td>
</tr>
<tr>
<td>Ravelo de la Fuente, José de Jesús</td>
</tr>
<tr>
<td>Razetti, Luis</td>
</tr>
<tr>
<td>Reátegui, Augusto</td>
</tr>
<tr>
<td>Rebagliati, R.</td>
</tr>
<tr>
<td>Rebolledo Muñoz, Alfonso</td>
</tr>
<tr>
<td>Regalado, Carlos</td>
</tr>
<tr>
<td>Regalado Ortiz, Pedro</td>
</tr>
<tr>
<td>Reina, Eduardo</td>
</tr>
<tr>
<td>Reinosa M., Edgar</td>
</tr>
<tr>
<td>Reis, Carmélia Matos</td>
</tr>
<tr>
<td>Reis, Vítor Manoel Silva dos</td>
</tr>
<tr>
<td>Rendón, Luis</td>
</tr>
<tr>
<td>Rendón Pizano, Iván</td>
</tr>
</tbody>
</table>
INDEX OF NAMES

Restrepo Molina, Rodrigo, 142
Restrepo Moreno, Angela, 120, 126, 127, 139
Retamoso, Blas, 122
Revelo Hernández, Gema Esther, 129
Rey, Gabriel, 133
Rey, Pablo, 133
Rey Sánchez, Tarcila, 329, 335
Reyes, Antonio, 196
Reyes, Antonio, 196
Reyes, Jorge Humberto, 140
Reyes, Juan de los, 232
Reyes Baca, Oswaldo, 197, 200, 213
Reyes Durán, Guillermo, 239
Reyes Flores, Oscar, 10, 15, 419, 425, 428, 430
Reyes García, Gonzalo, 119, 130, 131, 138
Reynafarje Hurtado, César, 346, 360
Ribas, Emilio, 108
Ribas, Jonas, 89
Ricart, J., 438
Rifo, Patricio, 172, 181, 184, 186
Rincón Bracho, Humberto, 430
Rioja Ugaz, Luis, 363
Ríos, Federico, 297
Ríos Flores, Marcial, 312, 334, 360, 368
Ríos León, Enrique, 155
Riscalía, Célia, 102
Riva, Librado, 119
Rivarola, Emilce, 40
Rivas Mejía, Federico, 119
Rivas Serrano, Sonia, 281, 282
Riveiro, Carmen, 404, 408
Riveiro Rivera, Roberto, 412, 413
Rivera, Fabio, 122, 133, 139
Rivera, Mónica, 142
Rivera, Víctor M., 373
Rivitti, Evandro, 99, 100, 297, 438, 439
Rizo Patrón Tassara, Carlos, 363
Robiou, Gilberto Baltasar, 380
Robledo Prada, Mary Ann, 126, 143, 147
Robledo Villegas, Mario, 120, 127, 139, 143
Robles, Eugenio, 169
Robles Soto, Miguel Eduardo, 236, 237, 239, 240
Rocha, Glynne Leite, 79, 85, 96
Rocha Lima, 79
Rodrigo, Raúl, 34, 41
Rodriguez, Vânia, 102
Rodríguez, Araceli, 57, 59
Rodríguez, Carlos Armando, 112, 125
Rodríguez, Eduardo, 44, 297
Rodríguez, Evangelina, 380
Rodriguez de Arévalo, Homagdy, 425, 426
Rodríguez, Juan A., 413, 416, 417
Rodríguez, José Vicente, 112, 125, 147
Rodríguez Machado, José, 160
Rodríguez Santamaría, Jesús, 86, 105, 438
Rodríguez Santana, Luis, 428
Rodríguez Toro, Gerzain, 125, 128, 129, 135, 138, 141
Rodulfo, Sara, 426
Rohmann, Immo, 174
Rojas, Carolina, 426
Rojas, Eli, 373
Rojas, H., 341, 343, 355
Rojas López, Ricardo Flamínio, 133, 147
Rojas Cana, Alan, 173, 175, 179, 182
Rojas Miranda, César, 329, 334, 365
Rojas Paúl, Juan Pablo, 422
Rojas Pizarro, Hilda, 170, 174, 180, 183
Rojas Plasencia, Percy, 361
Román Cancino, José Vicente, 117
Román Suárez, Pedro Miguel, 122, 125, 133
Romano Baix, Edgard, 39
Romero, Arturo, 218
Romero, Luis, 312, 334
Romero, Susana, 43
Romitti, Ney, 82, 85, 101, 104
Rondón Lugo, Antonio, 10, 15, 298, 425, 428, 429, 430, 431, 432
Roa, Ival Peres, 101
Rosado, Marlene, 239
Rosales de Martínez, Olga Marina, 237, 239
Rosé González, Alejandro, 363
Rosen, Victor, 409
Rosende, Julián, 413
Rosito, Alicia, 56
Rosner, Simón, 32
Ross Maldonado, Mónica, 182
Rosetti, Nicolau, 80, 84, 100
Rossi, Anita, 57, 59
Rothberg, Abraham, 80, 84, 100, 108
Rothman, Stephen, 36
Rotkier, 411
Rotta, Andrés, 332
Rovere, Pedro, 57, 59, 60, 62
Roy de Garfias, Margarita, 270
Ruberto, Rubén, 41
Rubín, Jaime, 43, 64, 65
Rubino, Miguel, 413
Rubinson, Rebeca, 56
Rueda Pinto, Luis, 312
Rueda Plata, Luis Alfredo, 119, 123, 124, 126, 128, 131, 135, 140, 141, 148
Rueda Plata, Ricardo Augusto, 123, 128, 135, 141, 148
Rueda, Xavier, 135, 143
Ruílova S., Vicente, 193, 211
Ruiz, Ángela, 426
Ruiz, Jaime, 171
Ruiz Agüero, José, 361, 365
Ruiz Angulo, José, 243
Ruiz Arroyo, Hiram, 374, 375
Ruiz de Zárate, Serafin, 156, 157
Ruiz Delgado, Pedro Juan, 116
Ruiz Espinoza, Jorge, 194, 200
Ruiz Lascano, Alejandro, 38
Ruiz Maldonado, Ramón, 10, 13, 16, 56, 213, 220, 257, 271, 272, 297, 441, 442
Ruiz Santiago, Hiram, 374, 375
Ruiz Soto, María Elena, 312, 365
<table>
<thead>
<tr>
<th>Name</th>
<th>Page Numbers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ruqué, Luis</td>
<td>157</td>
</tr>
<tr>
<td>Ruso, José</td>
<td>380</td>
</tr>
<tr>
<td>Russo, Paco</td>
<td>136</td>
</tr>
<tr>
<td>Rutowitsch, Márcio Santos</td>
<td>83, 86, 98</td>
</tr>
<tr>
<td>Rutowitsch, Mário</td>
<td>83, 85</td>
</tr>
<tr>
<td>Ruvertoni, Marcelo</td>
<td>60</td>
</tr>
<tr>
<td>Saavedra Umpierrez, Tirza</td>
<td>170, 180, 182, 183, 184</td>
</tr>
<tr>
<td>Sabogal, Jairo</td>
<td>133</td>
</tr>
<tr>
<td>Sabogal Rey, Álvaro</td>
<td>121, 125, 131, 133</td>
</tr>
<tr>
<td>Sabouraud, Raymond</td>
<td>75, 84, 169</td>
</tr>
<tr>
<td>Sáenz Ricard, Braulio</td>
<td>153, 154, 155</td>
</tr>
<tr>
<td>Saettone León, Arturo</td>
<td>366</td>
</tr>
<tr>
<td>Sáez de Ocaríz, Marimar</td>
<td>271</td>
</tr>
<tr>
<td>Safai, Bijan</td>
<td>184</td>
</tr>
<tr>
<td>Sagardí, Bartolomé</td>
<td>156, 157, 158</td>
</tr>
<tr>
<td>Sal y Rosas, F.</td>
<td>342, 343, 356</td>
</tr>
<tr>
<td>Salaman, Mufith</td>
<td>133</td>
</tr>
<tr>
<td>Salas, Armando</td>
<td>425, 428</td>
</tr>
<tr>
<td>Salas Brousset, Arturo</td>
<td>316, 334, 359, 363, 364</td>
</tr>
<tr>
<td>Salazar Zumarán, José</td>
<td>364, 365, 367</td>
</tr>
<tr>
<td>Salazar-Leite, Augusto</td>
<td>433, 434, 435</td>
</tr>
<tr>
<td>Salcedo, Eduardo</td>
<td>142</td>
</tr>
<tr>
<td>Salcedo Cabal, Carlos</td>
<td>121</td>
</tr>
<tr>
<td>Saldaña Pátiño, Julio</td>
<td>363, 365</td>
</tr>
<tr>
<td>Saldríaga Arango, Enrique</td>
<td>120, 132, 139</td>
</tr>
<tr>
<td>Salles Gomes, Miguel</td>
<td>85, 108</td>
</tr>
<tr>
<td>Salterain, J. de</td>
<td>413</td>
</tr>
<tr>
<td>Salvo, Aurelio</td>
<td>177</td>
</tr>
<tr>
<td>Samayoa, Manuel Antonio</td>
<td>238, 239, 240</td>
</tr>
<tr>
<td>Sampaio, Raimunda Nonata Ribeiro</td>
<td>91</td>
</tr>
<tr>
<td>Samper, José María</td>
<td>118</td>
</tr>
<tr>
<td>San Martín, A. M.</td>
<td>44</td>
</tr>
<tr>
<td>San Martín Razzeto, José</td>
<td>311, 328, 329, 330, 335, 336, 363, 365</td>
</tr>
<tr>
<td>Sánchez, Antón</td>
<td>307</td>
</tr>
<tr>
<td>Sánchez, Elzida</td>
<td>383</td>
</tr>
<tr>
<td>Sánchez, Graciela</td>
<td>43</td>
</tr>
<tr>
<td>Sánchez, Guillermo</td>
<td>235</td>
</tr>
<tr>
<td>Sánchez, Idalina</td>
<td>381, 383</td>
</tr>
<tr>
<td>Sánchez, Jorge L.</td>
<td>374, 375, 434</td>
</tr>
<tr>
<td>Sánchez, José Antonio</td>
<td>439</td>
</tr>
<tr>
<td>Sánchez, Néstor P.</td>
<td>374, 375</td>
</tr>
<tr>
<td>Sánchez, William</td>
<td>136</td>
</tr>
<tr>
<td>Sánchez Angarita, Ximena</td>
<td>147</td>
</tr>
<tr>
<td>Sánchez Arbeláez, Julio</td>
<td>127</td>
</tr>
<tr>
<td>Sánchez Basso</td>
<td>414</td>
</tr>
<tr>
<td>Sánchez Caballero, Héctor J.</td>
<td>33, 44</td>
</tr>
<tr>
<td>Sánchez Caballero, N.</td>
<td>34, 37</td>
</tr>
<tr>
<td>Sánchez Carríon, Faustino</td>
<td>360</td>
</tr>
<tr>
<td>Sánchez Covisa, José</td>
<td>422, 423, 424</td>
</tr>
<tr>
<td>Sánchez de Miranda, Andrés</td>
<td>233</td>
</tr>
<tr>
<td>Sánchez Félix, Gadowyn</td>
<td>363, 365, 366, 367</td>
</tr>
<tr>
<td>Sánchez Gómez, Teresa</td>
<td>271</td>
</tr>
<tr>
<td>Sánchez Millán, Leonardo</td>
<td>170, 182, 184, 185, 442</td>
</tr>
<tr>
<td>Sánchez Parejo, Bartolomé</td>
<td>233</td>
</tr>
<tr>
<td>Sánchez Peláez, R.</td>
<td>426</td>
</tr>
<tr>
<td>Sánchez Ropero, Martín</td>
<td>115</td>
</tr>
<tr>
<td>Sánchez Saldaña, Leonardo</td>
<td>363, 365, 367</td>
</tr>
<tr>
<td>Sanclimento Mesa, Gloria</td>
<td>127</td>
</tr>
<tr>
<td>Sandino, Claudio Calo</td>
<td>279</td>
</tr>
<tr>
<td>Sanguéza, Martín</td>
<td>298</td>
</tr>
<tr>
<td>Sanguéza, Pastor, 64, 65, 66</td>
<td>43</td>
</tr>
<tr>
<td>Sanguineti, Oscar</td>
<td>43</td>
</tr>
<tr>
<td>Sanjínies, Ángel</td>
<td>410, 411, 416</td>
</tr>
<tr>
<td>Sanjuán de los Ríos, Lope</td>
<td>115</td>
</tr>
<tr>
<td>Sans, Nora</td>
<td>392</td>
</tr>
<tr>
<td>Santacoloma Osorio, Germán</td>
<td>133, 140, 147</td>
</tr>
<tr>
<td>Santander, Ester</td>
<td>177, 178</td>
</tr>
<tr>
<td>Santiago, Maritza</td>
<td>381</td>
</tr>
<tr>
<td>Santandreu, Héctor</td>
<td>406, 409, 410, 413</td>
</tr>
<tr>
<td>Santos, Eladio de los</td>
<td>381</td>
</tr>
<tr>
<td>Santos, Guillermo de los</td>
<td>380</td>
</tr>
<tr>
<td>Santos, Itamar Belo dos</td>
<td>90</td>
</tr>
<tr>
<td>Santos, Josemir Belo dos</td>
<td>90</td>
</tr>
<tr>
<td>Santos, Milagros</td>
<td>238, 239</td>
</tr>
<tr>
<td>Santos, Valéria Pereira</td>
<td>104</td>
</tr>
<tr>
<td>Santionión, 411</td>
<td></td>
</tr>
<tr>
<td>Saraceno, Esteban</td>
<td>37, 45, 46</td>
</tr>
<tr>
<td>Saracho, Eduardo</td>
<td>64</td>
</tr>
<tr>
<td>Saravia, Francisco</td>
<td>238</td>
</tr>
<tr>
<td>Sardi, José Rafael</td>
<td>425</td>
</tr>
<tr>
<td>Sarria Berrios, Orlando</td>
<td>275</td>
</tr>
<tr>
<td>Sarzoza, Mario</td>
<td>200, 201</td>
</tr>
<tr>
<td>Sasseron, Glória</td>
<td>104</td>
</tr>
<tr>
<td>Saul, Amado</td>
<td>10, 13, 159, 257, 267, 381, 435</td>
</tr>
<tr>
<td>Savoia, Jorge</td>
<td>56</td>
</tr>
<tr>
<td>Saza, Evencio</td>
<td>133</td>
</tr>
<tr>
<td>Scaltriti, Alberto</td>
<td>417</td>
</tr>
<tr>
<td>Scaltriti, R.</td>
<td>413</td>
</tr>
<tr>
<td>Scannone, Francisco</td>
<td>423, 428, 429, 430, 432</td>
</tr>
<tr>
<td>Scappini, Félix</td>
<td>41</td>
</tr>
<tr>
<td>Scappini, J.</td>
<td>44</td>
</tr>
<tr>
<td>Schachner, Lawrence</td>
<td>58</td>
</tr>
<tr>
<td>Schaffer Suárez, Hermann Allan</td>
<td>279, 280, 282</td>
</tr>
<tr>
<td>Schaffer Urbina, Hermann Allan</td>
<td>275, 277, 278, 279, 281</td>
</tr>
<tr>
<td>Schafranski, Aída</td>
<td>106</td>
</tr>
<tr>
<td>Schiavi, Álvaro Jr.</td>
<td>106</td>
</tr>
<tr>
<td>Schneider, P.</td>
<td>53</td>
</tr>
<tr>
<td>Schneiderwind, A.</td>
<td>32</td>
</tr>
<tr>
<td>Schnitzler, Roberto</td>
<td>105</td>
</tr>
<tr>
<td>Schroh, Roberto G.</td>
<td>43, 46</td>
</tr>
<tr>
<td>Schujman, Salomón</td>
<td>39, 44, 318, 414</td>
</tr>
<tr>
<td>Schweiden, José</td>
<td>105</td>
</tr>
<tr>
<td>Scorza, José V.</td>
<td>426</td>
</tr>
<tr>
<td>Segers, Alfredo</td>
<td>35</td>
</tr>
<tr>
<td>Segura, Germán</td>
<td>417</td>
</tr>
<tr>
<td>Sehtman, Lázaro</td>
<td>312</td>
</tr>
<tr>
<td>Seidel Arango, Ángela</td>
<td>129, 130</td>
</tr>
<tr>
<td>Seife, Roberto</td>
<td>160</td>
</tr>
<tr>
<td>Seminario, Carlos M.</td>
<td>32</td>
</tr>
<tr>
<td>Sempétegui V., Julio</td>
<td>193</td>
</tr>
<tr>
<td>Seoane, Manuel</td>
<td>33, 34, 37</td>
</tr>
<tr>
<td>Sepúlveda, Ricardo</td>
<td>176, 179</td>
</tr>
<tr>
<td>Serdal, Augusto</td>
<td>39, 44</td>
</tr>
<tr>
<td>Serra-Estivell, Juan</td>
<td>312</td>
</tr>
<tr>
<td>Serrano Camargo, Miguel</td>
<td>119, 130, 131, 138</td>
</tr>
<tr>
<td>Seryra, José</td>
<td>85</td>
</tr>
<tr>
<td>Servia, J.</td>
<td>438</td>
</tr>
<tr>
<td>Servín, Juan</td>
<td>297</td>
</tr>
<tr>
<td>Sevinsky, Bernardo</td>
<td>35</td>
</tr>
<tr>
<td>Sevinsky, Luis</td>
<td>44, 46</td>
</tr>
<tr>
<td>Siegfried, Elaine</td>
<td>59</td>
</tr>
<tr>
<td>Sierra, Beatriz</td>
<td>132</td>
</tr>
<tr>
<td>Sierra, Martha</td>
<td>129</td>
</tr>
<tr>
<td>Sifuentes, Enrique</td>
<td>329, 334, 365</td>
</tr>
</tbody>
</table>

467
INDEX OF NAMES

Sigüenza C., Norma, 215
Siles, Norah, 63, 64
Silva, Armando, 374
Silva, Beatriz de, 240
Silva, Domingos Barbosa da, 78, 85, 90
Silva, Flaviano da, 89
Silva, Manuel José, 119, 130, 138, 146
Silva, Sergio, 172, 175, 176
Silva-Lizama, Eduardo, 234, 236, 237, 239, 240, 245, 255
Silva Martínez, Eduardo, 234, 236, 237, 243, 255
Silva-Siwy, José Gerardo, 266
Silvares, Maria Regina, 104
Silveira, Agenor, 102
Silvestre, Eduardo, 179
Simón, Ramón Daniel, 159
Smitton de Sanabria, Anabella, 426
Smoje, Gabriela, 175, 176
Soares, Magali, 104
Sober, Francisco da Cruz, 312, 434, 435
Sodré, Celso Tavares, 95
Sojos, Nicolás, 209, 210, 211
Sojos, Luis A., 209, 210
Solano, Agenor, 102
Soure, Agenor, 102
Sotillo, Agenor, 102
Sovin, S., 32
Stafford, Alfredo, 382
Stafileo, Ramón, 172, 186
Stein, Dense, 102
Steinvil, Hugo, 38
Stengel, Fernando, 38, 42, 45, 213, 438
Sterne, Manoel, 96
Stirling, Ernesto, 409
Stoff, Hamilton Ometto, 104
Stoichevich, Flora, 40
Stoller, Esther, 44
Stringa, Osvaldo, 45
Stringa, Sergio, 37, 46, 47, 65, 312
Strong, R., 341, 346, 355, 356
Suárez, Jorge, 63, 64, 65
Suárez, Eduardo, 312, 360
Suárez Peláez, Enrique, 129, 134
Succi, Isabel, 98
Sudy, Emilio, 171
Suquilandia, Danny, 442
Svartz, Anélia, 41
Sylvester Rasch, Eduardo, 179
Táboas, Manuel, 158
Taglioreti, Mario, 413, 417
Tajani Calvo, Ali, 122
Talhari, Sinésio, 86, 89, 95, 97
Tamayo Sánchez, Lourdes, 159, 213, 270, 271, 441
Tapia, Arturo, 367
Tapia, Félix J., 427, 430
Tapia, Francisco, 126
Tapia Dueñas, Nicolás, 311, 312, 365, 367, 368, 369
Tartaj, Cristóbal, 233
Tavera, Juan de Dios, 118
Tavera, Mariela, 134
Taveras, Carmen Yris, 383
Tchechmedyian, 410, 411
Teive, Víctor de, 85
Tejada, Abelardo, 329, 334, 335, 336, 337, 341, 342, 344, 355
Tejada, Eva, 312
Tello, Enrique E., 38, 44, 47, 311, 328
Tello, Julio C., 304, 362
Tena, Walter, 410
Terán, Manuel, 416
Terra, Fernando, 74, 75, 76, 79, 85, 95
Testart, Jorge, 172
Tiant, Francisco, 155
Timm, Carlos, 192, 193
Tincopa Montoya, Luis, 312, 361, 366
Tincopa Wong, Oscar, 361, 367, 368
Tirado, Herbert, 364
Tiscornia Denis, José María, 406, 409, 410, 411, 413
Tiscornia, Nicolás, 413
Tober C., José, 215
Tobias, Edith, 240
Tobin, Howar, 219
Tobón Pizarro, Hernán, 121, 131, 132, 137, 140
Tobón, Carlos Enrique, 120, 132, 139
Toledo, Ingacio Segundo, 38
Tolc Rodríguez, Adelaida, 171, 182, 188
Torero, Alberto, 363
Toro Genkel, Luis, 171, 179
Toro Villa, Gabriel, 126
Torok, Eva, 270, 441
Torre, Asdrúbal de la, 200
Torrelo, Antonio, 61
Torres, Andrés, 133
Torres, Antonio, 383
Torres, Héctor, 373
Torres, Julio César, 129
Torres, María Claudia, 141
Torres, Silvio, 192
Torres, Víctor M., 373
Torres Zulay, 425
Torres Correa, Rubén, 361
History of Latin American Dermatology

Torres Cortijo, Alberto, 40, 44, 186
Torres de la Llosa, Luis, 407, 408, 411, 413, 416
Torres Flores, Dalía, 277, 279
Torres Muñoz, Antonio José, 121, 124, 128, 132, 135, 141
Tost, Juan Francisco, 404, 408, 409, 410, 411, 415, 416
Tregaghi, Miguel, 60
Trepat, Luis, 32, 34, 55
Trespalacios, Fernando, 155, 156
Trevizo de Moreno, María de Lourdes, 270, 271
Trigo, N., 65
Trilla, Emilio, 373
Trindade Neto, Pedro Bezerra da, 91
Tróchez Rodríguez, Pablo Alonso, 130, 141
Trópel, Patricia, 37, 45, 46, 47
Trope, Beatriz Moritz, 86
Trujillo Méndez, Rodolfo Augusto, 127, 132
Trujillo Reina, Benjamín, 10, 15, 419, 428
Tschen, Eduardo, 364, 365
Ugarriza, Ricardo, 297, 414
Ugaz, Humberto, 329, 334
Ulrich, Marian, 427
Unna, Paul Gerson, 70, 85
Uraga Peña, Enrique, 191, 192, 193, 196, 197, 198, 210, 211, 212
Urbina, Francisco, 171, 173
Urcia, J., 340, 341, 342, 355
Urgilés, Hernán, 215
Uribe Ángel, Manuel, 118
Uribe, Claudia, 141
Uribe, José Ignacio, 118, 119, 138
Uribe, Rafael, 140
Uribe Escobar, Gustavo, 120, 123, 126, 127, 128, 139
Uribe Jaramillo, Fabio, 120, 132
Uriburu, J., 32
Uricóchez, Luis J., 138
Urquizu Dávila, Pablo Humberto, 10, 13, 223, 238, 239, 240
Urra, Liliana, 177
Urrelo Novoa, Amaro, 311, 359, 364, 365
Urrutia, José, 243
Urruty, Ana, 410
Utiyama, Tassubonu, 101
Uttendale, Chantal, 383
Vainsencher, 411
Vaisman, Bernardo, 179
Valadares, Jorge, 69
Valbuena Mesa, Martha Cecilia, 143, 144, 147
Valda, Luis, 65, 66, 67
Valdés Alvariño, Andrés, 156, 158
Valdés Arrieta, Pilar, 170, 182, 183, 439
Valdés, José Manuel, 243
Valdettaro, Alfieri, 362
Valdez, Raúl, 44
Valdivia Blondet, Luis, 10, 14, 311, 314, 330, 365, 366, 367
Valdizán, Hermilio, 311
Valega, Juan Francisco, 337
Valenzuela Valverde, Alfredo, 191
Valladares, Edgar Manolo, 237
Vallejo Cadavid, Fernando, 139, 147
Vallejo y Vallejo, Luis, 40
Valverde Bejarano, Daniel, 364
Van den Enden, Lucía, 133, 140, 143
Vanoni Martínez, Magdalena, 194, 200
Vaqueiro, Noemí, 44
Varela, Nieves, 409
Varela, Nieves, 409
Varela Hernández, César Iván, 10, 12, 115, 116, 130, 131, 132, 135, 141, 144, 148
Vargas, Jorge, 133, 439
Vargas, José María, 421
Vargas, Marcelino S., 118
Vargas, Myriam Jazmín, 132, 141
Vargas Montiel, Hernán, 10, 15, 419, 426, 428, 430
Vargas Morales, Pedro, 316
Vargas Reyes, Antonio, 118, 123
Vargas Uribe, Juan Bautista de, 117
Vásquez, Isabel Cristina, 141
Vásquez Blanco, Francisco Rolando, 237, 238, 239, 240
Vásquez de Molina, Juan, 245
Vásquez Lobo, Armando, 133, 146
Vásquez, Honorato, 209
Vásquez, Juan Bautista, 207
Vásquez, Mirta, 10, 12, 55, 58, 59
Vásquez, William, 431
Vásquez Botet, Miguel, 375
Vecchio, E. del, 32
Vega, Gloria de la, 374
Vegas, Martín, 423, 424, 425, 428, 429, 432, 434
Velasco, Marta, 176
Velasco Cárdenas, Germán, 134, 147
Velásquez, Francisco, 219
Velásquez, Margarita, 126
Velásquez Berruecos, Juan Pedro, 10, 12, 111, 120, 129, 130, 131, 132, 135, 139, 143, 145
Velázquez Arellano, Edmundo, 271
Vélez, Julio César, 133
Vélez, L., 341, 355
Vélez Torres, Rafael, 374
Velutini, Luis Alberto, 425, 428, 430
Vera Mora, Carlos, 171, 173, 174, 180, 182, 183, 185, 186, 438
Verdesoto G., José, 215
Vergara, Enrique, 63, 64
Verges, Jorge, 59
Veríssimo, Rilde, 104
Viana, Gaspar, 75, 76, 83, 85, 344
Victoria Chaparro, Jairo, 61, 129, 132, 134, 141
Vidal, Guillermo, 295, 299
Vidal, Mateo, 404
Viegas, Maria Lourdes, 86
Vieira, Paulo, 84, 414
Vigiloglía, Pablo A., 10, 11, 31, 34, 35, 36, 37, 42, 43, 45, 46, 47, 65, 107, 437, 438
Vignale, Bartolomé, 41, 405, 406, 407, 409, 411, 413, 414, 415, 418
Vignale, Raúl, 10, 15, 213, 297, 405, 406, 407, 410, 411, 417, 438, 439
Vilanova, Xavier, 85, 415, 433
Villacis, Eduardo, 199
<table>
<thead>
<tr>
<th>Name</th>
<th>Pages</th>
</tr>
</thead>
<tbody>
<tr>
<td>Villacís, Manuel</td>
<td>199</td>
</tr>
<tr>
<td>Villacís O., Hernán</td>
<td>215</td>
</tr>
<tr>
<td>Villagomez, Omar</td>
<td>63, 64, 66</td>
</tr>
<tr>
<td>Villalba, Lilia Inés</td>
<td>43</td>
</tr>
<tr>
<td>Villalobos Fernández, Alejandro</td>
<td>121, 133</td>
</tr>
<tr>
<td>Villalobos Toro, Daniel</td>
<td>167, 171, 172, 173, 174, 176, 177, 178, 179, 182, 183, 184, 186</td>
</tr>
<tr>
<td>Villamizar Betancourt, José Rómulo</td>
<td>138, 147</td>
</tr>
<tr>
<td>Villanueva Ochoa, Carlos</td>
<td>236, 238, 239, 240</td>
</tr>
<tr>
<td>Villanueva Valdez, Neftali</td>
<td>236, 238, 239, 240</td>
</tr>
<tr>
<td>Villanueva, Julia</td>
<td>200</td>
</tr>
<tr>
<td>Villavicencio Ponce, Ricardo</td>
<td>199, 208</td>
</tr>
<tr>
<td>Vintimilla, Jaime</td>
<td>191, 193, 210</td>
</tr>
<tr>
<td>Violante, Norma</td>
<td>271</td>
</tr>
<tr>
<td>Vitale, María A.</td>
<td>297</td>
</tr>
<tr>
<td>Vivas Arelano, Adolfo</td>
<td>432</td>
</tr>
<tr>
<td>Vivot, Narciso</td>
<td>33, 46</td>
</tr>
<tr>
<td>Vólvquez, Claudio</td>
<td>382</td>
</tr>
<tr>
<td>Wackzol, Esther</td>
<td>427</td>
</tr>
<tr>
<td>Wade, H. W.,</td>
<td>155</td>
</tr>
<tr>
<td>Wageman, Enrique</td>
<td>173</td>
</tr>
<tr>
<td>Webster, Richard</td>
<td>219</td>
</tr>
<tr>
<td>Weinstein, Samuel</td>
<td>270</td>
</tr>
<tr>
<td>Weinstein Rudoy, Mauricio</td>
<td>169, 171, 179, 183</td>
</tr>
<tr>
<td>Weisbluth, Mariene L.</td>
<td>106</td>
</tr>
<tr>
<td>Welsh, Oliverio</td>
<td>266</td>
</tr>
<tr>
<td>Wenyon, Ch.</td>
<td>341, 355</td>
</tr>
<tr>
<td>Wernicke, R.</td>
<td>32</td>
</tr>
<tr>
<td>Wilkinson, Félix</td>
<td>44</td>
</tr>
<tr>
<td>Williams, Hunter</td>
<td>304</td>
</tr>
<tr>
<td>Winter, John</td>
<td>27</td>
</tr>
<tr>
<td>Wolf, Juan Carlos</td>
<td>126</td>
</tr>
<tr>
<td>Wolf, René</td>
<td>170, 173</td>
</tr>
<tr>
<td>Wong Galdamez, Antonio</td>
<td>236, 239, 240</td>
</tr>
<tr>
<td>Wucherer, Otto</td>
<td>72, 78</td>
</tr>
<tr>
<td>Xavier, Célia Antonia</td>
<td>102</td>
</tr>
<tr>
<td>Yamamoto, Kasuya</td>
<td>270, 441</td>
</tr>
<tr>
<td>Yamamoto, Manuel Palomino,</td>
<td>363, 365, 366</td>
</tr>
<tr>
<td>Yamashita, Jane Tomimori</td>
<td>100</td>
</tr>
<tr>
<td>Yáñez Garrido, Daniel</td>
<td>179</td>
</tr>
<tr>
<td>Yegres, Francisco</td>
<td>426</td>
</tr>
<tr>
<td>Yela, Joaquin</td>
<td>235</td>
</tr>
<tr>
<td>Yépez, Bernardo</td>
<td>209</td>
</tr>
<tr>
<td>Yépez, Gil</td>
<td>423</td>
</tr>
<tr>
<td>Yerovi, Agustín</td>
<td>208</td>
</tr>
<tr>
<td>Yerovi, Elena</td>
<td>192, 193</td>
</tr>
<tr>
<td>Yong Laos, Alfredo</td>
<td>365</td>
</tr>
<tr>
<td>Yoshiyama Tanaka, Enrique</td>
<td>363</td>
</tr>
<tr>
<td>Yuén, Alberto</td>
<td>353</td>
</tr>
<tr>
<td>Zabala, María Teresa</td>
<td>59, 60, 61</td>
</tr>
<tr>
<td>Zaidenstein, David</td>
<td>297</td>
</tr>
<tr>
<td>Zaitz, Clarisse</td>
<td>86, 99, 110, 297</td>
</tr>
<tr>
<td>Zambrano Payán, José Félix</td>
<td>122, 125, 134</td>
</tr>
<tr>
<td>Zambrano, Víctor Manuel</td>
<td>119, 138, 148, 199</td>
</tr>
<tr>
<td>Zamith, Víctor Arruda</td>
<td>101</td>
</tr>
<tr>
<td>Zamora, Juan Manuel</td>
<td>298, 438, 439</td>
</tr>
<tr>
<td>Zamora, Ramón</td>
<td>426</td>
</tr>
<tr>
<td>Zampese, Márcia S.</td>
<td>106</td>
</tr>
<tr>
<td>Zaniboni, Mariana</td>
<td>104</td>
</tr>
<tr>
<td>Zapata, Carlos</td>
<td>431</td>
</tr>
<tr>
<td>Zapata Cárcamo, Lilia</td>
<td>315, 360</td>
</tr>
<tr>
<td>Zapata Gutiérrez, Aníbal</td>
<td>120, 132</td>
</tr>
<tr>
<td>Zárate Ortiz, Catalina</td>
<td>133, 147</td>
</tr>
<tr>
<td>Zárate, Miguel</td>
<td>133</td>
</tr>
<tr>
<td>Zéas Domínguez, Iván</td>
<td>211, 212, 213, 214, 215, 216</td>
</tr>
<tr>
<td>Zeballos, Alfredo</td>
<td>66</td>
</tr>
<tr>
<td>Zegarra Araujo, N.</td>
<td>344, 356</td>
</tr>
<tr>
<td>Zegarra Pupi, José</td>
<td>316</td>
</tr>
<tr>
<td>Zegpi, María Soledad</td>
<td>172, 176</td>
</tr>
<tr>
<td>Zegpi Trueba, Emilia</td>
<td>170, 183</td>
</tr>
<tr>
<td>Zerda, Liborio</td>
<td>126</td>
</tr>
<tr>
<td>Zuluaga de Cadena, Ángela</td>
<td>127, 131, 132, 136, 141, 146</td>
</tr>
<tr>
<td>Zúñiga, Pedro</td>
<td>249</td>
</tr>
</tbody>
</table>
History of Latin American Dermatology
History of Latin American Dermatology

Under the leadership of
RICARDO GALIMBERTI, ADRIÁN MARTÍN PIERINI, ANDREA BETTINA CERVINI

This book has been created through the initiative of the Organizing Committee of the XXI World Congress of Dermatology. Written by 73 authors who represent the dermatological community in Latin America, this book constitutes the official gift of the XXI World Congress of Dermatology, held in the city of Buenos Aires on October 1st through 5th, 2007. History of Dermatology in Latin America is published thanks to an unrestricted educational grant of the Pierre Fabre Dermo-Cosmétique Laboratories.

ALFREDO ABREU DANIEL (Cuba), GILBERTO ADAME MIRANDA (México), DANIELLE ALENCAR-PONTE (Colombia), PABLO I. ALMODÓVAR (Puerto Rico), FRANCISCO AMOR GARCÍA (Uruguay), ROBERTO ARENAS (México), CLAUDIO ARIAS ARGUDO (Ecuador), MA. ISABEL ARIAS GÓMEZ (México), JULIO EDUARDO BAÑOS (El Salvador), ANTONIO BARRERA ARENALES (Colombia), AMALIA M. BORES (Argentina), INÉS A. BORES (Argentina), ZUÑO BURSTEIN (Perú), HÉCTOR CÁCERES (Perú), PABLO CAMPOS MACIAS (México), FERNANDO CÁRDENAS UZQUIANO (Bolivia), ANDREA BETTINA CERVINI (Argentina), MAURICIO COELLO URIGUEN (Ecuador), JULIO CORREA (Paraguay), PAULO R. CUNHA (Brasil), SUZETTE DE LEÓN G. (Guatemala), JOSÉ G. DÍAZ ALMEIDA (Cuba), JUAN CARLOS DÍEZ DE MEDINA (Bolivia), MICHEL FAIZAL GEAGEA (Colombia), RAFAEL FALABELLA (Colombia), ELBIO FLORES-CEVALLOS (Perú), LUIS FLORES-CEVALLOS (Perú), RICARDO GALIMBERTI (Argentina), PEDRO GARCÍA ZUBILLAGA (Argentina), JAIME GIL JARAMILLO (Colombia), FLAVIO GÓMEZ VARGAS (Colombia), CARLOS HORACIO GONZÁLEZ ROJAS (Colombia), PETER A. GREENBERG CORDERO (Guatemala), RUBÉN GUARDIA TATÍN (Chile), GUILLERMO GUTIÉRREZ ALDANA (Colombia), EVELYNE HALPERT (Colombia), ENRIQUE HERNÁNDEZ PEREZ (El Salvador), RAFAEL ISA ISA (República Dominicana), ALFREDO LANDER MARCANO (Venezuela), FRANKLIN MADERO IZAGUIRRE (Ecuador), MAURO MADERO IZAGUIRRE (Ecuador), FERNANDO MAGILL (Perú), GRACIELA MANZUR (Argentina), ALDO EDGAR MARTINEZ CAMPOS (Nicaragua), JOSÉ ANTONIO MÁSSIMO (Argentina), JAIRO MESA COCK (Colombia), MARTHA MINIÑO (República Dominicana), GALO MONTENEGRO LÓPEZ (Ecuador), JORGE ISAAC NEIRA CUADRA (Nicaragua), LÉON NEUMANN SCHEFFER (México), YOLANDA ORTIZ (México), ADRIÁN MARTÍN PIERINI (Argentina), LUIS DAVID PIERINI (Argentina), JAIME PIQUERO MARTÍN (Venezuela), LEANA QUINTANILLA SÁNCHEZ (El Salvador), CÉSAR QUIÑÓNEZ (Puerto Rico), ROBERTO RAMPOLDI BESTARD (Uruguay), OSCAR REYES FLORES (Venezuela), ANTONIO RONDÓN LUGO (Venezuela), RAMÓN RUIZ MALDONADO (México), AMADO SAÚL (México), EDUARDO SILVA-LIZAMA (Guatemala), BENJAMÍN TRUJILLO REINA (Venezuela), PABLO HUMBERTO URQUIZU DÁVILA (Guatemala), LUIS VALDIVIA BLONDET (Perú), LIDIA E. VALLE (Argentina), CÉSAR IVÁN VARELA HERNÁNDEZ (Colombia), HERNÁN VARGAS MONTIEL (Venezuela), MIRTA VÁZQUEZ (Argentina), JUAN PEDRO VELÁSQUEZ BERRUECOS (Colombia), PABLO A. VIGLIOLIA (Argentina), RAÚL VIGNALE (Uruguay), ALBERTO WOSCOFF (Argentina).