

## History of leprosy in Rio de Janeiro\*

João Carlos Regazzi Avelleira<sup>1</sup>  
 Maria Victória Quaresma<sup>1</sup>

Fred Bernardes Filho<sup>1</sup>  
 Francisco Reis Vianna<sup>2</sup>

DOI: <http://dx.doi.org/10.1590/abd1806-4841.20142781>

**Abstract:** The record of the first cases of leprosy in Rio de Janeiro dates from the seventeenth century. The first local host of leprosy patients was created from 1741, and the first colonies hospitals were built in the early twentieth century, in order to avoid contagion of the population. The first structures dedicated to research also date from this time: the Leprosy International Institute, the Leprology Institute, and the Leprosy Laboratory of the Oswaldo Cruz Foundation, where the most prestigious leprologists of Rio de Janeiro worked. Currently, investigations are focused on the Oswaldo Cruz Foundation; additionally, leprosy patients are treated at municipal health centers and state hospitals, and former colony hospitals only accept patients with severe disabilities.

**Keywords:** Brazil; History; History of medicine; Leprosy

### HISTORY OF LEPROSY IN RIO DE JANEIRO

It is probable that leprosy has probably been introduced in Brazil by Portuguese settlers and that it has been disseminated mainly by African slaves.<sup>1</sup> The hypothesis that they had brought the disease from Africa is questionable, because it is difficult to suppose that slave dealers would be interested in buying slaves with evident signs of a disease that leads to physical and social disability.<sup>2</sup>

The first cases of leprosy in the city of Rio de Janeiro were notified at the end of the seventeenth century. In the subsequent century, the number of cases in the city was already as high as 200.<sup>3</sup> In order to reduce the risk to which the inhabitants of the city were exposed, Gomes Freire de Andrade, the Count of Bobadela, decided to confine 52 leprosy patients in small shacks on the beach located at the neighborhood of São Cristóvão in 1741. It was the first "lazareto (leper hospital)" designed to host patients with the Saint Lazarus' disease (leprosy). After the count's death, the Fraternity of Candelária became responsible for taking care of the patients, hosting them in a room of the Jesuit monastery from São Cristóvão Street, thus creating Hospital Frei Antônio (Figure 1). The hospital operated for more than two centuries.

The creation of colony hospitals was part of a national policy to protect the population through the compulsory isolation of leprosy patients that was established in the 1920s and 1930s by the National

Department of Public Health. This department was headed by the public health physician Carlos Chagas, who had chaired the 1<sup>st</sup> American Congress on Leprosy 4 years before, in 1916, and by the Inspection Office for the Prophylaxis of Leprosy and Venereal Diseases, headed by the leprologist Eduardo Rabello, president of the Brazilian Society of Dermatology from 1925 to 1940.<sup>2,4</sup>

In order to implement the abovementioned policy, the Brazilian president Epitácio Pessoa set the cornerstone of a hospital in the neighborhood of Jacarepaguá in 1922, which was strategically distant from the city's downtown and had a difficult access.<sup>2,5</sup> The Curupaiti Colony Hospital started operating only in 1928, with the transfer of 53 excess patients of Hospital Frei Antônio who were previously admitted at Hospital São Sebastião. Its first director was Dr. Teófilo de Almeida.<sup>2,5,6</sup> The hospital integrated the International Leprology Center and was created with the financial support of the League of Nations and of Mr. Guilherme Guinle. The Center was ruled by Oswaldo Cruz Institute and relied on its laboratory background, with nurses from the Curupaiti Colony Hospital participating in field studies.<sup>2,5</sup> The hospital experienced a very fruitful period until the establishment of the Leprology Institute next to the former hospital of São Cristóvão, which led to the transfer of great part of technicians and investigations from the Curupaiti Colony Hospital to the new Institute (Figures 2, 3 e 4). Other colony hospital was built in

Received on 16.05.2013.

Approved by the Advisory Board and accepted for publication on 29.07.2013.

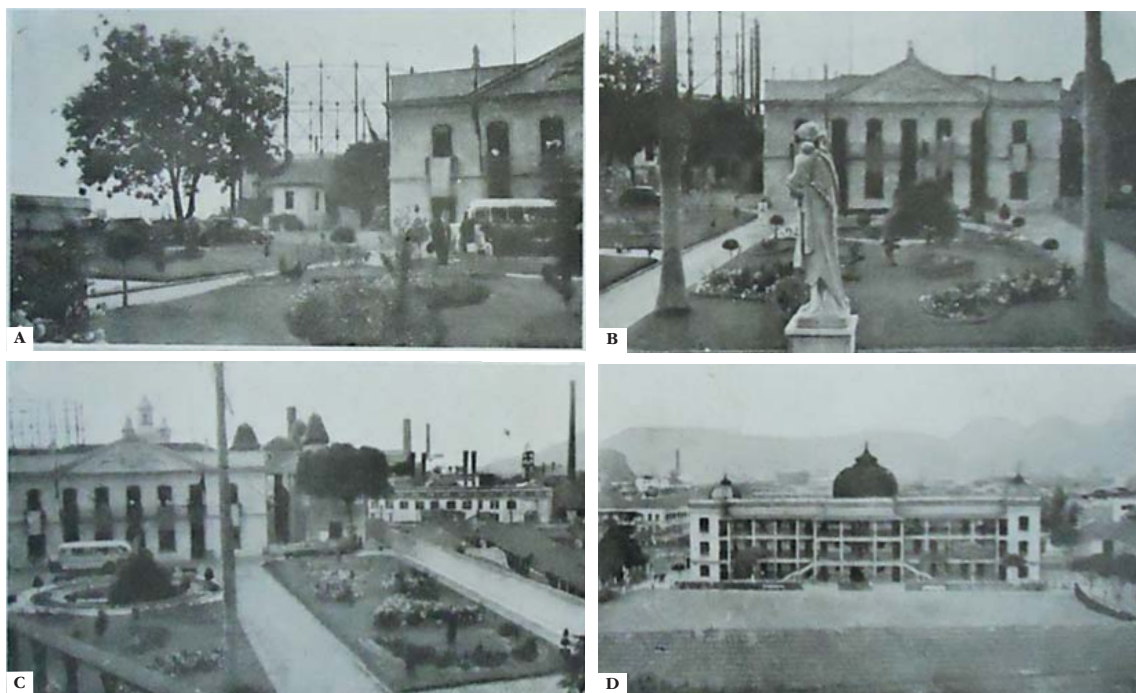
\* Work conducted at Instituto de Dermatologia Professor Rubem David Azulay da Santa Casa da Misericórdia do Rio de Janeiro (IDPRDA-SCMRJ) – Rio de Janeiro (RJ), Brasil.

Conflict of interest: None

Financial funding: None

<sup>1</sup> Instituto de Dermatologia Professor Rubem David Azulay da Santa Casa da Misericórdia do Rio de Janeiro (IDPRDA-SCMRJ) – Rio de Janeiro (RJ), Brasil.

<sup>2</sup> Instituto Estadual de Dermatologia Sanitária (former Curupaiti Colony Hospital) – Rio de Janeiro (RJ), Brasil.



**FIGURE 1:** Hospital Frei Antônio (Former Hospital dos Lázaros de São Cristóvão) – Photograph taken by Dr. Heraclides Souza Araújo on May 27, 1943.

Four views from the hospital in May 1945. Pictures showing Moinho da Luz at left (A), the buildings of Societé Anonyme du Gaz (B e C), and the barracks of the First Cavalry Regiment at right, next to other barracks (D).



**FIGURE 2:** Group photographed at the Pavilion of Experimental Therapy of the International Center of Leprology, which belonged to the Curupaiti Colony Hospital, located in Jacarepaguá, when Prof. Eduardo Rabello became the director of the Center, with Prof. Cardoso Fontes, Director of Oswaldo Cruz Institute at his right side, and Drs. H. Portugal, Henrique Rocha, Souza-Araújo, Mora Costa and A. Rodrigues, who were technicians at the Center, at his back side (from right to left). April 1935



**FIGURE 3:** Jazz band. Elite F. Club. Curupaiti Colony Hospital



**FIGURE 4:** 1<sup>st</sup> Course of Leprology offered by the National Health Department (Departamento Nacional de Saúde, D.N.S.) (1942). Group of students visiting a plantation of *Chaulmoogra indiana* in the garden of Oswaldo Cruz Institute - Photograph taken by Dr. Heraclides Souza Araújo on November 11, 1942. The following physicians were awarded a degree in this course: Rubem Azulay, Glynne Leite Rocha, Hugo Pesce, Manoel Gimenez, José Moura Rezende, Amynthor Virgolino Bastos, Herminio Linhares Albertos Carlos, Vicente Risi, Arthur Porto Marques, Wilson Marques Abreu, Oswaldo Serra, Alberto Silva Barbosa, Beatriz Duque, João de Paula Gonçalves, and Diogenes de Mello Rebelo

Itaboraí, a municipality located in the rural area of Rio de Janeiro, in 1936, during the presidency of Getúlio Vargas: the Asilar Tavares de Macedo Colony.<sup>2,3,4</sup>

With the emergence of the Leprology Institute, built at the building annex to hospital Frei Antônio, which soon became an important research center, the study on leprosy has been given a new impetus. Investigations conducted at the Institute aimed at dealing with a broad profile of clinical, immunological and therapeutic topics, in addition to preparing and dispensing lepromin and other reagents to support leprosy diagnosis.<sup>5</sup> The intense activity of Brazilian leprosy experts, especially in Rio de Janeiro, was confirmed in 1953, when the polarity concept - conceived by Francisco Eduardo Rabello and adopted up to now to classify leprosy - was accepted by the scientific community during the International Leprology Congress held in Madrid, and in 1963, when Rio de Janeiro hosted the VIII International Congress of Leprology.<sup>7,8</sup>

Later, in the year 1970, the Institute became part of Oswaldo Cruz Foundation (Fundação Oswaldo Cruz, Fiocruz), but its headquarters remained in São Cristóvão until 1976, when, due to a broad reformulation program was implemented, studies started to be conducted by the Leprology Sector, which was then a subdivision of the Department of Tropical Medicine.<sup>6,7</sup> This organizational connection remains until today, when the name of the sector was changed to Leprosy Laboratory. This laboratory, in turn, have started its activities even before the creation of the International Leprosy Center that operated in Manguinhos from 1934 to 1939 and was headed by Heraclides Souza Araujo for many years.<sup>7,8</sup>

In 1963, Rio de Janeiro hosted the VIII International Congress of Leprology, an event that gathered the most important exponents of leprosy research in the world and confirmed the importance of our researchers.<sup>3</sup>

The introduction of sulfone in 1943 and of a treatment regimen combining sulfone and rifampicin in 1962, led to the end of mandatory hospitalization (Law 986 of 7 May, 1962). Additionally, the introduction of polychemotherapy in 1980 consolidated outpatient treatment for all forms of leprosy, which limited the indication of hospitalization only to cases leading to social problems or severe disabilities.<sup>4,8,9</sup>

Certainly, current epidemiological indicators show that there has been an evolution towards epidemic control of leprosy in the city of Rio de Janeiro, since prevalence rates decreased from 7.9 / 10,000 inhabitants in 1941 (1,507 patients), 5.6 / 10,000 inhabitants in 1982 (6,485 patients), to 0.91 / 10,000 inhabitants in 2011 and the detection rate reached 10.67 / 100,000 inhabitants in 2011. However, there is still much work to be done to continue and honor the work of many dermatologists and leprologists who tirelessly fought against leprosy in our city.<sup>4,10</sup>

Currently, leprosy patients are treated at municipal health centers and state hospitals, and former colony hospitals only accept patients with severe disabilities or social problems. Additionally, Fiocruz focuses the development of investigations on leprosy. □

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**MAILING ADDRESS:**

João Carlos Regazzi Avelleira  
Rua Diamantina, 20 - Jardim Botânico  
22461-050 - Rio de Janeiro - RJ  
Brazil  
E-mail: [avelleira@unikey.com.br](mailto:avelleira@unikey.com.br)

How to cite this article: Avelleira JCR, Bernardes-Filho F, Quaresma MV, Vianna FR. History of leprosy in Rio de Janeiro. *An Bras Dermatol.* 2014;89(3):515-8.