

## **New concepts of hospitalization of hanseniasis patients and their practical application in Sao Paulo, Brazil (\*)**

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SUMMARY — Five large specialized "asilo-colônias" were founded in the early thirties in São Paulo with two main objectives — asylum for the physically and/or socially handicapped "lepers", and compulsory isolation for infectious patients. The former degenerated by abuse and institutionalism; the second failed in its purpose of control, and kept the social atmosphere tense. With their resources jammed, these establishments were not able to offer a reasonable degree of comfort and medico-social assistance to their increasing number of inmates. About 1/3 of the 5,000 hanseniasis patients have been transferred to dispensaries. In 1967, and one of the "colonies" was converted into a psychiatric institution. Applications for asylum care are now carefully scrutinized by social workers, and prophylactic isolation is infrequent. Physical rehabilitation, intercurrent illness and scientific research are now the chief reasons for hospitalization, and facilities for such purposes are increasing. The establishments were renamed "Hospitals de Dermatologia Sanitária", after having been dissociated from the extinct "Leprosy Department" and integrated with other public health hospitals. They are frequented by medical students in their curricular activities, and are often the site of dermatological meetings and extra-curricular courses. In one of the hospitals, an infirmary is receiving various dermatological cases. The image of the old dreadful "asilo-colônias" is fading slowly but steadily.

Termos índice: Hanseníase. Hospital. Asilo. Integração. Assistência social.  
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The mediaeval "lazar houses" and "leprosaria", fruits of social rejection and superstitions, received some degree of scientific recognition when the infectious nature of hanseniasis was demonstrated and segregationist measures were recommended in the 19th century. New establishments for com-

pulsory isolation sprang up in all parts of the world and the state of São Paulo, Brazil, was no exception. Five large "asylum-colonies", later called "sanatoria", were built or adapted and their total population at one time came to more than 6,000 patients, interned for prophylactic and/or social purposes.

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The ultimate conclusion that the decline of the endemic in Norway was not due to isolation (3) and the growing numbers of new cases in all areas where "leprosaria" were installed led to a new study of the situation. After consideration, it was then concluded that compulsory isolation was harmful as it terrorized patients and contacts, hindering periodical examinations, early diagnosis and the institution of treatment with newer drugs. It also aggravated prejudice and super-

stitutions. The Congresses and Associations (1, 2, 4, 9) therefore recommended: a) abolition of compulsory isolation; b) temporary hospitalization for intercurrent diseases in general hospitals, and c) transformation of the ancient "leprosaria" in centers for research, rehabilitation, medical and surgical attendance for selected cases, asylum for the irrecoverably disabled patients and intensive treatment of serious cases, for a limited time and on a voluntary basis.

### CHANGES IN SAO PAULO

The new recommendations were welcome in the state of Silo Paulo, where the endemic was not showing any sign of declining, prejudice was growing and the public was tense. Excessive internations, generally unnecessary either for control or for social reasons, as well as hospitalism and "social atrophy" of the inmates, continued to cause overcrowding, blocking any adequate medical and social assistance to the more needy and retarded study and the development of research (5).

After 1967, more than one third of the 5.000 patients as yet not socially atrophied were transferred to ambulatories, after an intensive campaign to enlighten the public about the advances in hansenology (6). One of the five establishments of the extinguished "Leprosy Department" was changed into a psychiatric institution. The other 4, renamed again as "hospitals", in a further attempt to soften their "image" and to reflect their finalities, were integrated with other public health hospitals (7) in a "Coordenação de Assistência Hospitalar". In two of the "hospitals", patients of pemphigus foliaceus and chronic microbial or parasitic skin diseases were accepted in special wards, as a justifi-

cation for the new name and as a preliminary step in a *gradative progress towards turning into a "general hospital"*. New internations were reduced to a minimum and now must obey the new regulations (8); they are subject to approbation by physicians and social workers for each of the accepted finalities: 1) Physical rehabilitation; 2) Residence (the new name for the old "asylum") for the socially handicapped; 3) Intercurrent diseases; 4) Research and; 5) Intensive anti-hansenic treatment for selected patients and for limited time. As a rule, patients are requested to apply formally for internation, to emphasize its voluntary character and help in erasing the remnants of the compulsory isolation echoes.

Due to internal disencumberance and a better and rational use of the allotted resources, scientific and rehabilitation activities were intensified in two hospitals and are beginning to develop in the other two. Out patient "polyclinics" were installed in all 4 hospitals, for ambulatory assistance and for internation of patients suffering from intercurrent diseases. To prevent hospitalism these patients are not even allowed to enter the main hospital where they could eventually become

attracted by its facilities. For the care of patients living in the Great São

Paulo City area, there is a Polyclinic not attached to any hospital.

#### COVENANTS WITH

Through covenants officially agreed on between the Secretariat of Health and the Universities and other schools, the hospitals were opened to the 17 medical schools in the state (7), whose students use them as a general medical and surgical training ground in their curricular activities. One of the first results observed is that the newer generation of graduates begin to consider hanseniasis as a "disease like any other", free from the old myths and superstitions attached to the ancient "leprosy". One of the hospitals is often the meeting place of dermatological societies at which many non-hansenic patients are presented.

On the other hand, the same covenants allow and even foster the treat-

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ment of hanseniasis patients in the ambulatories of the general hospitals of medical schools, a fact that is beginning to alter the prejudices of the medical, paramedical and administrative staffs, preparing the way for the eventual internation of hanseniasis patients in general hospitals, an international recommendation still very far from being a practical application in this state.

Considerable effort was made in these past 6 years, in Sao Paulo, to follow the national and international recommendations about hospitals, and there is still a great deal of work ahead — but the image of the ancient and dreadful "leprosaria" or "asylum-colonies" is fading, slowly but irreversibly.

#### RESUMEN

A principios de los años treinta, se fundaron en São Paulo cinco grandes "asilos-colonias" especializadas cuyas dos funciones principales eran proporcionar asilo a los "leprosoa" incapacitados física y/o socialmente así como aislamiento obligatorio para todos los pacientes con bacilos. La primera se degeneró por abuso y hospitalismo; la segunda fold para el control y creó gran tensión social. Cuando sus recursos empezaron a declinar, estos establecimientos no pudieron ni Omeer un grado razonable de comodidad ni asistencia médico-social a su creciente número de internados. En 1967 se transfirió alrededor de una tercera parte de los 5.000 pacientes con hanseniasis a dispensarios y una de las "colonias" se convirtió en una institución psiquiátrica. Asistentes sociales investigan cuidadosamente las solicitudes de asilo y el aislamiento profiláctico es ahora poco frecuente.

Las principales razones por las que se interna a un paciente hoy día son la necesidad de llevar a cabo rehabilitaciones físicas, investigación científica o la presencia de enfermedades intercurrentes, y las facilidades para todos estos propósitos están aumentando. Los establecimientos recibieron el nuevo nombre de "Hospitais de Dermatologia Sanitária", se separaron del "Departamento de la Lepra", que ya no existe, y se integraron a otros hospitales de sanidad pública. Estudiantes los visitan durante sus planes de estudios, y tienen lugar en ellos reuniones dermatológicas y cursos extraordinarios. La enfermería de uno de los hospitales está ahora recibiendo a distintos casos dermatológicos. La imagen de las terribles "asilocolonias" va desapareciendo lentamente, pero con seguridad.

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