

fontilles

The hidden town



*A hidden town
that always needed
be shown.*

fontillee

The hidden town

18.06.2026
01.11.2026



COLONIA SANATORIO DE S^ñ FRANCISCO
DE BORJA FONTILLES

Fontilles

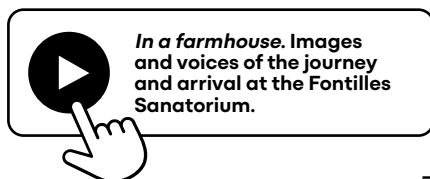
The hidden town

At the dawn of the 20th century, the villages of La Vall de Laguar, in the Marina Alta of Alicante, witnessed with some suspicion the rise of the first buildings of a new settlement that eventually adopted the name of the valley in which it was located. Hidden in the mountains, the Fontilles valley hamlet was soon surrounded by a tall, thick wall and gradually developed into a small town. It was populated by people coming from places they never thought of leaving and to which few were able to return. People who had contracted leprosy and inherited poverty from their families. Over a long century, more than two thousand men, women, and children lived in Fontilles. They worked and enjoyed themselves, they gave and received care, they supported each other, and shared their hopes. Like in many other towns, indeed, but united in this case by a common

secret that made them different from all the others.

The *Fontilles* exhibition opens the doors of this *hidden town* and invites visitors to explore and learn about it through a selection of objects, images, documents, sounds, and voices that make up the history of those who used them in their lives and knew how to preserve them to ensure their memory endured. A material and immaterial heritage that has been recovered and preserved thanks to the collaboration between the University of Alicante and the Fontilles Foundation, with financial support from the Sasakawa Health Foundation. It is now accessible through the Fontilles and Leprosy in Spain portal of the Miguel de Cervantes Digital Library and can be consulted at the Archivo de la Diputación de Alicante.

< Repair work on the entrance gate to the Fontilles Sanatorium, 1960-1969, Fontilles Photographic Collection, Archivo de la Diputación de Alicante, 2-1-A-a45



Architectures of isolation

At the end of the nineteenth century, leprosy was an endemic disease in many towns in the Marina Alta region of Alicante. It was there, in the early twentieth century, that Jesuit Carlos Ferris Vila and lawyer Joaquín Ballester Lloret began their efforts to establish a centre to care for people affected by leprosy from this and other nearby regions. Over the years, hundreds of people joined them from all over Spain. The Fontilles valley was chosen for its sunny weather, abundant water, and protection from the northerly winds. The location also offered a surprising optical asymmetry. While the valley offered a view onto the farmlands which extended towards the Denia coast and onto the horizon, where the sea meets the sky, it was hidden from all the neighbouring towns, being impossible to view Fontilles buildings from any of the nearby villages. Adding to this natural barrier came other architectural solutions designed to separate insiders from outsiders, men from women, and the “healthy” from the “sick”. The preserved plans and maps show us the design of buildings that were open for the healthy and closed in on themselves for the sick; the shape of spaces such as the church, the theatre or places of work and leisure, designed so that everyone could be together and

kept apart; or the intricate network of paths drawn to avoid encounters between one another.

Isolation sites such as Fontilles were built between the last third of the nineteenth century and the mid-twentieth century in remote mountains, on islands, or in river meanders in some countries of Europe and numerous countries of America, Africa, Asia and Oceania. Colonized territories where leprosy was perceived as a risk to people's health and metropolises that felt the threat of an evil that circulated uncontrolled along the routes opened by colonial expansion. The protection of the social body was achieved at the cost of the sacrifice of thousands of people who, in the opinion of leprologists, governments and religious and philanthropic organizations, had to be isolated to free them from social rejection and a stigma that, paradoxically, was reinforced by isolation.



Architectures of isolation.
Images and voices about
internal segregation at the
Fontilles Sanatorium.

Topographic map of the Fontilles valley,
in *Caridad heroica: Colonia-Sanatorio
Nacional de San Francisco de Borja para
los pobres leprosos*, Valencia, Modern
Typography by Miguel Gimeno, 1904, 145.



PLANO OROGRÁFICO DE FONTILLES

PATRONATO DE FONTILLES

JUNTA DE PATRONOS

PADRE DIRECTOR
P. Ignacio M.^a
Romaña, S. J.

JUNTA DE GOBIERNO

PADRE SUBDIRECTOR
P. José
Marfany, S. J.

DIRECTOR
ESPIRITUAL
P. Ramón
Palau, S. J.

DIRECTOR
MEDICO
Dr. Felix
Contreras
Dueñas

REVISTA
"APENDICE
SANITARIO"

ARQUITECTO
Don Manuel Peris

Cuerpo de
Dietistas
Voluntarios
de Sangre

SUBDIRECTOR
MEDICO
Dr. Javier
Guillen Prats

REVISTA "FONTILLES"
D. José M.^a Cruz Román

Oficinas
de
Valencia

PROPAGANDA
D. Dimas Bonmatí

ADMINISTRADOR
DEL
SANATORIO
Don Rafael Galindo

DOS MEDICOS
RESIDENTES

FARMACIA
Dra. Maria
Bellver

LABORATORIO

MEDICOS
ESPECIALISTAS
Prof. Antonio Lombart
Dra. Pilar Aliaga
(Anatomía Patológica)
Dr. Tomas Aparisi
(Oftalmología)
Dr. Plácido Chover
(Ginecología y Obstetricia)
Dr. Tomás Mut
(Cirugía y Traumatología)
Dr. Sándalo Miguel Andreu
(Medicina interna)
Dr. Julio Miró
(Dermatología)

CINCO PRACTICANTES
NUEVE ENFERMOS

MADRE
SUPERIORA
K. Rosario

Comunidad Hh. Terciarias
de S. Fco. y la Inmaculada

SRTAS.
AUXILIARES
VOLUNTARIAS

Espectáculos y recreos
para los enfermos

CABALLEROS
AUXILIARES
VOLUNTARIOS

Ropería
Lavaderos
Enfermerías
Comedores
Pabellones
etc.

PERSONAL SUBALTERNO

Administración	Cocinas	Cinematografía
Granja	Guardas	Laboratorio fotográfico
Económicos	Electricidad	Estación telefónica
Vaquería	Talleres	Central telefónica
Transportes	Radio	Etc. etc.

Personal
religioso

Personal
seglar

Organisational chart of the Fontilles Sanatorium government, Fontilles, 1953 (Special issue), 10.

The town government

From its origins and until very recently, the structure of the Fontilles colony-sanatorium government was dual-headed, strongly hierarchical and masculine. The sanatorium was owned and governed by the *Patronato*, a confessional and private association, presided over by the Archbishop of Valencia and composed of benefactors from Valencia's high society. This Board of Trustees ensured that the sanatorium operated in line with Catholic principles and upheld its independence from what were considered to be "interferences" by public administrations, when attempting to supervise the operation of an institution that was partly financed with public funds. The civil and legal personality of the institution rested with the *Junta de Gobierno*, a governing board in charge of the management and administration of the sanatorium whose members were elected by the *Patronato*. The Fontilles headquarters were initially located in Gandía, where the *Junta de Gobierno* meetings were held for many years (sometimes also in the town of Pego). For their part, the *Patronato* meetings were convened at the residence of its president, in the archbishop's palace of Valencia, where the headquarters moved in 1943.

The government and representation tasks that these two bodies carried

out from outside Fontilles were complemented by the executive and spiritual direction of the sanatorium. This was exercised, within the walls, by the father-director and the Jesuits who assisted him in his task. All of them were appointed by the Provincial of the Tarraconense Province of the Society of Jesus. The deputy director was responsible for the sanatorium's administration, publicity, and maintenance tasks, the latter being carried out by hired staff and, eventually, by the patients themselves. Tertiary Sisters of St. Francis and the Immaculate were responsible for the personal care of the patients. Their work was under the supervision of a Mother Superior and the spiritual director. They were also responsible for managing the work of volunteers, both men and women, who resided in the sanatorium and assisted with all caregiving and maintenance tasks. The hierarchical position of the medical director generated several controversies. He was responsible for directing the medical team, and the clinical and research laboratory activities, as well as editing the *Revista de Leprología*.



**There, we were all equal.
Voices and images of mutual
aid and collective resistance.**

The town on display

Despite having been designed to be invisible, Fontilles had to be on constant display. "Propaganda" was the term used to designate all the activities aimed at showcasing the social, spiritual and health work conducted at Fontilles, and at collecting the financial and political support, both public and private, needed for Fontilles to sustain its activities for over a hundred years, enduring a war, two monarchies, two dictatorships and one republic. Ever since its first issue was published in 1904, when the first buildings were barely visible in the valley, the Fontilles magazine was a key tool in this promotional and fundraising task. The magazine reached thousands of subscribers throughout Spain, who in some places organised themselves

into charity groups, the so-called Fontilles *peñas* amigas. The money boxes are a symbolic testimony to this human, social, material, and economic support which also resulted in the periodic trips organised by the *peñas* to visit the Fontilles inhabitants and officially deliver all the funds raised. The countless fund-collecting campaigns conducted on the streets or the charity events such as bullfights, football matches and all kinds of public events also played a significant role in sustaining this collective project.



The city on display. Images and voices about charity and stigma.

Visit of Petrer's neighbors to deliver donations and gifts to the sanatorium in 1965, Fontilles Photographic Collection, Archivo de la Diputación de Alicante, 7-3-I-aa15.





Franciscan Sisters and female volunteers
enjoying a motorcycle ride in 1960,
Fontilles Photographic Collection, Archive
of Alicante Provincial Council, 6-1-F-d3.

The healthy

In Fontilles, the “healthy” were those in charge of maintaining the colony-sanatorium and caring for its inhabitants. They arrived either alone or with their families and settled in the buildings located at the entrance and in the upper part of the valley. The families of the hired masons, carpenters, bakers, cooks, administrators, and young apprentices lived there. They had their own working areas, their family residences, and even a school for their children. The female volunteers lived with the nuns in residences which changed locations throughout the century. They took care of the patients in a very broad sense: from providing food and companionship

to offering healthcare assistance. We know little about the specific motivations that led women and men volunteers to abandon their often-comfortable life and dedicate it to the caring of others, without receiving any form of remuneration for their work. Some stayed forever, others remained for long periods of their lives. There were also those who, in Fontilles, found the person with whom to start a new life on the other side of the stone and prejudices wall. There were also those who, in Fontilles, found the person with whom to start a new life on the other side of the wall, the one of stone and the one of prejudice.

Laboratory

The founders of Fontilles used the term “sanatorium” to name their project because it explicitly expressed their intention to contribute to the search for a remedy to heal the sick, instead of limiting themselves to isolating and ensuring the patients’ bodily and spiritual care – as the medieval lazarets had done for centuries. As a result, in addition to medical assistance services such as a pharmacy, a nursing facility, and a clinic, Fontilles was also equipped, from the very beginning, with a laboratory. Securing a stable medical team proved to be more challenging. Except for the brief period when medical care was provided by the team of doctors and healthcare workers sent by the government of the Second Republic, under the direction of Pablo

Montañés Escuer, the caregiving work was carried out for a long time by the Franciscan sisters. Much of the laboratory activity was also their responsibility. Additionally, specialists from neighboring towns periodically visited the sanatorium to conduct the necessary consultations. Mauro Guillén Comín, from Valencia, undertook the medical direction of the clinical departments and the laboratory remotely during the first third of the twentieth century, and so did Félix Contreras Dueñas, from Madrid, throughout the post-war period and the dictatorship, until the arrival of José Terencio de las Aguas, at the end of the 1960s. At this time, a stable team of specialists was formed thanks to the latter’s proximity and research projects.

Franciscan Sisters in the Fontilles
laboratory around 1950, Fontilles
Photographic Collection, Archive of the
Alicante Provincial Council, 81-03-028-02



Proposal for the classification of the most widespread clinical forms of leprosy.
 Víctor Martínez Domínguez, *Estudio epidemiológico y clínico de la endemia de lepra en la Guinea española*, Madrid, Instituto de Estudios Africanos, CSIC, 1954, Graph nº 15.

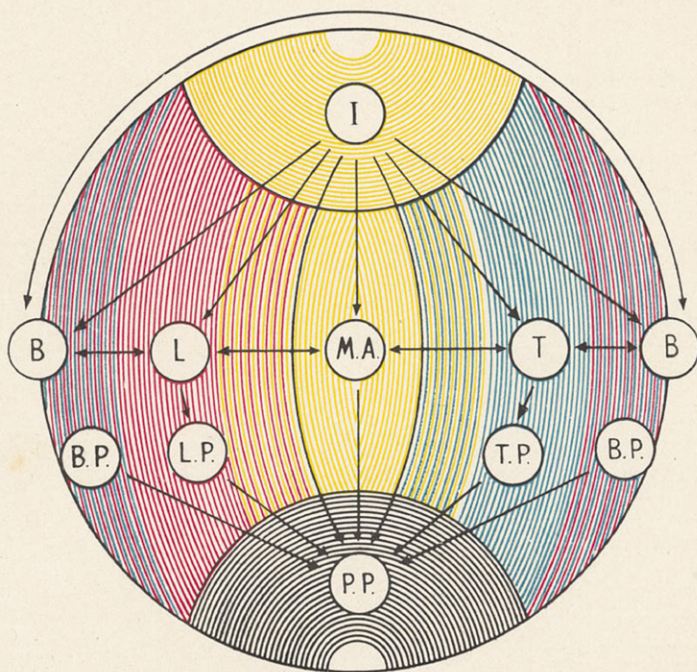


Gráfico n.º 15

Diagnosis

Mycobacterium leprae was identified as the leprosy pathogen at the end of the nineteenth century and the discovery changed the way in which the disease had been explained and treated until then. It ceased to be perceived as a visible disease visible in people's bodies and became an invisible disease that could hide on people's bodies long before any symptoms gave it away. The contagion thesis, which had long been disputed by those who defended its hereditary nature, reinforced the fear of leprosy and the rejection of those affected. Despite proving that it was one of the least contagious infectious diseases, the leprosy specialists who attended the first international leprosy congress in Berlin in 1897 concluded that isolation was the best prophylactic measure. And this served as an argument to create leprosy sanatoriums all around the

world. The consensus on the bacterial aetiology of leprosy also changed the diagnostic techniques employed. This issue had been one of the great challenges of modern medicine, which had been unable to accurately distinguish leprosy from other diseases that shared similar clinical manifestations. In this case, the errors had very serious consequences for the people affected. Adding to the clinical methods based on skin lesion observation, microscopic methods made it possible to identify the presence of the pathogen in the body tissues where it nested. Despite these new diagnostic techniques, the differentiation of the types of leprosy and the causes of symptom disparity between one form and another long remained a subject of debate and classification proposals.

Treatments

Mycobacterium leprae was never successfully cultured in vitro. Nor was it possible to artificially infect other animals, except the armadillo. The body of people affected by leprosy became, therefore, the only means available to study the effectiveness of the dozens of chemical and natural treatments tested throughout the twentieth century. Many of these treatments were tested in the Fontilles laboratory, as well as in those located in other sanatoriums around the world: from chaulmoogra oil, on which great hopes were placed, before the arrival of the first sulfones in the early 1940s, to the new drugs synthesised and tested in the following decades. In 1982, the World Health Organization (WHO) established the triple chemotherapy method (rifampicin, clofazimine and dapsone) that is still used today to treat leprosy. "We have opened many paths," Maruja proudly claimed, recalling the not always recognized contribution that generations of people affected by leprosy had made to the understanding of this disease,

offering their bodies in the hope that the newly tested drug would be the definitive one. The use of thalidomide to treat leprosy reactions was among the clinical investigations in which the Fontilles laboratory took part most actively. Under the medical direction of Félix Contreras, first, and José Terencio de las Aguas, later, clinical trials were performed on over 170 patients during the late 1960s, before being adopted as a standard treatment. Remittances of thalidomide supplied by the *Dirección General de Sanidad* and the German pharmaceutical company Grünenthal, or its Spanish subsidiary MEDINSA were used. The results were reported in the sanatorium's publications and presented at international leprosy conferences and journals. This was the case of the large trial coordinated by the WHO, in which Fontilles participated along with other sanatoriums in India, Mali and Somalia.



The Puzzle. Voices and Images about Diagnosis and Treatments.



Stuffed armadillo,
Fontilles Material Collection, 24.

I.E.H.H Transfuser. Elosegui-Arévalo.
Fontilles Material Collection, 23



Blood

Blood tests, a common practice in all clinical laboratories, had a special meaning in the Fontilles laboratory. They were used to control anaemia and other blood disorders caused by leprosy or by the side effects of sulfonic treatments. Colorimeters, devised throughout the twentieth century to determine haemoglobin concentration, or centrifuges, used to separate the blood components and to calculate their concentration using devices such as Marbel differential counter are some of the material testimonies of these techniques. Blood transfusions were also widely used since the 1950s to compensate for anaemia and to relieve the dreaded lepra reactions: patients' immune system responses, which constituted a serious obstacle to the application of new sulfonic treatments. Transfusions were also used in research on leprosy immunotherapy. Numerous trials

were conducted to test the efficacy of transfusions from convalescent patients or patients with mild forms of leprosy to treat more severe forms. The transfuser devised and patented in the 1940s by Carlos Elosegui Sarasola and Ramón Arévalo García at the Spanish Institute of Haematology and Hemotherapy played a pivotal role, as it allowed transfusing blood indirectly without the presence of the donor.

Demographies

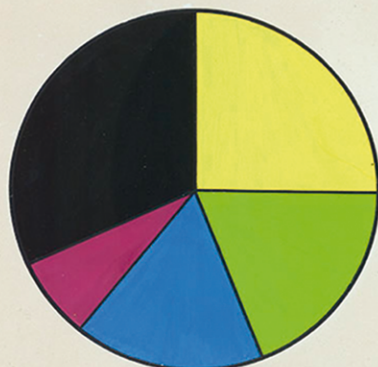
Dozens of maps and graphs were drawn in Fontilles to show the origin of its inhabitants and the demographic changes of its population. The maps recalled the persistent endemic of leprosy in Andalusia, the Canary Islands, Galicia, and the Valencian provinces, where most of the Fontilles population came from. In the 1960s, when the Fontilles population was at its peak, a detailed statistical study was conducted on the state of health, sociocultural characteristics, and aptitude for work of the men and women residing in the sanatorium. The graphs showed the constant increase in admissions and decrease in deaths, especially from the 1940s onwards, when new sulfone treatments also made the first discharges possible. The colours illustrated a population made up of more men than women, mostly married persons who had left their families behind. The population progressively aged, as those who stayed became older and the departure of the younger ones

became generalised. Illiteracy and poverty accompanied this population of former peasants and housewives, the only exception among which were workers or artisans. These graphs reveal nothing of all those other people who had the necessary means to pay for medical care and treatments without being isolated in sanatoriums. The maps and graphs were exhibited at medical congresses and international conferences on leprosy, where they served to show the health and social work conducted at Fontilles to the world. They also occupied the covers in full colour of up to seven issues of the Fontilles magazine and demonstrate the significance of the work conducted in Fontilles based on irrefutable data. This encouraged readers to continue providing their support through donations and alms.

Sanatorio de Fontilles

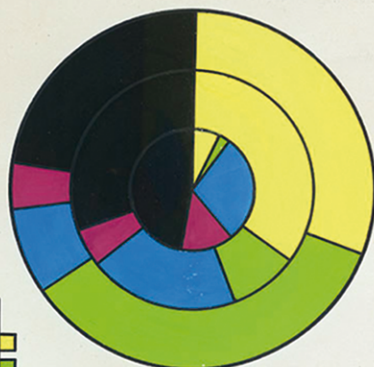
PERMISOS

265 residentes el 31-XII-1971



<u>salieron</u>	
para tratar de trabajar o vivir fuera	67 = 25,28%
para volver y terminar su curacion	50 = 18,87%
para volver pudiendo quedarse fuera	45 = 16,98%
pero fuera de sus familiares y pueblos	0 = 0,00%
<u>no salieron</u>	
por impedirselo su salud	19 = 7,17%
sin impedirselo su salud	84 = 31,70%
total	265 = 100,00%

- salieron
- para tratar de trabajar o vivir fuera
 - para volver y terminar su curacion
 - para volver pudiendo quedarse fuera
 - pero fuera de sus familias y pueblos
- no salieron
- por impedirselo su salud
 - sin impedirselo su salud



1917-1951 interior	1952-1961 medio	1961-1971 exterior
5 = 6,94%	26 = 34,67%	36 = 30,51%
2 = 2,78%	7 = 9,33%	41 = 34,75%
21 = 29,17%	15 = 20,00%	9 = 7,63%
0 = 0,00%	0 = 0,00%	0 = 0,00%
10 = 13,89%	4 = 5,33%	5 = 4,23%
34 = 47,22%	23 = 30,67%	27 = 22,88%
72 = 100,00%	75 = 100,00%	118 = 100,00%

Distribution of discharged permits granted to the 265 residents of the Fontilles Sanatorium in December 1971, according to the reasons that led them to request it. Fontilles Document Collection, Archive of the Alicante Provincial Council, 3251-013.

Almond trees made of porcelain clay,
moulded and painted in the workshop
set up by Luci in the old parlour of the
Fontilles sanatorium, Fontilles material
collection, 426.



Lives

Thousands of people were isolated, sometimes for life, in the hundreds of leprosy sanatoriums built around the world. Yet we hardly know about their lives, other than what the statistical data reflect and what was told about them by those who were in charge of their custody and care. The collective and individual image of these people was constructed through statistics as well as other people's chronicles and was strongly conditioned by the difficulties in obtaining them and the interests of those who produced them. The objects, images and voices collected in this section bring us a little closer to those lives, their aspirations and frustrations, and the personal and collective struggles waged, in this case, by the inhabitants of Fontilles. You will hear their voices as they settle down next to a *mesa camilla*, just like the family tables over which photographs, papers and objects were scattered, igniting memories and unravelling life stories. You will learn about the long journey that took them from their birthplace to the sanatoriums where they were carried or where they arrived on their own, as Antonio did on his knife sharpening motorcycle,

a symbol of the lost freedom. They are small objects loaded with stories, at times endowed with great power. Like the porcelain clay almond tree, moulded and painted in the workshop set up by Luci in the parlour. The trees and flowers transformed that old meeting place between the sick and their families into a gathering place for the women of Fontilles and those of the neighbouring villages who crossed the physical and symbolic wall of the sanatorium to share their art and experiences. Or like the television interview that Salvador gave to José María Íñigo to present himself to everyone and defend his people. They are fragments of the lives of people who were marked as different and sacrificed to protect them and protect us from an evil, long feared and incurable, from which, despite having been cured, they never completely managed to free themselves. As Carmen says in one of those stories, in the gaze of others, "having leprosy once makes you a leper for life".



**Origins, loves, and returns.
Portraits and voices of one
thousand and one lives.**

Work

«I would earn a cartón, which was worth one hundred pesetas. The banknotes were not banknotes, they were cartones. They were only valid here and served as money»

In addition to being a “sanatorium”, Fontilles was defined as a “colony”. Inspired by the model of the agricultural colonies, work in the Fontilles colony-sanatorium was conceived as a remedy for the moral and physical healing of its inhabitants and as an antidote to the evils attributed to idleness. Work activities were an effective instrument of collective intervention used to structure the times and spaces of people’s daily lives. In addition to agricultural and livestock production, men worked in carpentry, espadrille and shoe making, lamp making and electricity, blacksmithing, printing and bookbinding workshops, or as part of work teams in charge of cleaning and caring for streets and gardens, or masonry and painting tasks in old and new buildings. Women were responsible for washing, repairing, and making clothing, as well as cleaning the facilities. The occupational gender division was also visible in the distribution of the workspaces, which were always close to the men’s or women’s respective areas of residence. Work was voluntary for those who were declared fit to work by medical

officials and was encouraged in different ways, from tobacco packs to wages. The sanatorium guaranteed a bed, treatment, and food for all, but everything else had to be purchased at the commissary, where payment was only allowed using the so-called *cartones*. “I would earn a *cartón*, which was worth one hundred *pesetas*. The banknotes were not banknotes, they were *cartones*. They were only valid here and served as money”, Paco said as he explained his work in the men’s dining room. Internal currencies were used in many sanatoria as it prevented the circulation of money within the facilities and escape attempts. Sulfonic treatments led to the first discharges in the 1950s and the residents’ work gained a new purpose in Fontilles. The workshops became labour schools aimed at offering vocational training that would facilitate what in those years was called “social reintegration”. The payment of salaries in pesetas also became generalised, allowing purchases inside and outside the sanatorium, or the accumulation of small savings to help families or prepare for departure.



Un cartón, veinte duros.
Images and voices of men’s work in Fontilles



Next to nothing. Images and voices of women’s work in Fontilles.



The sanatorium laundry in 1958, Fontilles Document collection, Archive of the Alicante Provincial Council, 0081-03-001-02.

José Ruiz de Azúa, a volunteer, observes the dances and cheers following a paella organised in 1949, Fontilles Photographic Collection, Archive of the Alicante Provincial Council, 5-E-d3.



Leisure

*«There was fun, singing,
laughter, and parties.
Girls were there, and
we were here»*

"There was a stronger community spirit, and we had a great time, because we organised parties... We had so much fun! The priest knew nothing; we did it all by ourselves" - says Emilia as she remembers what she found in Fontilles when she arrived in 1977, at just 22 years old. Abilio, who arrived as a child a few years earlier also remembered that "there was fun, singing, laughter, and parties", although he lamented that "girls were there, and we were here". These moments of joy, celebration and companionship are a recurring theme in the stories told by Fontilles residents or by those of Trillo, the other large sanatorium, which opened in 1943. Sharing the food parcels sent by families, listening to, and accompanying those who sang the flamenco songs and tunes learned in their southern villages, taking care of the newcomers, getting together to dance or chat are some of the forms of leisure that made the men and women of Fontilles feel equal. They also greatly contributed to weaving the bonds of friendship and solidarity - of "union" as they called it - which helped them to cope with isolation and uprooting, and that they managed to maintain for their whole life.

These forms of free and clandestine leisure have reached us solely through the testimony of those who told their story. But what we do have abundant traces of is those other forms of organised and supervised leisure that marked the sanatorium's festive calendar, and which gave rise to thousands of photographs and hours of films and sound recordings. The countryside paellas, the "Moors and Christians" parade of Alcoi, the sanatorium's patron saint festivities, the religious celebrations, the visit of the Fontilles friends' clubs, or the arrival of illustrious guests marked the calendar with monotony-breaking events. The preserved photographs and films illustrate the enthusiasm aroused during bullfights and the joy of the tombolas, the gymkhanas, the sack races, and the endless children's games in which men and women participated, under the watchful eye of those responsible for their care and custody.



**Does my Maria sing? Voices
and images of encounters
around dance and song.**

Meetings

«Counter the daily monotony of the lives within this walled enclosure»

Fontilles theatre and the church were for decades the only two places where men, women, the healthy and the sick shared the same space. To allow these meetings to take place and to avoid contacts, parallel paths were traced, separate access doors were opened, and differentiated areas were defined. The stories tell us of the ceaseless exchange of glances and the intense aerial traffic of notes passed from one side of the hall to the other among those who saw these places as a unique opportunity to share their feelings and intentions with the person sitting on the other side. They also tell us about the multiple forms of censorship used to prevent the attire of invited actors or scenes from films screened in cinemas from altering the audience's mood and compromising morality. Abilio graphically explained what he could remember of those years: "The priest carried the machine and, using a piece of cardboard, at the given moment, he would go... Pam! Blocked. He could see it, but it could not be seen from the outside. He would put the piece of cardboard in front of the camera, where the spotlight was, and pam! A cardboard and out it went". In July 1952, the Fontilles magazine

announced the arrival of the OSSA sound cinematographic projector, the very one claimed to be used in "87 percent of the cinematographic halls in Spain". The hope was that it would help to "counter the daily monotony of the lives within this walled enclosure" and would allow showing "good films, that is, the ones that entertain, teach and moralise at the same time". The OSSA projector has been used in this exhibition to reenact Fontilles cinema and theatre, allowing to project *Fontilles in Super-8*, a film edited with sequences taken from the dozens of recordings made by Fontilles inhabitants and visitors in the 60s and 70s. They were handed to the [Film Archive of the Valencian Institute of Culture](#) for digitisation, conservation and consultation.



Fontilles on Super-8



Frame of the film *Fontilles in Super-8*,
edited by Helena Llopis Davó. Fontilles
Film Collection, Archivo Fílmico del Institut
Valencià de Cultura

Fontilles Photographic Collection, Archive
of the Alicante Provincial Council, C-a96.



Photographs

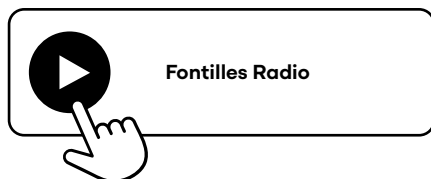
The Fontilles heritage recovery and enhancing project, which culminates in this exhibition, has made it possible to collect, digitalise and catalogue nearly 20,000 photographic images. The latter currently make up the Fontilles Photographic Collection which has been ceded to the Archivo de la Diputación de Alicante for conservation and consultation. The collection is unique in the field of leprosy sanatoriums around the world, both in terms of volume and time span. It is also exceptional regarding the wide range of topics addressed and techniques used. The collection illustrates a history of twentieth-century Spanish photography and traces the evolution of cameras, laboratory procedures and visual languages and styles, as well as helping to understand the construction of today's image of leprosy. All the pictures are of a social nature and differ from the even larger clinical photography collection. A collection of this magnitude cannot be understood without recalling the urgent need that the Fontilles sanatorium had to publicise itself in order to obtain the public and private resources necessary to continue with its social, spiritual, and health work.

The images served to illustrate the sanatorium's magazine and journal and the news which periodically appeared in the local and national press. Pictures were equally used to design the posters and stands that the sanatorium presented at the national and international medical congresses in which it participated assiduously. The photographs projected in this exhibition were taken in the 1930s. They are a testimony to the sanatorium's comprehensive reform efforts which were conducted by the medical team appointed by the government of the Second Republic, as evidenced by the small paper labels with the letterhead of the then "National Sanatorium of Fontilles," still visible on many of the plaques. The registration number and the year of entry of the person photographed were written on them. They make up a collection of more than three hundred black and white photographs, mounted on glass plates with silver gelatine, possibly by a professional photographer – which would explain the quality of the images and the expressive power of the portraits.

Fontilles Radio

From the early 1940s onwards, the Governing Board introduced new disciplinary measures into the *Rules of internal procedure* of the Fontilles Sanatorium, with the aim of curbing the excesses of “unruly and recalcitrant patients”. Among these was “nipping the abuse of personal radios in the bud”. Juan Villalonga, chairman of the Governing Board, informed readers of *Fontilles* magazine that this measure was intended to “prevent something as unpleasant as having the airwaves free for patients to pick up with their radios programmes that it was in no way appropriate for them to hear”. The Board decided to implement a centralised radio broadcasting system and a network of loudspeakers to ensure the programming reached every corner of the sanatorium. The first studio of Radio Fontilles was installed, by early 1945, in the guesthouse, next to the management and administration offices of the sanatorium. Father Ramón Palau Rodamilans was

in charge of the station. Their programs consisted of “broadcasts of a recreational, apologetic and informative nature”, intended to “cheer up and enlighten the patients”. By 1958, the daily schedule began at noon “with the public recitation of the Angelus” and continued with the announcement of “orders, notices and news”, as well as “filling the Sanatorium with music” and broadcasting “entertaining radio plays performed by male and female patients”.





The first studio of Fontilles Radio, officially inaugurated in June 1947. Photographic collection of Fontilles, Alicante Provincial Council Archive, a_102



Ronette microphone (Holland), ca. 1950.
Fontilles Material Collection, 150

The Diodo company in Madrid supplied the components of the first studio of Fontilles Radio, launched in February 1945. It consisted of an amplifier, two pre-amplifiers, a record player, a radio receiver and a microphone, which, on the spur of the moment, were installed in a bureau-type desk, which acted as a control table. It premiered with the broadcast of a program with the retransmission of the "solemn acts" of the Holy Week of 1945, celebrated in the Church and followed throughout the sanatorium, thanks to the new "radio service". The "radio circuit" was completely renovated in 1958. Among the novelties it incorporated, an "ingenious addition" devised by Father Palau stands out, whereby "the central station becomes a receiver from the church and the theater, in order to retransmit what it receives to the appropriate dependencies". Nothing remains of this first studio. The equipment on display dates

from the final step, in the 1960s, when personal radios returned to the sanatorium and began to relegate Fontilles Radio broadcasts to a purely informative role. By then, Father Palau was using the Akai tape recorder to record and edit the content before it was broadcast. The tapes on its reels recorded the music played on the Dual record player as well as the interviews, religious services and speeches recorded directly in the studio on the Ronette microphone or in the sanatorium's premises using, initially, the portable Ingra magnetophone and, later on the Philips EL 3300 recorder, that arrived at the sanatorium, shortly after being launched in 1963 as the first gadget capable of recording onto cassette tapes. Some of these broadcasts have been preserved and have made it possible to bring the sanatorium's soundscape to the exhibition.

From Can Masdeu to Fontilles

In 1904, the San Lázaro hospital in Barcelona moved out of the city and relocated to the old farmhouse of Can Masdeu, on the hill of Horta, at the foot of the Collserola mountain range. There, for decades, people from the Catalan provinces who had contracted leprosy. In the late 1950s, the Dirección General de Sanidad decided to close the provincial leper colonies and transfer all their residents to the sanatoriums at Trillo, in Guadalajara, and Fontilles, in the Marina Alta region of Alicante. It was not the first time that their living conditions in that old farmhouse on the Horta hillside had been called into question in the name of a 'public health rationale' that advocated their transfer to new hospital facilities. They always managed to resist, arguing that the place, as well as providing the necessary conditions of isolation and care, allowed them to "move freely through the establishment's extensive orchards and gardens and across the plots of land granted to each patient for their comfort and recreation". This crucial argument was of no use when they received the irrevocable order to pack their belongings and board the bus that would take them to Fontilles. They were

escorted by Dr Jorge Monfort Barba, head of the "National Campaign against Infectious Skin Diseases" in Barcelona. In an interview published in *La Vanguardia Española*, he claimed that the reluctance to leave was due to a "sentimental attachment to the place" and that, in fact, "no one has put up any serious resistance"; to which the journalist Manuel del Arco Álvarez replied: "The poor have little resistance."



A panoramic view of San Lázaro Hospital, established in 1904 on the Can Masdeu estate in Horta, Barcelona. Arxiu Històric de l'Hospital de la Santa Creu i Sant Pau, 03_04_01_0001

Seven-transistor radio, model Barbi, produced in the late 1950s by the Catalan manufacturer Andrés Valls Costa and brought to the Fontilles sanatorium from Barcelona by Pérez de Olaguer.. Unit donated by radio collector José Ramón Fernández Ibáñez, from Logroño. Fontilles Material Collection, 487.



On the morning of 7 January 1961, eight women and twelve men boarded the bus that was waiting for them at the gates of the Can Masdeu farmhouse. Their names were Consol, Rosa, Ana, Julia, Cinta, Agustina, Francisca, Cristina, Vicent, Agustí, Manuel, Agustín, Ramon, Domingo, Manuel, Juan, José, Ángel, Alejandro and José. They had arrived at the Can Masdeu farmhouse in the 1940s and 1950s, coming from l'Aldea de Tortosa, Ulldecona, Ampolla, Figueras, Ametlla de Mar, Vilanova i la Geltrú and Burriana; or from the working-class neighbourhoods and districts of Barcelona, to which they had migrated from their home villages in Almería, Jaén, Murcia or Albacete. Getting on that bus meant leaving behind their friends, families, partners and children; but, above all, it meant abandoning a place where, despite the isolation, they had managed to preserve a certain degree of freedom. As night fell on that Saturday in January, the bus set off along the winding road leading to the remote valley of Fontilles. They were arriving at a different and distant place to which they would inevitably have to adapt. What no one could anticipate was that this place would also have to

adapt to what those people brought with them. For example, their radios. One of the first demands made by the "Catalan colony of Fontilles" was the right to use their personal radios, something that had been banned at the sanatorium since the early 1940s. The twenty radios that the writer and journalist Antonio Pérez de Olaguer brought for them from Barcelona — on the first organised trip with family and friends — proved to be a great help. The example caught on, and permission to use personal radios soon extended to the more than three hundred residents who were living in the Fontilles sanatorium at the time. Through their accounts, we have learnt that those battery-powered radios were used to listen to music, bullfights and football matches, but also to catch a glimpse of what was happening on the other side of the wall, in a country where many, like them, were seeking free airwaves.

Fontilles today

The exhibition *Fontilles, the hidden city* is a material portrait, made through objects, sounds and images, of what this small town was from its construction in the Fontilles valley at the beginning of the 20th century until the beginning of the 1980s. They are static images that highlight some characteristic features of this place but barely manage to capture its dynamism and the changes that, like in any other Spanish town, also took place in this small leprosy society. Despite its apparent isolation, the political and social transformations of its surroundings were not foreign to it. The exhibition stops in the 1980s because, in that decade, Fontilles began its path towards a new stage in which its reason for being faded in its immediate surroundings. New treatments and improved living conditions led to a dramatic fall in leprosy rates in Spain. The decrease in admissions, the generalisation of outpatient care, and increasingly frequent and swift discharges caused a rapid decline in the Fontilles population. The people who stayed were those who could not or did not wish to leave and those who chose to return at the end of their life. In those years, Fontilles changed its scope of action, but not its main objective, which remained the eradication of leprosy

but now in countries where the disease remained and still remains endemic. The Fontilles Foundation thus became involved in international health cooperation focused on people affected by leprosy and other neglected diseases in countries in Africa, Asia, and Latin America. These comprehensive projects go beyond the detection, treatment, and prevention of the disease. They also address the dismantling of the legal and economic resources that feed stigma, through the socio-economic rehabilitation of affected people or the education of minors directly or indirectly touched by these diseases. For its part, the Fontilles sanatorium currently houses a residence for the elderly and a centre for the care of people with brain damage. All these activities are possible thanks to the collaboration of public administrations and donations from individuals and legal entities.



Women beneficiaries of the Fontilles socio-economic rehabilitation project and Shanta Jeeva Jyothi in Bangalore (India). Photograph by Alberto Pla.

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fontilles

The hidden town

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