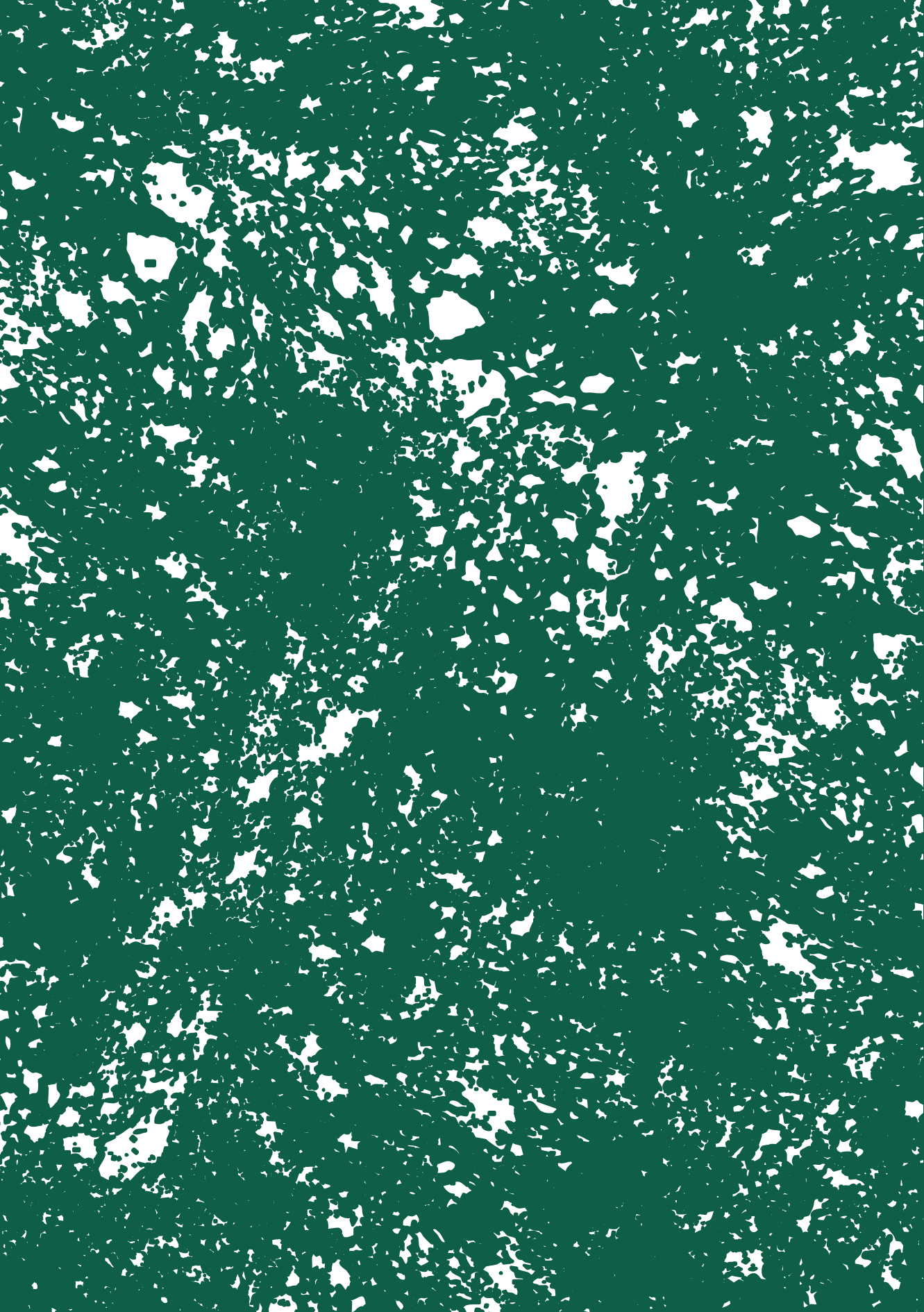


ISLA DE PEDROSA

A LANDSCAPE BETWEEN
WATER AND TIME

PERMANENT EXHIBITION



Published by

the Cantabrian Foundation for Health and Social Well-being,
Public Sector Foundation and In-House Entity

Design and layout

Elisa Carreño Arenal

Research and texts

Sara del Hoyo Maza

Printing

Printing Office of Cantabria

Legal deposit

SA 489-2025

Printed in Spain

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Public Sector Foundation and In-House Entity

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ISLA DE PEDROSA

A LANDSCAPE BETWEEN
WATER AND TIME

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There are places that seem made to keep secrets; Pedrosa island is one of them. Surrounded by the calm waters of the Solía estuary, it has been a unique space on the Cantabrian coast for centuries. Now connected to the mainland by a bridge, its history is that of a secluded corner, and yet one deeply intertwined with the major events of its time. Here, stories of illness and healing, resilience, childhood and maturity, forgetting and remembering intersect.

This exhibition invites you to explore the main milestones in the island's history, its transformations, its earliest and most recent uses, and the human footprints that have shaped it. A silent witness to countless lives and voices, it tells a story through photographs and documents, revealing how this small territory has reflected, in every era, the needs and hopes of society. Because Pedrosa island is also a mirror of the world around it.

Welcome to Pedrosa island, a landscape between water and time.

Aerial view of Pedrosa island, 1960s. Source: private collection.

THEATRE FLOOR PLAN

EXHIBITION

BLOCK 1 CONTEXT

Offers a general overview that frames the island's history. With a broad perspective, it examines the evolution of medicine in Spain and Cantabria from the 19th century to the present, and reflects on how spaces of care have changed.

BLOCK 2 | 1826 · 1904 THE LAZARETTO OF PEDROSA

Explores the period when Pedrosa island operated as a maritime quarantine station. Through four sections, it contextualizes port health issues and the port of Santander, recounts the lazaretto's history, its architecture and organization, and introduces the people who worked there.

BLOCK 3 | 1908 · 1930 THE NATIONAL MARITIME SANATORIUM OF PEDROSA I

Addresses the fight against tuberculosis and the care of sick children in early 20th-century Spain. It delves into the founding of the National Maritime Sanatorium of Pedrosa in 1909 and its consolidation as a pioneering institution in child healthcare.

BLOCK 4 | 1931 · 2025 THE NATIONAL MARITIME SANATORIUM OF PEDROSA II

Continues the historical journey from 1931 to the present. It analyses how the sanatorium evolved into a healthcare facility under the National Anti-Tuberculosis and Thoracic Disease Board, describes its closure and later revival, and focuses on Pedrosa's return to its founding mission: the care of society.

BLOCK 5 FACES OF PEDROSA

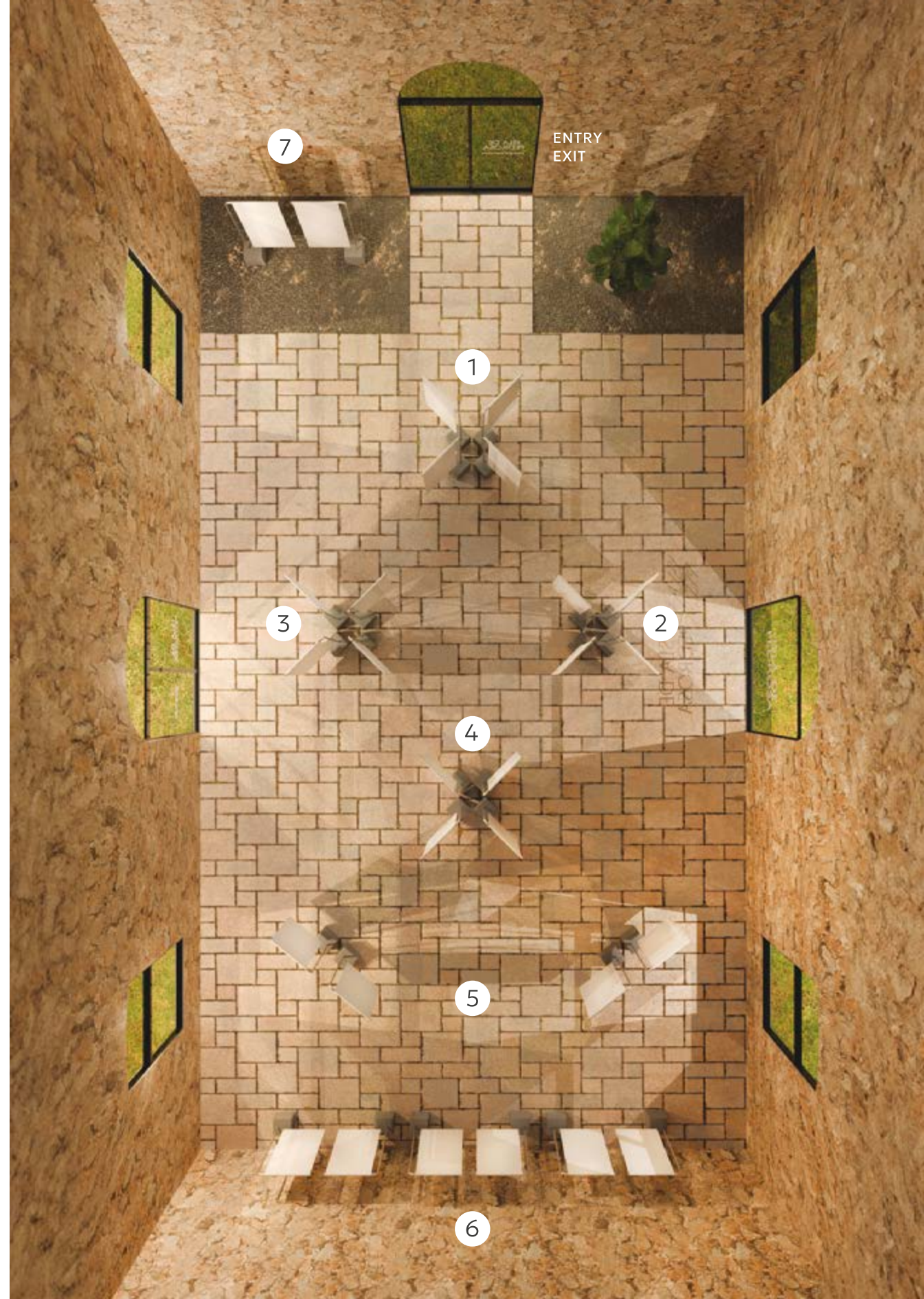
Pays tribute to the many visible and invisible hands that shaped and gave meaning to the healthcare complex. It acknowledges both institutional support and public figures who visited the island, as well as those who, through their technical and artistic creativity, left a lasting mark on Pedrosa.

BLOCK 6 PEDROSA THROUGH TIME

Features a timeline highlighting the major events that have shaped Pedrosa island: from its selection as a quarantine site and transformation into a maritime sanatorium, to its current role in promoting public health and social well-being in Cantabria.

BLOCK 7 THE CHARMING LITTLE THEATRE

Concludes the journey with the story of the island's small theatre, a building that once hosted official events and daily gatherings. Now restored, it is no longer a stage for performances, but a stage for memory, connecting past and present through its own transformation.



BLOCK 1

CONTEXT

Medicine and society in
contemporary Spain

Building to heal

The heartbeat of
Cantabrian healthcare

*Medical constitution
of the Province of Santander*

Medicine and society in contemporary Spain

ILLNESS AND HEALTH IN TIMES OF CHANGE

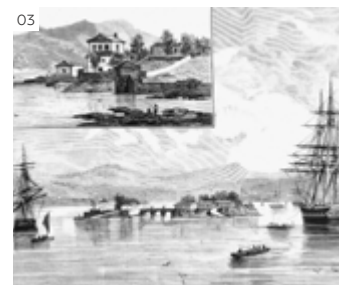
The history of medicine in Spain is also the history of how society has understood health, illness, and care over time. Throughout the Contemporary Age, the concept of healthcare evolved from a limited resource focused on charity, isolation, and control, to a model that recognizes health as a fundamental right-one based on prevention, universal access, and community care.

At the beginning of the 19th century, medicine was taking steps toward consolidation as a scientific discipline, but healthcare remained scarce, precarious, and unequal. Most people were treated either at home or in charitable institutions such as shelters, foundling homes, milk depots, or hospitals. Infectious diseases such as cholera, smallpox, tuberculosis, and leprosy were common, and treatments were still rudimentary and largely ineffective.

To combat these illnesses, the most common medical measures focused on controlling the movement of individuals deemed “dangerous” to prevent contact with the rest of the population, often leading to social exclusion. In this context, spaces were created to contain contagion and isolate the sick, such as quarantine stations (lazarettos), which also helped to calm a society fearful of and inclined to stigmatize disease.

The evolution of medicine in contemporary Spain reflects a profound transformation: from a limited care model to a universal public health system. A path shaped by scientific advances, social achievements, and the ongoing pursuit of fairer, more accessible, and more humane care.

The early 20th century brought about a profound transformation. The discovery of germs and the formulation of the germ theory, along with the development of vaccines and the first effective treatments, opened up new possibilities for controlling disease. Medicine shifted its focus from simply curing to also prioritising prevention and environmental factors. This hygienist vision gave rise to new institutions, such as sanatoriums, infant dispensaries, and maternity homes, that redefined the concept of health.



After the Spanish Civil War, public healthcare progressed slowly, hindered by inequalities between urban and rural areas and across social classes. Under Franco’s regime, the system was structured around the Compulsory Health Insurance (Seguro Obligatorio de Enfermedad), created in 1942 as the first mandatory health protection scheme in Spain. Though it gradually covered low-income workers and their families, the system remained limited and heavily reliant on religious orders, despite some improvements in hospital infrastructure, technical training, vaccination, epidemic control, and child health.

Major change came with the arrival of democracy. As medicine became increasingly professionalised, the role of the State expanded. Healthcare ceased to be a charitable service and became a public responsibility. In 1986, the General Health Law was passed, creating the National Health System (Sistema Nacional de Salud), based on principles of equity, gratuity, and universality.

Today, in the 21st century, medicine continues to evolve towards integrative models while facing new challenges. Social inequality, population ageing, the rise of new technologies, global health crises, and financial pressures all shape the current landscape. The relationship between medicine and society remains in flux, constantly reshaping how we care, heal, and accompany others.

01. Visit of Her Majesty Queen María Victoria to the Jesús Nazareno Hospital in Madrid for poor, disabled, and incurable women. Source: La Ilustración Española y Americana, April 5, 1871.

02. Hospital ward at the Military Hospital of Madrid. Source: La Ilustración Española y Americana, July 22, 1896.

03. Lazaretto of San Simón and San Antonio in the Vigo estuary (Pontevedra). Source: La Ilustración Española y Americana, August 8, 1884.

04. Southern infirmary or cholera hospital in Madrid. Source: La Ilustración Española y Americana, September 15, 1885.

05. Health Insurance Booklet, 1944. Source: Wikipedia.

06. Her Majesty Queen Victoria Eugenie at the San José and Santa Adela Hospital in Madrid. Source: Mundo Gráfico, October 13, 1920.

07. Nurse caring for a wounded soldier in a wartime hospital in Valencia. Source: Mundo Gráfico, March 17, 1937.

08. Monument to healthcare workers in Andalusia, inaugurated in Málaga in 2020. Source: Daniel Capilla, Wikipedia.

Building to heal

THE EVOLUTION OF MEDICAL SPACES IN THE 19TH, 20TH AND 21ST CENTURIES

The way medical care spaces have been built over the centuries has been closely tied to how society understood the body and illness. Healthcare architecture is never neutral: its walls, hallways, windows and gardens reflect, in each era, a distinct vision of care.

The 19th century brought major changes, though it wasn't until the second half, after one of the deadliest cholera epidemics, that substantial hospital reforms were implemented. Until then, hospitals were seen more as places where people went to die than as spaces for healing and recovery. The dominant model consisted of austere buildings with large shared wards, often housed in former convents or repurposed old mansions, where patient comfort was far from a priority.

Gradually, the spread of hygienist thinking gave rise to a new way of imagining hospital environments. Natural light, cross-ventilation, gardens, quiet and order began to be understood as part of treatment. In Spain, drawing on French models, new hospitals were designed with independent but connected pavilion structures, branching layouts, large windows, open-air galleries and outdoor spaces for rest. Historicist architectural styles, particularly neo-Romanesque and neo-Gothic, prevailed. Although not widespread, most of these newly built hospital facilities were in the country's most populated cities.

01



01. Main façade of the hospital of the Holy Cross and Saint Paul in Barcelona. Source: Mundo Gráfico, April 10, 1935.

02. General medicine ward at the San Juan de Dios hospital in Murcia, circa 1948. Source: Spanish Medicine Image Bank.

03. Hospital pavilions under construction at the hospital of the Holy Cross and Saint Paul in Barcelona, whose works extended throughout the first half of the 20th century. Source: Mundo Gráfico, April 10, 1935.

04. National Sanatorium of Trillo (Guadalajara), which opened its doors in 1943. Source: Spanish Medical Image Bank.

05. View of the patient ward at the Hospital Universitario de la Princesa in Madrid, inaugurated in 1955. Source: Revista Nacional de Arquitectura, 1956.

06. Exterior view of the Hospital Universitario de la Princesa in Madrid, inaugurated in 1955. Source: Revista Nacional de Arquitectura, 1956.

07. Hospital Universitario de Toledo, inaugurated in 2020. Source: Árgola Arquitectos.



04



Throughout history, medicine has not only changed in its practices and knowledge, but also in its spaces. Healthcare architecture has evolved alongside our understanding of illness and the human body. Because medicine, too, is something that is built.

The modern concept of healthcare would once again revolutionize the hospital model. Within this framework emerged the idea of the “city of health”: architectural complexes designed not only to cure disease, but also to regenerate the body, strengthen the spirit, and monitor behaviour. Often located far from urban centres, these facilities were organized into specialized pavilions accompanied by kitchens, chapels, schools, workshops, and walking areas. The aim was to create a complete environment, self-sufficient microcosms or medical communities dedicated to care, discipline, and both physical and moral improvement.

From the second half of the 20th century onward, healthcare architecture changed again. Health centres and general hospitals with sprawling layouts began to appear in urban areas, designed

for efficiency, quick access, and service integration. These prioritized functionality over symbolism and technical precision over emotional comfort, reflecting the rationalist or international style that dominated the architectural trends of the time.

The 21st century has brought yet another shift. Today, there is growing emphasis on creating more integrated and accessible facilities, not only to treat, but also to listen. There is talk of humanizing healthcare spaces, reclaiming the value of the environment, and designing places that not only heal, but also care. Contemporary architecture strives to be warmer and more flexible, attending to privacy and accompanying patients through every stage of illness. The hospital is no longer just a place of diagnosis: it is also an emotional, social, and cultural space.

05



07



06



The heartbeat of Cantabrian healthcare

FROM CHARITY TO MEDICINE FOR ALL

The history of medicine in Cantabria follows a trajectory that, while marked by its own particularities, mirrors the broader evolution of healthcare in Spain. For much of the 19th and early 20th centuries, access to medical care depended on a range of factors, from a patient's economic means, with stark disparities between social classes, to how serious the illness was perceived to be.

Some towns had modest hospitals funded by private donors, often returning emigrants from the Americas known as *indianos* or *jándalos*. But in rural areas, healthcare largely relied on informal networks of support, that is, explanations and remedies offered by family members, neighbours, and friends. Professional care was provided by apothecaries, state-appointed district doctors, and a few pharmacists with public offices, along with surgeons, medical assistants, and midwives who often travelled on foot or horseback to care for patients.

In contrast, cities offered more structured options. In addition to district doctors, medical care was provided through charitable institutions, many managed by religious orders, as well as private physicians. The city of Santander, for example, had the Hospital of San Rafael (1791), which treated patients in large communal wards, with limited staff and resources funded by the Regional Council. There was also a public aid house (Casa de Socorro, 1863). Other smaller hospitals included the hospital in Reinosa (1867), also serving as a charity asylum; the Hospital of San Nicolás and San Lázaro in Castro Urdiales, run by the Siervas de Jesús (1875); the Santo Hospital in Comillas (1888); and the asylum-hospital in Torrelavega (1890).



Between the late 19th century and the early decades of the 20th, traditional care practices coexisted with a medicine in transformation, evolving between charity and private initiative.



01. Funeral procession in front of the San Rafael Hospital in Santander. Source: *La Montaña*, revista semanal de la colonia montañesa, August 24, 1918.

02. Asylum-hospital of Torrelavega, inaugurated in 1890. Source: *Álbum de Torrelavega*, Chamber of Commerce and Industry, 1929.

03. Dr. Morales' sanatorium. Source: *La Montaña*, revista semanal de la colonia montañesa, September 7, 1918.

04. Portico of a house in Saro with farming tools, in a photograph by SAMOT. Source: *Lo admirable de Santander*, Photo and Art Photogravure Luis Santos & Co., 1935.

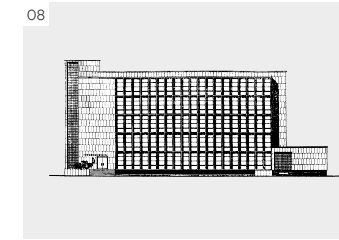
05. Dr. Enrique Diego-Madrado (on the left, marked with number 2) at his home in Vega de Pas. Source: *La Montaña*, revista semanal de la colonia montañesa, January 20, 1917.

06. Emergency operating room at the Casa de Salud Valdecilla. Source: *Mundo Gráfico*, November 6, 1929.

07. Easter Communion for patients at the Casa de Salud Valdecilla, in a photo by SAMOT from 1934. Source: *La Montaña*, revista semanal de la colonia montañesa, July 15, 1934.

08. Front elevation of the Torrelavega outpatient clinic, designed by architect Fernando Cavestany. Source: *Revista Nacional de Arquitectura*, 1960.

09. Regional Hospital of Laredo, inaugurated in 1991. Source: Cantabrian Health Service.



With the turn of the century, private medicine saw the expansion of chemical laboratories, radioscopic and radiographic facilities, and, above all, hospitals. One example is the Madrazo Surgical Sanatorium, inaugurated in Santander in 1896 by Dr. Enrique Diego Madrazo, the most prominent figure in Cantabrian medical history. Shortly after, in 1905, Mariano Morales Rillo established a clinic in Peñacastillo specializing in digestive disorders and the treatment of alcoholism and drug addiction. In time, others followed, such as La Alfonsina (1923) and the Cantabria Sanatorium (1924), also in Santander.

However, the most significant medical milestone in Cantabria's recent history was the inauguration of the Casa de Salud Valdecilla. The province's new hospital, whose planning began in 1918, became a reality in 1929 thanks to the generosity of Ramón Pelayo de la Torriente, 1st Marquess of Valdecilla, a wealthy *indiano* and philanthropist from Cantabria. Reflecting the hospital design philosophy of the time, Valdecilla was built as a true health city: a horizontally arranged complex of interconnected pavilions, each dedicated to a specific medical specialty.

As one of Spain's most renowned reference centres, its prestige and the dynamic nature of this well-equipped healthcare complex continue to shape public healthcare in Cantabria. The incorporation of new technologies, the professionalization of nursing, and the recognition of medicine as a comprehensive and strategic service have influenced the region's healthcare system, which in recent decades has expanded to include regional hospitals in Torrelavega, Laredo, and Reinosa, as well as a network of outpatient clinics and health centres.

In parallel, both long-standing and emerging initiatives, public and private, have aimed to provide full medical coverage and, above all, to respond to the changing demands of society. These coexist with nonprofit and charitable organizations that reflect the public's growing concern for health and preventive education.

Medical constitution of the Province of Santander

“(…) but as this account must be brief, we shall necessarily restrict ourselves to the essential points, postponing for another occasion a more detailed exploration of a subject so necessary in this region, whose inhabitants are so accustomed to long and distant migrations.

Diseases in this province generally take on a subacute or chronic course, and truly acute illnesses are rare. This can be attributed to the mild and humid climate, a diet based on vegetables, starches and fats, and the relative scarcity of nitrogenous compounds typically found in meat, etc. These factors affect not only the farming and livestock-rearing population, but also the majority of the inhabitants, even those who have lived abroad for many years.

Among the diseases suffered here, the most common are scrofula, muscular and joint rheumatism, laryngo-tracheo-bronchial catarrh, pellagra and goitre.

In childhood, scrofula is widespread (...); in puberty, muscular and joint rheumatism, hygromas, and skin disorders appear; in youth, some cases of phthisis of carious nature occur; in adulthood, diseases are less frequent and less characteristic, making generalisation difficult; in old age, uric and rheumatic conditions, liver disorders, bronchial dilatation, varicose veins and dropsy are most prevalent.

Both sexes suffer equally, but as male emigration is so common, women, who make up the majority of the rural population, account for more of the patient numbers.

(...) As for diseases brought from abroad, they tend to improve significantly in this climate, and some are even radically cured. This includes liver and gastrointestinal illnesses, common among those who lived for years in the Americas; herpetic conditions in those returning from southern Spain; and chronic dysentery in people coming from the Philippines and European possessions in Asia.

01. An overseas letter. Source: Victoriano Polanco y Fernando Pérez de Camino: *La Montaña. Paisajes, costumbres y marinas de la provincia de Santander*, Rivadeneyra Successors Printing House, 1889.

02. Spa of Caldas de Besaya (Los Corrales de Buelna), inaugurated in 1826. Source: private collection.

03. General view of the main bath gallery of the spa of Solares (Medio Cudeyo), whose waters were declared of public utility in 1828. Source: private collection.

The beneficial effect of the climate on these illnesses makes this land a safe haven, fondly remembered and longed for by the exhausted and sickly emigrant from the mountains, who, after having spent youth and health in search of fortune, dreams of regaining both upon returning to the shores that once saw him off in his youth.

The most frequent endemics include intermittent fevers in spring and autumn; typhoid and catarrhal states in winter; and in summer, gastro-hepatic illnesses and mild dysentery, mainly among children.

(...) The most common diseases in this province have already been listed. As for their distribution, we can affirm that scrofula, rheumatism and catarrhal conditions affect all towns, though less so along the coast; women's illnesses are more numerous in inland villages than in coastal ones; and intermittent fevers, pellagra, goitre and cretinism occur mainly in narrow valleys with the type of diet mentioned.

The province's epidemics have been cholera and smallpox; but neither affected all the towns simultaneously, and there are even places where cholera has never appeared.

Medical organisation in rural districts and the capital, as well as provincial charitable health-care, is governed by various laws. There is no provincial hospital in the capital, the only one is municipal (...).

There is no permanent medical staff, as in other parts of Spain, funded by the Provincial Council.



In some towns there are hospitals of private foundation, maintained by the municipality.

Most towns have a doctor, but many lack a pharmacy, meaning that the poor may have medical care covered, but still go without medicine.

The study of medical topography has been abandoned (...).

The province of Santander is one of the healthiest in Spain (...).

The average life expectancy here is between 55 and 60 years; there are villages where people live to be 90 or even 100, but these are individuals who have spent their whole lives in the region.

The strong links between Santander and the rest of Europe and the Americas mean that diseases of diverse origin are often seen, though they tend to evolve favourably.

Nature also promotes health in these towns through the abundant and active mineral waters (...): the thermal chloride-sodium waters are found in four major establishments, ordered by temperature and mineral content: Hermita, Puente Viesgo, Caldas and Solares. The sulphurous-calcium-nitrogenous springs include Alceda, Ontaneda, Liérganes and Fuente del Francés.

The virtues of these waters, the absence of epidemics, and the limited impact of endemic diseases on those who only remain for a few months, all contribute to the strong influx of patients”.

ANTONIO MARÍA COLL Y PUIG

GUÍA CONSULTOR E INDICADOR
DE SANTANDER Y SU PROVINCIA,
EVARISTO LÓPEZ HERRERO PRESS, 1875

BLOCK 2 | 1826 · 1904

THE LAZARETTO OF PEDROSA

Maritime health on
the Cantabrian coast

The lazaretto of Pedrosa

A landscape for quarantine

Watchers against contagion

*Conditions for
contracting services*

Maritime health on the Cantabrian coast

A PORT, A NEED, AN ISLAND

Throughout history, epidemic diseases have been so devastating that they could decimate entire populations, not only through mortality, but also by forcing residents to flee in search of safety. This explains the intense concern of authorities, even when outbreaks occurred far away, since once a contagion was unleashed, there was little that could be done to contain it.

At the time, lazarettos were considered among the most important institutions of the State. Ships arriving from countries afflicted by epidemic and contagious diseases were required to quarantine at these facilities before continuing to their assigned ports, thereby preventing the spread of illness to unaffected areas. The quarantine period typically spanned from May to September, or June to October, and disinfection procedures applied to the crew, passengers, and all transported goods.

As the first point of landfall after a long and arduous journey, lazarettos were classified into two types: general and observation. Depending on the health certificate carried by the vessel, declaring whether or not there was contagion at the port of departure, general lazarettos were divided into four zones (clean, suspect, foul, and infected), while observation lazarettos used only two (clean and suspect).

Key requirements for the location of lazarettos included isolation and sufficient distance from the mainland, good ventilation and moderate elevation above sea level, safe and capacious anchorage nearby, enough land area for buildings and infrastructure, and access to drinkable water on site.

Isolated, yet strategically located, lazarettos were the first line of defence against epidemics arriving by sea.



01. Deck of the steamship Alfonso XIII, built in 1889 and used in the evacuation of Spanish belongings after the loss of the colonies. Source: Libro de información para pasajeros, Transatlantic Company, 1911-1912.

02. Music lounge of the steamship Alfonso XIII. Source: Libro de información para pasajeros, Transatlantic Company, 1911-1912.

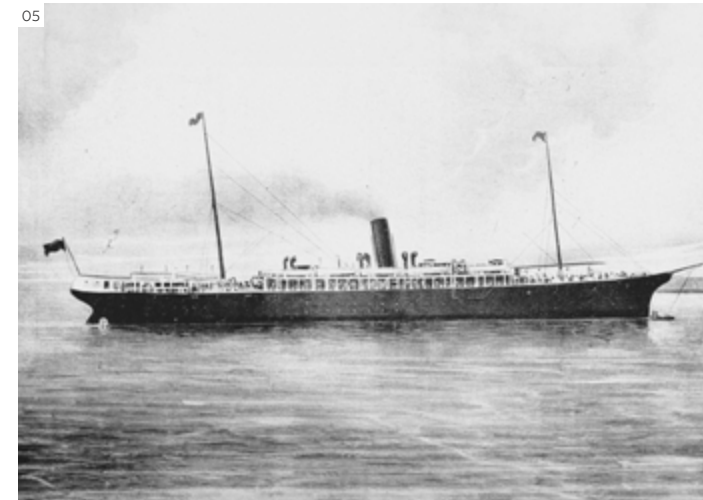
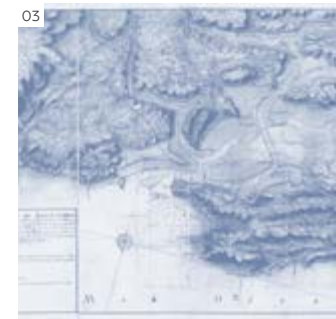
03. Map of the town of Santander and its surroundings, circa 1730, in which Pedrosa island appears under the name El Rochel. Source: Cartographic Archive of Geographical Studies, Army Geographic Center, Virtual Defence Library.

04. Perspective view of the Lazaretto of Mahón in Menorca, founded in 1791 by order of the Count of Floridablanca and inaugurated in 1817. Source: General Military Archive of Madrid, Virtual Defence Library.

05. General view of the steamship Alfonso XIII. Source: Libro de información para pasajeros, Transatlantic Company, 1911-1912.

06. General view of the port of Santander around 1892, by Hauser y Menet. Source: National Library of Spain, Hispanic Digital Library.

07. Santander dock around 1892, by Hauser y Menet. Source: National Library of Spain, Hispanic Digital Library.



During the 18th and 19th centuries, the port of Santander became one of the main points of entry and departure in northern Spain, as well as a strategic hub for Atlantic routes. Its intense maritime traffic grew significantly thanks to the flour trade and the opening of shipping routes to the Americas, which led to the development of new port infrastructures.

The port of Santander was also a potential gateway for infection, as ships arriving from distant places often carried goods and passengers in poor sanitary conditions. Due to the lack of an adequate facility, vessels flying a “foul” flag and requiring quarantine faced serious difficulties in complying with health regulations. In such cases, ships had to be diverted to the Lazaretto of Mahón, on the island of Menorca, the only functioning quarantine station in Spain during the early decades of the 19th century.

But in Santander, the situation was soon to change. The link between the island of Pedrosa, maritime health, and public hygiene began when, by Royal

Decree on December 11, 1826, the island was designated as a quarantine station. The chosen location was a plot of land to the south of the bay belonging to a landowner named Astilla. Upon his death, his heirs sold the land to the Ministry of the Interior in 1827, with the intention of converting it into a lazaretto.

Thus, on what had previously been known as the island of La Astilla, part of the small maritime community of Pontejos (Marina de Cudeyo), the General Board of Commerce of Santander began providing quarantine services as early as 1828, in exchange for the corresponding taxes. By mid-1829, several “very cheerful and well-ventilated” buildings had reportedly already been completed (Gaceta de Bayona, June 22, 1829).

The rise of the port of Santander required urgent health measures to prevent the spread of disease through maritime traffic.

The lazaretto of Pedrosa

THE GUARDIAN OF PUBLIC HEALTH

Throughout the 1830s, it became clear that the quarantine service on Pedrosa island was insufficient. In 1833, in view of this situation, the Santander Board of Trade began to outline a project that required authorization from the central government, with the collaboration of the Santander City Council. In 1834, a formal request was submitted to His Majesty, but after receiving no reply, a second petition was drafted. A joint commission was then formed between the board and the city council to assess the costs and include a maintenance plan in the 1835 budget.

Until 1843, Pedrosa island continued to carry out its quarantine duties without any official authorization beyond the agreement of the Santander Governing Board. Later, once the government expressed its intention to officially establish the facility, the Santander City Council rushed to cede the island and its works. Although plans and proposals were drawn up, none were implemented, despite the fact that, by Royal Order of May 28, 1860, the Port of Santander was classified as first class. This designation required the installation of a quarantine station, as stipulated by the 1855 Sanitation Act.

Pedrosa island continued to admit vessels arriving at the port with clean or suspect health certificates for quarantine, while those with “dirty” certificates were diverted to Vigo or Mahón. Two extensions to the Royal Order of October 14, 1854, which called for the closure of the lazaretto, were never enforced.

The issue gained further importance in 1869, when a motion was submitted from Santander to the Ministry of the Interior requesting that the facility be officially authorized once and for all as a “dirty” lazaretto. Finally, by Order of March 7, 1870, His Majesty approved the establishment of a dirty lazaretto in the Port of Santander, as well as the auction of the necessary construction works.



Table. Statistical chart of maritime health concerning the movement of vessels in first-class ports of the peninsula and adjacent islands during the year 1898. Source: Gaceta de Madrid, April 13, 1902.

01. The Cabo Machichaco before the explosion. Source: Noticia circunstanciada de la explosión del vapor Cabo Machichaco ocurrida en Santander el 3 de noviembre de 1893, L. Blanchard Printing and Binding, 1894, Sancho el Sabio Foundation.

02. The Cabo Machichaco sunk after the explosion. Source: Noticia circunstanciada de la explosión del vapor Cabo Machichaco ocurrida en Santander el 3 de noviembre de 1893, L. Blanchard Printing and Binding, 1894, Sancho el Sabio Foundation.

03. Map of the Port of Santander, year 1843. Source: General Military Archive of Madrid, Virtual Defence Library.

04. Drawing of a general view of the Pedrosa lazaretto. Source: El Nuevo País, September 2, 1898.

05. Operational Army in Cuba, between 1895 and 1898. Source: National Library of Spain, Hispanic Digital Library.

For decades, the observation lazaretto on Pedrosa operated without official authorization, sustained by local insistence and sanitary necessity.

	BY ORIGIN		PERSONS ON BOARD		TOTAL INCOMING VESSELS
	Spanish	Foreign	Crew	Passengers	
BILBAO	1.764	2.254	59.443	337	4.018
BARCELONA	2.688	875	10.303	41.099	3.563
LAS PALMAS AND LAZARETTO DE GANDO	1.316	1.603	98.417	97.094	2.919
VALENCIA	1.940	904	57.433	20.332	2.844
CÁDIZ	2.098	661	68.997	62.886	2.759
CARTAGENA	1.665	497	45.527	9.213	2.162
SANTA CRUZ DE TENERIFE	1.241	914	62.670	56.631	2.155
GIJÓN	1.931	55	17.896	419	1.986
MÁLAGA	1.412	473	53.795	52.770	1.885
VIGO AND LAZARETTO DE SAN SIMÓN	1.327	325	45.407	34.555	1.652
SANTANDER AND LAZARETTO DE PEDROSA	1.176	391	34.425	28.029	1.567
CORUÑA AND LAZARETTO DE OZA	924	233	38.046	40.654	1.157
PALMA DE MALLORCA	923	60	20.698	9.266	983

The Pedrosa lazaretto was a direct witness to events of great significance for the city and the province. In 1893, among the ships held in quarantine on the island was the Cabo Machichaco. It was reported that the ship had begun to smoulder, though without visible flames, on the morning of November 3, and that the captain had decided to approach the Maliaño dock to unload its cargo. There, an explosion created a shock wave that spread across the Bay of Santander, causing nearly six hundred deaths and hundreds of injuries, along with extensive material damage.

Another key chapter in the history of Pedrosa island was the repatriation of soldiers from the wars in Cuba and the Philippines, which ultimately ended with the loss of both colonies in 1898. At that time, the Port of Santander became a major entry point for soldiers and civilians arriving in very poor condition. The initial idea was to house those suffering from infectious diseases in temporary barracks at the lazaretto and the rest aboard a ship. In the end, it was decided to make improvements to the facilities, install beds, and keep many of them aboard the arriving vessels.

Over time, there were frequent rumours threatening the future of the quarantine service. Ongoing visits from authorities only highlighted the widespread interest in maintaining the facility. The Pedrosa lazaretto remained in operation, receiving ships and steamers, until approximately the final months of 1904. Records show that in October 1905, the Sub secretariat of the Interior ordered the phone line subscription to be cancelled. The facilities on Pedrosa island were gradually dismantled, with the beds and any usable materials sent to the Vigo lazaretto.

Direct or indirect witness to epidemics, explosions, and wars, Pedrosa island became a protagonist in the defining events of an era.



A landscape *for quarantine*

ARCHITECTURE AND DAILY LIFE IN AN ISLAND LAZARETTO

When the establishment of the Pedrosa lazaretto was officially recognized in 1870, the Director of Health for the port of Santander and the provincial architect reported that the existing structures were sufficient to adequately provide quarantine services under normal circumstances, as they had already been used for such purposes in the past, and that the new works were nearing completion.

The buildings, as described in a provincial guide to Santander published in 1875, included spacious and well-built warehouses, an inn with capacity for two hundred passengers, a hospital, and several houses intended for staff accommodation. Additional facilities were under construction, including a perimeter wall and a dock.

The planned works were overseen by the provincial architect, Alfredo de la Escalera. According to a report from the Architecture Section of the Royal Academy of Fine Arts of San Fernando, submitted in 1882 for approval, the project included the construction of an inn, a warehouse, a cistern, a chapel, housing for the assistant physician and chaplain, as well as the expansion of the hospital and staff quarters. It also included the installation of water conduits, wooden and wire fences to separate departments, the repair and extension of breakwaters, boundary walls and paths, the excavation of wells for better water supply, and the planting of trees. Partially carried out and completed in phases, by 1885 the hospital, staff housing, and the cistern were still under construction.

Despite these efforts, newspapers frequently reported complaints about the poor living conditions and disorganized management of the lazaretto. Repeated calls for urgent reforms highlighted the need not for mere repairs, but for proper construction that would allow the lazaretto to fulfil its essential role in public health.



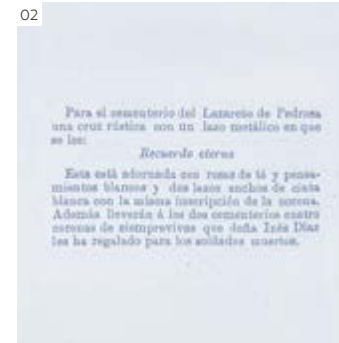
01. General view of the Pedrosa lazaretto. Source: La Ilustración Española y Americana, August 22, 1898.

02. Press note about the decoration of Pedrosa island's cemetery by the Red Cross in 1898. Source: El Aviso, October 29, 1898.

03. Entrance (foreground) and inn (background) of the Pedrosa lazaretto. Source: La Ilustración Española y Americana, August 22, 1898.

04. Sea entrance and gatehouse. Source: Memoria del director del Sanatorio Marítimo Nacional de Pedrosa, Printing House of the National School for the Deaf and Blind, 1911.

05. Hospital of the Pedrosa lazaretto. Source: La Ilustración Española y Americana, August 22, 1898.



Already in the 1890s, a series of improvement works were undertaken throughout the complex: re-roofing and labelling of all buildings, painting and glazing of the offices and hospital, repair of the plumbing, opening of paths and promenades, restoration of the garden kiosk, and renovation of the fountain located on the eastern side of the island. Two years later, the doctor's house was given a new façade in an oriental style, along with a remodelled interior that included a marble staircase. The inn was also decorated with an ornate coffered ceiling and equipped with restrooms and a modern stove.

Throughout that decade, the site was advertised as being perfectly equipped with meadows, walkways, and gardens. The impressive buildings, most notably the inn and the hospital, were complemented by an excellent disinfection stove. There were plans to soon provide the facility with a sewer system and a reliable supply of drinking water brought from the nearby town of Pontejos.

The water supply became a reality just a few months before the arrival of the first repatriated soldiers from the wars in Cuba and the Philippines. By 1898, the island was fully covered with lush vegetation, dominated by trees such as eucalyptus, plane trees, pines, and horse chestnuts, as well as various shrubs and plants. One of the evening newspapers from the capital completed the inventory of the facilities with the following description:

"This lazaretto includes (...) a hospital for eighty patients, a warehouse for quarantined goods, an inn subsidized by the War Department, capable of comfortably accommodating about 300 people, 100 in bunks on the ground floor and 200 in the spacious, well-ventilated rooms on the upper floors, a well-stocked pharmacy, well-appointed offices, a beautiful chapel, a large bathing gallery, and, finally, a bowling alley and several lookout points placed in spots from which the sick can lift their spirits by enjoying the enchanting view of the bay and the city of Santander"

EL HERALDO DE MADRID, AUGUST 29, 1898

The cemetery, located near the chapel, was designated for the burial of those who died during the quarantine period as well as staff members of the facility. It was also where moving funeral masses were held in memory of the victims of the tragic Cabo Machichaco explosion of 1893. A few years later, in 1898, the management of the lazaretto would order a funeral service for the repatriated soldiers, held beside a stone cross erected for that purpose.

In the 1890s, the lazaretto reached its highest level of development, with landscaped walkways and new infrastructure.



Watchers against contagion

MEDICAL AND SERVICE STAFF AT THE PEDROSA LAZARETTO

The staff serving at the Pedrosa lazaretto, already operational by 1828, included the administrator, the Health Secretary, the revenue accountant, the consulting physician, the surgeon, the chaplain, the interpreter, the health gatekeeper, and other personnel for the launch and boat services.

Gradually, and especially after its official establishment in 1870, both the number and the variety of staff positions increased. That first officially authorized staff list, under the Maritime Directorate of Santander, included a medical director, a second doctor, a secretary, an inspector, an assistant, a first-class orderly, a second-class orderly, a hospital practitioner, a boat skipper, nine sailors, a supervising orderly, and a warehouse guard. Later additions included a veterinary orderly, the head custodian, and the bay doctor (who conducted two daily inspections of ships), among others.

The Directorate General of Welfare and Health, under the Ministry of the Interior, was responsible for managing staff, whether permanent, interim, or temporary. It published job vacancies for its various facilities in the Gaceta de Madrid. This maritime health corps benefited from high mobility, which improved daily operations by allowing for the exchange of experience, knowledge, and established routines. Doctors were also authorized to manage their own clinics or surgical practices within the same city as their post.

During quarantine periods, all medical personnel were required to reside permanently on the island. In addition to reporting for duty several days in advance, the Sanitary Law stipulated that they must remain in isolation for up to twenty days after the release of the last patient or ship under observation. Orderlies, the skipper, and sailors lived year-round at the lazaretto, allowed to leave only with official permission and on a rotating basis.

01. General view of the island of Pedrosa from the south, circa 1912. Source: private collection.

02. The Pedrosa lazaretto captured by Pascual Urtasun. Source: La Ilustración Artística, October 3, 1898.

03. Announcement of the termination of the pharmacy service contract. Source: La Atalaya, July 19, 1904.

04. Notice including the conditions for the public tender of the inn and laundry services at the Pedrosa lazaretto. Source: Boletín Oficial de la Provincia de Santander, August 20, 1884.

05. Road from Pontejos leading to the Pedrosa lazaretto, by Córdoba. Source: La Montaña: revista semanal de la colonia montañesa, March 16, 1917.

MEDICAL DIRECTOR	Florentino Llamazares
SECOND PHYSICIAN	Felícísimo Peláez
MEDICAL SECRETARY	Enrique Moreno
INTERPRETER	José María Alonso
CHAPLAIN	Lino A. Gutiérrez
CONCIERGE	Luis Casar
MACHINIST	Braulio Bustelo
ORDERLY	Gabriel Ruiz
	Marcelino Vélez
	Nicolás Alonso
	Juan Teja
STOKER	Manuel Méndez
SAILOR	Cosme J. de Bedia
	José Méndez
	Fernando Bedia

Table. Personnel assigned to the Pedrosa dirty lazaretto. Source: Guía consultor e indicador de Santander y su provincia, La Voz Montañesa Press, 1891.



All necessary provisions for the personnel, as well as mail delivery, were managed solely via a small boat that dropped off and collected items at the island's dock. Public order, meanwhile, was maintained by a carabineros (paramilitary police) barracks located on the southern part of the island, which was expanded and repaired in 1886.

In addition to healthcare and security personnel, those who provided essential daily services were vital to the smooth operation of life on the island. These included various contractors responsible over time for managing the lodging facilities, inn, canteen, lighting, laundry, and ironing services. The cleanliness and comfort of the premises depended directly on them.

It should be noted that all those staying overnight had to pay the appropriate fees for each service provided by the establishment, in addition to quarantine duties. Prices were fixed in each contract, according to the chosen accommodation class, for example, in 1893, board, bed, and lighting cost 10 pesetas in first class, 7.50 in second, and 5 in third class.



Public tenders for these services were announced well in advance by the Ministry of the Interior, both in the Official Gazette of the Province of Santander and the Gaceta de Madrid, detailing all conditions. The same system applied to the supply of medicines and disinfectants, fumigation services, and fuel for the steam disinfection stove and launch.

Most contracts ensured service for two to five years. The same process was followed for repairs (e.g., to the steam launch) or new construction works, which often involved local contractors based near the lazaretto facilities.

Beyond the medical staff, the effective operation of the lazaretto relied on a complex network of contractors, responsible for both essential and auxiliary services.



Conditions for contracting services

“(…) II. Lodging

9. The contractor shall be responsible for all lodging services, with the number of staff deemed necessary by the Director of the Lazaretto. (…)

10. They shall use State-owned materials (…)

and shall complete, at their own cost, all the furniture and items specified in this document (…)

in accordance with the number of quarantined persons.

11. They shall repair and maintain in perfect condition all State-owned furniture, including beds, linens and other items, which they will receive by inventory and return in the same condition at the end of the contract, excluding only wear and tear from proper use.

(…) 12. They undertake to maintain in full working order and service 60 rooms for first-class passengers, 140 for second class and 300 for third class, in the existing premises and in any additional ones arranged by the Administration.

Additionally, they must provide cots for troops and the destitute, to accommodate 500 persons.

(…) 13. The rooms shall include:

First class. One iron bed. One sprung mattress. Two woollen mattresses of the same type. One large cushion with a white linen cover. One pillow likewise. Four sheets. Two blankets. One night-table. One dressing chest. One large mirror. One wash-basin. One sofa. Six chairs. Two armchairs. A six-hook coat rack. One water bottle. Two glasses. One chamber-stick. One chamber pot. One spittoon. Two towels.

Second class. The same, except no armchairs.

Third class. The same, except no armchairs and only four chairs.

14. The quality of the furniture and items shall vary according to the room class.

15. Models of furniture and items for each class shall be approved by the Provincial Governor, with exact uniformity within each class.

16. The contractor shall provide lodging free of charge to all employees, if necessary.

They shall also accommodate destitute paupers.

01. Advertisement for spring mattresses by V. Araluce (Santander). Source: La Atalaya, June 4, 1896.

02. Advertisement for a product to ease ironing. Source: El Cantábrico, January 19, 1897.

17. Charges for lodging services shall follow the tariffs below:

(…) For bed, lighting and cleaning services, first-class passengers shall pay daily the amount of 1.50 pesetas.

For idem, idem, idem, second-class passengers shall pay 1.25 pesetas.

For idem, idem, idem, third-class passengers shall pay 1 peseta.

18. The contractor shall install billiards, lounge tables, chess boards and other lawful games, for which the quarantined persons shall pay the prices as established (…).

III. Boarding and Canteen

19. The contractor shall maintain a stock of foodstuffs and other items in sufficient quantity to attend promptly to the quarantined persons (…).

20. The contractor shall provide, at their own expense, the kitchenware, table service, furniture, glassware and other necessary items in the dining rooms(…). Tablecloths shall be of fine quality, the cutlery of white metal, the crockery of porcelain, the kitchenware of iron enamelled with porcelain, and the furniture appropriate to the class of dining room.

21. The contractor shall supply breakfast, luncheon and dinner to all employees of the establishment at half the rates established in the tariff.

Should the employees choose to provide for themselves, the contractor shall be obliged to supply the provisions at market prices.

22. The contractor is likewise required to supply free of charge two meals per day to the destitute paupers brought by the ships.

01



02



23. The contractor shall supply at market prices the provisions for the crews remaining on board, unless the consignees choose to provide them themselves (…).

24. For the provision of water requested by the quarantined vessels, the contractor shall maintain a floating cistern with a capacity of 20 tonnes, the service of which shall not exceed 3 pesetas per unit, payable by the consumers.

Should the springs or pipes supplying potable water to the lazaretto be interrupted or rendered unfit, the contractor shall be responsible for the supply of water until their restoration.

(…) 27. The tariff for meals and beverages shall be in accordance with the following prices:

First class. Breakfast. Tea, coffee or chocolate with or without milk, bread or biscuits... 1 peseta. Luncheon. Three assorted dishes of meat, fish and eggs, cheeses and two desserts... 2.50 pesetas. Dinner. Soup (varied daily), cocido, three main courses of meat and fish, one cooked dessert, two fruit desserts and cheese...3 pesetas. Total...6.50 pesetas.

Second class. Breakfast. Tea, coffee or chocolate with bread or biscuits... 0.75 pesetas. Luncheon. Two assorted dishes, cheese and one dessert... 1.75 pesetas. Dinner. Soup, cocido, two main courses and fruit and cheese desserts... 2.50 pesetas. Total... 5 pesetas.

Third class. Breakfast. Tea, coffee or chocolate with bread... 0.50 pesetas. Luncheon. Two dishes and one dessert... 1.50 pesetas. Dinner. Soup, cocido, one main course and one dessert... 2 pesetas. Total... 4 pesetas.

In all three classes, bread shall be provided without limitation, and at luncheon and dinner, common wine of the Realm shall be served.

(…) 31. It shall be the obligation of the awardee to whitewash, paint and re-tile the buildings and rooms of the inn and dining area, as well as to repair any glass panes broken during the term of the contract.

(…) V. Washing, laundry and ironing of clothing.

34. All soiled clothing belonging to quarantined persons shall be washed and laundered, as appropriate, exclusively in the laundry facilities of the establishment.

(…) VI. Lighting.

39. It shall be the contractor's obligation to provide 30 large lanterns for public lighting of the establishment on the exterior of the buildings, and likewise to bear the cost such lighting entails.

40. These lanterns shall be placed in locations determined by the Director of the lazaretto, and all shall remain lit from nightfall until ten o'clock at night, with one quarter remaining lit until dawn.

41. In exceptional circumstances, such as fires, epidemics, etc., all 30 lanterns shall remain lit throughout the night (…).

GACETA DE MADRID

TERMS AND CONDITIONS FOR THE PUBLIC TENDER FOR THE PROVISION OF LODGING, DINING, CANTEN, LIGHTING, WASHING, LAUNDRY AND IRONING SERVICES AT THE PEDROSA LAZARETTO

MAY 26, 1888

BLOCK 3 | 1908 · 1930

**THE NATIONAL MARITIME
SANATORIUM OF PEDROSA I**

Little patients

The National Maritime
Sanatorium of Pedrosa

The beautiful island of children

Hands that care

*Regulations of the Maritime
Sanatoria of Oza and Pedrosa*

Little *patients*

THE FIGHT AGAINST CHILDHOOD TUBERCULOSIS IN CONTEMPORARY SPAIN

At the beginning of the 20th century, tuberculosis, also known as the white plague, was still regarded as a public calamity. Its impact on the child population was particularly alarming. In a Spain marked by high levels of poverty and illiteracy, poor nutrition, and unsanitary housing, many children suffered from skeletal or skin manifestations of the disease, even if they did not contract its more severe pulmonary form.

With no effective treatments yet available, the medicine of the time focused its efforts on prevention. Beyond individual prudence, specialists emphasized that public hygiene measures, responsibility of the authorities, were the main tool in the anti-tuberculosis campaign. It was in this context that the State began to implement various nationwide initiatives.

In 1904, Juan de la Cierva, then Minister of Public Instruction, launched a policy of assistance aimed at alleviating and treating the effects of tuberculosis in children, establishing healthcare centres throughout Spain. Two years later, on the initiative of the Ministry of the Interior, the Popular Anti-Tuberculosis League was founded with the support of the monarchy. King Alfonso XIII and, especially, Queen Victoria Eugenie lent their patronage to initiatives such as the Royal Anti-Tuberculosis Dispensaries of Madrid, supported by prominent figures like the Countess of Romanones and the Marchionesses of Comillas and Alhucemas.

Thus, by Royal Order of March 31, 1914, children's anti-tuberculosis colonies were created in institutions under the Ministry of the Interior. The network of national seaside sanatoriums was born from this healthcare approach, based on three fundamental pillars: fresh air therapy, overfeeding, and rest. Caring for children was understood as caring for the future: childhood tuberculosis became a powerful symbol of the commitment to regenerate the nation from its most vulnerable foundation.

Childhood tuberculosis marked the beginning of a healthcare policy focused on the youngest.



01. Report read at the inauguration of the Royal Antituberculosis Dispensary Victoria Eugenia in Madrid, December 1908. Source: National Library of Spain.

02. Health record card for admission to the national maritime sanatoriums of Pedrosa and Oza, 1912. Source: National Library of Spain.

03. Visit of Queen Victoria Eugenia to Pedrosa island, circa 1920s. Source: private collection.

04. One of the dormitories of the National Maritime Sanatorium of Pedrosa, circa 1920s. Source: private collection.

05. First school colony of children at the National Maritime Sanatorium of Oza, July 1915. Source: Archive of Villa, Digital Memory Library of Madrid.

06. General view of the National Maritime Sanatorium of Pedrosa, circa 1920s. Source: private collection.

07. View of the National Maritime Sanatorium of Oza, circa 1910. Source: Galician Library, Galiciana.



Spain was one of the last countries to undertake the fight against childhood tuberculosis through maritime sanatoriums. In the early years of the 20th century, two pioneering institutions were established, in Oza (La Coruña) and Pedrosa (Cantabria), followed later by others, both public and private, such as those in La Malvarrosa (Valencia) and Chipiona (Cádiz). Alongside the sanatoriums, school colonies, whether seaside or mountain-based, were also created, intended for healthy but vulnerable children, with the aim of strengthening them physically.

In the early decades, the main goal of the sanatoriums was the prevention and curative treatment of the disease through sea and sun therapy, outdoor living, rest, and a special diet. The primary beneficiaries were therefore incipiently tuberculous children (those with no symptoms but a positive tuberculin test) and pre-tuberculous children (those weak or anaemic and living in conditions conducive to the disease's development).

Children with advanced tuberculosis, who required indefinite stays and specific medical treatments, were initially excluded. However, with appropriate modifications, from the 1910s onward, special wards began to be adapted to accommodate them. In all cases, only boys and girls with a medical certificate justifying the need for treatment were admitted.

The opening of the treatment season was duly announced through official channels. At first, it ran from June to October, but from the 1920s onward, it was extended from April to November. Applications were processed by the directors of the facilities, to whom local authorities would send their groups (no more than 25 children per province). These local authorities were responsible for the children's travel expenses, food, and clothing, while the State covered maintenance, staffing, and equipment costs.

Pedrosa island symbolizes the transition from a culture of isolation (lazaretto) to one of care (sanatorium), where nature, medicine, and pedagogy joined forces in defence of childhood.



The *National Maritime Sanatorium* of Pedrosa

A REFUGE FOR HEALING

The idea of establishing an antituberculosis sanatorium in the province of Santander began to take shape at the beginning of the 20th century. As early as 1902, physician José García del Moral published a brief pamphlet advocating for the creation of such a centre. However, the project did not begin to materialize until late 1908, when the possibility of rehabilitating the facilities of the former quarantine station on the island of Pedrosa was considered.

In January 1909, the Ministry of the Interior, through the General Inspection of External Health directed by Dr. Manuel Martín Salazar, announced the public tender for the conservation and improvement works of the existing buildings. Shortly afterward, Dr. Mariano Morales Rillo was commissioned to organize a children's antituberculosis sanatorium, supported by the President of the Council of Ministers, Antonio Maura, who had visited the island the previous summer.

By 1910, a few days before the facilities were inaugurated, the Regatta Club hosted a banquet on the island attended by King Alfonso XIII. Thus began a practice that would continue for decades: annual visits by the royal family to the National Maritime Sanatorium of Pedrosa. Finally, in August, the first school colony arrived: a total of 119 boys and girls from Madrid, Soria, Burgos, Oviedo, Biscay, and Santander.

From then on, the sanatorium gradually expanded its capacity in response to enormous demand. In 1911, the first patients sent by the National Board for the Deaf, Blind, and Abnormal were received, and in 1914, the admission of children with a paid pension was authorized. By then and following the model of the National Maritime Sanatorium of Oza, the island of Pedrosa began admitting both temporary-stay patients and hospitalized children, that is, those already affected by tuberculosis.

At the beginning of the 20th century, having an antituberculosis sanatorium in the province of Santander ceased to be a wish and became a concrete project.



01. King Alfonso XIII with the children of the sanatorium. Source: La Voz de Cantabria, September 22, 1929.

02. The Bishop of Santander greeting hospitalized soldiers. Source: La Montaña: revista semanal de la colonia montañesa, January 20, 1922.

03. A sick soldier at the National Maritime Sanatorium of Pedrosa. Source: La Montaña: revista semanal de la colonia montañesa, January 20, 1922.

04. One of the terraces for children's rest and treatment. Source: La Montaña: revista semanal de la colonia montañesa, August 17, 1918.

05. Daily schedule and menu of the first colony, summer of 1911. Source: Memoria del director del Sanatorio Marítimo Nacional de Pedrosa, Printing House of the National School for the Deaf and Blind, 1911.

06. Queen Victoria Eugenia speaking with hospitalized soldiers. Source: La Montaña: revista semanal de la colonia montañesa, October 10, 1922.

07. Sloop regatta in the Bay of Santander, 1910s. Source: private collection.



The National Maritime Sanatorium of Pedrosa was also a tool to raise public awareness of the practical work being carried out in the fight against tuberculosis. Its director promoted an open-access model that allowed anyone to visit the facilities, observe the daily life of the patients, and appreciate the care being provided. Over time, these visits even became a minor tourist attraction during the summer, generating activity for the boats that transported visitors.

This social and public service role was also evident during times of crisis. In 1914, amid the European war, the sanatorium's management offered the facilities and staff to receive any number of wounded soldiers. Four years later, during the deadly flu epidemic, the children's colonies were evacuated to accommodate boys and girls who had been orphaned as a result. The children were housed in the pavilions, with expenses covered by the shipowner Adolfo Pardo until their transfer to the Charitable Institution.



In December 1921, the National Maritime Sanatorium of Pedrosa was converted into a field hospital in response to the repatriation of soldiers from the war in Africa. Just over 150 seriously ill evacuees received appropriate treatment during the winter months from the sanatorium's medical team, assisted by several Red Cross nurses.

In addition to all these services, alongside those provided to the children of the colonies, the sanatorium began offering public and free consultations as early as 1923, including dental care, which had been available since 1918. In doing so, it provided medical assistance to the local population, who were transported to the island on a motor-boat departing from El Astillero.

Pedrosa island combined child healthcare with a strong social commitment, standing as an institution devoted to the common good.



The beautiful island *of children*

PAVILIONS IN A THERAPEUTIC LANDSCAPE

When work began in 1909 to transform the island of Pedrosa into a maritime children's sanatorium, the facilities were in poor condition: barely four old, uninhabitable buildings, insufficient water supply, no electric lighting, no access roads, and the sea as the only entryway, via a sailboat. The project started by restoring the old hospital and guesthouse from the lazaretto, adapting them to the new centre's needs: terraces were opened, glass partitions were installed, and spaces were reorganized to accommodate the first patients.

Public opinion quickly embraced the image of the sanatorium, characterized by white, clean pavilions set among tree-lined paths, wide-open balconies, elegant wooden beds, bright dining rooms, a quaint infirmary, and a devout chapel. Even before the official inauguration, the project had garnered public support. Schools across the province organized a popular fundraising campaign to develop the park, which attracted more than 8,000 donors, while the Santander City Council contributed plants and workers.

Over the years, urgent expansion needs arose. In 1915, a permanent ward was planned to accommodate about sixty tuberculous or long-term care children, and a year later, the road connecting the island of Pedrosa with El Astillero was completed. That same year, the isolation pavilion for infectious cases was relocated to one of the far ends of the island, separated from the rest of the complex, as it had ended up near the centre.

But the most memorable event of 1916 was the inauguration of the Victoria Eugenia pavilion in September, attended by the royal family. This modern pedagogical hospital with an orthopaedic and surgical institute was built on the foundations of the old lazaretto hospital. Its white façade, adorned here and there with red tiles, reflected a clear commitment to hygiene, light, and aesthetics, in harmony with the natural surroundings.



01. The Queen Victoria Eugenia pavilion, circa 1920s. Source: private collection.

02. Map of the El Astillero estuary, 1926. Source: General Military Archive of Madrid, Virtual Defence Library.

03. View of the theatre and Queen Victoria Eugenia pavilion, circa 1920s. Source: private collection.

04. The Queen Victoria Eugenia laying the first stone of the Infanta Beatriz pavilion. Source: Mundo Gráfico, August 25, 1920.

05. Renovation works on the Queen Victoria Eugenia pavilion. Source: El Pueblo Cántabro, May 9, 1925.

06. General view of Pedrosa island, circa 1920s. Source: private collection.

07. Exterior view of the María Luisa pavilion, circa 1920s. Source: private collection.

Pedrosa island began its transformation in 1909, amidst popular fundraising campaigns, royal visits, urgent renovations, and a new approach to children's health.



Throughout the 1920s, the transformation of Pedrosa island into a therapeutic landscape progressed rapidly. The expansion of the architectural complex was accompanied by new hygienist ideas that linked health, natural surroundings, and aesthetics.

In August 1920, the royal family presided over two symbolic events: the inauguration of the monument dedicated to Dr. Manuel Martín Salazar at the island's entrance staircase, and the laying of the cornerstone of the Infanta Beatriz pavilion. Completed in 1925 and funded by the Pezuela Foundation, the building was described at the time as overly sumptuous, architecturally unsuited to its intended use but immaculate, with bright mosaic halls open to the sun and a terrace with up to forty beds.

A year later, the María Luisa Pelayo pavilion was inaugurated, built quickly on the La Picota land acquired from the town of Pontejos. Run by the Sisters of Charity, it stood out for its excellent orientation, ensuring sunlit terraces, and for incorporating the latest scientific advancements. By 1927, the architectural complex was progressively completed with the so-called red pavilion, blue house and green house, five Docker-system pavilions, the administrative building, theatre, chapel, and residences for the director, chaplain, and resident physician.

At the same time, the island became a true health environment, integrating laboratories and specialized clinics with rest areas. Paved walkways, manicured gardens, plazas, ponds, fountains, and lakes, along with sports facilities (a swimming pool and spa with an aquarium, bathing beach, tennis and football fields, pelota court) and open-air educational spaces such as the nature theatre and forest school, reflected a constant pursuit of harmony between architecture, well-being, and landscape.

The National Maritime Sanatorium of Pedrosa became a model space where architecture, nature, and medicine came together in support of childhood.



Hands *that care*

THE HUMAN CAPITAL OF THE SANATORIUM

The development of the National Maritime Sanatorium of Pedrosa during its early decades cannot be understood without the figure of Dr Mariano Morales Rillo, a native of Zaragoza who graduated in medicine in 1908. Just a year later, he was appointed provincial health inspector and took on the directorship of the new children’s sanatorium, while also maintaining his private practice in Peñacastillo. Nicknamed the poet doctor, he embodied a modern model of care, based on equality, closeness and education as a key part of the recovery process.

Under his leadership, principles were introduced that broke away from the rigidity of traditional hospitals: patients, teachers and staff shared the same daily routine; rest in the open air was encouraged alongside education and leisure; and a holistic view of health was promoted, one that combined body and mind. In 1921, this approach earned him the Grand Cross of the Civil Order of Charity, with purple and white insignia, in recognition of his scientific, humanitarian and educational work for sick children.

However, this ideal often clashed with reality. From the beginning, the sanatorium operated with limited resources and growing debt. Morales Rillo himself admitted that the centre “had progressed beyond the economic effort made by the State” (Apuntes de medicina social, published manuscript, c. 1924). In early 1924, he resigned amidst criticism related to management issues, allegations of mistreatment, overcrowding, and water shortages. Even so, his resignation sparked a public campaign calling for his reinstatement.

He was eventually replaced by Buenaventura Muñoz y García Lomas, who had been deputy director until then. Muñoz introduced new protocols, such as limiting visiting hours to just three or four hours on two days a week and brought in the Daughters of Charity to assist with care, marking the beginning of a new phase in the history of the sanatorium.



01



02

01. Advertisement for Dr Morales’ medical sanatorium in Peñacastillo. Source: Boletín de Cirugía, February 1913.

02. Director Mariano Morales Rillo and Queen Victoria Eugenia, circa 1920s. Source: private collection.

03. Queen Victoria Eugenia speaking with the director of the sanatorium. Source: La Montaña: revista semanal de la colonia montañesa, September 29, 1917.

04. One of the groups of children during a religious lesson, circa 1920s. Source: private collection.

05. A literature lesson, circa 1920s. Source: private collection.

06. Garden on the island with children and their teachers, circa 1920s. Source: private collection.

Table. Staff of the National Maritime Sanatorium of Pedrosa, summer 1913. Source: Gaceta de Madrid, November 10, 1913.



03



04

Dr Mariano Morales Rillo, as director of the National Maritime Sanatorium of Pedrosa, led an innovative approach to understanding childcare.



05



06

The National Maritime Sanatorium of Pedrosa operated thanks to the commitment of a multi-disciplinary team made up of doctors, teachers, administrative staff, auxiliary workers and service personnel, all salaried by the State. Medical professionals, specialists in fields such as dentistry, otorhinolaryngology, or radiology, were appointed by the Ministry of the Interior, while subordinate staff were nominated by the sanatorium’s own director.

The teachers, who came from various parts of the country, formally applied to work at the centre during the official season. They lived on the island with the children, accompanying them not only in the classroom but throughout their daily routines. Lessons were held outdoors whenever the weather allowed and were delivered with complete freedom to adapt both content and methods. The curriculum ranged from history and language to the observation of natural phenomena, singing, writing, and gymnastics, blending care with education.

The team was completed by nurses and nursing assistants, a chaplain and an administrator, as well as several cooks and launderers, electricians, gardeners, caretakers, carpenters, a postman and a porter. Many of them were seasonal workers who left their posts once the summer season ended, though not before ensuring the facilities were cleaned and prepared for the following year.

Pedrosa island was the result of a human network deeply committed to the health and well-being of its young patients.

The work of all staff began days in advance, particularly from the moment the children were admitted: after a medical examination, each child passed through an isolation ward, where they were thoroughly washed and assigned an individual regime of food, care, and exercise. After a few days, they would begin sea bathing and join the rest of the sections, grouped by sex and stage of development, under the constant supervision of both teaching and medical staff. In this way, Pedrosa island also served as a practical training ground for future teachers, and as a benchmark in the integrated care of children with illness.

MARIANO MORALES	Director
ÁLVARO GONZÁLEZ-RIVAS	Teacher, deputy director
JACOBO ORELLANA	Teacher
JOSÉ HERRANZ	Teacher
LUIS MONFORT	Assistant teacher
NIEVES GARCÍA	Teacher
ÁNGELA ORIA Y LARA	Teacher
BLASA RUIZ Y RUIZ	Teacher
PURA CHAMORRO	Assistant teacher
CAMILA ÁLVAREZ PÉREZ	Servant
ANTONIA SANTILLANA	Servant
JUANA ALDIZ VILLANUEVA	Nurse

Regulations of the *Maritime Sanatoria of Oza and Pedrosa*

“1. The maritime sanatoria of Oza (Coruña) and Pedrosa (Santander) are intended for the care and education of boys and girls suffering from incipient and non-contagious localised tuberculosis, who require only hygienic treatment, and for those children who, due to frail constitutions, hereditary predispositions, or general physical debilitation, need to be protected from the disease through maritime cure therapy.

The entire educational and therapeutic regime of the sanatoria shall be directed towards this goal;

2. The sanatorium of Oza shall receive children from the provinces of Coruña, Lugo, Orense, Pontevedra, León, Zamora, and Salamanca; and that of Pedrosa, children from the provinces of Santander, Oviedo, Palencia, Valladolid, Ávila, Segovia, Navarra, Álava, Guipúzcoa, Vizcaya, and Madrid.

3. No province may request more than 25 places at one time.

Applications must be addressed to the Minister of the Interior.

If the number of applications exceeds the capacity of the sanatoria, a draw conducted by the General Inspectorate of External Health shall determine the provinces entitled to send their children first, with preference given to those not selected initially, through the same system, should it be required.

4. All travel, maintenance, and personal clothing expenses for the children forming the colony shall be borne by the respective corporations, while the State shall cover all other costs related to medical, pedagogical, administrative and service staff, as well as building maintenance, teaching materials, bedding, hygiene items, and kitchen and dining services;

5. To be admitted to the sanatorium, the following requirements must be met:

a. The child must show no sign of contagious tuberculosis, nor of surgical forms [sic] that hinder or prevent the proper function of organs or systems;

b. At least two months must have elapsed since the child last suffered from any infectious disease such as measles, scarlet fever, whooping cough, etc.;

c. The child must be older than seven and younger than fourteen years of age;

d. The child must not require special medical treatment and must be capable of managing all basic tasks of daily life unaided.

6. The External Health Inspectorate shall announce in the Gaceta de Madrid, when appropriate, the number of available places at each sanatorium.

Doctors from the respective Corporations shall examine the children in accordance with the health booklet attached to this Regulation, and shall submit said booklets to the Provincial Health Inspector, who will examine the children again and either approve or reject their admission. In the case of approval, the Inspector shall forward the booklets, duly endorsed, to the Director of the respective Sanatorium.

7. The Director of the Sanatorium, in agreement with the Provincial Health Inspectors, shall set the date on which one of the Establishment's Teachers will travel to the provincial capital to take charge of the children and accompany them to the Sanatorium.

8. The Director of the Sanatorium shall make the final decision regarding the admission of children to the Establishment, and must communicate his decision to the Head of the Corporation from which the children originate. Those not admitted shall be returned to their provincial capital, accompanied by a Teacher from the Sanatorium.

9. The Director shall draw up a clinical report for each child, both upon entry and departure from the Sanatorium, detailing their physical development, organic constitution, and health status. He shall also determine the period each child must remain in the observation ward before being admitted to the general regime of the Sanatorium.



01. Boys and girls from one of the school expeditions sent from Madrid to the National Maritime Sanatorium of Pedrosa. Source: Mundo Gráfico, July 16, 1919.

02. Facilities of the national maritime sanatoria of Oza and Pedrosa. Source: España Médica, August 1, 1915.

10. Each Sanatorium shall have a Medical Director; a Deputy Head Teacher; the necessary number of Male and Female Section Teachers, with at least one per 25 children; volunteer assistant trainees as designated by the Director; one nurse per 100 children; and the necessary subordinate staff.

11. All medical personnel shall be appointed by the Minister of the Interior upon proposal of the General Inspectorate of External Health. Subordinate personnel shall be appointed upon proposal of the Medical Director of the Sanatorium.

12. A local priest, appointed by the Minister of the Interior in agreement with the relevant ecclesiastical authority and upon proposal of the Medical Director, shall be responsible for celebrating Holy Mass on holy days and for providing religious instruction to the children on the days and at the times designated by the Director.

13. The Director of the Sanatorium shall be the head of all staff and services within the Establishment, which he is entrusted to govern, with particular responsibility for the medical care and treatment of the children. He may propose, with justification, the dismissal of any staff member. He shall submit an annual report to the External Health Inspectorate on the life of the Sanatorium.

14. The Deputy Head Teacher shall substitute for the Director in all matters of governance. He shall have specific responsibility for the education and instruction of the children. Where there is no dedicated Administrator, he shall also manage the administration of the Sanatorium.



15. The Director and Deputy Head Teacher shall jointly determine the internal and pedagogical regime of the Establishment.

The Deputy Head Teacher, Section Teachers, assistant trainees, and nurses shall reside permanently at the Sanatorium and shall, at all times, share daily life with the children.

16. The Director shall decide when each child is fit to leave the Sanatorium and shall notify the relevant Corporations, agreeing with them on the date when a Teacher from the Establishment shall return the children to their respective provincial capital.

If any child must leave the Sanatorium before the date set by the Director, the responsibility for their care and accompaniment shall lie with the Corporation to which they belong”.

GACETA DE MADRID

JULY 7, 1910

BLOCK 4 | 1931 · 2025

**THE NATIONAL MARITIME
SANATORIUM OF PEDROSA II**

Pedrosa island reinvented

Changing everything so
that nothing changes

Callings in the service of health

An island for well-being

Pedrosa island *reinvented*

FROM HOLIDAY RETREAT TO INTEGRATED CENTRE FOR THE TREATMENT OF BONE DISEASES

With the proclamation of the Second Republic, the National Maritime Sanatorium of Pedrosa entered a period of profound transformation. It ceased to be merely a seasonal destination for children's summer colonies and became a permanent care centre specialising in osteoarticular tuberculosis. This shift was accompanied by an increasing scientific vocation rooted in research and outreach activities.

Pedrosa island established itself as a healthcare reference point, though not without criticism. Some voices raised concerns about overcrowding, a result of high demand and limited infrastructure. The ambition to transform the picturesque peninsula into a true sanatorium or health centre with nearly three hundred beds was interrupted by the outbreak of civil war in July 1936.

These years marked a time of exceptional circumstances and adaptation to new healthcare needs. During the Spanish Civil War, the island received casualties from the front lines and bombing raids, reorganising its services to care simultaneously

for patients with bone injuries and those with pulmonary conditions, the latter housed in the María Luisa Pelayo pavilion.

Meanwhile, the anti-tuberculosis campaign continued in the province of Santander. Following the opening of the Valdecilla Health House and its respiratory unit, pavilion 21 was set aside for pulmonary tuberculosis patients. In 1932, the Central Anti-Tuberculosis Dispensary on Marqués de la Hermida Street in Santander was established, and a few years later, in 1938, the Anti-Tuberculosis Sanatorium of Ampuero opened, remaining in operation until 1952.

These centres fell under the authority of the National Anti-Tuberculosis Board (Patronato Nacional Antituberculoso), created by Decree-Law on 20 December 1936. From its inception, the Board operated four maritime sanatoriums throughout the country dedicated to patients with osteoarticular tuberculosis: Malvarrosa (Valencia), Oza (La Coruña), Torremolinos (Málaga), and Pedrosa, the largest of them all.

01. Seated wheelchair, 1970s. Source: Provincial Historical Archive of Cantabria.

02. Mothers saying goodbye to their children in Santander as they head to Pedrosa island. Source: La Calle, August 14, 1931.

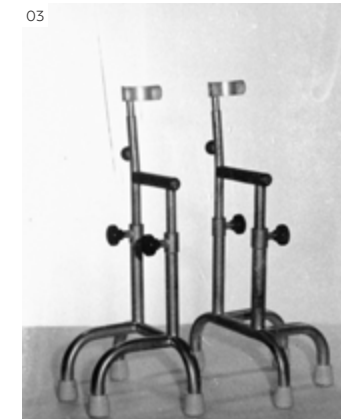
03. Cane-shaped walking frames, 1970s. Source: Provincial Historical Archive of Cantabria.

04. Article about the Víctor Meana Maritime Sanatorium of Pedrosa. Source: Hoja Oficial del Lunes, August 1, 1966.

05. Feature on the National Maritime Sanatorium of Pedrosa. Source: España Médica, August 1, 1934.

06. Informative leaflet on tuberculosis, 1944. Source: National Library of Spain, Hispanic Digital Library.

07. Children departing from Santander for Pedrosa island. Source: La Calle, August 14, 1931.



As the 20th century progressed, the Pedrosa sanatorium continued to evolve, increasingly challenged by new scientific advances that rendered its original model obsolete. From the 1940s onwards, the institution moved away from focusing exclusively on children and pre-tuberculosis cases. For example, by 1950, there were 370 patients in total, of whom only 170 were children. The centre gradually transformed into a surgical unit specialising in adult care, where treatment extended beyond the operation itself to include rehabilitation and recovery from long-term effects.

In 1951, Pedrosa island was designated as the first regional centre of the Spanish Board for the Fight Against Invalidity in northern Spain. From 1958 onwards, it also hosted summer holiday camps for people with disabilities. This change of direction and holistic approach to illness required modernisation in terms of resources, techniques, and facilities, as well as increasingly specialised staff.

From the 1960s onwards, the centre was known as the Víctor Meana Maritime Sanatorium of Pedrosa. It had become a rehabilitation centre for musculoskeletal diseases, where the therapeutic value once placed on climate and natural surroundings gave way to the incorporation of new medical techniques. Orthopaedic surgery and rehabilitation programmes became central to its care model, with the most common operations focusing on the spine and hip.

The 1970s marked a turning point in the institutional maturity of the centre, as it sought to respond to the growing healthcare needs of Spain during the years of economic development. Most patients were suffering from rheumatism, arthritis, or various stages of bone malformations. Under the authority of the Directorate General of Health, and therefore the Ministry of Health and Social Security, it was a relatively autonomous body, with service agreements in place with various organisations (such as the Provincial Council of Santander and the Social Institute for Maritime Workers), which helped ensure its short-term sustainability.

Pedrosa island adapted to the new healthcare challenges of the Franco regime, with an increasing focus on orthopaedic surgery, adult care, and functional rehabilitation programmes.

Changing everything so that *nothing changes*

IMPROVING AND TRANSFORMING THE BELOVED OLD SANATORIUM OF PEDROSA

In the course of the central decades of the 20th century, the island of Pedrosa retained the imprint of its past. The original core of the sanatorium underwent minor architectural renovations that, while improving functionality and allowing the site to adapt to changes in healthcare and patient demand, lacked the artistic ambition of earlier times.

During the Second Republic, there were efforts to allocate land on the island for the construction of new pavilions, such as those proposed by the Sociedad Amigos del Niño and the Escuela de Salamanca, or by Madrid City Council, which continued to send children's expeditions. However, none of these projects were ever completed.

This desire for improvement was widely shared during the 1934 Health Conference. Visitors described the site as "an island brimming with lush greenery, surrounded by the calm blue sea" (La Libertad, July 26, 1934), equipped with terraces, operating and treatment rooms, an X-ray suite, baths and washrooms, airy and clean dormitories, dining halls, a theatre, laboratories, and a vast wooded park.

True renovation work took place in the late 1940s. In 1949, the long-awaited chapel was finally inaugurated, its foundation stone having been laid

two decades earlier. That same year saw the completion of key projects, such as the refurbishment of a dilapidated pavilion to house kitchens and the residence for the religious community, improvements to the water purification system, the installation of a meteorological observatory, reforestation efforts, and the paving of pathways. As for patient treatment facilities, upgrades included a new laboratory, the modernisation of medical equipment with the acquisition of X-ray machines, and the refurbishment of sterilisation services in the operating theatre.

Amid trees and pavilions, Pedrosa became a benchmark for modern orthopaedic rehabilitation. Yet the passing of time revealed unresolved structural deterioration, with expansion promises that too often went unfulfilled.

01. Layout of Pedrosa island according to MTN50 survey (1910–1970), year 1941. Source: National Geographic Institute.

02. Aerial view of Pedrosa island, 1960s. Source: private collection.

03. Chair trolley with support frame, 1970s. Source: Provincial Historical Archive of Cantabria.

04. Terrace of the Queen Victoria Eugenia pavilion (number 2). Source: El Avance Montañés, Provincial Government of Santander, 1950.

05. Terrace of the Infanta Beatriz pavilion (number 1). Source: El Avance Montañés, Civil Government of the Province of Santander, 1950.

06. Renovation project for the María Luisa pavilion (east elevation), 1953. Source: Provincial Historical Archive of Cantabria.

07. Renovation project for the María Luisa pavilion (north elevation), 1953. Source: Provincial Historical Archive of Cantabria.



By the mid-20th century, the complex consisted of three large patient pavilions and various auxiliary buildings required for the smooth running of the centre, comprising a total of seventeen structures set amid abundant woodland. In 1958:

"A public outpatient clinic is in operation, attended by patients from various provinces (...). The new facilities include the Rehabilitation Department, which comprises the sections of physiotherapy, mechanotherapy, swimming pools, and the mechanical workshop for the manufacture of orthopaedic devices often needed by these patients"

EL ESPAÑOL, JULY 13, 1958

Following the inauguration in August 1962 of the monument dedicated to Dr Víctor Meana Negrete, former director of the centre, modernisation efforts focused on the installation of new rehabilitation equipment suited to treating diseases or deficiencies of the musculoskeletal system. The new tools included hydrotherapy instruments, parallel bars, and other modern devices that contributed to the patients' rapid and effective muscular recovery.

Minor renovations continued, though not at the pace demanded by new clinical requirements. The facilities began to show clear signs of ageing, and promises of new pavilions were never fulfilled. Press reports from the time highlighted the contrast between the well-kept exterior and the deficiencies within, conveying a sense of neglect. Nonetheless, Pedrosa island remained active, with a capacity of nearly three hundred beds, without renouncing either its scenic uniqueness or its identity as a place of healing since its founding.

"As you enter the grounds, to the left is a building for outpatient consultations and the rehabilitation department (...). Further on are a chapel and two patient pavilions separated from one another. (...) The appearance is polished, the exterior immaculate. But once inside, the peeling walls and ceilings ooze damp and reflect hardship"

HOJA OFICIAL DEL LUNES, SEPTEMBER 18, 1978



Callings in the service of health

THE STAFF AND THEIR DAILY WORK

Between 1931 and the late 1970s, daily life at the Pedrosa sanatorium was shaped by the dedication of a diverse and ever-evolving team. The centre’s management reflected the political changes of the time: during the Second Republic, several directors succeeded one another amid dismissals, legal appeals, and controversial appointments. Figures such as Juan González Aguilar Peñaranda and Buenaventura Muñoz y García-Lomas marked this period, followed by more stable years under directors like Víctor Meana Negrete (1947–1959), whose legacy endured long after his death, and Rafael Colvee Guillén, who held the post for nearly a quarter of a century.

The professionalisation of the staff accelerated in parallel with the increasing complexity of healthcare tasks. Alongside surgeons, radiologists, trauma specialists, anaesthetists, and laboratory technicians, there were also residents and trainees, making Pedrosa island a true teaching centre. Support staff included nurses, orderlies, orthopaedic technicians, engineers, boat operators, and administrators, many of whom obtained their positions through public competition or direct appointment by the Ministry of the Interior as temporary workers. As education for children was never neglected, the team also included male and female teachers.

This structure, built on highly specialised roles, allowed for an efficient operation that combined clinical rigour with a human approach to care. In the words of those who lived it, the sanatorium functioned as an ecosystem where every vocation had its place, and where the well-being of the patients was a shared responsibility, supported by many hands and many perspectives.

The life of the sanatorium unfolded through changes in leadership and the growing professionalisation of its staff. Each vocation found its place within a complex and deeply human structure.



01. Issue No. 1 of the newspaper Salud y Cultura, produced on the island of Pedrosa. Source: Provincial Historical Archive of Cantabria.

02. American Flight B, 1956. Source: National Geographic Institute.

03. Issue No. 1 of the newspaper Salud y Cultura, produced on the island of Pedrosa. Source: Provincial Historical Archive of Cantabria.

04. News item about the tribute to director Juan González Aguilar Peñaranda, 1934. Source: El Cantábrico, July 31, 1934.

05. Press article praising the virtues of the National Maritime Sanatorium of Pedrosa. Source: El Cantábrico, June 9, 1934.

06. Newspaper article about the National Maritime Sanatorium of Pedrosa. Source: Crónica, July 22, 1934.



03



04



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The care structure of the sanatorium demanded constant commitment from the staff, whose work extended well beyond the clinical sphere. Each day was carefully organised: from breakfast at eight in the morning to the evening rest, every hour was devoted to supporting the patients’ full recovery. The gymnasium, rest periods, reading, television, and family visits on Sundays were as important as consultations or surgeries. Cultural and recreational activities were also a part of daily life, such as the arrival of the Three Kings, a tradition introduced in the 1950s, bringing sweets and toys for the patients.

Daily life at the sanatorium followed a comprehensive care model, where time management, staff commitment, and attention to the physical, emotional, and educational needs of patients formed the pillars of a healthcare project driven by public service and a strong sense of duty.

This holistic approach to care was rooted in the pedagogical and therapeutic model that had characterised the sanatorium since its beginnings. However, working conditions were not always easy; more staff were needed to attend to the growing patient population, which exceeded 400 in 1966. The response was always one of dedication. The Sisters of Charity, twelve in total

a decade later, worked shifts in the wards alongside one nurse and an assistant. The medical team numbered ten doctors at the time, forming a solid group of professionals who continued to uphold the prestige of the institution.

The sanatorium’s operation also involved complex and coordinated management, with funding from the National Anti-Tuberculosis Board, renamed in 1958 as the National Board for Tuberculosis and Thoracic Diseases, and later incorporated into the Institutional Administration of National Health (AISNA) in 1973. This financial support ensured that most operations and hospital stays were free of charge or very low cost.

Life on Pedrosa was, in essence, a collective commitment to serving others: a finely tuned system in which every gesture mattered, every role contributed, and every person was part of a shared project guided by compassion, science, and dignity.



06

An island for *well-being*

RECOVERY AND NEW USES IN THE SERVICE OF SOCIETY

During the 1980s, the island of Pedrosa entered a period of transition, shaped by a dual dynamic: on the one hand, attempts to modernise its infrastructure, and on the other, growing doubts about its role within the evolving national health system. In 1980, a major public investment was announced to transform the site, including plans to build a new three-storey pavilion. However, the project faced repeated delays and budgetary constraints.

Modernisation had become essential, as many of the facilities suffered from severe structural shortcomings and an overall appearance of obsolescence that was increasingly difficult to overcome. At the same time, changes within the healthcare system, now more decentralised and specialised, made the traditional model of long-stay treatment for orthopaedic conditions less viable. Despite offering over 9,000 square metres of built space and 90 patient beds, the island was seeing fewer and fewer admissions each year, while the material conditions had hardly changed since the major refurbishments of the 1950s.

In 1987, the then Regional Government of Cantabria, now responsible for healthcare provision, decided to centralise services at the Santa Cruz Hospital in Liercres, originally built in 1951 and extensively renovated in 1981. The relocation of equipment and patients, marking the effective dismantling of the Pedrosa facility, represented a turning point in its long history.

The loss of its traditional role as a leading centre for orthopaedics and rehabilitation raised questions about the future of the site. In this context, a new chapter began to take shape for the island of Pedrosa, one where its historical and medical legacy began to engage with emerging uses linked to social well-being, community care, and responsible public management.



A decade of partial reforms and structural decisions marked the beginning of the end of Pedrosa's hospital era, as its viability as a healthcare centre began to decline.

01. General view of the Santa Cruz Hospital in Liercres. Source: El Avance Montañés, Government of the Province of Santander, 1950.

02. General view of the island from Santander Bay. Source: the Cantabrian Foundation for Health and Social Well-being.

03. Girls during playtime, circa 1920s. Source: private collection.

04. News report on the fight against tuberculosis in 1980s Cantabria. Source: Hoja Oficial del Lunes, January 17, 1983.

05. Access bridge to the island of Pedrosa. Source: the Cantabrian Foundation for Health and Social Well-being.

06. The Infanta Beatriz pavilion. Source: the Cantabrian Foundation for Health and Social Well-being.

07. Detail from the National Aerial Orthophotography Plan, 2023. Source: National Geographic Institute.

08. Logo of the Cantabrian Foundation for Health and Social Well-being.



From the 1990s to the present day, the island of Pedrosa has sought to redefine its role within the public welfare system. Managed by the Cantabrian Foundation for Health and Social Well-being, a publicly owned body affiliated with the Government of Cantabria, the site remains committed to supporting individuals in vulnerable situations, adapting its facilities to meet new social and healthcare needs.

The disappearance of the traditional hospital model has paved the way for a more flexible, community-based approach. The complex has become a space for shelter, training for social inclusion, and psychosocial and health support for various groups, including reintegration programmes, mental health care, and drug dependency services. The island's insular character, once dedicated to prevention and isolation, has been reinterpreted as a resource for support, in line with contemporary psychosocial care principles.

This transformation has gone hand in hand with significant institutional activity. In 2002, the island became home to Spain's first Dual Diagnosis Unit, designed to provide comprehensive care to individuals with mental health disorders and substance abuse issues. In 2006, the refurbished Infanta Beatriz pavilion was converted into the Rehabilitation and Reintegration Centre for Drug Users. Additional services have included the Family Carer Support Service and the Home Assistance Service, both located in former lazaretto buildings. The island has also hosted programmes for children in care, through partnerships with other organisations.

In 2025, Pedrosa stands as a living example of how historic health facilities can be reimagined through a modern lens of integrated care. Its legacy lies not only in preserving buildings or recalling a proud past, but in staying true to its original vocation: caring for the most vulnerable, at the intersection of nature, health and collective dignity, fostering a fairer and more compassionate society.

Under the management of the Cantabrian Foundation for Health and Social Well-being, the site has successfully upheld its care-oriented vocation through a contemporary and inclusive approach.

BLOCK 5
FACES OF PEDROSA

Pedrosa island as a stage

The noble gestures
behind Pedrosa

From blueprint to stone

Beauty as healing

*Salutation to H.R.H. the
Infanta Doña Beatriz*

Pedrosa island as a stage

DISTINGUISHED VISITORS

The uniqueness of Pedrosa island's setting and its long-standing healthcare vocation made this enclave a privileged stage for official and cultural visits from the late 19th century onwards. Its status as an isolated space, yet deeply connected to its time, attracted the attention of numerous prominent figures who left behind a record of their visit.

As early as September 1899, during its time as a quarantine station, the arrival of the steamship Alfonso XIII brought with it two renowned zarzuela performers, José Subirá Puig and his wife Gabriela Roca, returning from Mexico. A few years later, in August 1909, the distinguished paediatrician Manuel Tolosa Latour visited the newly established sanatorium.

The monarchy maintained a long-standing connection with the island. In 1930, the body of Dr Félix Antelo, physician and tutor to Infante Don Jaime, was laid in state on Pedrosa before burial in Ciriego cemetery. During those decades, the island's paths were walked by figures such as former Mexican president Porfirio Díaz; Álvaro de Figueroa, Count of Romanones, then Prime Minister; and Niceto Alcalá-Zamora, future president of the Second Republic, both of whom visited in 1916. One of the most notable visits was that of Miguel Primo de Rivera in 1926.

Pedrosa was a regular destination for institutional and diplomatic visits from the 19th century onwards, helping to establish its image as a national benchmark for healthcare and cultural prominence.

Pedrosa also attracted cultural and literary figures. Actor Enrique Borrás performed in 1919, and José Bergamín visited that same year; artist Rafaela Haro and the Barreto Ballester company staged performances in 1921; Venezuelan poet Andrés Eloy Blanco visited in 1922, and writer Gerardo Diego came in 1927.

In later years, Pedrosa continued to receive official visits: ministers, governors, public health inspectors and senators, such as then-Minister of Public Order Severiano Martínez Anido in 1938, or the violinist Juan Manén in 1943, confirming the island's place as a reference point in the Spanish public imagination.

01. Their Majesties and guests at the inauguration of one of the pavilions. Source: La Montaña: revista semanal de la colonia montañesa, October 21, 1916.

02. Enrique Borrás visiting sick children. Source: La Montaña: revista semanal de la colonia montañesa, September 6, 1919.

03. Jacinto Benavente and other visitors at the sanatorium jetty. Source: La Montaña: revista semanal de la colonia montañesa, January 30, 1921.

04. Poet Andrés Eloy Blanco greeting Queen Victoria Eugenia. Source: La Montaña: revista semanal de la colonia montañesa, October 20, 1923.

05. Visitors from Burgos meeting children from the Burgos summer colonies. Source: La Montaña: revista semanal de la colonia montañesa, April 30, 1921.

06. General view of the Pedrosa lazaretto in an engraving based on a photograph by Zenón Quintana. Source: La Ilustración Nacional, October 10, 1898.

07. Children at play in the countryside, photographed by Alfredo Wünsch. Source: La Montaña: revista semanal de la colonia montañesa, February 10, 1926.

08. The El Sabor de la Tierruca mountain choir performing at Pedrosa. Source: La Montaña: revista semanal de la colonia montañesa, October 30, 1926.



Beyond medicine, Pedrosa island served as a wellspring of inspiration for artists across multiple disciplines.

Pedrosa island was not only a place of healing but also a source of inspiration and a setting for the emotions of an era. From the late 19th century onwards, artists, photographers, musicians and writers were drawn to this unique enclave to capture, represent or elevate its singular atmosphere.

In 1888, photographer Zenón Quintana was commissioned by the Director General of Health and Public Welfare to produce a series of views, both general and partial, of the island, which were later exhibited at the Universal Exposition in Barcelona. A few years later, painter Agustín Riancho portrayed the island's late 19th-century landscape in his canvas View of the Pedrosa lazaretto. Throughout the 20th century, photographers such as SAMOT, Los Italianos, Duomarco, Pascual Urtasun, Alfredo Wünsch, and Francesc Blasi from the Vallès region continued to document the island and its evolution.

Pedrosa was also a vibrant space for live culture. Choirs, artistic ensembles and even travelling circuses such as Leonard Pharis's and the American Cirque staged performances for patients. Among the most memorable were the El Sabor de la Tierruca mountain choir and the cultural group of Educación y Descanso.

The island even made its way onto the silver screen. In 1922, Catalan filmmaker Antonio Tramullas shot a film on the island. Years later, during a royal visit, part of the film Corazón de Reina was recorded here and screened in Havana in 1926, featured in a stand dedicated to the National Maritime Sanatorium of Pedrosa at a trade fair organised by Casa de América.

Words, too, found refuge on Pedrosa. Poets such as José Estrañi, Enrique Menéndez Pelayo, Concha Espina and Andrés Eloy Blanco dedicated verses to its landscapes, its children and its healing mission. These poems were often recited during royal visits to the sanatorium. The island thus became a living memory, a shared artistic space, and a symbol of hope.

*“You will see the Pedrosa Sanatorium,
an Edenic place, full of charm,
where health and joy return
to children who entered without either”*

JOSÉ ESTRÑI,
¡A SANTANDER!
LA TRIBUNA, 1912



The noble gestures behind Pedrosa

BENEFACTORS

From its origins, the history of Pedrosa island has been shaped by acts of generous support. Even before its transformation into a national maritime sanatorium, there were rumours suggesting that businessman Antonio López y López, head of the Spanish Transatlantic Shipping Company, played a decisive role in promoting the idea of establishing a lazaretto on the island. Such reports reflect the interest Pedrosa inspired in influential figures of the time.

Nevertheless, institutional involvement proved fundamental. King Alfonso XIII and Queen Victoria Eugenia supported the sanatorium project from the outset. In 1910, they donated money as well as trees and plants for what became known as the Princes' Garden, visiting the facilities during their royal summer holidays. They also contributed regularly by sending medicines, nutritional supplements and toys for the sick children.

Political figures also played a crucial role. Ministers and senators launched key initiatives both locally in Santander and in Madrid. Notably, Francisco Giner de los Ríos, founder and director of the Institución Libre de Enseñanza, proposed an amendment to the 1910 public education budget to allocate a special grant to the sanatorium.

Public support soon followed. Numerous fundraising campaigns, charity concerts, such as the one given by pianist Carlos José Gacituaga in 1921, and theatrical performances organised by local associations helped raise money for the facility. Artists like José Simón Cabarga also lent their talent, illustrating event programmes that were often attended by large audiences.

Support from nearby communities was just as vital. In 1916, the village of Pontejos donated several hectares of land, where the forest school and other outdoor facilities were later built. These collective gestures, both institutional and popular, were key to transforming Pedrosa from an isolated island into a symbol of care and hope.



Pedrosa island has always been a project open to collective support, involving everyone from royalty and national figures to local neighbours and artists.

01. Children and teachers in the park, circa 1920s. Source: private collection.

02. Queen Victoria Eugenia speaking with a child. Source: La Montaña: revista semanal de la colonia montañesa, November 20, 1923.

03. Royal visit to the National Maritime Sanatorium of Pedrosa. Source: La Esfera, September 8, 1928.

04. News report on the inauguration of the María Luisa pavilion. Source: El Pueblo Cántabro, August 28, 1926.

05. Children bathing on the beach, c. 1920s. Source: private collection.

06. The Infanta Beatriz pavilion during its inauguration in August 1925. Source: El Cantábrico, August 25, 1925.

07. Ramón Pelayo (1st Marquis of Valdecilla) with his niece María Luisa Gómez Pelayo and the President of the Santander Provincial Council during the ceremony in which she was awarded the Royal Order of Noble Ladies. Source: La Montaña: revista semanal de la colonia montañesa, May 30, 1926.



02



03



The history of Pedrosa island cannot be understood without acknowledging the generosity of many individuals who, driven by philanthropy, helped make significant progress possible. Some of their names remain forever linked to the very buildings they helped to create.

One such figure was José Mac Lennan, a well-known mining entrepreneur, who, in the early 20th century, contributed to improving living conditions on the island by funding the installation of a water supply, resolving one of the most pressing structural challenges faced by the sanatorium: access to clean drinking water.

Another remarkable example was the indiano Luis de la Pezuela, originally from Entrambasaguas, who bequeathed 110,000 pesetas through the Pezuela Foundation for the construction of the Infanta Beatriz pavilion. This donation, formalised through his will, allowed the continuation of a state-funded building project, which reached completion after several years and was inaugurated in August 1925.

Equally notable was María Luisa Gómez Pelayo, 1st Marchioness of Pelayo and 2nd Marchioness of Valdecilla, known for her deep social commitment.



06

In 1926, she personally financed the pavilion that now bears her name, located in La Picota. The construction began in February and was completed in just six months. Her swift and generous patronage was widely praised at the time as a noble and charitable act.

In more recent times, the Marchioness of Nájera, Isabel Fernández de Villavicencio, also left a lasting mark on the island. In the 1980s, her legacy helped fund new initiatives that upheld the founding spirit of Pedrosa as a place of care and well-being.

These benefactors, alongside many others whose names remain unknown, not only contributed material resources but also imbued the history of Pedrosa with a spirit of humanity and altruism. Their legacy endures in the walls, gardens, and pavilions they helped to build: lasting symbols of a society that once chose to invest in the care of its most vulnerable.

The island's major transformations were made possible thanks to altruistic legacies that forever linked their benefactors' names to the history of Pedrosa.



07

From blueprint *to stone*

THE PROFESSIONALS WHO SHAPED A DREAM

Transforming the island of Pedrosa into a therapeutic landmark was also an architectural endeavour. Over several decades, various architects left their mark on the buildings, endowing the complex with a unique stylistic and artistic richness. Each contributed their own vision to the creation of an environment where architecture was intended to be not only functional, but also healthy and aesthetically harmonious.

The first interventions were carried out by Alfredo de la Escalera, the provincial architect responsible for adapting the former lazaretto buildings. Later, Ricardo García Guereta, architect of the Health Inspection Service, became involved during the sanatorium period, designing one of the most emblematic buildings: the Infanta Beatriz pavilion. His style, a reinterpretation of neo-montañés architecture, reflected a search for identity and rootedness in early 20th-century healthcare design.

Leonardo Rucabado also took part, designing the chapel-mausoleum of Our Lady of Mount Carmel, one of only two religious buildings he ever conceived, along with the church in Los Corrales de Buelna. His Romanesque-inspired design was later adapted and overseen by Emilio de la Torre after the laying of the foundation stone in 1928. Gonzalo Bringas, the architect behind the Royal Palace of La Magdalena, was responsible for the María Luisa Pelayo pavilion, an example of eclecticism tailored to the requirements of medical care.

The layout of the pavilions followed a logical plan that facilitated independent circulation, active supervision and functional separation. Built with solid, fireproof materials, they were notable for their spaciousness, brightness and hygienic conditions. Decoration was sober and horizontally oriented, with a strong emphasis on light and well-being. Styles such as Art Deco (in the Queen Victoria Eugenia pavilion), Neo-Mudejar (in the theatre), and Regionalism (in the chapel) coexisted on the island, lending the complex a distinctive character, a reflection of the many voices that shaped Pedrosa into a collective architectural achievement.



The island of Pedrosa became a collective masterpiece of renowned architects, where styles and functions intertwined to create a unique therapeutic space.

01. Terrace of the Infanta Beatriz pavilion, circa 1920s. Source: private collection.

02. Design for the chapel-mausoleum of the National Maritime Sanatorium of Pedrosa. Source: La Montaña: revista semanal de la colonia montañesa, September 15, 1917.

03. King Alfonso XIII laying the first stone for the chapel-mausoleum. Source: El Día Gráfico, September 4, 1928.

04. The Queen Victoria Eugenia pavilion. Source: Arquitectura, órgano oficial de la Sociedad Central de Arquitectos, 1918.

05. South façade of the Queen Victoria Eugenia pavilion. Source: Arquitectura, órgano oficial de la Sociedad Central de Arquitectos, 1918.

06. Design for the María Luisa Pelayo pavilion. Source: La Montaña: revista semanal de la colonia montañesa, April 20, 1926.

07. One of the dining rooms at the National Maritime Sanatorium of Pedrosa, circa 1920s. Source: private collection.

08. Exterior of the Queen Victoria Eugenia pavilion, circa 1920s. Source: private collection.



Transforming the island of Pedrosa into a functional, healthy, and sustainable space required not only architectural vision, but also the constant and meticulous work of engineers, builders, and contractors who made the materialisation of each project possible. Their contributions, often invisible, were essential in providing the technical viability of every pavilion, garden, water supply system, or access route.

From the late 19th century onwards, figures such as engineer Doblado, responsible in 1893 for installing the disinfection stove in the old lazaretto, were involved in improving the site's sanitary conditions. During the sanatorium period, engineers like Mr Hornedo designed the gardens and open-air schools on land donated by the town of Pontejes. In addition to the intervention of professionals from the Board of Port Works, names like José Ruiz Valiente, who drafted the 1919 marsh drainage project southeast of the island, also stand out. So too do the engineers from the Casa Corcho company, who, alongside Mr Gorosman, installed in the same year a motor-pump unit capable of supplying water to all the buildings.

The construction chapter includes Mr Gallostra, Antonio Fernández, Benigno Chies, and Elises Catalán, all responsible for works in the lazaretto between 1884 and 1889. They were followed by Serafín de la Llama, who led the installation of the sanatorium in 1909; Juan Cagijas, based in Maliaño, who built the Queen Victoria Eugenia pavilion; and Diego Casanueva, in charge of the Infanta Beatriz and María Luisa Pelayo pavilions. The execution of the Infanta Beatriz pavilion also involved Alberto Corral and Alonso de la Puente, as well as Serafín Cosío, who directed the works in 1921. In the 1960s, Gerardo Castanedo Miera undertook further renovation works, and in the 1980s, the company Dragados y Construcciones S.A. led a major improvement project across several pavilions and technical facilities.

Behind every building were blueprints, calculations, and great effort. Engineers, builders, and contractors made the transformation of Pedrosa island possible over time.



Beauty *as* healing

ART AND NATURE IN EVERYDAY CARE

Art has played an active role in shaping an environment designed for healing and care, as exemplified by the island of Pedrosa. Although little documentation survives regarding artistic interventions before or after the early 20th century, the legacy of an integrative approach remains evident.

At that time, painting and sculpture became part of everyday life at the National Maritime Sanatorium of Pedrosa, forming part of a broader project to humanise hospital spaces, where beauty was seen as integral to the healing process. Several distinguished artists, not all from regional artistic circles, took part in this endeavour.

Painters such as Tomás Gutiérrez Larraya, Gerardo Alvear, Ricardo Bernardo and Ángel Espinosa from Calatayud collaborated on the interiors of the Queen Victoria Eugenia pavilion, the first to open in 1916. Their combined artistic sensibilities enhanced communal spaces, dining rooms, bathrooms, classrooms, through murals and ornamental compositions. The presence of other, unnamed artists can also be felt in portrait paintings of Queen Victoria Eugenia adorning the study rooms.

In the field of sculpture, Enrique Marín from Málaga contributed to the creation of the monument to Dr Manuel Martín Salazar, the Director General of Public Health under whose leadership the Sanatorium was initiated. This piece was unveiled in 1920. Later, in 1962, sculptor Manuel Pereda de la Reguera produced a bust of Dr Víctor Meana Negrete, who had served as director of the Sanatorium from the late 1940s throughout the 1950s. Both sculptures were funded through public subscription.

01. One of the paths winding through the park, circa 1920s. Source: private collection.

02. Monument to Doctor Manuel Martín Salazar. Source: La Esfera, October 4, 1924.

03. One of the dining rooms, circa 1920. Source: private collection.

04. View of one of the classrooms, circa 1920. Source: private collection.

05. Exterior of the Queen Victoria Eugenia pavilion surrounded by trees, circa 1920s. Source: private collection.

06. General view of the park, circa 1920s. Source: private collection.

Painters and sculptors brought beauty to care, integrating art into daily life on the island of Pedrosa.



The beauty of the island of Pedrosa was not only the result of its exceptional natural landscape, but also of a deliberate effort to shape the surroundings into a harmonious, aesthetically pleasing and health-promoting environment. This endeavour involved artists and specialists who, through their crafts, helped create a place where healing was also achieved through beauty.

One of the most recognisable names is that of ceramicist and painter Daniel Zuloaga, a key figure in the renewal of decorative arts in early 20th-century Spain. The Madrid-born artist received several commissions from architect Ricardo García Guereta: in 1916, to decorate the entrance of the convalescent pavilion with a tiled inscription bearing the name and coat of arms of Queen Victoria Eugenia and the international symbol for the fight against tuberculosis; and, in 1920, to design the façade of the island's theatre with a name plaque flanked by garlands, heads and theatrical masks.

Alongside ceramics, landscape gardening played an essential role. Eucalyptus, plane trees, horse chestnuts and pines shaped the island's verdant,

well-tended appearance for decades, carefully planned to encourage patients' rest and well-being. While some of the individuals who planted and maintained the gardens and footpaths remain anonymous, others are known by name: arboriculturists Lorenzo Blanchard and Narciso Massó, originally from Catalonia, or Ramón Rebolledo, a well-known florist based in Santander who decorated the Infanta Beatriz pavilion for its 1925 inauguration and later landscaped the gardens of the María Luisa Pelayo pavilion after 1926.

These elements, tiles, trees, flowers, were not mere embellishments, but part of a broader aim to humanise the hospital environment through light, colour, scents, tranquil walks and silence. At a time when tuberculosis was treated with rest and fresh air, beauty itself became part of the cure.

On the island of Pedrosa, beauty was not decoration: it was part of the care. Ceramicists, arborists and florists helped shape a healing landscape.

Salutation to H.R.H. the Infanta Doña Beatriz

Welcome, noble Infanta,
welcome to these lands today,
where your presence now has granted
that the sun sets in fair array.

A princess born of dreamlike grace,
with such fine bearing and bright face,
you seem more like a fairy maid
from the tales of old retold and played.

Princess with those azure eyes,
mirrors of the soul they lie,
and from yours, so pure and fair,
heaven itself must take its stare.

Child of golden curls, so mild,
who, upon life's very threshold,
knows already how to dry
tears, before your own unfold.

What is inherited is not stolen,
nor is nobility ever broken.
Daughter of such royal worth,
how could you deny your birth?

To lay a stone your hand descends,
and in that humble act it bends;
yet even then, in such small grace,
an angel comes to lend its face.

Charity lays down the stone,
a virtue vast, as all have known,
which even in the coldest things
its holy spark sometimes can bring.

Soon, drawn forth by such a call,
a thousand others too shall fall,
like blessings from a Father's hand
above your brow, as He had planned.

Beneath your shelter it shall rise,
the refuge built beneath these skies;
and what a blessed sign it seems
that it shall bear your name in dreams.

For this noble, fruitful aim,
piling stone on stone again,
you shall lead it to the skies,
like Beatrice for Dante's eyes.

May God reward you, Princess dear,
for the grace you've granted here,
and may joy return to thee
as great as you gave so freely.

Every tear that you may dry
turn into a pearl nearby,
to adorn the crown you'll bear
when God's reward you rise to wear.

May no sky to you be grey
when you lift your gaze that way;
may no rose you pick or prize
fade or wither in your eyes.

And may your hours gently pass,
soft as swans on mirrored glass,
like the lark that lifts her tune
rising freely toward the moon.

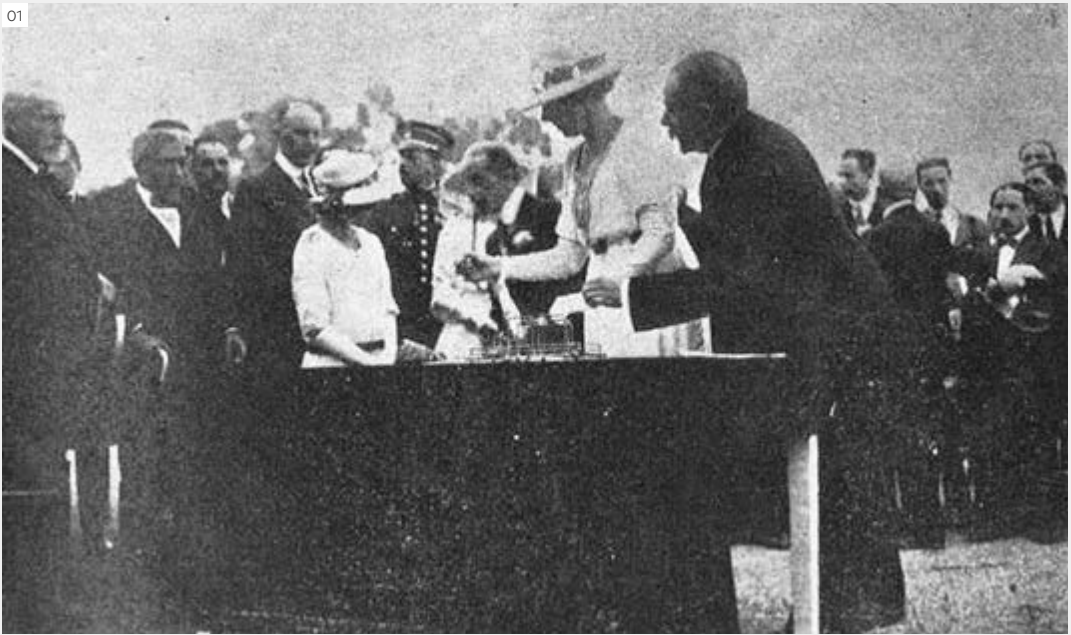
This greeting is not quite
as my heart had wished to write,
it lacks the truest expression
of our childhood-like affection
from a soul so full and bright.

Who could better frame and fashion
our profound and grateful passion?
Who with truer understanding
could give praise and thanks commanding
to the noble Princess standing?

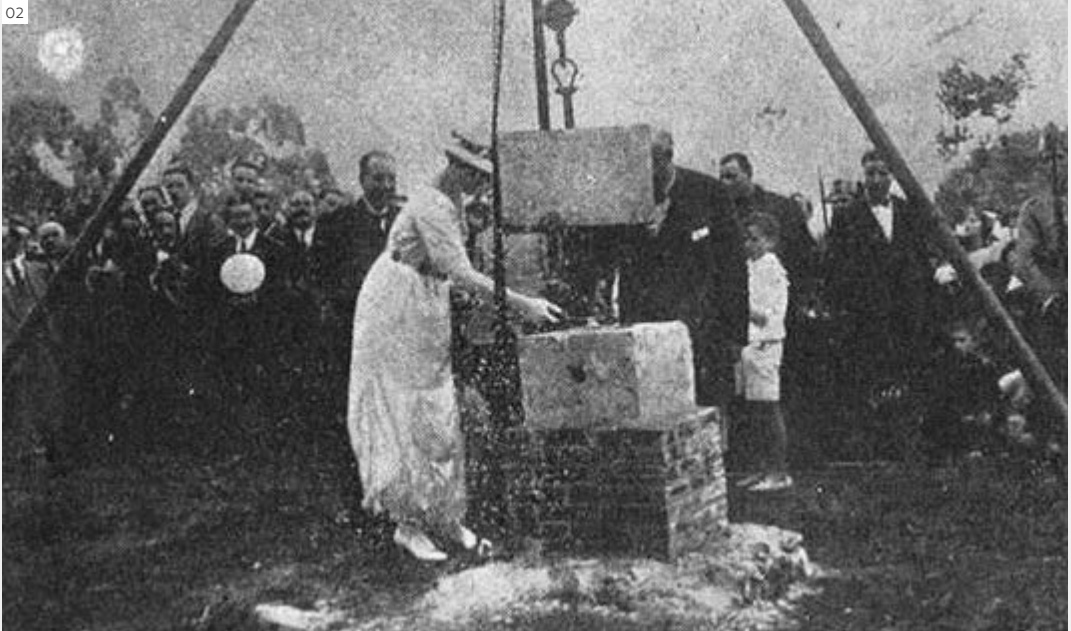
I've found the perfect choice:
better than my halting voice,
better than this poor invention,
is to give the good intention
to the Guardian Angel's voice.

All my efforts fall to dust,
yet he, in wisdom, fair and just
will find sovereign words to say,
for he shall speak, in his own way,
what is said between true brothers"

01



02



ENRIQUE MENÉNDEZ PELAYO

APUNTES DE MEDICINA
SOCIAL, AUTHOR, C. 1924

Poem taught by Enrique Menéndez Pelayo to the young Enriqueta Porres for the moving ceremony of laying the foundation stone of the Infanta Beatriz pavilion, in 1920

01. Queen Victoria Eugenia handing Princess Beatriz the pen to sign the official record. Source: La Montaña: revista semanal de la colonia montañesa, September 25, 1920.

02. Queen Victoria Eugenia laying the first stone of the Infanta Beatriz pavilion. Source: La Montaña: revista semanal de la colonia montañesa, September 25, 1920.

BLOCK 6

PEDROSA THROUGH TIME

| An island of
deep memory

Pedrosa through time

- 1826 • By Royal Decree of December 11, the island of Pedrosa is authorised as a quarantine lazaretto.
- 1844 • By Royal Decree of April 24, all observation lazarettos are abolished except those at San Simón and Mahón.
- 1854 • By Royal Decree of October 14, the remaining activity at the Pedrosa lazaretto is ordered to cease.
- 1870 • By Order of March 7, a dirty lazaretto is authorised in the port of Santander under the same conditions as San Simón and Mahón.
- 1882 • Robert Koch presents his findings on the tuberculosis bacillus.
- 1893 • On November 3, the dynamite cargo of the steamer Cabo Machichaco explodes after having completed quarantine on the island of Pedrosa.
- 1898 • On December 10, the Treaty of Paris is signed, granting Cuba independence and ceding Puerto Rico, the Philippines and Guam to the United States.
- 1909 • By Royal Decree of January 15, the specifications are approved for public tender works to preserve and improve the Pedrosa lazaretto.

AN ISLAND OF DEEP MEMORY

- 1910 • In August, Dr Mariano Morales Rillo, director of the National Maritime Sanatorium of Pedrosa, welcomes the first colonies of boys and girls.
- 1916 • On September 4, the Victoria Eugenia pavilion is officially opened in the presence of the royal family, the bishop and over seven hundred guests.
- 1920 • On August 16, the monument to Manuel Martín Salazar, then Director General of Public Health, is inaugurated and the foundation stone of the Infanta Beatriz pavilion is laid.
- 1921 • The first use of the BCG (*Bacillus Calmette-Guérin*) vaccine on a human marks the beginning of preventive immunisation against tuberculosis.
- 1925 • On August 24, the Infanta Beatriz pavilion is inaugurated and the construction of the María Luisa Pelayo pavilion begins.
- 1926 • On August 27, the María Luisa Pelayo pavilion is officially opened, based on plans by Laredo-born architect Gonzalo Bringas.
- 1928 • On August 30, the foundation stone of the chapel-pantheon is laid to house the remains of repatriated soldiers who died on the island following the loss of the colonies.

CONTINUED ON
THE NEXT PAGE



- 01. View of the lakeside recreational area, circa 1920s. Source: private collection.
- 02. One of the teachers with a group of pupils, circa 1920s. Source: private collection.
- 03. A resting field beside the Queen Victoria Eugenia pavilion, circa 1920s. Source: private collection.
- 04. Table etiquette lesson, circa 1920s. Source: private collection.
- 05. Gymnastics lesson, circa 1920s. Source: private collection.

06. Interior of the María Valle pavilion, circa 1920s.
Source: private collection.

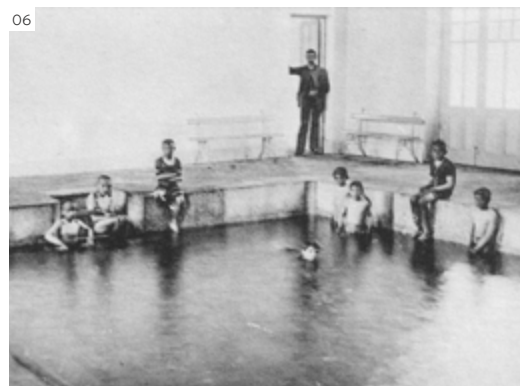
07. Group of boys in a lesson on crop fields,
circa 1920s. Source: private collection.

08. Bathing time at the beach, circa 1920s.
Source: private collection.

09. General view of the playground, circa 1920s.
Source: private collection.

10. Groups of girls in the garden near the Green
and the Queen Victoria Eugenia pavilions,
circa 1920s. Source: private collection.

11. General view of the playground, circa 1920s.
Source: private collection.



1931 • On April 14, the Second Spanish Republic is proclaimed and King Alfonso XIII leaves the country.

1932 • On April 1, Dr Juan González Aguilar is appointed director, inaugurating a new, more surgical and scientific phase focused on osteoarticular medicine.

1936 • By Decree-Law of December 20, the National Antituberculosis Board (Patronato Nacional Antituberculoso) is established.

1937 • On January 1, the first issue of Salud y Cultura is published, a magazine written by the patients and successor to the Gaceta de Pedrosa.

1937 • On August 26, the city of Santander falls to Nationalist forces.

1943 • On June 8, Blas Pérez makes his first official visit to the island of Pedrosa as Minister of the Interior under the new regime and President of the National Antituberculosis Board.

1944 • The first effective antibiotic against tuberculosis, streptomycin, begins to be used.

1949 • On July 12, the chapel-pantheon of Our Lady of Mount Carmel is inaugurated, after works began in 1928.

1959 • On August 9, Dr Víctor Meana Negrete dies. He had served as director since 1947 and led the transformation of the sanatorium into one of the country's most modern centres for orthopaedics and rehabilitation.

1962 • On August 12, the monument to Dr Víctor Meana Negrete is unveiled, a work by Santander-born sculptor Manuel Pereda de la Reguera.

1972 • By Decree-Law of December 29, the Institutional Administration of National Health is created.

1987 • The transfer of patients and equipment from the Víctor Meana National Maritime Sanatorium of Pedrosa to the Hospital of Santa Cruz in Llanes begins.

1999 • The Cantabrian Foundation for Social Inclusion (now the Cantabrian Foundation for Health and Social Well-being) is established by the Regional Government's Department of Health and Social Services, with its headquarters on the island of Pedrosa.

2006 • The Infanta Beatriz pavilion becomes the home of the Centre for the Rehabilitation and Reintegration of Drug Users.

2024 • On July 1, the Pedrosa island Employment Workshop begins at the training centre, located in the former lazaretto inn, to support the integration of unemployed individuals into the labour market.

BLOCK 7
THE CHARMING
LITTLE THEATRE

A space to look back and
understand the present

*Commission letter for the ceramic
decoration of the theatre*

The charming little *theatre*

A SPACE TO LOOK BACK AND UNDERSTAND THE PRESENT

As the well-known writer and journalist Joaquín Dicenta noted during his visit to the National Maritime Sanatorium of Pedrosa in the summer of 1911, from the sea and aboard the Felisa, “two small buildings can be seen at the foot of the rocks, overlooking a wooden jetty” (El Liberal, September 6, 1911).

Indeed, access to the island was exclusively by sea well into the 20th century, until the construction of a bridge on its southern side. Thus, the northern coast served as the main reception point for visitors, where a sloped pier had been built to allow boats to dock and passengers to disembark. On either side of this structure, there were already two modest buildings from the time of the lazaretto: a gatehouse to the left and an old storage building to the right. For decades, these two constructions served as the gateway to the island’s healthcare complex.

The adaptation of that small storage pavilion was not included in the group of conservation and improvement works for the Pedrosa lazaretto put out to public tender by Royal Order on January 15, 1909. The idea of converting it for entertainment purposes only emerged with the arrival of the first children in the summer of 1910.

On Pedrosa island, culture has always served the purpose of care. In fact, an old storage building by the arrival dock was transformed into a theatre and cinema to bring entertainment to the patients.

Thus, the building was converted into a theatre in 1912. By July 1913, it was equipped with a film projector used to screen educational films, along with a piano and gramophone to provide musical entertainment.

“To our right at the entrance stands a single-storey pavilion. Upon entering, we are pleasantly surprised to find that what we assumed to be a storage shed is, in fact, a theatre. The stage measures about four square metres and features a plaster proscenium adorned with bouquets and flowers. The total seating capacity, including boxes and benches, is around one hundred”

LA REGIÓN CÁNTABRA, OCTOBER 5, 1914



01. Condition of the theatre before its restoration, in September 2017. Source: Vanbasten, Wikipedia.

02. Speech by Dr. Morales during the inauguration of the monument to Dr. Martín Salazar. Source: La Montaña, revista semanal de la colonia montañesa, September 25, 1920.

03. View from the landing dock, circa 1920s. Source: private collection.

04. Queen Victoria Eugenia visiting the children, accompanied by the President of the Provincial Council of Santander. Source: La Montaña, revista semanal de la colonia montañesa, January 15, 1928.

05. Inauguration of the monument to Dr. Martín Salazar, in a photograph by SAMOT from August 1920. Source: El Pueblo Cántabro, August 19, 1920.

06. Current state of the theatre, in May 2025. Source: private collection.

07. Arrival of Queen Victoria Eugenie during her visit in the summer of 1922. Source: La Montaña: revista semanal de la colonia montañesa, October 10, 1922.

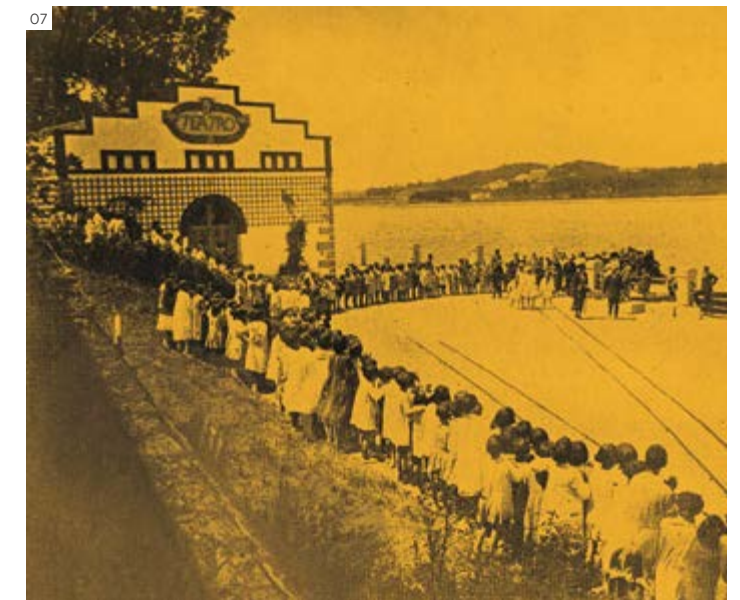
The theatre at the National Maritime Sanatorium of Pedrosa was conceived as a powerful educational tool, based on the idea that children, as actors, could best entertain and uplift other children, as spectators. During the 1920s, the Augustinian Father Celso translated and adapted modern English children’s theatre, easier to perform and with a higher moral purpose, for use in Pedrosa.

At the same time, the theatre building was also used as a venue for public performances. It hosted concerts, lectures, and theatrical evenings by dramatic groups and well-known artists of the time, who not only entertained the young patients but also helped raise funds for the institution.

This remarkable activity led to new renovations being planned and carried out. In July 1920, architect Ricardo García Guereta, known for his Neo-Mudéjar style, commissioned the celebrated ceramist and painter Daniel Zuloaga to design the building’s exterior cladding. This included a main tiled panel above the entrance and six horizontal ones originally placed above the side openings.

The theatre also served other purposes beyond entertainment. In December 1921, when wounded soldiers from the war in Africa arrived at the island, the building played a key role. First, it was used as a reception area to organise the incoming patients before transferring them to the María Valle pavilion for hygiene procedures. Then, film screenings were organised to make their stay more bearable.

Over time, as the island’s use changed, the theatre likely lost its original function and was gradually repurposed until it was eventually abandoned. By 2022, only its deteriorated walls remained, overtaken by vegetation. A year later, the building was saved from ruin and restored to the condition in which it can be visited today.



Commission letter for the ceramic decoration of the theatre

“Ricardo Guereta
Astillero, Santander
27 July 1920

Dear Zuloaga,

You must make me a tile panel according to the sketch enclosed, with overall dimensions of 2 x 4 metres.

The white background corresponds to the lime-washed wall, and you only need to produce what lies within the ellipse formed by the garlands and the three heads, to which I trust you will be able to give great character. I also need, for the same building, six rectangular horizontal panels measuring 1.00 x 0.40 metres, with motifs of your own choosing, and I would appreciate it if you could send me some sketches of those.

This is for Pedrosa, and it is to be inaugurated by Their Majesties on the 15th of August. So I need it ready by the 10th.

If you have any questions, do write.

The word teatro and the white background within the garland are to be in tile.

Send it to your good friend,

(Ricardo Guereta)”

ARCHIVES OF THE ZULOAGA MUSEUM IN SEGOVIA

EN MARÍA JESÚS QUESADA MARTÍN: DANIEL ZULOAGA,
CERAMISTA Y PINTOR, UNIVERSIDAD COMPLUTENSE DE
MADRID, 1982

Current state of the theatre, in May 2025.
Source: private collection.



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EXHIBITION CREDITS

Organized and promoted by

the Cantabrian Foundation for Health and Social Well-being,
Public Sector Foundation and In-House Entity

Exhibition and graphic design

Elisa Carreño Arenal

Documentation and scientific advisory

Sara del Hoyo Maza

VISITOR INFORMATION

Old theatre

Pedrosa island s/n

39618 Pontejos (Marina de Cudeyo), Cantabria

The Cantabrian Foundation for Health and Social Well-being,
Public Sector Foundation and In-House Entity

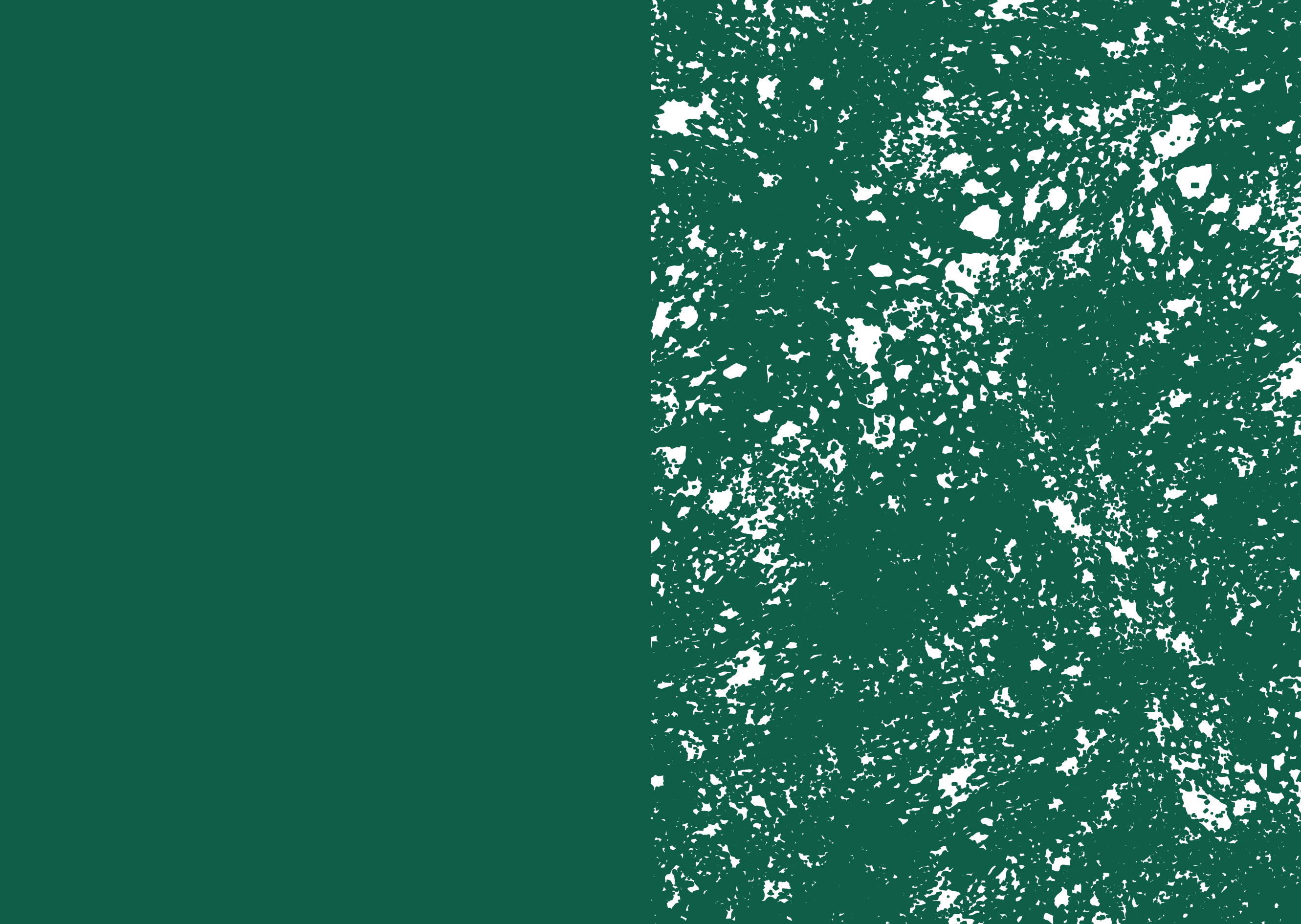


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Phone: 942 50 21 12 | Fax: 942 50 31 15

info@fundacionsbs.com | www.fundacionsbs.com

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Amid the waters of the Solía estuary, the island of Pedrosa holds traces of memory. This exhibition traces the key milestones in its history, from its earliest uses to the most recent, revealing how this unique site has reflected the needs and hopes of society, generation after generation. Through photographs and documents, it invites visitors to discover a place where the landscape has become a refuge for emotions. A place which, though isolated, has always been deeply connected to the wider world.



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