

AGUSTÍ PEDRO I PONS

PEDRO PONS EPONYMS

The eponyms

Pedro Pons sign. In Brucella spondylitis, a destructive focus in the upper inner corner of one or more vertebrae (mainly lumbar)¹; epiphysitis of the upper angle of a vertebra that can be seen in cases of chronic Brucella spondylitis². A radiographic sign characteristic of Brucella spondylitis, also known as Pedro Pons-Soriano sign³ or sign of Pedro-Pons.

Pedro Pons haemocytopenic gastrorrhagic splenomegaly. The most frequent Banti syndrome nowadays¹.



Agustí Pedro i Pons
(1898-1971)

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Agustí Pedro i Pons was born in Barcelona on 9 May 1898. He was the fifth and youngest child in a middle-class family of shopkeepers that showed great artistic sensibility. He was a precocious naturalist who found maths difficult; he finished high school in 1914 and started university, determined to study medicine as a “free student”, which meant that Pedro Pons’ time at university was undertaken mainly outside the official framework⁴. Though the medical school was in Casanova Street, next to *Hospital Clínic de Barcelona*, he carried out many activities in the old *Hospital de la Santa Creu*. He graduated in 1919; among the professors who had most influenced him were Francesc Esquerdo and Francesc Ferrer i Solervicens⁵. His doctoral thesis, which he defended shortly afterward, bore the title *La enfermedad de Banti y los síndromes esplenomegálicos* (Banti disease and splenomegaly syndromes). After graduation, he remained intensely active until gaining his professorship, pursuing both theoretical training and practice at the *Hospital de la Santa Creu*⁶.

He sat governmental exams (four in a year and a half: one in Madrid, one in Cádiz, and two in Barcelona) for different professorships in medical pathology, the fourth of which, a post in Barcelona, he won. He was 28. He then left the *Hospital de la Santa Creu* and took up his post at the *Hospital Clínic de Barcelona*. At the same time as Pedro i Pons entered the Faculty of Medicine, certain changes began to be felt, albeit gradually. These brought clear benefits, a favourable historical balance, and were brought about by what Cid⁴ called the “generation of the professors of 32” (as well as Pedro i Pons, this generation included Trias i Pujol, Bellido, Nubiola, and Gil i Vernet).

In his early career, Pedro i Pons shared the teaching of pathology and clinical medicine with Ferrer i Solervicens. In 1932, he began to publish the *Anales de la Clínica Médica A*. A few years later (1943), with Ramon Sarró, he would found the journal *Medicina Clínica*. That same year,

Ferrer i Solervicens died, and Pedro i Pons became the indisputable leader of internal medicine in Catalonia⁵. From 1954 to 1957 he was dean of the Faculty of Medicine. He was president of the *Acadèmia de Ciències Mèdiques* from 1939 to 1958 and president of the *Reial Acadèmia de Medicina de Barcelona* from 1957 until his death in 1971. In 1969, he entered the *Real Academia Nacional de Medicina*; he was the first Catalan non-resident in Madrid to be elected, occupying the position left vacant by Carlos Jiménez Díaz⁷. As well as *Medicina Clínica*, he was the founder and editor of another Barcelona journal, *Revista Española de Reumatismo y Enfermedades Osteoarticulares* (Spanish Journal of Rheumatism and Osteoarticular Diseases) and co-editor of two journals in Madrid: *Progresos de Terapéutica Clínica* (Advances in Clinical Therapeutics) and *Progresos de Patología Clínica*⁵ (Advances in Clinical Pathology). He chaired or participated in numerous congresses and scientific meetings.

On 9 May 1968 he retired as professor, though he continued in the post until September (on the last day of September, after finishing his consulting rounds, he said goodbye as he usually did: "Good day, gentlemen, see you tomorrow"⁷). But in fact, he never truly retired. The next day, on 1 October, he joined another hospital in Barcelona,



Agustí Pedro i Pons, chair of the I Congress of Geriatrics held in Barcelona in 1950

Residencia Sanitaria Francisco Franco (name that *Hospital Universitari Vall d'Hebron* had at that time), as head of a new department, full of fresh hopes and challenges.

In 1969, enthused by the idea of creating the first Catalan Summer University, he accepted the honorary presidency⁸, giving the closing conference entitled "*Homes i fets de la medicina catalana*" (Men and events in Catalan medicine).

He died in Barcelona on 27 March 1971. That morning, as usual, he had done his rounds of the patients hospitalised in the internal medicine department at *Hospital Vall d'Hebron*. In the afternoon, he had attended patients in his consulting rooms on Mallorca Street, and that evening he had chaired an ordinary session of the *Reial Acadèmia de Medicina de Barcelona*. He died during the night of a heart attack, the way he would have wanted: having completed his habitual working day, quickly and quietly⁷.

He left a large amount of his assets to the *Universitat de Barcelona* through the constitution of a university foundation that bears his name.

Agustí Pedro i Pons: his work in Catalan medicine

Agustí Pedro i Pons was a professor of pathology and clinical medicine at the *Universitat de Barcelona* for over 40 years: from 1927 to 1968. During this period, he became the most prominent professor in the field⁵. In his early years, prior to the Spanish Civil War, he had a less important role despite the great changes that education was undergoing. However, after the war, especially after 1943, with the death of Ferrer i Solervicens, Pedro i Pons became the most visible and representative head of Catalan medicine.



Agustí Pedro i Pons (centre) surrounded by teachers and students from a course at the *Hospital Clínic de Barcelona* in 1928

He was a peerless clinical doctor. The practice of medicine was his true passion. Although he was well versed in therapeutics, he was particularly attracted to diagnostics, especially of difficult cases. His exceptional diagnostic skill derived from different aspects: he considered a good medical history indispensable (taking it himself, speaking to the patient for as long as needed). He was an adept at semiotics, having acquired this skill during his years of training with great constancy and dedication. He also had an exquisite capacity for distinguishing important information and signs from irrelevant ones. He pondered deeply over the prognosis, and admitted that he could make mistakes⁶, proving that he was a great doctor. He was skilled in neurological examinations (it was striking to see how he simulated different gaits for his students)⁹ and always auscultated without a stethoscope, often obtaining surprising information. He had a great capacity for distinguishing the fundamental from the superfluous and so prioritised common sense that he allowed himself to reject even precise laboratory data if they did not fit with solid and consistent reasoning. His disciples report that everybody felt good around him. So it is logical that such an atmosphere generated a strong desire to collaborate and a great power of attraction, facilitating teamwork⁹.



From left to right,
Carlos Jiménez Díaz,
Agustí Pedro i Pons
and Gregorio
Marañón at the
II Meeting of the
*Sociedad Española
de Medicina Interna*
in 1954

Corbella⁵ recognises several aspects of Pedro i Pons career that made him especially important in Catalan medicine: a) He was a magnificent teacher of medical pathology (a brilliant orator –his classes were truly masterful–, he was also a gifted teacher of clinical practice at the bedside); b) He developed a significant consulting practice, both in the consulting rooms at *Clínica Mèdica A* (practical teaching sources) and in dispensaries (a source of growth of specialisations) or in the laboratories of the *Hospital Clínic de Barcelona*. After he retired in 1968 and started heading the internal medicine department at the *Hospital Vall d'Hebron* his work in his private consultancy was no less important; c) The publications he promoted were of the highest calibre: as well as the journals mentioned above, his *Tratado de Patología y Clínica Médicas* (Treatise on pathology and clinical medicine) –a collective work by Catalan authors in six volumes published from 1950 onward– was an important manual for consultation, study, and reference for over 30 years, and a series of monographs was also important; d) His influence and impetus were decisive in creating the School of Haematology at the *Hospital Clínic de Barcelona* in 1967 (once

created, he delegated the directorship to Pere Farreras)¹⁰; e) He trained many disciples (more than a dozen became full professors); and f) He served the profession through various bodies and organisations (university or academic posts, societies, etc.).

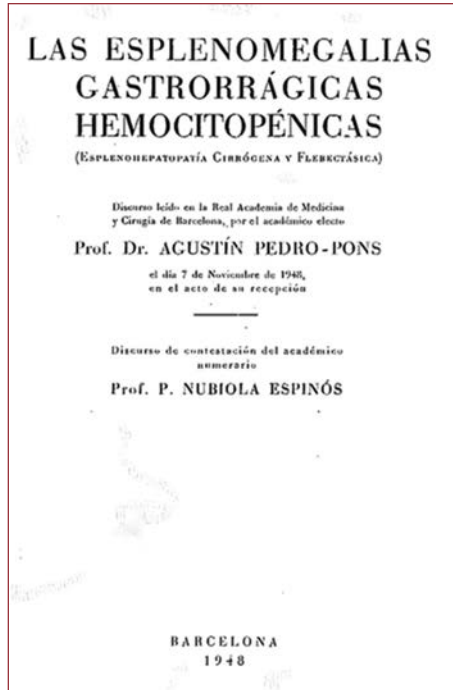
Pedro i Pons, a physician with exceptional clinical sense, was a great expert in infectious diseases and had a predilection for studying pneumological, neurological, and rheumatic patients¹⁰. As a researcher, his most important contributions are those related to brucellosis, slow endocarditis, hepatic cirrhosis, portal hypertension, Hodgkin disease, and collagenosis. Furthermore, he knew how to foster scientific productivity in his school⁶.

Agustí Pedro i Pons eponyms

Pedro Pons haemocytopenic gastrorrhagic splenomegaly

In 1948, Pedro i Pons, who had compiled clinical observations accumulated over years and also had substantial micrographic material, published the monograph *Esplenomegalias gastrorrágicas hemocitopénicas* (Haemocytopenic gastrorrhagic splenomegalies), which would result in an eponym. This monograph, published as his acceptance speech for his appointment to the *Reial Acadèmia de Medicina de Barcelona*⁴ went well beyond a simple compilation¹¹. In it, he demonstrated that this type of splenomegaly constituted a syndrome: a set of lesions comprising a morbid species. Pedro i Pons affirmed that haemocytopenic gastrorrhagic splenomegalies were not solely a splenic disease, since, sooner or later, it could affect other organs, among them, the liver.

In 1894, Banti had described splenomegaly with cirrhosis that soon became known as “Banti syndrome or disease” (congestive



Pedro i Pons' acceptance speech
for his appointment to the *Reial
Acadèmia de Medicina de Barcelona*
in 1948

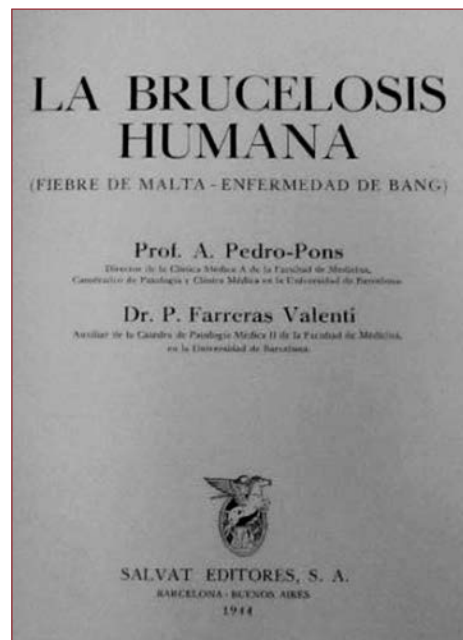
splenomegaly secondary to portal hypertension, with ascites, anaemia, thrombocytopenia, leukopenia, and digestive haemorrhages)³. Pedro i Pons scientifically questioned the existence of Banti disease. He studied the symptoms and diseases related to this syndrome. As early as 1925 (long before publication of the monograph –it should be recalled that his thesis dealt with Banti disease and splenomegalies–, he clarified the reciprocal influence that exists between spleen and liver in this pathological process, describing the existence of gastrorrhagic splenomegalies. These, he claimed, were based on two main events: the presence of splenic tumours and gastric haemorrhages in which, furthermore, congestion and pulpal hyperplasia predominate, rather than the fibrosis that occurs in Banti disease⁴. The schematising of the

aetiologic factors, of the anatomopathological alterations localised in the vessels and hepatic parenchyma, and of the clinical manifestations made this monograph one of the most important texts in this area of research¹¹. Thus, Pedro i Pons showed the existence of complementary morbid alterations that were a far cry from the schematic, systematised descriptions in most medical pathology treatises of the period.

Pedro Pons sign

The study of brucellosis was one of the fields on which Pedro i Pons focused his attention. His great interest in this disease derived from his desire to find organic unity in clinical manifestations through etiopathological content⁴. Furthermore, he also examined the

La brucelosis humana (Human brucellosis) by A. Pedro i Pons and P. Farreras i Valentí (1944)



epidemiology of the disease (a little-studied aspect in Spain at that time), confirming that it was relatively common in the Mediterranean area. In addition to describing his observations on the particularities of different types of brucellosis (he clarified the differences between the types that came from goats and those that came from cattle, and observed the possible participation of pigs through epizootic abortion), his studies of its complications and sequelae were especially fruitful.

In an article titled *Espondilitis melitocócica* (Melitococcic spondylitis), he gave the first warning ever in this part of the world about the frequency of spondylitis during the decline of febrile cycles or in phases of complete apyrexia (“Pedro Pons sign” refers to a destructive focus –i. e., epiphysitis– in the anterosuperior angle of one or more vertebrae, mainly lumbar, which can be observed in cases of chronic *Brucella* spondylitis). Furthermore, he found evidence that, even though pain and vertebral stiffness are the most constant manifestations, it is not unheard of for parotitis or orchitis to be present. Pedro i Pons established the different clinical manifestations of *Brucella melitensis*, a remarkable achievement in the early twentieth century.

Agustí Pedro i Pons, bibliophile, theatre and culture lover

While his vocation for medicine was absolute, he was also greatly interested in varied humanist pursuits. Pedro i Pons was an avid reader and voracious bibliophile. On his death, he donated his library of around eleven thousand volumes to *Acadèmia de Ciències Mèdiques de Catalunya i de Balears* (the medical books) and to the *Biblioteca de Catalunya* (as a collection). He considered books his principal form of wealth and frequently visited the Sant Antoni Market to hunt out the finest copies, such as first editions or quality bindings. The traders there paid homage to him in 1969. As well as medical books, he was a keen collector of documentation on Catalan and Barcelona folklore, especially

on his city's neighbourhoods. He was likewise an avid collector of press, participating in the publication of *Història de la premsa catalana* (History of the Catalan press)⁸.

He was also a great lover of the theatre. He inherited a taste for the theatre from his parents. At *Clínica Mèdica A*, in *Hospital Clínic de Barcelona*, he encouraged members to put on theatrical performances. He actively participated in and supported numerous events: Catalan theatre performances at *Teatre Romea*, creation of the group Friends of Guimerà (Àngel Guimerà [1845-1924] was a Catalan playwright), creation of an *Institut d'Estudis Guimeranians* and a commission to promote a monument to Guimerà, etc.⁸. His patronage was very important in halting the close of *Teatre Romea*⁶ when Catalan theatre was going through hard times.

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