

Wenceslao López Albo: precursor of neurology in Bilbao

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ABSTRACT

Dr Wenceslao López Albo, who was trained within the Madrid tradition of neuropsychiatry in the early 20th century, was the pioneer of neurology at Hospital de Basurto (Bilbao, Spain). Later, in 1928, he became the first head of the neuropsychiatry department and medical director of the primitive Casa de Salud Valdecilla, in Santander. This early advancement of the field of neurology was lost as a result of his exile (along with that of other neuroscientists) after the Spanish Civil War, and was only recovered with the creation of the first neurology units at Hospital de Cruces and Hospital Valdecilla in the 1970s. This article reviews López Albo's extraordinary contribution to the dissemination of neurology during his time in Bilbao (1915-1928 and 1930-1936), largely through the Bilbao Academy of Medical Sciences (of which he was president) and its publications: initially the *Gaceta Médica del Norte*, which López Albo modernised and promoted, and subsequently the *Revista Clínica de Bilbao*.

KEYWORDS

Academia de Ciencias Médicas de Bilbao, history of neurology, Hospital de Basurto, Hospital de Valdecilla, López Albo

Introduction

Dr Wenceslao López Albo is not well known among younger neurologists and psychiatrists in Spain. The figure of López Albo is addressed by Rodríguez Arias¹ and in the excellent thesis of Izquierdo Rojo,² but he is not mentioned in more recent general histories of Spanish neurology.^{3,4} Other articles have been written on him, mainly from the perspective of psychiatry.⁶⁻¹⁰ The limited recognition of his career may partly be explained by the relatively short duration of his professional activity in Spain: like so many others, his career was truncated by the horrors of the Spanish Civil War, and he was not able to establish a lasting school. It is highly regrettable that he should be unknown in Bilbao, a city where he was highly active, albeit for a short time. The Valdecilla Foundation has named activities and grants after López

Albo, contributing to greater awareness of him in the city of Santander.

In the first third of the 20th century, the work and inspiration of the great neurohistological schools of Cajal and later Achúcarro and del Río Hortega, led to enormous development of the fields of neurology and psychiatry (generally practised jointly) in Madrid and, by extension, in the rest of Spain. Neurology also took root in Barcelona, starting with the group created by Luis Barraquer Roviralta at Hospital de la Santa Creu i Sant Pau. At the time, these were the two main currents in Spanish neurology: the Madrid school, patently inspired by the German tradition and showing a strong interest in neurohistology; and the Barcelona school, influenced by the French tradition and focusing more on clinical semiology and pathophysiology.^{1,2} Despite this development still being in the embryonic stage, the first

hospital neurology departments were opened in these cities. All this work was undone with the economic and social crisis that followed the Spanish Civil War and the exile of many significant neuroscientists, both in Spain and abroad.

In Bilbao and Santander, López Albo was at the centre of a similar phenomenon, although on a smaller scale. Trained in Madrid, he considered Achúcarro his master.¹¹ He pioneered neurology at Hospital de Basurto in 1915, and created the neuropsychiatry department at Casa de Salud Valdecilla (CSV), in Santander, in 1928.¹² The storm of the Civil War and López Albo's exile were followed by a neurological vacuum, although the CSV neurology department remained active, mainly treating psychiatric patients. In Vizcaya, psychiatric hospitals were maintained, as was neuropsychiatric practice outside hospitals and at private centres; however, there were no neurology or psychiatry units in general hospitals. It took nearly 40 years for neurology units to be created and reopened in both cities, with the first units being opened at the Cruces and Valdecilla hospitals in the 1970s.

The journal *Gaceta Médica del Norte* ("Medical Gazette of the North"; GMN) was born of the initiative of a group of professionals on whose behalf Dr Agustín María de Obieta signed the first chronicle, published in the first issue of the journal in January 1895. It announced itself as a "fortnightly medical, surgical, and pharmaceutical journal" "dedicated to defending the interests of these professions." In turn, the Academia de Ciencias Médicas de Bilbao (Bilbao Academy of Medical Sciences; ACMB) was created at an informal meeting of physicians and pharmacists at a first aid office belonging to the Bilbao municipal government; its first formal session, with an attendance of around 70, was held on 22 November 1895, and was reported in GMN. As honorary president, Obieta also had the privilege of giving the first official speech to the new Academy; large parts of the speech were printed in GMN. The chronicle published in GMN congratulates the founders of the Academy, whose motto "Faciam ut potero" (echoing the words of Pasteur) is translated as "I will do what I can" ("as much as I can" would be more accurate). Logically, the ACMB should have been created first, and later established a journal as a means of communication. But in this story, events took place in reverse: GMN was created first, and enthusiastically announced in the last issue of the year, published on 31 December 1895, that it was to become

the official publication of the ACMB. When López Albo came to Bilbao in 1915, both institutions (the journal and the Academy) had been consolidated and had a 20-year history.

Wenceslao López Albo is estimated to have published at least 150 articles. His biographers calculate that by the time he took his position in Valdecilla he had published 120 works; no list is provided, however. The only compilation/list of publications by López Albo that I have been able to consult is included in the excellent thesis by Izquierdo Rojo,² and is limited to 50 citations. None of the articles cited is published in the GMN and only three are from *Revista Clínica de Bilbao* ("Clinical Journal of Bilbao"; RCB); this demonstrates an extraordinary amount of missing data. Most of the remaining articles were published in other Spanish journals, mainly *Archivos de Neurobiología*, *Revista Española de Medicina, Cirugía y Especialidades*, and *Gaceta Médica Española*.

The present study aims to palliate this lack of information. It does not review López Albo's entire career in detail, but rather focuses on his extraordinary yet little-known contribution to the dissemination of neurology in Bilbao, mainly through his activities with the ACMB and its publication, GMN, which was renamed as RCB through the influence of López Albo.

Material and methods

Biographical data are taken from a variety of articles and websites.¹⁻¹⁰

The ACMB's library contains physical and digital copies of every issue of its official publication, whose name has changed over the years, from GMN (1895-1925) to RCB (1926-1936), until the Spanish Civil War. After the interlude imposed by the war and immediate postwar period, it recovered its original name, GMN (1944-1970), and finally changed once more in 1970 to *Gaceta Médica de Bilbao* (GMB), its current title. As a successor to the previous journals, GMB can be considered one of the oldest active journals in Spain, probably only surpassed by *Anales de la Real Academia Nacional de Medicina*. Articles are available upon request made by email to academia@acmbilbao.org. I reviewed every volume of GMN from 1915, the year López Albo came to Bilbao, to 1925; and RCB from 1926 to 1936, the year he was exiled. López Albo died in 1944, the year when publication of GMN was resumed.

López Albo's contributions are categorised as follows:

1. Remarks made in discussions at the sessions of the ACMB
2. Oral communications at the sessions
3. Articles
4. Reviews of journals or congresses
5. Participation in courses and training activities
6. Other

The distinction between oral presentations and articles is based on the headings printed in the journal, although the same subject was often presented first orally and later in writing. For some of the oral presentations, the printed text is very short or only the title is published; however, they are often so complete, even including bibliographies, that they could be considered articles in their own right. Both his oral presentations at sessions of the Academy and written articles and other important contributions warrant inclusion here, with full titles and publication dates. In the interest of brevity, for the other categories I include only the best possible estimate, with some general observations on their content, but do not include further detail.

Several communications were arbitrarily selected that for their modern style and images warrant greater recognition among young neurologists.

López Albo also performed some neurosurgical procedures; as this activity was sporadic and poorly regulated, it is not further discussed.

Results

Brief biography of Dr Wenceslao López Albo

López Albo's turbulent biography is addressed in numerous studies¹⁻¹⁰; the extensive chapter on him in Izquierdo's² doctoral thesis, "Historia de la neurología clínica en España" ("History of clinical neurology in Spain"), is a key text.

Wenceslao López Albo was born in Santander in 1889 to a family from Colindres, a town bordering Laredo. His birth home, built in the *Indiano* style popular among prosperous returning emigrants to Latin America, was conserved until its recent, unfortunate demolition. He completed his university studies in Valladolid and Madrid. Among his instructors, he considered Nicolás Achúcarro to have been fundamental in his neuropsychiatric training, as well as Gayarre and

Simarro.¹¹ After completing his doctorate *summa cum laude* in 1914, he took several months to visit various neurology and psychiatry centres in Germany, where he would later return; particularly important was his time with Foerster, who provided him the opportunity to gain experience in neurosurgery. In the early 1920s, he continued making short visits to foreign centres; for instance, he visited Pierre Marie at La Salpêtrière in 1924. He returned to France several times between 1925 and 1927, and also made contact with Levi and Guillain, receiving extensive training in neuropsychiatry. Due to these connections with the French neurological tradition, the Spanish Neuropsychiatry Association appointed him in 1929 to organise the French-language Congress of Alienists and Neurologists as part of the 1929 Barcelona Universal Exposition.

He moved to Bilbao in 1915, and was authorised to open a neurology clinic within Dr Díaz Emparanza's internal medicine department at Hospital de Basurto, as indicated by his first communication to the ACMB (Figure 1); however, he had to earn a living at his private clinic, which soon enjoyed well-deserved success. He was president of the ACMB from 1921 to 1922 (Figure 2). In 1924, he was appointed medical director of the recently opened psychiatric institute in Zaldívar, which he immediately (but unsuccessfully) attempted to modernise, with ideas that were far ahead of the time: open consultations, occupational therapy, home follow-up by specialised nurses and assistants, etc.⁷ He also continued attending neurological patients, both at Hospital de Basurto and in private practice. In November 1925 he was appointed editor-in-chief of GMN, which he promoted and modernised, first by renaming it *Revista Clínica de Bilbao*; the first issue under the new title was published in January 1926. His professional activity was not limited to the local region: among many other roles, he sat on the editorial board of *Archivos de Neurobiología* from its foundation in 1920, and contributed to the creation of the Spanish Neuropsychiatry Association (of which he was president from 1930 to 1935) and the Mental Hygiene League, organising a conference in Bilbao in 1928.

López Albo moved to Santander in 1928. A scientific session and banquet were held in Bilbao on 4 April to bid him farewell. Under the patronage of the Marquess of Valdecilla, construction of the Casa de Salud Valdecilla (CSV) had been completed; López Albo had already been involved in the centre's design. He later

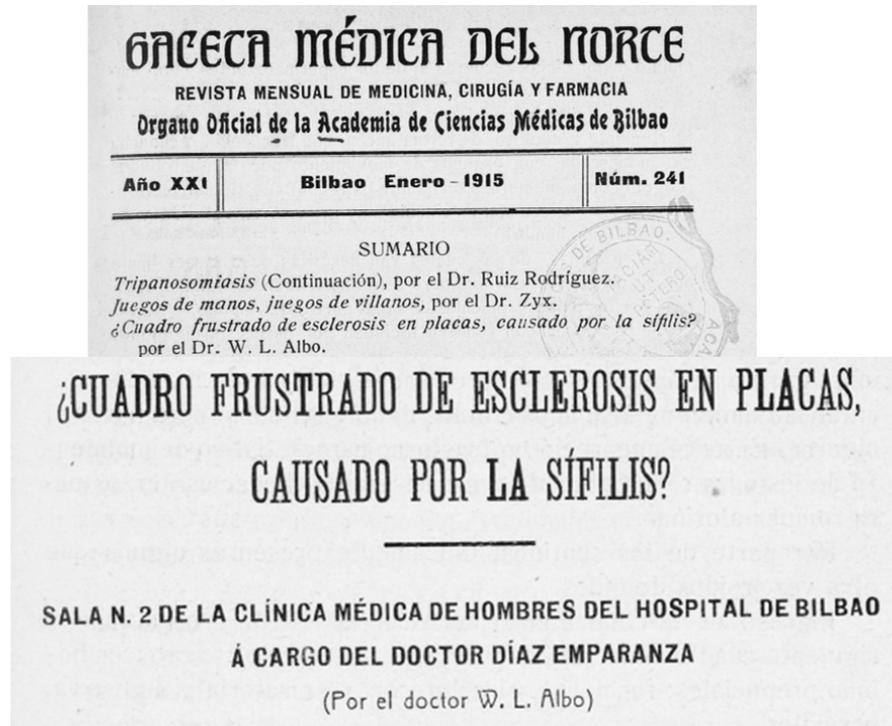


Figure 1. Page from *Gaceta Médica del Norte* showing the title of López Albo's first communication to the Academy of Medical Sciences of Bilbao in January 1915, listing Hospital de Basurto as his affiliation

confessed that he would have preferred a single, vertical hospital building, after the American style, rather than the classical European model based around several pavilions, but that this decision had already been made by the architect. Other studies¹²⁻¹⁵ have addressed the creation of the CSV, López Albo's ambitious project, and the crisis that thwarted it. The Marquess gave Dr Gregorio Marañón full authority to select the director and heads of departments, who were later officially appointed by the board of trustees. Reportedly advised by Cajal and del Río Hortega, Marañón proposed that López Albo should fill the positions of medical director and head of neuropsychiatry. López Albo not only had ambitious plans for medical care, but also planned to include a school of medical specialties, a school of nursing, a library, and a journal (*Archivos de la Casa de Salud Valdecilla*), as well as promoting research and social care, etc.^{9,12,15}

With the counsel of a large committee of significant figures from Spanish and international medicine,¹² López Albo was involved in appointing other heads of departments. Almost all were young, and many had scholarships or training from other European or American centres, were passionate researchers, and almost all were from outside Santander. This was deeply unpopular among local physicians, who believed they had been marginalised, and sought assistance from their corporation. As though this were not enough, the plan was also opposed by the leader of the local convent (with the foreboding name sister Bastos, roughly translating as "clubs" or "crude"); she wanted untrained members of her community to control not only nursing at the hospital but also the pharmacy and administrative work, leaving López Albo and his team responsible for directing medical care only. López Albo held a liberal, republican ideology and had denounced the corruption of the monarchy. While he was not clearly anticlerical, he intended for the hospital

to be a secular institution, beginning with the creation of a secular nursing school, with instructors hired from abroad. This reformist approach mirrored that promoted by Bourneville in Paris half a century prior.¹⁶ However, López Albo was unable to continue with so much opposition, especially from the Marchioness of Pelayo (niece of the Marquess of Valdecilla), who must have considered him a “dangerous Red.” His plans were also incompatible with the economic reality.¹²

His modern view of care, and particularly psychiatry, and the weight he placed on research and preventive social care during his short time leading the CSV have been unanimously praised. It has even been suggested that López Albo’s initial efforts continued driving the CSV for decades.²

In 1930, after a string of resignations among the highly competent directors he had appointed, López Albo himself resigned, returning to Bilbao, where he resumed work at his private clinic and at Hospital de Basurto, where he never held an official position. In 1931 he was selected to sit on the city council by the Republican Left party.

With the electoral triumph of the Popular Front coalition in early 1936, López Albo was called back to Valdecilla. He did not join the hospital until September, after the Civil War had started, and his family stayed at home in Bilbao. He achieved significant advances in the hospital’s organisation: he opened an agricultural colony for psychiatric patients, established order in those convulsive times, and defended physicians threatened by the uncontrolled violence of both sides of the war. According to direct accounts, the situation could have been chaotic had it not been for Dr López Albo’s strong personality.² He was successful in creating a school of nursing and the training programme for specialist physicians through the Free School of Medicine,^{9,12-15} which was not consolidated as a faculty of medicine, as López Albo had desired, because Santander lacked a statute of autonomy. In any case, this second stint at the CSV was very brief, ending in August 1937. With the arrival of General Franco’s troops, López Albo fled with his family to France (Nice). He later returned to Spain through Barcelona and worked for several months as the director of military health for the Republican army; he is even said to have given lectures at the recently created Universidad Autónoma. After the fall of Barcelona in 1939, he initially went into exile in Cuba; despite his



Figure 2. Dr Wenceslao López Albo. Official portrait from the gallery of former presidents of the Academy of Medical Sciences of Bilbao

wife being Cuban, he was unable to settle there. Next, he went to Mexico, first spending two years in Monterrey and then moving to Mexico City, where he worked with such other Spanish exiles as Lafora, as well as with Sixto Obrador. When he left Spain, he took the radium from the CSV, a treasure at the time, which after some vicissitudes was eventually returned to its home.

Regarding López Albo’s personality, those who knew him agree that, in addition to being hardworking, energetic, an excellent leader, and an even better organiser, he was a fair man, upright to the point of intransigence, and did not exploit his senior position for personal benefit in those times of penury. He was austere, never smoked and rarely drank, enjoyed his home life, and did not frequent cafés or shows. He was introverted and did not engage in criticism or gossip. Obrador described him as “a meticulous man, honourable in his social and scientific activity, a good neurologist and excellent clinician, incapable of acting callously; a born worker and a mediocre surgeon” (the last point could have been omitted).

He died in 1944 at the age of 55 years, following kidney surgery. He had been working on an article, which was published posthumously.¹⁷

Dr López Albo's communications to the Bilbao Academy of Medical Sciences and publications in its journals

López Albo's contributions to the ACMB and its publications are listed in Tables 1 and 2, and include a total of 43 oral communications and 46 articles. The author himself announced his intention to contribute articles with the content of some of his last communications for the 1936 volume, but this was frustrated by the outbreak of the war and his return to Santander.

Discussion

The first noteworthy point is that as a young man, López Albo contacted the ACMB and began collaborating with the GMN immediately after arriving in Bilbao: he would have been aged 25-26 years, given that he arrived in late 1914. His first article was published in the January 1915 issue of the GMN (Figure 1), and he gave his first oral presentation (with the patient and a neuropathology sample!) in 1916, at the age of 27.

Over the years, he made numerous contributions to discussions of oral communications to the ACMB; some years, he participated in nearly all the sessions reviewed. His remarks were always polite, and he always remembered to congratulate the speaker. However, we cannot overlook the fact that he occasionally spoke with a certain air of self-importance and narcissism (although this is understandable, given his superior knowledge and experience), and the inevitable temptation to cite his own previous presentations or articles on the subject at hand.

One area in which López Albo distinguished himself was in literature reviews, which in the early years were published under the title "journal of journals," and later under other titles. His proficiency in foreign languages enabled him to review articles from the main international journals: *La Presse Médicale*, *Revue Neurologique*, *The Lancet*, *JAMA*, *Archives of Neurology and Psychiatry*, etc. He was particularly interested in German-language journals, and reviewed all three *Wochenschrift* (from Germany, Vienna, and Munich), as well as numerous other publications from Italy and even Russia. It is a mystery how López Albo obtained so much information in those times, before the existence

of electronic databases, even with the ACMB having access to over 100 journals through subscriptions and exchanges. The subjects addressed in his early reviews were mainly from the field of neurology: meningitis, peripheral nerve injury, varieties of multiple sclerosis, brain tumours, syphilis, etc. He occasionally also reviewed highly specialised articles, such as Foerster's on "the question of the course of sensory pathways in the spinal cord."

One noteworthy contribution was in 1922, when he attended the third International Neurological Meeting, organised by the Paris Society of Neurology (predecessor to today's French Society of Neurology) and dedicated to pituitary syndromes. He gave an extraordinary chronicle of the meeting, *la plume à la main*, considering all communications and lectures. The star of the meeting was the great American neurosurgeon Harvey Cushing, who presented an astonishing statistical study of 210 pituitary tumours, of which 150 were adenomas and the majority were treated with trans-sphenoidal surgery (rediscovered decades later by Hardy and Guiot), with an 8% mortality rate. López Albo was not intimidated by the giant figure of Cushing or other French authorities, and presented four cases of pituitary tumours from his clinical experience.

In 1925, he became editor-in-chief of GMN, and the journal, whose popularity had declined, introduced various novelties in terms of format and content. The title was changed to *Revista Clínica de Bilbao*; advertising was introduced; the sections with abstracts from oral presentations and literature reviews were reinstated; an index of each volume's content was added; a list of the ACMB's members was added (with Cajal as honorary president, 6 honorary members, and 141 full members); and its format was modernised, greatly resembling that of *Revue Neurologique*, even in the terminology used, with articles categorised as *memorias originales* (a direct translation of the French *mémoires originaux*). From that year, López Albo participated far more both in the academy's sessions and in the journal; in the first issue of the latter, he contributed an extensive article addressing anaemic spinal cord syndromes.

It is beyond the scope of this study to comprehensively review the nearly 100 oral communications and articles Dr López Albo contributed to the ACMB and its publications; however, certain general points warrant consideration. The most important is his clear dedication

Table 1. Dr López Albo's contributions to the Bilbao Academy of Medical Sciences

Category	Title	Date
Oral communications at the sessions	[Right frontal lobe tumour, operated. Presentation of the patient and pathological sample]	24 Nov 1916
	[A case of intracranial hypertension with symptoms of posterior fossa compression]	RCB. 1926;1:510-2
	[A case of central neurofibromatosis]	RCB. 1926;1:515
	[Rheumatic pseudotabes and myositis ossificans]	RCB. 1926;1:413-20
	[Syphilitic myelopathic amyotrophy. Syphilitic pseudo-amyotrophic lateral sclerosis]	RCB. 1926;1:493-6
	[Cervical rib pathology]	RCB. 1926;1:547-8
	[Meningococcal cerebrospinal meningitis]	RCB. 25 Feb 1927
	[Syphilitic spinal amyotrophy: a case report]	RCB. 1931;VI:131-6
	[A case of open posterior fontanelle in an adult patient]	RCB. 1931;VI:609-11
	[A new case of epilepsy and multiple sclerosis]	RCB. 1931;VI:612-3
	[Encephalitis periaxialis diffusa (Schilder disease)]	RCB. 1931;VI:614-21
	[A case of paralysis after serum therapy] (Hormaza E, López Albo W)	RCB. 1932;VII:185-91
	[A case of diphtheritic polyneuritis]	RCB. 1932;VII:259-60
	[Pure granulomatous tabes with normal cerebrospinal fluid]	RCB. 1932;VII:368-74
	[Recurrent radial nerve palsy in an alcoholic patient]	RCB. 1932;VII:487-8
	[A case of alcoholic polyneuropathy with abdominal anaesthesia and bladder disorders]	RCB. 1932;VII:488-90
	[A case of homonymous hemianopsia in a patient with syphilis]	RCB. 1933;VIII:67-8
	[Treatment of accidents after spinal anaesthesia due to ephetonin]	RCB. 1933;VIII:69-72
	[Two cases of tabes with bone disorders, femur fracture, and osteophytic lumbar arthritis]	RCB. 1933;VIII:83-92
	[Very early or prepubertal schizophrenia. Childhood early dementia. Very early dementia]	RCB. 1933;VIII:93-103
	[A case of meningococcal septicaemia with skin eruption, arthritis, orchiepididymitis, and meningitis]	RCB. 1933;VIII:150-6
	[Epilepsy and shoulder dislocation]	RCB. 1933;VIII:334-6
	[A case of urinary incontinence and a case of urinary retention coinciding with spinal displasia]	RDB. 1933;VIII:599
	[Left temporal lobe tumour visible with radiography]	RCB. 1933;VIII:603-5
	[Circumscribed cerebral atrophy (Pick disease)]	RCB. 1933;VIII:731-9
	[Axillary nerve palsy, herpes zoster, and the cerebrospinal fluid]	RCB. 1934;IX:115-9
	[A case of acute, transient intracranial hypertension: internal hydrocephalus?]	RCB. 1934;IX:305-7
	[Nervous complications of whooping cough]	RCB. 1935;X:149-50
	[Clinical value and origin of subarachnoid eosinophilia (Tribute to Cajal)] (López Albo W, Feijóo A)	RCB. 1935;X:150-1
	[Infant/juvenile general paresis and late-onset general paresis due to congenital syphilis] (López Albo W, Feijóo A, Aranzamendi S)	RCB. 1935;X:151-2
	[Chronic spontaneous hypoglycaemia] (Álvarez C, Feijóo A, López Albo W)	RCB. 1935;X:152
	[A case of painful sensory malaria]	RCB. 1935;X:213
	[Normal cerebrospinal fluid in syphilitic processes of the neuraxis]	RCB. 1935;X:213-4
[A case of amyostatic syndrome after childhood encephalitis]	RCB. 1935;X:292-3	
[A case of cervicobrachial neuralgia after serum therapy]	RCB. 1935;X:294-5	
[A case of chronic cysticercal meningitis with acute relapses and subarachnoid eosinophilia] (López-Albo W, Feijóo A)	RCB. 1935;X:354-5	
[Infantile glycogenic hepatomegaly (glycogenosis). A case of liver hypertrophy with skeletal abnormalities, disharmonic growth disorder, and mental retardation]	RCB. 1935;X:355-7	
[Spinal cord compression due to thoracic aortic aneurysm]	RCB. 1935;X:357-8	
[Tabetiform spondylitic rheumatism and rheumatic tabes. Differential diagnosis]	RCB. 1936;XI:121-6	

Category	Title	Date
	[Sensorimotor polyneuritis secondary to arsenic toxicity and secondary to syphilis]	RCB. 1936;XI:188-92
	[A case of choreic psychosis treated with gentian violet]	RCB. 1936;XI:251-2
	[Lymphocytic meningitis and herpes labialis]	RCB. 1936;XI:314-6
	[Funicular myelitis and arachnoiditis following pernicious anaemia, presenting with symptoms of spinal cord compression]	RCB. 1936;XI:317-20
Articles	[Frustrated clinical signs of multiple sclerosis caused by syphilis?]	GMN. 1915;XXI:19-26
	[On the course of nerve bundles serving the lacrimal gland and the sense of taste]	GMN. 1916;XXII:32-7
	[Right frontal lobe tumour, operated. Presentation of the patient and pathological sample]	GMN. 1917;XXIII:13-28 (missing)
	[Early diagnosis of a cerebellar tumour]	GMN.1918;XXIV:104-14
	[Ganglionic/radicular erythematous/vesiculous eruption. Anatomical, physiological, and clinical considerations]	GMN. 1918;XXIV:230-9
	[Spinal anaemia syndromes. Combined subacute degeneration of the spinal cord and pernicious progressive anaemia] (two parts)	RCB. 1926;1:21-34,63-84
	[Note on facial imagery]	RCB. 1926;1:126-7
	[Social medicine. Orientation of professions. Selection of workers and determination of their professional aptitudes]	RCB. 1927;II:97-115
	[Meningococcal cerebrospinal meningitis and meningococcaemia (My experience of 14 cases)]	RCB. 1927;II:289-317
	[Clinical and humoral study of disseminated neuraxitis with plaques] (two parts)	RCB.1927;II:451-70, 479-91
	[Evacuated arachnoid cyst or serous arachnoiditis of the right frontal lobe]	RCB. 1929;IV:469-71
	[Communication on epilepsy, renal sclerosis, and multiple sclerosis]	RCB. 1931;VI:123-31
	[A tumour of the pituitary stalk]	RCB. 1931;VI:311-17
	[A curious case of post-encephalitic extrapyramidal syndrome. Film recording of gait]	RCB. 1932;VII:97-104
	[Coccidiosis of the brain. A new disease of the human brain observed in the provinces of Burgos and Logroño] (López Albo W, Feijóo A)	RCB. 1932;VII:338-46
	[Paranoid reaction in a patient with cortical blindness]	RCB. 1933;VIII:23-31
	[Treatment of severe chorea with magnesium sulphate]	RCB. 1933;VIII:32-7
	[Two cases of acoustic nerve tumour]	RCB. 1933;VIII:349
	[Cerebellopontine neoplasia and radiographic examination of the petrous part of the temporal bone]	RCB. 1933;VIII:431-40
	[Two couples with folie à deux]	RCB. 1934;IX:1-37
	[Dementia infantilis [two clinical observations]]	RCB. 1934;IX:93-107
	[Two cases of crepuscular hysteria]	RCB. 1934;IX:169-73
	[Crime during a semi-conscious crepuscular state in an epileptic patient]	RCB. 1934;IX:184-6
	[Acute benign lymphocytic meningitis] (López-Albo W, Feijóo A, Goitia D)	RCB. 1934;IX:187-209
	[Situational psychosis due to sensory and verbal isolation. Paranoid reactions in the deaf, the blind, and those excluded due to language]	RCB. 1934;IX:251-85
	[A case of saturnine encephalopathy?]	RCB. 1934;IX:323-5
	[A case of polyneuritis due to typhus]	RCB. 1934;IX:333-5
	[Psychopathological and clinical characteristics of intelligence]	RCB. 1934;IX:361-80
	[Racemose cysticercosis of the base of the brain [peripituitary and perichiasmatic] and cerebrospinal fluid eosinophilia and aglycorrachia] (López Albo W, Mendizábal E, Feijóo A, Urquiola J; two parts)	RCB. 1934;IX:430-48, 449-95
	[A case of dysmyotonia (Thomsen disease. A new pathogenic conception)] (López Albo W, Figuerido CA)	RCB. 1934;IX:496-510
	[Psychopathological and clinical characteristics of memory]	RCB. 1934;IX:550-63
	[Two new cases of acute benign lymphocytic meningitis]	RCB. 1934;IX:772-7
	[Infant/juvenile paralytic dementia and late-onset paralytic dementia due to congenital syphilis] (López Albo W, Feijóo A, Aranzamendi S)	RCB. 1935;X:317-27

Category	Title	Date
	[Clinical value and origin of subarachnoid eosinophilia] (López Albo W, Feijóo A)	RCB. 1935;X:497-510
	[A case of overlapping lethargic encephalitis and measles encephalitis]	RCB. 1935;X:542-4
	[Normal cerebrospinal fluid in syphilitic processes of the neuraxis]	RCB. 1935;X:643-8
	[Polycythaemia and neuropsychiatric disorders. Narcolepsy, cataplexy, chorea, paralysis, and mental disorders]	RCB. 1936;XI:29-9
	[A case of subacute neuromyelitis optica (Devic disease)]	RCB. 1936;XI:52-8
	[Early abolition of stereognosis and discriminatory and vibration sensation in the early paraesthetic phase of spinal anaemia syndrome]	RCB. 1936;XI:98-100
	[Spinal cord compression due to thoracic aortic aneurysm. A case of paraplegia in flexion and subarachnoid block]	RDB. 1936;XI:129-37
	[Supradural haematomas and abscesses after heading a ball]	RCB. 1936;XI:151-5
	[Chronic spontaneous hypoglycaemia. A patient with a 47-year history of neuropsychiatric disorder] (Álvarez C, Feijóo A, López Albo W)	RCB. 1936;XI:183-218
	[Meningitis due to dietary allergies] (Ugarte JD, Echevarrieta J, Albo WL, Feijóo A)	RCB. 1936;XI:219-27
	[Allergic disorders of the nervous system]	RCB. 1936;XI:266-89
	[Cerebral form of Winiwarter-Buerger thromboangiitis obliterans]	RCB. 1936;XI:321-32
	[Polycythaemia, paranoid reaction, and carbon monoxide poisoning] (López Albo W, Feijóo A)	RCB. 1936;XI:437-44
Other	A series of public lectures on medicine, surgery, specialties, and auxiliary sciences. Dr W. López Albo. [Current status of diseases of the pituitary gland and the floor of the third ventricle]	GMN. 1920;XXVI:14
	Speech during the necrology session dedicated to Nicolás Achúcarro	GMN. 1918;XXIV:26-31
	Communication to the Congress of Sciences in Bilbao. (López Albo W, Cortiguera J). [Early genitalism due to ovarian cancer]	GMN. 1919;XXV:20
	First National Congress of Healthcare Reorganisation. Dr W. López Albo. School of Psychiatry	GMN. 1921;XXVII:295
	Inaugural lecture for the 1922-1923 academic year. W. López Albo. [Neuroendocrine system and gastrointestinal disorders]	GMN. 1921;XXVII:299
	Third International Neurological Meeting (Paris). W. López Albo. Oral communication of several cases.	GMN. 1922;XXVIII:250-1
	Lecture at the Scientific, Literary, and Artistic Athenaeum in Bilbao. W. López Albo. Biografía del Dr. Achúcarro. [Biography of Dr Achúcarro. His personality and scientific opus]	GMN. 1923;XXIX; 225-44
	Plan for a psychiatry pavilion, psychiatry dispensary, and Institute of Professional Orientation for Casa de Salud Valdecilla	RCB. 1928;III:581-6
	[Methods for selecting teaching staff]	RCB. 1935;XIV:183-188
	[The problem of psychiatric patients in Vizcaya. An efficient and economical solution]	RCB. 1935;X:XXXIV-XXXVII

to neurology: of all the articles and presentations found, no more than half a dozen can be considered to address subjects related to psychiatry. We may say that he had a more general interest in psychiatry, addressing logistical and organisational matters more than clinical aspects and the diagnosis and treatment of individual patients. These conclusions can be drawn from two of the articles dedicated to psychiatry, addressing healthcare projects for psychiatric patients in Valdecilla and Vizcaya.^{18,19} Other more general interests included the organisation of teaching and the best method of selecting professors,

with the reviled *oposiciones* or public examinations as a backdrop.^{12,20}

López Albo's mastery of neurological semiology is also noteworthy. His descriptions of patients are perfectly recognisable, detailed, precise, and rarely fall into muddles of exaggerated signs. It should also be noted that his work was not limited to his technical mastery of semiology: he was also genuinely interested in therapy, with all the treatments available at the time: serum therapy, neosalvarsan, etc; and the nascent field of neurosurgery.

Table 2. Dr López Albo's contributions to the Bilbao Academy of Medical Sciences

Remarks in the sessions of the ACMB

Year	Number
1916	1
1917	1
1918	6
1924	1
1926	4
1931	1
1932	6
1933	7
1935	1
1936	2

Abstracts in journals or congresses

Year	Number
1915	6
1916	4
1918	5
1922	1
1926	5
1933	1
1934	4
1935	3

Translations

Year	Number
1915	3
1916	2
1935	1

Obituaries

Prof. Haushalter	RCB. 1926;1:106
Prof. Cassirer	RCB. 1926;1:106
Dr. J. N. Langley	RCB. 1926;1:224
Dr. C. Golgi	RCB. 1926;1:224
Dr. J. García Viñals	RCB. 1926;1:224
Dr. W. Spielmeyer	RCB. 1935;X:216

The reasoning underpinning his localisation and clinicopathological studies is perfectly orthodox. One example of his proficiency in semiology is the article “*Nota iconográfica facial*” (“Note on facial imagery”), published in 1926 (Figure 3), which includes patients with peripheral facial palsy with the Bell phenomenon; hemifacial spasm; and paralysis of the mandibular nerve, with the characteristic contralateral deviation of the jaw, giving the mouth an oval shape (“*la bouche oblique ovulaire*,” as the classical neurologists called it).

Naturally, the content of his articles in the ACMB's journals reflected the prevalence of neurological diseases at that time: syphilis and other infectious diseases, all types of meningitis, and particularly parasitic diseases. He was also highly interested in neurocysticercosis: collaborating with his inseparable colleague, the analyst Atilano Feijóo, he was one of the first researchers to insist on the importance of eosinophilia and low glucose levels in the cerebrospinal fluid as diagnostic markers of this and other forms of parasitic disease. If we account for all the papers on parasitic diseases published in RCB and GMN and those mentioned in Izquierdo's² thesis (a total of 15), it is apparent that some are duplicated, published almost simultaneously in the Bilbao journals and a Spanish national journal.

Another area in which López Albo showed significant interest was the diagnosis of brain tumours and intracranial expansive processes in general, particularly those involving the posterior fossa (pontocerebellar angle, brainstem, and cerebellum); these represented a challenge at the time, as neuroimaging techniques had not yet been developed. As we would expect, some of his concepts and diagnoses in this field and others are debatable in the light of today's knowledge; however, some are perfectly compatible with modern neurological nosology.

For instance, some of his communications have stood the test of time. One presentation from 1932 on a probably postencephalitic extrapyramidal syndrome²² is worth mentioning, although the cause is not well documented, as the diagnosis is made a posteriori. The description of the patient shows exemplary simplicity and precision: “Limited facial expression. Somewhat monotonous voice. Slow movement. Lack of limb muscle synergies when walking. Moderate stiffness in left upper limb. Right thigh is lifted excessively when walking; gait somewhat resembles the ‘dromedary gait’ described

NOTA ICONOGRÁFICA FACIAL

POR WENCESLAO LÓPEZ ALBO

Fig. 1.^a Parálisis facial periférica izquierda. Al ocluir los párpados y abrir la boca, el globo ocular del lado paralizado se dirige hacia arriba y adentro, y la abertura bucal adopta la forma oblicuo-oval, con mayor separación de los labios en el lado sano, hacia el cual están desviados, por conservarse la tonicidad de la musculatura innervada por el facial derecho.

Fig. 1.^a

Fig. 2.^a Parálisis del nervio masticador izquierdo y anestesia de la mitad izquierda de la cara, por goma o paquimeningitis gomosa en la región ganglio-radicular del 5.^o par (cefalalgia, vómitos, neuritis óptica y reacción de Wassermann positiva en la sangre; gran mejoría de los trastornos por el tratamiento antilúético).

Al abrir la boca, el aspecto de la cara podría hacer pensar en una parálisis del facial inferior derecho: desviación de los labios hacia el lado

Fig. 2.^a

izquierdo y casi desaparición del surco naso-labial derecho. La desviación del mentón hacia la izquierda es debida a la tonicidad conservada del pterigoideo externo derecho, sano. Como en la parálisis facial periférica, la mayor separación de los labios pertenece al lado no interesado, donde el surco naso-labial está casi desaparecido. Dificultad del movimiento de diducción hacia la derecha. Integridad de toda la musculatura facial.

Fig. 3.^a

Fig. 3.^a Hemiespasm facial derecho. Desviación de la comisura facial hacia la derecha y gran pronunciamiento del surco naso-labial del mismo lado. Integridad del facial superior derecho y del facial izquierdo.

(Enfermas de la Consulta de Neuro-Psiquiatría del Hospital Civil de Bilbao).

Figure 3. "Note on facial imagery," an example of López Albo's mastery of neurological semiology

in torsion spasm. However, the patient is able to walk without raising the thigh when advancing very slowly." The patient's facial expression and parkinsonian posture are very well reflected in a photograph (Figure 4). The dystonia resulted in a grotesque gait, and López Albo, very ahead of his time, recorded footage showing the patient's gait before and after anticholinergic treatment (genoscopolamine), which improved the condition (Figure 5).

Another case that can be understood by today's neurology and which continues to raise the same pathogenic and pathophysiological questions is that published as "Un caso de hipertensión cerebral aguda y transitoria"²³ ("A case of acute, transient intracranial hypertension"). A young girl, "quite bulky and with a pyknic body type," presented with a one-month history of headache of increasing intensity, with paracusia and diplopia developing eight days prior to consultation. Examination revealed "paralysis of the right lateral rectus, minimal left hypoacusia, and characteristic bilateral

papillary oedema"; the other findings were normal. CSF opening pressure was "90 centg," "decreasing to 23 after 23 cc was drained"; CSF biochemistry results were normal. "She improved extremely quickly." After lumbar puncture, headache and vomiting resolved and diplopia improved. Hypertonic glycole solution and a perchloride regime were administered. At the three-month follow-up consultation, the patient was asymptomatic and papilloedema had resolved. López Albo discussed the pathogenesis of this syndrome, today known as idiopathic intracranial hypertension, which was not well understood at the time.

Given his considerable clinical, teaching, and scientific work in Bilbao, López Albo's limited institutional reach continues to be surprising. He fared no better in Mexico (Monterrey), only obtaining a position as a first-level (assistant or associate) lecturer in internal pathology and clinical medicine, giving lectures in the area of internal medicine.²⁴ In the capital city, he did not even achieve this level.

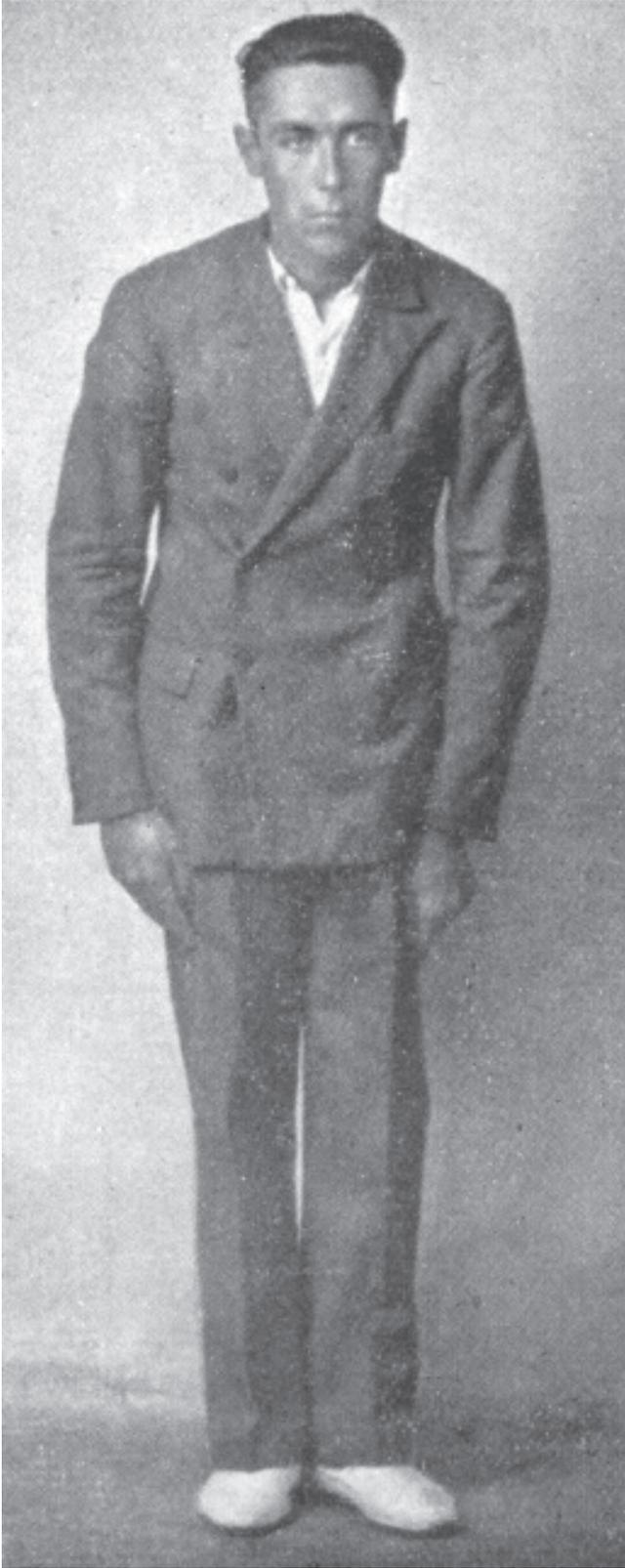


Figure 4. A patient with a syndrome of parkinsonism and dystonia, probably caused by encephalitis

While it is true that during his time in Vizcaya he was appointed director of the Zaldívar psychiatric hospital for women, where he had two assistants, psychiatric hospitals were physically distant from cities and culturally distant from the main currents of medical progress, and their focus continued to be on the custody of chronic psychiatric patients. López Albo was unable to modernise this approach at Zaldívar. Nonetheless, he never held an official position at Hospital de Basurto, despite the grandiose title “head of the nervous and mental diseases clinic,” under which he signed a communication in GMN in 1918. At the Congress of the Association for the Progress of Science, held in Bilbao in 1919, he participated in the Medical Section as a neurologist only, providing no affiliation. At that time, or shortly thereafter, the hospital had an excellent staff of internists, surgeons, otorhinolaryngologists, paediatricians, etc. Apparently, neither the hospital’s management, the chief physician, nor any of the others who benevolently authorised him to establish the neurology clinic expected that they would have to go beyond permitting him to develop a modern service. This institutional shortcoming surely would have been a determining factor in the fact that López Albo did not found an excellent school of neurologists, which would have been possible during his first spell in Bilbao, which lasted 15 years. It is difficult to resist the temptation to assume that in a perfect world, a forward-looking individual would have offered first to Achúcarro (upon his return from the United States) and then to López Albo an official position on the staff of Hospital de Basurto, with research facilities. However, this did not occur; in fact, the same lack of initiative and, even worse, internal resistance to change and to the introduction of medical specialties delayed the creation of neurology units by almost 50 years, until the 1970s (Hospital de Cruces, Barakaldo) and 1980s (Hospital de Basurto, Bilbao).

To summarise, Wenceslao López Albo was an extraordinary medical professional, a man of great personal virtue; he was officially a neuropsychiatrist but was highly interested in neurology, particularly in his research. In his Bilbao years, he collaborated tirelessly with the ACMB and its publications, contributing nearly 100 oral and written communications and participating in many other activities. The adverse social and political circumstances prevented him from creating a school of neurologists in Bilbao or consolidating his ambitious plans at the CSV.



Figure 5. Left: film frames demonstrating the gait of a patient with a strange leg movement resembling “dromedary gait,” a characteristic sign of deforming muscular dystonia. Right: film frames demonstrating improvement in gait after administration of an anticholinergic agent (genoscopolamine)

Conflicts of interest

The author has no conflicts of interest to declare in relation to this study, and has received no public or private funding.

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