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El Siglo del Niño: The International Character of Children's Health Services in Twentieth
Century Spain

DISSERTATION

submitted in partial satisfaction of the requirements
for the degree of

DOCTOR OF PHILOSOPHY

in History

by

Allison Elizabeth Salazar

Dissertation Committee:
Professor Carolyn Boyd, Chair
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2015

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ABSTRACT OF THE DISSERTATION

El Siglo del Niño: The International Character of Children's Health Services in Twentieth Century Spain.

By

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Doctor of Philosophy in History

University of California, Irvine, 2015

Professor Carolyn Boyd, Chair

Faced with the pressure to demonstrate scientific and humanitarian progress on the international stage, Spanish children's welfare advocates worked over the course of the twentieth century to emulate international services, projects, and programs in the service of children's health and welfare. Spanish children's welfare specialists used the nation's progress in children's welfare to process their nation's progressive status among the international elite amidst the chaos of political upheaval in twentieth century Spain.

INTRODUCTION

“In Defense of the Child in Spain”

In 1900, Manuel Tolosa Latour declared loudly and boldly that “It is evident (and pains me greatly to say it with a raised voice) that within our Spain, little is being done and has been done in the favor of children, and I can affirm, at the expense of wounding patriotic pride, that there is nothing really solid and durable as far as [their] protection is concerned.”¹ Within four years of accusing his countrymen of inaction, the “Laws for the Protection of the Child” were born. Yet Tolosa Latour was not finished criticizing the efforts of his compatriots. In 1916, he shrewdly reminded attendees at the Conference in Defense of the Child in Spain that in “Switzerland and Norway, the number of deceased children at the beginning of the century was 350 per 100,000, and in Spain, in 1915, it was 825 per 100,000.”² The significantly larger infant mortality rate in Spain, Tolosa Latour argued, was causing an “immense annihilation of riches.”³ Tolosa Latour would be the first of many Spanish child welfare experts who used international comparisons in order to galvanize Spain to develop more child welfare programs and sophisticated methods of preventing infant mortality. Yet the argument made by Spanish child welfare specialists about Spain’s demographic decline over the course of the twentieth century did not correspond with population statistics. Unlike countries such as France and England, where population numbers had been steadily falling, Spain’s population continued to grow throughout the late nineteenth century and into the twentieth century. From 1900 through

¹ Manuel Tolosa Latour, “El problema infantil y la legislación” *Revista de Legislación* (Madrid, 1900), 12.

² Manuel Tolosa Latour, “La defensa del niño en España” (Madrid, 1916), 12.

³ Tolosa Latour, “La defensa del niño en España,” 12.

1980, Spain's population grew between 6% to 10% each decade.⁴ Therefore, Spain did not have an actual population growth problem. There was no statistical need for Spain to engage in a discussion about infant mortality related to population decline. Why then, does there exist an established body of literature obsessed over the issues of child welfare and infant mortality? This dissertation begins to answer this question by looking at how international health and social trends related to child welfare and medicine influenced Spanish children's health and welfare experts to perceive themselves as scientifically and socially backwards. This self-perception forced Spanish children's health and welfare actors in the late nineteenth and twentieth centuries to use the rhetoric of infant mortality and child protection as a way to process their nation's international status and to find methods of elevating that status.

Historiography and Sources

One of the more perplexing components of this story is the gap between the perception of high infant mortality and falling demographics compared to the reality of rising demographics and falling mortality rates. Correspondingly perplexing are the proposals made by child welfare experts to develop programs compared to the actual limited development of child health and welfare programs. Child welfare advocates, in spite of a large body of writing, did not actually develop a coordinated and comprehensive healthcare system. Rather, these child health and welfare advocates developed projects that were representative of larger aspirations. Similarly, medical experts expounded on the

⁴ Florecio Zoido Naranjo and Andrés Arroyo Pérez, "La población de España" in *Temas demográficas durante el siglo XX en España* ed. Instituto Nacional de Estadística (Madrid, 2003), 22.

importance of training more and more pediatricians and *puericultores* (in addition to auxiliary staff), but by 1950—nearly sixty years after the development of these specialties in Spain—there were less than four hundred registered *puericultores*, maternity experts, *puericultor* nurses, and midwives in Spain for a population of just over twenty-eight million people.⁵ One of the challenges associated with this study is trying to gauge the scope of the infant and child-related health projects in Spain based on materials that were intended for international consumption or propagandistic use. Most of the sources used in this study were intended for an audience as examples of projects, or relations of intellectual-professional discussion. They were not policy initiatives. *Puericultores* and medical experts in Spain were prolific writers, keen to produce scholarship and publish scientific findings in addition to social commentary, but they were not legislators and the speed of developing the projects they proposed was slow. Yet, in each decade of the late nineteenth and twentieth century, *puericultores* and pediatricians produced articles about Spain's infant mortality (often written by the same doctors), citing the ignorance of mothers and calling for the need for better child raising education, in addition to the continued development of healthcare establishments for children and expecting mothers.

Doctors under the Franco regime *appear* to have been the most prolific writers (though the majority of these experts were engaged in children's health and welfare prior to the regime), however, the majority of the literature published by these experts were compiled by the Francoist government under the title of *In the Service of Spain and of the Spanish Child*. This specific collection includes recollections of conferences, proposals for future state sponsored programs, studies of specific institutions, commentaries on the

⁵ Naranjo and Pérez, 22.

progress of other nations, and parenting manuals. The state cobbled together a set of scholarly articles and community references to demonstrate the robust activity in favor of the child undertaken by the Franco regime. We cannot take this to mean that the state played any specific part in the development of these projects, or supported these studies since many of the articles within this collection discuss projects and issues that preceded the dictatorship. Furthermore, national and international experts were the targeted audience due to the materials' easy accessibility.

The accessibility of these materials allowed for them to be used by contemporary scholars as evidence of Francoist preoccupation with infant and child mortality. Modesto Agulló, Emilio Marco, and Josep Bernabeu-Mestre examine this collection as a way to understand how the regime engaged with childhood and infant mortality and how those materials are proof of a larger social program created and developed by the Franco regime.⁶ My dissertation takes a much longer perspective of Spanish preoccupation with infant mortality and children's health by examining the late nineteenth century roots of movements such as puericulture and pediatrics. Furthermore, this study examines how international movements encouraged health experts in Spain to adopt these ideas in the first place.

In many ways, examining the international influence related to demographics and child welfare on Spanish medical experts is a departure from existing literature about children's health and welfare—mainly because that literature is based in the Franco regime. The existing literature about child and infant mortality, childcare and children's healthcare

⁶ Modesta Salazar Agulló, Emilio A. Martínez Marco, Josep Bernabeu Mestre, La salud materno-infantil durante el franquismo: notas bibliométricas sobre el programa "Al servicio de España y del niño español" *Asclepio: Revista de historia de la medicina y de la ciencia*, ISSN 0210-4466, Vol. 59, Fasc. 1, 2007, págs. 285-314. Modesta Salazar Agulló, Josep Bernabeu Mestre, Emilio A. Martínez Marco, Encarnación Ramos Salas Salud materna y perspectiva de género en el primer franquismo: la colección "Al servicio de España y del niño español" *Matronas profesión*, ISSN 1578-0740, N.º. 4, 2008, págs. 28-33.

policies after the Spanish Civil War stemmed from the dictatorship's concern with falling demographics. In order to regenerate the new state, the regime attempted to persuade women to have more children. Mary Nash addresses this when she argues that the pronatalist policies were ineffective because women did not want to have children in an unstable political and economic climate.⁷ Although she does investigate maternalist policies and explains why the government shifted its focus to children's health, she does not help us to understand the dictatorship's plan for children under their regime. My dissertation predates the Franco regime and explains how the concern over childhood mortality was first established at the turn of the century and how that concern was recycled throughout the twentieth century—even as the population rose and infant mortality declined.

My dissertation does engage somewhat with the issue of maternal education, particularly in Chapter three when I discuss what happened to international discourse when Spain was internationally isolated by the Franco regime. Ultimately, my study argues that because Spanish medical experts did not have the same international networking possibilities, they turned inward and focused on the doctor-patient relationship through the publication of parenting manuals. Irene Palacio, Aurora Morcillo-Gomez, Kathleen Richmond, Isabel Jiménez Lucena, Ma. José Ruiz Somavilla, and Jesús Castellanos Guerrero all take on the issue of education in promoting health care and sanitation.⁸ These studies examine the role of

⁷ Mary Nash, "Pronatalism and Motherhood in Franco's Spain" in *Maternity and Gender Policies: Women and the Rise of the European Welfare States 1880's-1950s*, eds. Gisela Bock and Pat Thane (London, New York: Routledge, 1991). 160-177.

⁸ Irene I. Palacio, *Mujeres Ignorantes, madres culpables: adoctrinamiento y divulgación materno-infantil en las primera mitad del siglo XX*. (Valencia: Universitat de Valencia, 2003.) Aurora G. Morcillo, *True Catholic Womanhood: Gender Ideology in Franco's Spain*. (DeKalb: Northern Illinois University Press, 2000.) Kathleen Richmond, *Women and Spanish Fascism: the women's section of the Falange 1934-1959*. (London and New York, Routledge, 2003.) Jesús Castellanos Guerrero, Jiménez Lucena, Isabel, Ruiz Somavilla, Ma. José. "Un Discurso Sanitario Para un Proyecto Político. La Educación Sanitaria en los Medios de Comunicación de Masas Durante el Primer Franquismo." In *Asclepio* (LIV, 1, 2002), 201-218.

education in defining gender roles and in establishing state control. Palacio and Richmond are particularly interested in the effect state parental education had on women. This is an important aspect of Francoist health reforms. Yet parental education under the Franco regime requires reexamination. While it was undoubtedly influenced by the Franco regime's ideas of gender norms, individual physicians also had stakes in the project of education. The search for professional legitimacy in a culture that prized folk medicine, neighborly advice and the wisdom of older generations greatly influenced how physicians saw their roles and why they created propaganda that denounced child-bearing and child-raising traditions.

This study will also interact, to a certain extent, with the debates surrounding the categorizations of the Franco regime. Historians of the Franco regime have primarily examined the regime from Franco's victory in the Civil War in 1939 to the mid-fifties and have focused on whether the regime had fascist characteristics. Historians such as Juan Linz, Stanley Payne, Antonio Cazorla-Sanchez and Michael Richards have discussed the political features of the regime, debating whether the regime should be characterized as fascist or authoritarian.⁹ Other historians, such as Edward Malefakis, Raymond Carr and Juan Pablo Fusi have characterized the Franco regime as an evolving regime or a bifurcated regime—a regime with two different kinds of dictatorships that showed evolution from a semi-fascist to technocratic regime.¹⁰ My dissertation will engage with the argument that while Spanish doctors were cut off from international engagement throughout the most radical years of the

⁹ Antonio Cazorla-Sanchez, "Beyond "They Shall Not Pass": How the Experience of Violence Reshaped Political Values in Spain," *Journal of Contemporary History*. 40/3 (2005)

Juan Linz, "And Authoritarian Regime: Spain." In *Cleavages, Ideologies and Party Systems*, edited by E. Allardt and Y. Littunen, 291-341. Helsinki: Academic Bookstore, 1964.

Stanley G. Payne, *Fascism in Spain, 1923-1977*. Madison: University of Wisconsin Press, 1999.

Michael Richards, *A Time of Silence: Civil War and the Culture of Repression in Franco's Spain, 1936-1945* (Cambridge, 1998).

¹⁰ Raymond Carr and Juan Pablo Fusi, *The Franco Regime: Dictatorship to Democracy*. (London, George Allen & Unwin, 1979).

dictatorship, they reentered the international state with renewed vigor during the mid-fifties and availed themselves to the resources and organizations that developed in the wake of the Second World War. More importantly, however, rather than to situate the development of children's health by examining the trajectory of the Franco regime, my study will take emphasis away from the regime itself by putting children's health in the context of the entire twentieth century. As Mónica Burguera and Christopher Schmidt-Nowara have argued, historians have tended to use the Spanish Civil War and the Franco regime as a basis for centering historical narratives on Spanish stagnation and therefore disqualifying Spain from international comparison.¹¹ This dissertation de-emphasizes the role Franco regime in the development of the child health and welfare movement and considers Spain's perceived relationship to the international community—particularly the United States and Western Europe—throughout the twentieth century. Spanish doctors did not engage with the international medical community for the first time in the mid-fifties, but reentered the international medical community after a fifteen-year pause.

This dissertation will also explore the less commonly studied “late” Franco regime through the renewed international engagement of Spanish doctors. Nigel Towson's edited collection, *Spain Transformed: The Late Franco Dictatorship*, and Antonio Cazorla-Sanchez' *Fear and Progress: Ordinary Lives in Franco's Spain, 1939-1975*, provide possibilities for further study.¹² Though this period is less commonly studied, my dissertation will argue why

¹¹ Mónica Burguera & Christopher Schmidt-Nowara, “Backwardness and its discontents”, *Social History*, (29:3), 279-283.

¹² Antonio Cazorla-Sanchez, *Fear and Progress: Ordinary Lives in Franco's Spain* (Wiley-Blackwell, 2010). Nigel Townson, *Spain Transformed: The Late Franco Dictatorship, 1959-1975*. (Basingstoke: Palgrave Macmillan, 2007).

and how international engagement for Spanish doctors during this period produced the most wide-reaching programs of the late nineteenth and early twentieth century.

Finally, this dissertation examines the international nature of medicine from the Spanish perspective. Right now, Josep Barona and Josep Bernabeu-Mestre's study about international health movements and the Spanish state is the most comprehensive study about Spanish international medical engagement.¹³ Yet even within this well-documented study, childhood health and infant mortality in Spain receives only small mentions. My dissertation argues that medical experts in Spain used childhood health and welfare as a method of comparing Spain's national progress to other nations and allowed Spanish medical experts to process their own anxieties about Spanish backwardness. Furthermore, the practices that Spanish medical experts applied to children's health and welfare were not Spanish in origin and this study explores why Spanish experts opted for international practices. In order to understand Spain's international context, Paul Weindling's edited volume presents early twentieth century international organizations and their activities.¹⁴ Yet Spanish professionals' engagement is conspicuously absent from the diverse narratives of international medical collaboration. Therefore, this study also aims to reintegrate Spain into an a discussion of international diplomacy and progress.

¹³ Josep L. Barona and Josep Bernabeu-Mestre, *La salud y el estado: el movimiento sanitario internacional y la administración española (1851-1945)* Universitat de València, 2008.

¹⁴ *International Health Organizations and Movements 1918-1939*. Ed. Paul Weindling (Cambridge: Cambridge University Press, 1995).

Terminology

Puericulture, known as *puericultura* in Spanish, is a French concept that describes the holistic style of raising a child. This term incorporates health (both mental and physical), education, and social influences. Puericulture was the first concept relating to childhood health and welfare to be introduced to Spain through medical experts. Many of the practitioners of puericulture also practiced pediatrics and children's medicine. By the 1920s, puericulture was strongly identified with social hygiene and children's medicine. Therefore, after chapter 1, I will use the terms pediatricians and *puericultores* interchangeably.

Chapter Organization

Chapter 1

Chapter 1 examines the international dynamics that led to the development of statistical studies, puericulture and pediatrics in Spain. Even as early as the late nineteenth century, Spanish child welfare advocates and medical experts looked to, and relied upon, the medical examples set by other nations. International congresses emphasized the importance of demographic information in establishing national social and medical programs and pushed Spanish social scientists to develop their own demographic information. Yet most of Spain's demographic information was developed in the late nineteenth century and did not give Spanish social scientists much perspective about national demographic trends. Rather, Spanish children's health experts took the infant mortality numbers that they had after the first collection of demographic information to signify that there was a profound infant mortality problem in Spain.

One method of solving Spain's perceived infant mortality problem was to look to international examples for ways to encourage infant births while discouraging childhood deaths. Spanish doctor, Manuel Tolosa Latour, found the French movement of puericulture that promoted children's welfare in all aspects of society, as a method that would reduce infant mortality. Puericulture relied on reducing negative social and hygienic influences on child's life in order to raise a healthy adult. Specifically, Tolosa Latour lauded France's Roussel Law that put nursing infants, and those who were responsible for them, under the control of the state for the purpose of child protection. The Spanish Childhood Protection Law of 1904 was modeled after the ideas in the Roussel Law.

Other doctors pursued what they saw as a medical and scientific solution to the problem of infant mortality. Doctor Andrés Martínez-Vargas looked to the field of pediatrics being developed in the United States as a way to medically combat childhood mortality. Though pediatrics, the specified medical study of the child's unique anatomy and physiology, was still in its early stages, Martínez-Vargas recognized how this international specialty could allow doctors to create treatments specifically directed at children. His *Treatise of Pediatrics* made the case for the continued study of pediatrics in Spain with the goal of using medical science to combat infant mortality. On the eve of World War I, Spain had introduced two methods of combating childhood mortality that required a more specified study of the child, as well as the development of new projects and programs.

Chapter 2

Though Spain remained neutral during World War I, the nation's doctors and child welfare advocates benefited greatly from the organizations that developed in the aftermath of

the war. The American Rockefeller Foundation, in conjunction with Spanish doctors, would introduce public health in Spain, encouraging the cooperation between puericultor-pediatricians and public health administrators. Concurrently, the League of Nations Child Welfare Committee would continue to provide international networking and educational opportunities for Spanish child welfare experts. Spanish doctors continued to use international examples of child health care programs to build their own health care projects. The first institute of puericulture in Spain, founded in 1925, was developed due to children's medical experts' increased interest in public health. Once again looking internationally, Spanish doctors used the French institute of puericulture as an example of an institution that prevented childhood death through medical treatments and community education.

The transition from the dictatorship of Miguel Primo de Rivera to the Second Republic (1931-1936) offered an opportunity for Spanish doctors to evaluate the development of children's health and welfare by expanding the Child Welfare law of 1904 to include more medical experts as a result of public health expansion in Spain. State support of children's public health was celebrated by Spanish *puericultores* and pediatricians at the National Pediatric Congress of 1935, on the eve of the Spanish Civil War.

Chapter 3

After the Spanish Civil War (1936-1939), Spanish medical experts faced a new reality for their profession as well as the nation. Dictator Francisco Franco (1939-1975)'s policy of autarky (international and cultural isolation) and repressive economic isolation (autarchy) prevented Spanish doctors' international engagement while also creating a humanitarian disaster in Spain. Some children's health experts looked to Fascist Italy for reasons as to why

Spain's repressive economic state could be favorable for Franco's pronatalist aspirations. Other children's health experts turned inward to focus on the relationship between the doctor and patient—more specifically, the patient's mother—through the mass production of child-raising manuals and propaganda development. Yet as the mid-century approached, Spanish children's health specialists took the opportunity to take stock in their modest accomplishments over the course of the century during the VII Pediatric Congress in Seville.

Chapter 4

By the mid-fifties, the Franco regime ended its international and cultural isolation, allowing doctors to reengage with the international medical community. The humanitarian crisis created by World War II had stimulated the development of multiple health related organizations—as well as several specifically aimed at children. Spain's reentrance into the international medical community and specifically the World Health Organization (WHO), the United Nations Infant and Children Emergency Fund (UNICEF), and the International Center for Childhood (Center), allowed Spanish doctors to continue their professional development while also receiving aid for Spanish children through these organizations. Childhood health and welfare had improved over much of the West and the international nature of these movements had created an atmosphere of international coordination. By the 1960s, some medical experts in Spain began suggesting that perhaps Spain no longer needed international comparison as a way to galvanize national children's healthcare experts.

Chapter 1

“Puericulture and the Pediatrician: The Rise of Two Specialties in Spain”

On January 26, 1904, King Alfonso XIII presented the Cortes with a plan to initiate Spain’s first official child welfare laws. Modeled after France’s child welfare laws, this legislation was Spain’s first real attempt to implement childhood protection on a national level. Though the Spanish state had slowly begun taking steps to acknowledge child welfare through the introduction of child labor laws, Alfonso argued that the new child welfare laws would not be like the former attempts at piecemeal legislation that was “obeyed, but not completed.”¹⁵ Instead he looked to the “wisdom of the Cortes” and the “cooperation of the countless people putting their thoughts to the propriety of the Country, who feel in their hearts the fire of beneficence and are capable of carrying in their souls the noble self-sacrifice and effusive tenderness that awakens the spectacle of the underprivileged childhood.”¹⁶ The “propriety of the country” would not be based on laws that were theoretical, he argued, or based in the development of further bureaucracy, but that would “perform the true idea of a Law for the Protection of Childhood that juridically initiates and encourages the idea of puericulture, in the highest and noblest sense of the word and of the concept.”¹⁷ This declaration and encouragement to the Cortes as they debated and created the Child Welfare Laws of 1904 were a part of a larger Western project to build Spain’s national image by focusing on child welfare and child health.

Alfonso’s advisers, as well as Spanish doctors and child welfare experts, recognized that this trend of promoting childhood health was becoming widely practiced in Europe to

¹⁵ J. Sanchez Guerra, “Proyecto de ley de Protección a la Infancia de 26 de enero de 1904” (Madrid, 1904), 4.

¹⁶ *Ibid.*, 4.

¹⁷ *Ibid.*, 5.

great effect and the preliminary results of similar laws were already boosting the morale of other countries with infant mortality and child welfare concerns. Though the turn of the twentieth century gave rise to competitive nationalism, Alfonso, like his children's welfare experts viewed the actions of other nations as "admirable", arguing that countries such as England (1872) and France and Germany (1874) had "put a stop to the terrible mortality of generations of children that had existed in those countries, as Spain should have done, through the concern and remorse of sociologists and statisticians."¹⁸ Like many of the western nations that preceded Spain, Spanish medical and social experts at the turn of the twentieth century had been consumed with what many believed to be one the nation's most insidious problems and the challenge keeping Spain from modernity and national power: the high national cost of rising infant mortality rates. While the nineteenth century had led to the rise of hygienic movements and the study of hygiene in Spain and in the rest of Europe, little had been done within Spain to alleviate the unsanitary and unhealthy conditions in which the majority of Spaniards lived. Statisticians and sociologists at the turn of the century warned of declining demographics due to rising childhood mortality that threatened to interfere with Spain's status among the powerful nations of the west. Likewise, medical and social experts' engagement with international organizations and international education pushed them to use the social and scientific achievements of other nations as the standard that Spain should meet to be counted as a modern, progressive society.

These threats motivated social actors, politicians, and medical personnel to create legislation, publish research, and network with international experts to mitigate the perceived downward spiral of population growth and to stem the rise of childhood mortality.

¹⁸ Ibid.

While the 1904 Protection of Childhood law took from international political and social reforms (mostly French) in order to protect and secure the health of children, another movement, stemming from the United States and Germany would make its way into the conversation about childhood health and protection: the medical specialization of Pediatrics. This chapter will argue that early development of children's health at the turn of twentieth century was not Spanish in character, but characterized by the influence of international anxieties and trends. Spanish social and health experts processed these international anxieties by focusing on the rearing and health care of children through two separate but related movements. Puericulture, a movement borrowed from French hygienists, focused on children's health and the art of raising children, as part of developing a national race. Pediatrics, meanwhile, took from the United States and German physicians the idea of children as a specialized population of people for whom a specialized medical treatment validated their unique anatomy and physiology. Both of these movements were encouraged to flourish in a period characterized by anxiety over demographic and national decline.

The Social Question and Puericulture's Answer

A large-scale industrialization movement that profoundly changed the structure of societies, cities, and politics characterized the nineteenth century in Europe. These changes, occurring at a breakneck pace and often undermining social structures that had existed for centuries, prompted European society to question these social transformation and their effects on the lives, values, and growing political power of the working class. Known as "The Social Question," reformers, politicians, religious authorities, social scientists and others concerned with the moral and physical condition of the working classes, sought to

find solutions to urban squalor while promoting industry and productivity. The European bourgeoisie had many reasons to pursue these solutions. The rise of unions and workers movements challenged the political and economic power of the upper and middle classes in an attempt to upset the status quo and gain fair working conditions.

Yet the living situations and lifestyles of the working class were also a threat to middle and upperclass European society. The nineteenth century was also an era of massive epidemics. The Cholera epidemic, which began in the early nineteenth century and resurfaced periodically throughout the rest of the century, was one of the most formidable epidemics to sweep the world and had one of the most profound effects in major European cities. Sewer systems and waste management in cities such as London and Paris were renovated in order to stall the spread of the disease. These epidemics made the living situations of the working class more relevant and more urgent as the issue of disease, cleanliness, and hygiene affected all classes. Thus, the social question was also inherently health related in the minds of social reformers, since disease did not solely affect the working classes.

Interest in the lives of the working class as well as stemming the tide of illness and epidemics took on an educational component and spurred the rise of hygienist movements. Spain's engagement with hygiene came later in the nineteenth century than many other countries. Knowledge about the role of public health and hygiene was transmitted to Spain via the liberals who had been exiled during the reign of Fernando VII (1808-1833). The first instance of the existence of modern hygiene in Spain can be found in Dr. Pedro Felipe Monlau's *Elementos de Higiene Pública* in 1847. Though Spain's adoption of public hygiene studies and practices were behind the progress made by other Western countries,

the hygienic movement was quick to gain momentum. Following Monlau's publication, hygienic movements in Spain began to expand to the growth of national societies and congresses. The Spain Hygiene Society was born in 1881 and the First National Congress of Hygiene was held in 1882.

The rise of public hygiene movements coincided with the development of social sciences and demographic studies. Yet the development of social sciences in Spain did not happen in a vacuum and was profoundly influenced by international engagement and international trends. A series of international conferences in the last half of the nineteenth century and the beginning of the twentieth century set the international agenda for issues relating to demographics, healthcare, and social issues. The initial conferences in Paris (1851), Brussels, (1853), and Dresden (1893) showcased the demographic studies conducted by other nations and those nations' attempts to respond to these newfound statistics by analyzing the social issues that contributed to falling demographics and lower standards of living. Scholars of international public health have argued that the conferences served two main purposes: to raise the issue of demography related to social conditions internationally and to foster diplomatic ties between nations.¹⁹ For Spanish social scientists and physicians, the statistics they encountered in the early conferences offered them a way to understand how Spanish society shaped up internationally and to gauge how to understand the break-up (and in some cases, break-down) of Spanish society. The creation of the Royal Commission for Statistics, set up in 1851 directly following the first conference in Paris, set the stage for a more consistent and regulated study of demographics to take place within Spain.

¹⁹ Josep Lluís Barona Vilar, *Salud y el estado: el movimiento sanitario internacional y la administración española (1851-1945)* (Universitat de Valencia, 2008), 58.

The rise and development of statistics in Spain, made comparing Spain's data to the rest of the west much easier, but also heightened their anxieties much more. Statistics in the late 1800s, due to their novelty, were inconsistent indicators of demographic inferiority. The first three studies between 1858-1962 simply collected the number of men and women married based on marriage certificates in the cities and provinces in addition to the number of baptisms and death certificates in the cities and provinces during those years. This information gave social reformers a much clearer understanding of the social and demographic issues in Spain, though an understanding that was limited in scope. Nevertheless, what the demographers did observe was that during the mid 1800s nearly 2,300 out of every 10,000 children between the ages of 0-4 died in the provinces and nearly 2,100 out of 10,000 children died in the cities between 1858-1862.²⁰ Though statisticians and social welfare experts had little to compare their findings to, it was clear that a bulk of the population was dying before the age of four.

Physicians in Spain were encouraged to interpret demographic material by providing information about which diseases were located in which sites, which demographic was particularly hard-hit by one disease or the other, and how social status affected access to medicine, health care and health education. Medical historians have argued that in many cases, the aid that physicians provided to the growing demographic movement often went uncompensated and by 1880 some physicians associated with the newly formed Department of Welfare and Public Health demanded higher salaries for simply completing detailed

²⁰ Resumen del quinquenio 1858-1862, Fondo documental de Instituto Nacional Estadística, 78-79.

death certificates that contributed to detailed demographic reports.²¹ More importantly, hygiene and social science had become inextricably linked as far as understanding how society was changing and how to fix the results of social upheaval that required the attention of hygienic movements in order to bolster the expansion of the nation. The more advanced demographic collection became, the more the data exhibited in the reports raised anxieties. The solution, much like the collection of information, could not be made by one group of people alone, but by a collective host of related but distinct entities: from sociologists and demographers, to hygienists and physicians. Influenced by international trends and anxieties based on the demographic findings in other nations, all of these groups looked to the demographic information for a hint about how to proceed in solving the social question.

The application of statistics to cure social ills played into the positivist mentality that statistics were scientific and that science was objective. Therefore, Spanish medical experts who engaged with scientific evidence saw themselves as part of an international scientific community that worked for the advancement of society. Not only did the statistics indicate to many social scientists that Spain needed to increase its population, but also that the state of the population needed to improve. It was not enough to simply increase in size, but the Spanish themselves needed to become a more robust people. The late nineteenth century saw the beginnings of various global eugenics movements. Eugenics movements focused on heredity and increasing desirable racial traits while decreasing or eliminating racial traits society deemed deficient or degenerate. Countries such as the United States and England tried to encourage negative eugenics— that is, the limiting the fertility of those with

²¹ Esteban Rodríguez-Ocaña and Josep Bernabeu-Mestre, “Physicians and Statisticians: two ways of creating demographic health in Spain, 1841-1936” in *Continuity and Change* Vol. 1, Issue 2 (Cambridge, 1997), 253

undesirable traits. Yet for many countries, particularly countries that were religiously and socially Catholic, the idea of limiting fertility did not work with the world-view of protecting each life and promoting fertility as supported by Biblical ideas. Biblical ideals, however, were not the only factors that influenced Spanish doctors and welfare specialists' interest in child welfare, and later, health. The X Congress of International Hygiene and Demographics in Paris (1900) in particular captured the interest of Spanish health and welfare experts (including the General Director of Health, Francisco Cortajarena) due to its emphasis on infant health and child welfare. Paris was a unique location to host such a conference due to the nation's nineteenth century interest in child welfare and children's medicine.

The French originally endorsed the concept of "soft" eugenics through the theory of Neo-Lamarckism in the second half of the nineteenth century. Neo-Lamarckism argued that individuals acquired characteristics through the relationship between their inherent traits and their surroundings. Since such traits were dependent on the environment that surrounded the individual, it was possible to control which traits the individual acquired by controlling their surroundings. For religious and culturally Catholic countries, this seemed like the most appropriate intersection of eugenic science and Catholic morality. It was through this theory that French physician Alfred Caron coined the phrase "puericulture" as a way to describe the art of raising a child in accordance with Neo-Lamarckian theory in his 1856 manual. Initially, puericulture did not gain much traction. Yet in the late nineteenth century, obstetrician Adophe Pinard discovered that, when provided with secure lodging and regular meals in a maternity home, pregnant women of working class status gave birth to more robust infants. This finding proved to Doctor Pinard that by changing the environment

of the pregnant woman, he could also change the inherent traits of the unborn child.²² His findings were considered to be a scientific breakthrough that profoundly influenced how France addressed their demographic problem and the social question.

Puericulture, therefore, could be applied to all components of child-raising— from intrauterine health, to caring for infants, to raising small children. If parents could follow the concepts of hygiene and health as taught by obstetricians and hygienists, the working classes could bolster their numbers and their own living conditions. It was this potential for social improvement that allowed for puericulture to be endorsed by diverse organizations and movements. Both progressive movements and conservative movements alike embraced the neutral philosophy of puericulture, which was simply about saving and raising children in order to strengthen the nation. Puericulture also fostered the inclusion of various social reformers and organizations in the project of promoting both the moral and physical health of children. Hygienists, obstetricians, sociologists, relief organizations, workers movements, religious organizations, demographers, and politicians all had the opportunity to contribute to the puericultural effort. Much like other aspects of social science, puericulture was based strongly on the social promotion of children and the championing of public hygiene as a way to reduce infant mortality. These elements often used the language of science, but the solutions championed by these groups often reflected social anxieties, rather than emphasize medical and scientific concerns.

Puericulture became popular in Spain and Italy, as well as many Latin American nations. In Spain, puericulture contributed to the growing interest in obstetrics and

²² William H. Schneider, “Puericulture and the Style of French Eugenics, *History and Philosophy of Life Sciences*, Vol 8, No. 2 (1986)

gynecology, as well as the rising anxiety over infant birthrates and death rates. Initially, however, specialized children's healthcare and child welfare laws were exceptionally limited (the 1973 Benot Law prohibited child labor until the age of ten). Children's medicine often fell under the banner of obstetrics and childhood diseases. In 1874, the founding of the children's hospital, Hospital del Niño Jesús, was conceptualized and the supervised by leading Spanish puericultor Manuel Tolosa Latour. The Hospital del Niño Jesús provided a space for the medicalized treatment of children by applying the known methods of treatment at the time. Tolosa Latour and other *puericultores* opened up consultation rooms for sick children and helped develop various child welfare projects such as the Gota de Leche (milk banks) in major cities like Madrid and Barcelona. At the turn of the twentieth century specialized medical treatment for children was still in early stages of development and an organized field of study related to children's health for physicians to pursue was severely limited. Yet as more nations became aware of the possible demographic advantages of focusing social and political energies on the welfare of children, a larger international culture focused on the welfare of children began to develop. Large-scale gatherings such as the first International Conference for the Protection of Childhood, held in 1883, and the ubiquitous reiterations of the "rhetoric of catastrophe" influenced by demographic statistics, demonstrated an increased interest in the protection of childhood by social, social scientific, medical and political entities.

Doctor Manuel Tolosa Latour and the Origins of the Childhood Protection Laws of 1904

Manuel Tolosa Latour, Spain's first puericultor, was also an attendee of the X Congress of International Hygiene and Demographics in Paris, in addition to having

received medical training in Paris in the latter half of the nineteenth century. In many ways, his critiques of Spanish child welfare and social laws were based on, and inspired by, the programs and ideas he had been exposed to in France. He consistently argued that, based on his experience in France, he could say with great authority that the laws Spain had in favor of child protection were “deficient and incomplete, and unfulfilled.”²³ He criticized the conditions of private organizations such as Refuge Houses, Care Homes and hospitals as lacking of “easy existence for the most part, and are besieged by mobs of unhappy orphans or sick seeking relief and protection, and have come to be [this way], because of ill-considered regulations.”²⁴ Comparatively, he argued that every country ought to adopt a child protection law similar to France’s that carried the name “of the illustrious name of Dr. Roussel, which guarantees their legitimate right to life.”²⁵ The 1874 Roussel Law, named after the French physician Théophile Roussel, provided state protection for nursing infants against maltreatment, abandonment and neglect by biological parents and the regulation of wet nurses. In addition to France’s new mother allowance and the development of puericulture institutes and maternity homes, the French, through tireless research about the wet nursing industry had found a way to account for all children not in the homes of their parents.²⁶ The Roussel law was indicative of the many child welfare reforms enacted by the French Third Republic in the last half of the nineteenth century and as such, served as an international example—one that Tolosa Latour held as his own standard.

²³ Manuel Tolosa Latour, “El Problema Infantil y la legislación: apuntes y bases para una Ley de Protección á la infancia” *Revista de Legislación* (Madrid, 1900), 13.

²⁴ Tolosa Latour, “El Problema Infantil y la legislación”, 14.

²⁵ Tolosa Latour, “El Problema Infantil y la legislación”, 13.

²⁶“George D. Sussman, “The End of the Wet Nursing Business in France 1874-1914” in, *Family and Sexuality in French History*, ed. Robert Wheaton and Tamara K. Hareven (University of Pennsylvania Press, 1980), 231.

Tolosa Latour criticized multiple facets of Spanish life and Spain's treatment of children. "How", he argued, "to popularize hygiene for the needy classes, if the wealthy entertain a soft and anti-hygienic life?" and specifically relating to children, he asked "how to propagate breastfeeding to those who would voluntarily surrender their children to the breasts of mercenaries, encouraging the most deplorable of industries?"²⁷ By leveling a biting criticism of Spain's social problems that he believed contributed to rising mortality rates as well as Spain's perceived inferior international status, Tolosa Latour had internalized the French example as a bar for Spanish society to meet. Unlike Spain, France had regulated, through legislation, wet nursing which allowed French authorities to track the movement of children in France and to hold those who had registered as wet nurses accountable for the children under their care.²⁸ Unlike Spain, France had a program in place to care for abandoned children and to guide them away from a life of homelessness and begging (as well as program to punish parents who neglected their children).²⁹ Tolosa Latour used these comparisons as a way to demonstrate to legislators and those in favor of child welfare reform just how backward Spain was in comparison to other nations. Though Spanish demographers had begun collecting demographic data in the latter half of the nineteenth century, there was little to compare that data to within Spain. What Spanish demographers did learn from their recent data collection was used to validate the perception that Spanish child health and welfare experts were not doing enough to reduce childhood mortality. What the international conferences and international education did for people

²⁷ Tolosa Latour, 19.

²⁸ Manuel Tolosa Latour, "La defensa del niño en España" (1916), 30.

²⁹ Tolosa Latour, "El Problema Infantil", 19.

like Tolosa Latour was demonstrate what was possible in the way of child welfare reform, allowing Spanish experts to compare their country's achievements to other nations.

What pushed Spanish child welfare (and later, medical) experts was the rhetoric that Spain was not meeting its developmental potential, evidenced by the state of its childhood mortality, pitiful living conditions, and the questionable morality of the working classes and destitute poor. Four years after Tolosa Latour presented his findings and suggestions about how Spain could learn from the French example, he aided the Spanish Restoration Government, headed by King Alfonso the XIII, in establishing Spain's first attempt at comprehensive Childhood Protection Laws. These laws would be Spain's effort to implement international standards of humanitarian law that allowed them to begin to close the gap between themselves and other progressive nations. The laws did not simply model the French laws, but were profoundly based in the French concept of puericulture due to their emphasis on nurturing the whole child. The laws ensured that the child was being trained and raised by responsible and accountable adults. The laws addressed the reformation of beggar children and they ensured the right of infants to be nursed by a biological mother or a regulated wet nurse. The laws, though not necessarily medical in nature, adhered to the principle that it was possible to have a healthy and moral society if children could be raised and nurtured properly. These laws, modeled after the French Roussel laws proposed to do more for Spanish children than any other laws passed in the nineteenth century, however, even after the law's passing, Tolosa Latour would continue to level criticism against his nation and colleagues.

The 1904 Childhood Protection Laws

Many of the articles under the law stressed the importance of holding parents or guardians accountable and being able to trace the whereabouts of children. The first article of the law plainly stated that the protection of children ages ten-years-old and under maintained “vigilance of parents as well as those who have been charged with mercenary breastfeeding or are in nurseries, schools, workshops, asylums, etc. and who directly and indirectly can be referred to the child’s life during this period.”³⁰ The laws made those adults in charge of childcare, such as parents, guardians, and teachers, accountable to political and religious officials for the care and development of the child they were responsible for. It would not be only parents, but the people in whom the child’s parents entrusted the care, feeding, or education of their child. One potential consequence of holding the child’s social sphere of influence responsible for the health and well-being of the child, was that when one party was unable to fulfill his obligation, blame could also fall on the parents for their inability to protect their child from negligence. Parents could no longer simply send their child off to a wet nurse for feeding, but were expected to have a clear understanding of how the influence of these various parties would affect the well-being of their child.

It is important to note that the Cortes, under the guidance of Manuel Tolosa Latour, developed a set of laws that they believed would ensure the “moral and physical health of the child.”³¹ Ultimately, they used the services that they had available to them. There was little infrastructure for childhood health and medicine, and in spite of the development of a

³⁰ Artículo 1, “Ley de Protección de la Infancia” 1904

³¹Ibid

children's hospital and children's medical consultation rooms, and only a handful of physicians specifically treated childhood diseases, so neither Alfonso XIII, nor his Cortes, nor Tolosa Latour could guarantee the right to children's healthcare.

Yet, as Alfonso XIII had mentioned in his statement to the Cortes, he would not accept laws with which all Spaniards could not comply. The framers of the law, in order to assure complete compliance, required that parents deliver a memo to the local council (junta) stating that they were entrusting the care of their child to another party within three days of establishing that care.³² Whether the child was under the care of surrogate parents, tutors, wet nurses, or an orphanage, parents and associated parties were required to report this change in custody to the local junta within three days. This assured that local authorities had information about the whereabouts and care of the nation's children, as well as the ability to hold the child's guardians accountable for their health and well-being.³³

The law demanded that both the parents and guardians submit paperwork that included consent and the former and future address of the child, parents, and guardians. Failure to comply resulted in a fine. Whether or not the laws were followed and punishments were exacted on those who did not comply, it is rather hard to say. What the initial articles of the law show, however, was that from higher level government and social actors, there was a vested interest in ensuring compliance by parents and local authorities in ways that had not existed before. This law also helped to track the legitimacy of the children

³² Artículo 2 "Ley de Protección de Infancia" Madrid, 1904.

³³ It's important to note that one of the reasons that demographic information was only mildly reliable during the last half of the nineteenth century was because the state was unable to track its population. Parents had the capacity to abandon children, send them to live with other people, or send them to work without having to report a change in the familial structure. It is impossible to know how accurate Spain's first census information actually was.

born in the country, as the law required parents and guardians to identify themselves in relation to the child.

In an effort to create some sort of infrastructure to protect the well-being of children, the Law of 1904 decreed that there would be a Supreme Council for the Protection of Child Welfare, but also local and municipal committees devoted to the same issue that would report back to the Supreme Council.³⁴ It would have made sense to include a large number of medical officials on the Committees reporting to the Supreme Council, as well as on the Supreme Council itself, given the general concern for child welfare and childhood morality however, positions on the Supreme Council and the advisory board were weighted heavily toward social organizations and religious institutions. Key figures of the Supreme Council included the Archbishop of the Diocese, the President of the Regional Court, the President of the Council and perhaps the General Inspectorate of Health. Likewise, the members of the board were also taken from various social organizations—the majority having little to no health training.³⁵ Members of the Board for the Supreme Council came from organizations pertaining to relief work, workers unions, academies for the social sciences and law, a couple of members of health institutions, and other associations related to social reforms. The law also stated that there would be six “well-known people of competence” which would include two sets of respectable parents.³⁶ The initial articles of these laws were less concerned with ensuring the physical health of the child than the moral health of

³⁴ Artículo 3 “Ley De Protección de Infancia” Madrid 1904.

³⁵ Artículo 4, “Ley de Protección de Infancia” Madrid, 1904. The members include one person from one of the following organizations: Royal Academy of Medicine, one of the Royal Academy of Moral and Political Sciences and representatives of the Royal Academy of Jurisprudence and Legislation, Spanish Society of Hygiene, Board of Ladies of Honor and Merit Protection Society of Children Economic Friends of the Country, the Cradle of Jesus Clinic for Nursing Children, Ateneo de Madrid, Commercial Union Circle, Industrial Circle, Normal School of Teachers and Teachers, Association for improving the working class, Encouragement of Arts, Worker Instructional Center, Press Association, National Association for Marine Health and Hospice and Institute of Social Reforms

³⁶ Ibid.

the child. The important figures that would sit on the council who were responsible for Spanish children's well-being, were mostly social and political figures who could offer suggestions for moral guidance. By filling the Council and Board with individuals who supported various reform and moral movements, the concern of the Council was less with children's medical protection than with promoting Spanish bourgeois social values of Catholic morality, traditional family structure, and social respectability. Given the fact that the Archdiocese sat as a major figure on the Supreme Council, the child's moral well-being and moral health were a high priority. Puericulture, characterized by the attentiveness over child raising, allowed for the moral and physical hybridization of the definition of health. The character of the person who raised the child and the child's ability to survive infancy were one and the same, since a child's circumstance contributed to his or her developmental traits.

The idea of puericulture that Alfonso wanted to elevate was heavily socially influenced and moderately hygienically influenced. The law addressed issues of public health and hygiene when it discussed surrogate breastfeeding. Article 8 stated that "all women who desire to dedicate themselves to lactation should present to the local Junta a document that includes: a) the civil status of your midwife, b) your state of health, conduct and physical condition, c) Permission from your husband if you are married, d) reference to the birthdate of your child in order to demonstrate that he is older than six months but less than ten, or a certificate that he is being well nursed by another woman."³⁷ This law was influenced by three main concepts: the belief that traits and behaviors could be passed through the wet nurse's milk to the child, the articulation of middle class morality and

³⁷ Artículo 8 "Ley de Protección de Infancia" Madrid, 1904.

gender rules that put the rights of women's bodies into the hands of their husbands, and the need to regulate the wet nurse trade in order to assure its respectability. The Roussel Law profoundly influenced welfare experts' interest in regulating wet nursing in order to reduce infant mortality and to control what was and was not an acceptable use of women's bodies, yet in language that was couched in the rhetoric of child welfare. Not a single article in the law mandated breastfeeding for all women or encouraged the development of organizations that supported it, but instead looked to the establishment of wet nurses as something to be regulated, controlled and modified in order to assure the moral health necessary for puericulture to succeed. The article expressed less concern over whether infants were receiving proper nutrition than it did about making sure that wet nursing could not go underground and out of the control of the state and moral authorities.

Wet nursing was not the only activity that caused the lawmakers concern, the creators of the law demonstrated keen awareness of the influence of environment on a child's development when they developed a provision to ensure the protection of vagabond and beggar children under the age of ten. The article's particular focus was in ensuring children's protection from adults who would want to exploit or cause children harm.³⁸ The law offered no plan for actually implementing the provision, but other articles suggest that orphanages, traveling health inspectors (*Médicos Titulares*) and other entities would be aware of such children in the communities they served. The law itself was fairly ambiguous as far as how it would protect such children and shows the tension between a law that promoted middle class social values and morality against a law that was striving to protect all of Spain's children. This morality is best evidenced in the article's statement that

³⁸ Artículo 6, "Ley de Protección de Infancia" Madrid, 1904.

vagabond and beggar children should be allowed to “release themselves from exploitation and improve their luck, which would provide better protection, by accessing relief societies and other organizations and seeking local authorities in order to have the opportunity to denounce their former criminal acts.”³⁹ Rather than have medical and legal authorities seek out the children that the law endeavored to serve, the poor beggar children, were expected to consult the services available. Furthermore, the law stated an expectation that the child would renounce whatever criminal behaviors they had used while living on the street. The narrative of raising oneself out of poverty and destitution (given the opportunity to do so) was one that Tolosa Latour touted.⁴⁰ The beggar child’s ability to gain moral health was dependent upon their desire to repent their social crimes and behaviors learned on the streets. In the case of abandoned street children, their health and protection were in their own hands.

The Child Protection Law of 1904 was Spain’s first successful attempt to integrate puericulture with state policies. The state’s interpretation of Puericulture was less medical and more social and therefore focused on the social “health” of the child. The law mandated that parents register their children, as well as the adults involved in feeding, educating or mentoring the child. The law mandated that a council made up of esteemed social organizations would be in charge of assuring that the law was followed. The law focused on reducing the amount of “under the rug” activity that could happen around a child—from suspicious wet nurses to the immoral influence of street life. The 1904 laws, inspired by the

³⁹ Ibid

⁴⁰ Tolosa Latour, “La defensa del niño”, 23. In his speech, Tolosa Latour recounted a family of siblings living in a dark, poorly ventilated flat. He used encouragement to persuade one of the young men to get his family out of the one room flat and to visit the doctor, which the young man did and proceeded to live a life of a “healthy and useful man.”

principles of puericulture and France's Roussel Law, was Spain's attempt to answer the social question by focusing on the raising of children. These laws demonstrated Spain's commitment to child welfare, yet they did not instigate the same flurry of pro-child activity that Tolosa Latour hoped for. Yet even more than ten years after the law's implementation, Tolosa Latour was not satisfied with the progress made by Spanish society. Too many children, he argued, were "touching Glory" as evidenced by the sounds of church bells that rang out for their deaths.⁴¹ Too many children were being sold as domestic and agricultural workers in the provinces—encouraging their early deaths in spite of the laws in place.⁴² There were too few nurseries for the children of working mothers in the countryside and in the factories, and too few hospitals to care for sick and hurt children.⁴³ More maddening was that in spite of laws that mandated the reporting of children's whereabouts, "more than 5,000 children in the first stage of infancy have been spread out among villages without any news of their state."⁴⁴ The inconsistency of tracking children within Spain made it hard to use demographic information as the linchpin for child welfare programs. Even Tolosa Latour relied on anecdote and experience, as well as international influence on which to base his condemnations of Spanish society. Yet he certainly could not argue that Spain had not attempted to apply international standards to child welfare within Spain.

The law worked to regulate the structures and environmental influences that shaped a child's life from a social and moral perspective. The law protected the child legally, and in the minds of middle and working class social reformers, morally, but it did not protect children from the specter of disease and corporeal death. It is this deficiency that exposed

⁴¹ Tolosa Latour, 19.

⁴² Ibid.

⁴³ Ibid, 18.

⁴⁴ Ibid, 18.

the limitations of the field of puericulture when it came to proposing legislation for the purpose of protecting children. With relatively no medical infrastructure suited toward children, there was little the state could mandate by way of children's physical health. The law also demonstrates the limitations of children's medicine in general. With only a handful of childhood diseases experts in all of Spain, little work had been done in Spain by 1904 related to children's health. Limited services for children's health existed because the knowledge did not yet exist among Spanish physicians to create the necessary services. The state could not regulate or govern those services because they did not exist. The universality of puericulture's mission meant that there was no urgency to develop specified treatment plans for children, since many physicians at the turn of the twentieth century believed that children's bodies were mere miniatures of the parents, and what children really needed was a social environment that would be conducive to the principles of moral and physical hygiene. Yet as the Cortes officially passed the Law for the Protection of Childhood in August of 1904, a self-proclaimed Pediatrician was collecting information that would allow him to publish the first Spanish manual about the study and philosophy of pediatric medicine. This study would open another avenue for child welfare advocates to understand not only how to develop children's healthcare in Spain, but also how to incorporate international scientific trends into Spain's quest to join the international community in higher standards of child care. For pediatricians in the international community, a child was not simply one more body to bolster a nation's demographic strength, but an anatomical and spiritual individual worthy of investigation and investment.

Andrés Martínez Martínez-Vargas and the Treatise of Pediatrics

Perhaps one of the most important and fundamental contributions made to early Spanish pediatrics was Andrés Martínez-Vargas' *The Treatise of Pediatrics* written in 1915. Martínez-Vargas was the first self-proclaimed pediatrician in Spain. Of Martínez-Vargas' *Treatise*, his colleague Dr. Rodríguez Méndez wrote "Now, in complete maturity, he has decided to realize the dream of his dreams: to write a work, to which he has invested great commitment, nurtured by all that he has read, seen and studied *in situ* (which is more than he has read) about how he believes Pediatrics should be understood."⁴⁵ Dr. Rodríguez Méndez was by no means exaggerating when he argued that Martínez-Vargas had seen and studied on site more than he had read. Throughout the west, the nascent pediatric specialty was hardly more developed than a handful of self-proclaimed specialists who learned about the child's body by simply treating patients and learning from that treatment. Yet, much like Puericulture, pediatrics had its origins in places outside of Spain—requiring those interested in the specialty to seek education and inspiration elsewhere.

Martínez-Vargas himself had a particularly distinguished education and fervent desire to learn more and more about medicine generally and children's medicine in particular. Born in 1861 to a barber as one of six children in the Aragonese city of Barbastro, Martínez-Vargas developed medical knowledge by pursuing rigorous medical training in Zaragoza, completing a doctoral degree in Madrid in 1881. In 1886 he traveled to the United States to study with the singular pediatric specialist Abraham Jacobi in New York City. There, he learned about the treatment of children in one of the first established pediatric departments in a general hospital, Mount Sinai. Following his education with Dr. Jacobi, Martínez-Vargas then decided to practice his learned skills by treating patients in Mexico and sharing

⁴⁵ Rodríguez Méndez, "Prologue" in *Tratado de Pediatría* (Barcelona, 1915), viii-ix.

his findings at the National Academy of Medicine in Mexico City. He returned to Spain in 1888 and in 1892 was made Professor of Pediatrics in the Faculty of Medicine in Barcelona. Much of what Martínez-Vargas learned and the standard of care that he witnessed came from direct experience in treatment and observation in various countries, which allowed for him to develop a general understanding of the anatomy and symptoms of childhood disease and childhood development. This in particular was a departure from prevailing concepts of hygiene that focused more on the social conditions surrounding infant and childhood health and morality than the anatomical functioning of the child's body. His collaboration with other international physicians would push him to not only apply pediatric methods in Spain, but to continue to reach out to international experts for information and improvement.

This particular distinction is what marks his treatise as a foundational text in Spanish pediatrics and Spanish healthcare. Martínez-Vargas introduces his treatise by stating

In this first volume, which I call the fundamental pediatrics, I consign everything related to anatomy, physiology, and hygiene, to the general pathology and therapeutics of the child. Philosophically and technically, more cannot be expected of a specialty from which to be dully constituted, especially since each of these sections should have sufficient doctrinal flow within their own independent organization.⁴⁶

His aim, therefore, was more than to simply to create necessary social environments that would stem the rise of childhood mortality (though as we will later see, his motivations were similarly purposed) but to truly understand the child's body and to use science and medicine as a way to create methods of preventing childhood illness and disease. Yet Martínez-Vargas still had to justify the study and practice of pediatrics in an era of hygiene

⁴⁶ Andrés Martínez Vargas, *Tratado de Pediatría* (Barcelona, 1915), xi.

and social studies. Where was the valor in studying children's medicines and treating children as a population separate from adults?

Martínez-Vargas made his argument abundantly clear in the first few pages of his treatise:

Regarding (the child's) anatomic and physiological constitution and his ability to develop, children deal with conditions exclusively related to their age—only possible within themselves. The other illnesses shared in common between him and the adult is modified in the child so that it looks completely different, they have different syndromes and require a specialized semiology and distinct therapy; why, adult pathological criteria are inapplicable to the child without serious modifications. The ancient precept that the child is the miniature of the man is absurd. Today, after having made impartial clinical observations of the sick and having applied to them all of the available scientific auxiliary resources in the living and the dead and renewed all material, being iconoclast, according to the phrase of an American pediatrician, agglomerated facts upon facts, we have organized released materials with doctrines that are persistent and accurate.⁴⁷

His assertion that the child's anatomy and physiology was so profoundly different to the adult man's, so as to warrant an independent specialization with precepts and studies that were individual to such a specialty, was considered a novel idea--going so far as to say that any comparison of the child's physiology and anatomy to a grown man's was "absurd. Martínez-Vargas expressed an awareness of the revolutionary nature of this new specialty and of the concept that the child's body was wholly separate and different from that of the adult. Borrowing the term "iconoclasm" from the speech given by American physician Thomas Rotch at 1891's "Transaction in Pediatrics" conference in Washington D.C., Martínez-Vargas fully intended to restructure older concepts of children's treatment and medical care. This restructuring of children's medical treatment was not created by Martínez-Vargas, but inspired by his mentor, Dr. Abraham Jacobi, in the United States as

⁴⁷ Vargas, *Tratado de Pediatría*, 2-3.

well as the other American physicians he learned and studied with. Jacobi was known as an innovator and a fierce champion for children’s health—creating the first children’s hospitals in New York City. Jacobi was also known for contributing research to prominent medical journals and published his own *Therapeutics of Infancy and Childhood* in 1895.⁴⁸ Following the footsteps of his mentor, Martínez-Vargas intended his treatise, with its predominantly medical and scientific jargon, to serve primarily as a guide for interested physicians and those looking to engage in further studies. To enact such studies, most physicians would need to reject what they believed to be true about the child’s body and its relation to adult anatomy.

His study also demonstrated self-awareness in relation to the newness of the pediatric field and the enormous advances pediatrics had made in the past 25 years. He points out that

[I]n the last 25 years there has been a renovation of labors of which few other veins of medicine have been able to boast such a rich harvest. In the field of pediatrics such transcendental facts have been discovered—such has immunity and the transferability of one organism to another through serums; In children’s medicine there has been discovered the effectiveness of anti-toxins and through them the anti-diphtheria serum which represents the most brilliant therapeutic conquest in the nineteenth century⁴⁹

Martínez-Vargas credited the rise of children’s medicine in the discovery of anti-diphtheritic immunizations. Had European and American physicians not been working specifically with illness that primarily affected children, there would have been no discovery of the bacteria that created diphtheria, nor would there have been an attempt to work toward a cure that would aid children. By using pediatrics as a lens to understand how disease ravaged children’s bodies, physicians specializing in children’s health and illnesses could develop an

⁴⁸ B. Lee Ligon-Borden, “Abraham Jacobi, MD: father of american pediatrics and advocate for children’s health” in *Seminar in Pediatric and Infectious Diseases* (Volume 14, Issue 3, July 2003), 246.

⁴⁹ Vargas, 3.

appropriate cure. Not only did Martínez-Vargas document seismic changes in medical practice and discovery, but he also identified the speed at which these developments were progressing internationally. Though pediatrics was still a nascent specialty, the discovery of the *Corynebacterium diphtheria* in Germany 1888 was shortly followed by the first successful treatment of diphtheria through the use of the anti-toxin in 1890. Martínez-Vargas understood that while the study of pediatrics was still quite young, it was developing at lightening speed, so he used his treatise as part instructional text as well as a way to encourage his medical colleagues to study the subject further.

Like the hygienists and *puericultores* before him, Martínez-Vargas was also concerned with the rising infant mortality rate and the way such a rise in infant mortality affected the nation of Spain. He argued that it was axiomatic “that the prosperity and greatness of a country is directly dependent on the highest density of population and the largest possible number of intelligent and industrious citizens” which meant that infant mortality constituted an “open wound that reduced the population density and the greatness of the state.”⁵⁰ He argued that the population of the nation directly affected the nation’s reputation and international standing. He was quick to remind his audience of the importance of studying child anatomy as a separate from that of an adults by arguing that the child is the “most delicate of all creation” therefore both acknowledging puericultural statistics as well aligning the potential of the pediatric specialty to complement hygienists and *puericultores*--whose main emphases were on statistics and numbers.⁵¹

⁵⁰ Ibid, 4.

⁵¹ Ibid, 3.

Martínez-Vargas did, however, credit puericulture and international children's welfare with the slowly declining infant mortality statistics. He pointed out that "Infant mortality's sensible decrease is due to the spread of child hygiene demonstrated by the fact that large cities like London offers a lower mortality than many neighboring populations and some rural districts."⁵² The spread of child hygiene in places such as London also included the dissemination of artificial milk and conveniently located milk dispensaries in larger cities, a project that Spanish *puericultores* undertook by installing Gotas de Leche in certain parts of Spain. Martínez-Vargas credited these changes to the enactment of child welfare laws in various countries and was quick to offer Spain's child welfare laws praise as well. Of Spain's own child welfare laws, he asserted that "Spain has not lagged behind in this movement of child protection: the law enacted in August 1904 continues to apply itself with true persistence."⁵³ Unlike Tolosa Latour, Martínez-Vargas's perception of international medicine's application within Spain was quite optimistic and he saw himself as part of a larger project that consisted of statisticians, politicians, *puericultores*, and sociologists. He, and other pediatricians, were part of that project, but also occupied their own space that was medically and scientifically experimental.

Rather than feeling anxiety about the need to catch up to the standards of other countries, Martínez-Vargas threw himself into international engagement with child welfare so that he was willing to forgo nationalist pressures if it they impeded the development of children's programs or aided the rise of childhood mortality. He argued that the newly formed International Union for the Protection of Child Life (formed in 1907) ought to

⁵² Ibid, 21

⁵³ Ibid

encourage states to work to reduce childhood mortality and that it would not “relent in its endeavor until it had achieved what had been illuminated by the lights of pediatrics in the aid of sociology and penetrated the dense masses by destroying their ignorance and driving governments to remedy childhood poverty.”⁵⁴ Though pediatrics and children’s health sciences were still limited to small pockets of people in various countries, he witnessed the rise of a larger trend and believed in the role of international organizations to be able to push individual countries to pursue this endeavor further. He noted lamentably that “since 1900, only Romania, Switzerland, Russia, the United States (with the exception of Philadelphia) have required a pediatrics exam to graduate from medicine.”⁵⁵

For Martínez-Vargas, there was something more intimate and noble about the pursuit of science for the benefit of children’s health than simply to bolster national demographics and strengthen the national populace: the child, an individual and specialized being, was worthy of scientific study and medical protection. He argued that when a child died, the only consolatory refrain available to bereaved parents was that the deceased child had become an “angel of heaven”.⁵⁶ This “derogatory sentiment” he maintained, was due in a large part to the idea that the death of a child represented “the nimbus of illusions” which created an “aura of hope that is forged based on the unknown influence of the child’s future, which had become suffocated and choked by the spirit of justice.”⁵⁷ Martínez-Vargas’ perspective was that a child’s death had less to do with demographics and national strength, than about the child’s individual future potential. The child was in the process of ‘becoming’ but had been cut short by the specter of disease and science’s yet undiscovered

⁵⁴ Ibid, 22.

⁵⁵ Ibid, 28.

⁵⁶ Ibid, 2.

⁵⁷ Ibid.

ability to save him or her. He identified the phrase “angelitos de cielo” as a derogatory phrase since it diminished the child’s important role in society. Unlike adults, he argued, whose absence created visible holes in the family structure due to economic contribution, or social influence, a child was seen as something as ephemeral as an angel, who only represented a promise of a possibility.⁵⁸ Complementary to the *puericultores* and social reformers who focused on a child’s moral health in relation to the strength of the nation, Martínez-Vargas validated the role of the child in society by applying medical science learned internationally. That the child had not yet grown to his or her fullest potential was all the more reason to pursue medical research in pediatrics. A child was not simply a demographic to tout, but the promise of the future. Martínez-Vargas’ text is unique in the sense that it both discussed the conceptual importance of pediatrics as well as the practical and clinical elements of treating children.

Martínez-Vargas defined the character of pediatrics as primarily being “clinical, experimental, and sociological.”⁵⁹ Pediatrics in Spain, he argued, could improve its development by bringing together both theoretical and clinical knowledge. As he had learned in the United States, the best way to learn about the child and to teach others about the anatomy of the child was to use each case as a learning opportunity. Simply teaching by the bedside of the patient

is easy and relaxing so that one can teach and one can learn: it allows that disciple to understand the background of the patient by the person teaching: yet this method does not sufficiently instruct on the general illness so that when presented with a case different from the type originally served, the physician remains impotent, or at the least, hesitant to diagnose.⁶⁰

⁵⁸ Ibid

⁵⁹ Ibid, 31.

⁶⁰ Ibid, 34.

Therefore, it was necessary to have both theoretical instruction and clinical instruction by means of hospital visits, dispensary visits, home visits and milk bank visits. He also argued that diagnostic centers were invaluable to training new pediatricians because they allowed for autopsies to be carried out in order to understand how diseases, maladies and treatments affected young patients.⁶¹ Martínez-Vargas' philosophy of pediatrics was about building a body of knowledge that was still being understood. Though he had credited puericulture and the instruction of mothers as vital to keeping children alive, this could only be successful if physicians understood the child's body and how diseases and childcare contributed to this activity. Ultimately, pediatrics in 1915 was still about experimentation. Pediatricians were making new discoveries that contributed to the decline of infant mortality but believed in the "iconoclastic" idea that they were doing so from a *tabula rasa*. Pediatrics was far beyond the scope of social puericulture. To Martínez-Vargas, it was a science based on theory, practice, and experimentation and dependent upon social programs and legal support in order to proliferate and to benefit the population for whom it was being developed.

Though Martínez-Vargas engaged with the language of puericulture and hygiene, he saw the mission of pediatrics as something different and separate from the political endeavors of the state. Philosophically, pediatrics was about the validation and valorization of the individual child. Pediatricians worked to preserve the health of the child so that he or she could develop into a productive adult. The child's life was about promise and it was the pediatrician's job to guard the physical health of the child so that he or she could fulfill that

⁶¹ Ibid, 31.

promise. Martínez-Vargas saw his job as having little to do with the preservation of morality (though he acknowledged that moral health was equally important—though not interchangeable with physical health), but with the preservation of the child’s body and health. He was among the first doctors in Spain to offer mothers a monetary reward of twenty-five pesetas for keeping their infant alive for twelve months and one day.⁶² This prize was made irrespective of social class and economic status, but on the ability to ensure that the child would stay alive. Granted, the responsibility of keeping the child alive fell almost completely on the mother, but the mother had no obligation to maintain middle class moral standards or a middle class lifestyle. Ultimately, Martínez-Vargas concerned himself with the preservation of the child in order to secure his or her future.

Scientifically, Martínez-Vargas was trained to believe that the child was a unique organism with different responses to medical techniques than adults. Pediatrics, therefore, should avail itself to the advances of science in order to understand a new anatomical frontier. He encouraged burgeoning pediatricians to collect data by writing down notes from consultations with patients, to autopsy the bodies of deceased patients in order to understand how the disease interacted with the child’s organs, and to treat a diverse population of children in order to understand disease patterns and disease mutations. A child was not an anatomical miniature of an adult and therefore required a new scientific perspective. From the perspective of bedside treatment, a child was often unable to explain his malady, so it was up to the doctor to be able to have a deep understanding of how disease spread in a child’s body and the symptoms that disease presented within the child. Pediatrics, according to Martínez-Vargas, also was about science, medicine, and the child in

⁶² Ibid, 29.

addition to national ambitions and demographic strength. Pediatrics was a medical science used for a humanistic endeavor. It applied scientific inquiry and the collection of data in order to understand a unique organism. Though this specialty also served a social function by protecting the child long enough for him or her to reach adulthood and to make social and economic contributions, it was not intended to serve a political function. Martínez-Vargas' *Treatise of Pediatrics* introduced a new voice into the discussion about child welfare, one that valued the scientific and individual in addition to political and demographic significance of the person.

Conclusion

Social changes in late nineteenth and early twentieth centuries in Spain prompted a massive investment of time and study into the social question. International congresses promoted the study of demographic and social problems and Spanish physicians used the accomplishments of other nations as a standard to which Spain should meet. Developments in hygienic studies, demographic studies, and sociological studies as a result of the congresses created vast amounts of data that could be analyzed and deciphered. This data indicated to Spanish society that the nation ran the risk of falling behind other western nations in demographic strength, national robustness, and general humanitarian progress. In order to solve this crisis, Spanish reformers looked to France's use of puericulture as a way to stem the tide of infant mortality and rebuild Spanish society in morality and in size.

Spanish lawmakers in conjunction with Spanish pericultors applied Neo-Lamarckian principles of environmental influence over child development by creating the Law of Childhood Protection in 1904. These laws represented a vision of how child welfare would

function in Spain. It was up to the state to set the standards for acceptable moral upbringing and for local authorities and community figures to ensure compliance. These laws did not protect children's health, but the idea of middle class morality through the regulation of wet-nurses, care taking, and familial organization. This approach to child welfare was due in part to the world view of social reformers and politicians that in order to solve the social question, they needed to educate the working classes on how to achieve middle class moral health. This, in turn, would promote better hygiene and elevate the status of working class families and their children. The creators of this law were also limited by the lack of children's services that existed in Spain at the turn of the century. The law could not promise the availability of medical services explicitly focused on children, nor demand that parents avail themselves of children's relief services because they simply did not exist, or if they did, the number of services did not meet the vast need of recipients. The government could only legislate moral health, not physical health. Over the course of the 40 years following the implementation of the 1904 Law for the Protection of Childhood, Spanish physicians and children's experts would look to international examples for how to progress as a nation through children's health.

Andrés Martínez-Vargas showed that moral hygiene was not the only philosophy developing in relation to children's health at the turn of the century. The medical specialty of pediatrics was in its infancy, but it was developing a concept of child welfare that differed greatly from the one presented in the 1904 law. Martínez-Vargas, one of Spain's first pediatricians, saw pediatrics as a medical science that recognized and valorized the individual anatomy and physiology of the child, as well as his or her position in society. He praised the application of scientific inquiry by international physicians to medical sciences

and redefined what medicine meant in relation to the child. He also redefined what the child meant to the society at large. A child was not simply a demographic or statistic, but the child harbored future potential requiring the safeguarding of his health until the child had reached adulthood and could recognize that social potential. By relating his internationally acquired knowledge in his *Treatise of Pediatrics*, he defined the core interests of the pediatric field and aided the development of those who would refer to themselves as pediatricians within Spain. International pediatricians believed that they were iconoclasts by rejecting traditional methods of treating children, which assumed that the child's anatomy and physiology resembled that of an adult. They identified themselves against medical practitioners who had been governed by traditional methods of medicine. They saw themselves as physicians and scientists, as well as social reformers. In Spain, both puericulture and pediatrics would grow exponentially in the next twenty years, in some cases, becoming indistinguishable and acquiring each other's knowledge base. Yet as these specialties developed together, they would continue to look to, and be influenced by, international medical trends. As international medicine, and particularly public health and children's medicine developed, Spanish physicians saw the stakes for national social progress grow higher. Instead of developing a unique Spanish brand of children's health, they continued to strive for international legitimacy by working to implement international programs and joining international organizations.

Chapter 2

“La labor social, docente y sanitaria”: *Puericultores*, Pediatricians, International Organizations, and the State

In 1966, thirty-eight years after the founding of the School of Puericulture in Valencia, the director of the School, José Selfa reflected that “of the extraordinary labor realized by the School at that time, the movement of the puericulture faculty stands out for extending their medical and social influence throughout the entire province, making their campaign the precursor in Spain for children’s socio-medical education.”⁶³ As Dr. Selfa rightly recognized, the 1920s (and 30s) was a period that saw the growth of puericulture projects in Spain, yet public health in general also saw increased growth from within the state, as well as professionalization and engagement with international health organizations. The changes in health administration and the expansion of public health developed by Spaniards and promoted by American public health experts in the first thirty years of the twentieth century, led to increased engagement with autonomous institutions and organizations as well as continued engagement with international organizations. These advances were happening against the development of international humanitarian organizations—driven by the complications of the First World War and the desire use diplomatic ties to prevent a second. Spanish pediatricians, *puericultores*, and other medical experts engaged with and appealed to international organization in order to advance Spanish development of puericulture in order to establish Spain’s place among modern nations. This advance encouraged the professionalization and standardization of fields like puericulture

⁶³ José Selfa, “A Guisa de Presentación” *La Escuela de Puericultura de Valencia*, (Valencia, 1966), 7.

and allowed Spanish *puericultores* and medical experts to continue to develop their own health campaigns as well as to borrow the rhetoric used in international campaigns.

Global Health Organizations in the Interwar Period

One of the effects of the First World War in Europe and the United States was the desire to prevent subsequent global catastrophes through international engagement and diplomacy. For the most part, the international congresses of the nineteenth and early twentieth centuries worked to foster diplomatic ties through science and information. International organizations and conferences during the interwar years attempted to resurrect the spirit of humanitarian aid and diplomacy while also taking into account the dire humanitarian situation caused by the World War. Though Spain remained neutral during the war and did not bear the brunt of the war, they were still able to benefit from international discussions and conferences. Spanish medical experts also adopted an internationally recognized language of child welfare activism from their international counterparts that they used when discussing child welfare in Spain.

The international discourse relating to children's welfare had not changed from the nineteenth century inasmuch as it was expanded to include scientific and medical terminology. Spearheading international child welfare activities was the League of Nations Child Welfare Committee. The League of Nations, created in 1919, and encompassing forty-eight states, was born out of the international desire to create peace and security among nations in order to avoid another global war. The League of Nations was also made up of multiple committees including a health organization that oversaw relief aid and worked to combat epidemic diseases, malnutrition, and other health maladies. The League

of Nations Child Welfare Committee fit within the international health framework—a framework taken from the international congresses of the late nineteenth century and as scholar Martin Dubin reports, the committee, like the greater League of Nations Health Organization, engaged “administrators, researchers and educators affiliated with state services, laboratories, schools, professional societies, associations and philanthropies.”⁶⁴ Spanish medical experts and *puericultores* fit well into this framework as it allowed them to see how child welfare could be practiced by incorporating multiple components of childhood health and protection.

The League of Nations Child Welfare Committee marked, as scholars Patricia Rooke and Rudy Schnell, have argued “the beginnings of a shift from voluntarist forms of child saving to a systematic rationale for child-welfare programmes.”⁶⁵ This shift also contributed to a more formalized language regarding childhood and child welfare—one that emphasized the worth of the child to the nation’s future and the international community, therefore stressing the importance of a “normal child.”⁶⁶ The “normal child”, (as opposed to the “abnormal child”) was brought up by a two-parent household, nurtured in mind and body, and properly educated. Therefore, the Child Welfare Committee spent much of its efforts providing studies about, and recommendations for, family allowances, working conditions, child-rearing practices, the status of illegitimate children, juvenile justice systems, delinquency, and support services.⁶⁷

⁶⁴ Martin David Dubin, “The League of Nations Health Organization” in *International Health Organizations and Movements 1918-1939*. Ed. Paul Weindling (Cambridge: Cambridge University Press, 1995), 65.

⁶⁵ Patricia T. Rooke and Rudy L. Schnell, “‘Uncramping child life’: international children’s organizations, 1914-1939” in *International Health Organizations and Movements 1918-1939*. Ed. Paul Weindling (Cambridge: Cambridge University Press, 1995), 193.

⁶⁶ Rooke and Schnell, “‘Uncramping child life’: international children’s organizations, 1914-1939, 194.

⁶⁷ Rooke and Schnell, 195.

Spanish doctors and child welfare specialists adopted this language and contributed their own studies to the international body of information. Their successful submissions were celebrated in the Spanish newspaper *A.B.C.* in 1921 when it was reported that the Superior Committee and delegates from the Juntas for Child Protection gave lectures at the Second International Congress for the Protection of Childhood in Brussels on the subjects that mirrored larger international discussions, such as “The Abnormal Childhood” and “The Social Hygiene of Childhood”⁶⁸ These lectures applied the concept of childhood abnormality and the attempt to normalize the child by exploring the education of blind, deaf, and mentally disabled children in Madrid. By demonstrating their proposal to build more schools within Madrid that would educate boys and girls with sensory disabilities as well as mental disabilities, Spanish child welfare experts proceeded to prove their engagement with international standards and language.⁶⁹ Yet “abnormal” was not merely for those children with sensory or mental disabilities but abandoned children as well. The abandoned children’s school in Alcalá de Henares sought to educate all abandoned children who were found in public areas in Madrid who were between the ages of six and sixteen.⁷⁰ The school would rehabilitate the children by offering standard scholastic courses as well as education in various trades from shoemaking to gardening and horticulture.⁷¹ These trades, Spanish child advocates hoped, would steer the young people away from vagrancy and begging, once they had matriculated from school, and allow them to live useful and productive

⁶⁸ “Protección a la infancia” *ABC* (Madrid, 30/06/1921), pg 10.

⁶⁹ Rodolfo Tomás y Samper, “Obra de protección a la infancia que realiza el excelentísimo Ayuntamiento de Madrid” (Madrid, 1921), 16.

⁷⁰ Tomás y Samper, 31.

⁷¹ *Ibid*, 32

lives.⁷² Spanish child welfare experts and advocates (including Tolosa Latour, who was also in attendance at the conference) applied the international language of normalizing the child and demonstrated to an international audience how child welfare advocates had applied these concepts to the Spanish case. The Committee of Child Welfare, through the input of experts from nearly twenty-eight nations, had established a benchmark to be met by those nations for child welfare. By presenting their own achievement to an international audience, Spanish child welfare advocates hoped to show how they were attempting to reach that benchmark. Yet Spanish doctors understood that medically, Spain had not caught up to the advances made in the United States and Britain. Rather than to try and apply ideas and concepts within Spain, Spanish medical experts invited American public health experts to aid them in establishing public health programs in Spain.

The Primo De Rivera Regime and The Rockefeller Foundation

In 1923, two new institutions were introduced into Spain. The first was the dictatorship of Miguel Primo de Rivera (1923-1930), and second was the involvement of the Rockefeller Foundation within Spain. Both the Primo de Rivera regime and the Rockefeller Foundation would contribute to the development and professionalization of public health in Spain and lay the foundation for the incorporation of children's health, specifically puericulture, into the state public health structure. The Primo de Rivera dictatorship interrupted the almost fifty-year long Restoration monarchy. Initially intended to act as yet another pronunciamiento (military intervention in the government) over the course of the Restoration period (1874-1923), Primo de Rivera's pronunciamiento would morph into a

⁷² Ibid.

dictatorship with the aim to transform all elements of Spanish society. Overall, Primo de Rivera's pronunciamiento was welcomed and received very little resistance. Having lofty ideas for the improvement of living standards and the facilitation of worker-corporation relations, Primo de Rivera sought to do what he believed parliamentarians could not: reform and modernize Spanish society. That same year, Primo de Rivera was approached by the Junta de Ampliación de Estudios e Investigaciones Científicas seeking permission to engage with the American-based Rockefeller Foundation in order to further develop their public health and disease control training.

The Rockefeller Foundation was founded in 1913 by John D. Rockefeller, an American oil tycoon, who channeled his philanthropic efforts into a foundation that would promote science, public health, and the arts in the United States and around the world. The efforts of his foundation, bolstered by the need for international assistance in the aftermath of World War I, found their way to various corners of the world. The Foundation relied upon the work of numerous American experts and eager international protégées (as well as welcoming nations and state structures) in order to carry out public health, scientific works, and international research.

The beginnings of Spain's relationship with the Rockefeller Foundation began in 1922 when the Junta de Estudios e Investigaciones Científicas relayed the findings of the Foundation's influence in Latin America. The promising and positive results of the Foundation's interventions in various locations in Latin America encouraged the J.A.E. to make contact with the Foundation.⁷³ That same year, Wyckliffe Rose, head of the

⁷³ Esteban Rodríguez Ocaña, "La Intervención de la Fundación Rockefeller en la Creación de la Sanidad Contemporánea de España" in *Revista Español de Salud Pública* (Vol. 74, 2000), 28.

International Health Board (a branch of the Rockefeller center), visited Spain in order to create contacts. The aim of the Rockefeller Foundation's international work was to provide scholarships and to train international post-graduates so that they might return to their home countries and integrate their research by assuming positions in their respective governments. In 1923, the Rockefeller Foundation provided 100 international scholarships, three going to Spanish public health practitioners.⁷⁴ The Foundation hoped that all of its fellows, upon exiting the fellowship, would go on to find positions in the states and public health infrastructures of their home countries after receiving extensive international training in the United States, and globally, during their tenure with the Foundation.⁷⁵

The fellowship was structured into three parts: the first included language training, the second part was serious study of public health in the nascent School of Public Health at Johns Hopkins, and the third included studying public health centers in various locations within the United States and in other parts of Europe.⁷⁶ By the time of the fellowship's completion (usually in two years), the fellow would have an intimate understanding of how international health policy worked as well as internalized the American concept of public health as a distinct profession from the practice of medicine.⁷⁷ Furthermore, this training coupled with the Foundation's mission to see fellows fill important public health roles in his own country, created a highly trained group of professionalized public health practitioners who expected to apply their new skills and knowledge within the contexts of their own

⁷⁴ *The Rockefeller Foundation Annual Report* (New York City, 1923) 159.

⁷⁵ *Ibid.*

⁷⁶ Ocaña, "La Intervención de la Fundación Rockefeller en la Creación de la Sanidad Contemporanea de España", 30.

⁷⁷ Allan M. Brandt and Martha Gardner, "Antagonism and Accommodation: Interpreting the Relationship Between Public Health and Medicine in the United States During the twentieth Century" in *American Journal of Public Health* (vol. 90, No. 5, 2000), 710. Many scholars of American public health argue that the rise of the Rockefeller Foundation actually created both a professionalized group of public health practitioners while also creating a rift between the practice of public health and medicine.

countries. The Spanish medical experts who benefited from the Rockefeller Foundation fellowship would have also internalized the mindset of professionalized public health practitioners whose main objective was to prevent disease by changing the surroundings that created the context for the disease. Over the course of the subsequent forty years, Spain would see the direct result of the Foundation's investments. Marcelino Pascua Martínez, Director of National Health during the Second Republic and José Alberto Palanca, Director of National Health under the Primo Regime and Franco Dictatorship were both Rockefeller Foundation Fellows. This membership to a very distinguished organization would influence how these medical experts organized public health activities in Spain as well as how they engaged with the global health community. While Spanish Rockefeller Foundation Fellows spent much of the late 1920s being trained by the new School of Public Health at John's Hopkins and trying to put their knowledge into practice in the United States as well as Spain by designing programs to combat Malaria and Hookworm, more established health organizations continued their professional development. Rather than to compete with the development of public health, *puericultores* would engage directly with public health as a way to further enhance their activities.

The Rise of Puericulture Institutes and the National School of Puericulture

The work of Manuel Tolosa Latour and Andrés Martínez-Vargas continued long into the twentieth century and was supported by the studies and lectures given by other Spanish children's health advocates. Doctor Adolfo Martínez Cerecedo published a treatise in 1915 condemning Spain's abandonment of what he referred to as inter-uterine puericulture

(another concept adopted from the French)—that is to say, the health and wellness of marriage, conception and gestation. He argued that too many *puericultores* were focused on extra-uterine puericulture through the care of infants and children. This “abandonment of inter-uterine puericulture, he argued, left children vulnerable to the scourge of genetic ailments and the effects of venereal disease.”⁷⁸ His work was among others, including Tolosa Latour, who believed that child-raising was a social act. He argued that “marriage should not be conceptualized as a mere individual act; being the base of the family and, moreover, of society, the Spanish state has the right to intervene in it and be attentive for the benefit and interest of public hygiene.”⁷⁹ Like his colleagues, Cerecedo applied international concepts of public hygiene and child welfare to mean pre-birth, as well as post-birth. The growth of puericulture studies expanded to include adult public health as well as gynecology and the nascent field of obstetrics.

Pediatrics, through the efforts of Andrés Martínez-Vargas, continued to grow as well. In 1917 he developed a monthly journal titled *Spanish Pediatric Archives*, however the journal was anything but Spanish. Joining him on the editorial committee were Italian and Uruguayan children’s healthcare specialists. His journals invited submissions from international pediatricians and *puericultores* from all over Europe and Latin America and showcased published works by international medical experts from Britain and the United States. As the field of pediatrics grew internationally and incorporated multiple child and maternity related disciplines, the effects of that scholarly growth began to be reflected in the institutions that started to develop in Spain.

⁷⁸ Adolfo Martínez Cerecedo, “El Abandono de la puericultura interuterina en España y remedios urgentes que reclama” (Madrid : Imp. y Encuad. de Valentín Tordesillas, 1915), 378.

⁷⁹ Cerecedo, “El abandona de la puericultura intrauterina”, 381.

The 1920s in Spain saw the growing professionalization of public health and public health workers. This professionalization was due in large part to the development of public health and international public health training by the Rockefeller Foundation. Yet even before direct involvement with the Rockefeller Foundation, the Spanish state has begun to lay down the foundation for the integration of hygiene and public health into the state. In February of 1922, the state re-created the General Directory of Health in order to accommodate the growing number of responsibilities the Directory had accumulated since its first iteration in 1902. By doing so, they were able to consolidate the areas of inspection specifically related to public health, as well as to expand the growth of public health in Spain both municipally and provincially while incorporating hygiene and health institutions. The reorganized General Directory of Health oversaw four main categories: Inspection of Interior Health, Inspection of Exterior Health, General Inspection of Institutions, and Accounting.

The outcome of rebuilding these categories of inspection was that the state could more effectively encourage the development of new programs, institutions, therefore potentially widening its sphere of influence. In 1925, the Spanish state passed the Regulations for Municipal and Provincial Health, which stressed the importance of creating more forms of assistance for maternal-infant care, maternology, childhood assistance, and the creation of institutes to support those goals. One of the results of this law was the push for the development of puericulture institutes to educate health workers about children's health and disease prevention, as well as to act as a resource for their communities. The first Institute of puericulture was introduced in France under the guidance of the French puericultor, Gaston Variot, in 1911 and was intended to act as a center for study and

research as well as a popular education institution for mothers and healthcare workers.⁸⁰ Yet these were not the first institutions that were devoted solely to hygiene and children's needs in Spain. In the late nineteenth century, Madrid created the first children's hospital, Hospital del Niño Jesús. Madrid (1904), Barcelona (1904) and Valencia (1910) all had a functioning *Gota de Leches* (milk banks) that worked in the community to ensure that children who could not be breastfed had access to safe and sterilized artificial milk. The 1925 Regulation meant that these kinds of institutions would be subjected to inspection by state authorities and that they would increase in number.

The first institution for children's health and welfare to be founded under the Regulation of 1925 was the National School of Puericulture in Madrid. On November 17, 1925, the National School of Puericulture, founded by pediatrician and puericultor Enrique Suñer, opened with an established agenda. First and foremost, it served to train any and all medical specialists who were explicitly or marginally involved with the care of children or who were, in some way, subjected to the Infant-maternal Protection Law of 1904. It also endeavored to create new organizations of healthcare workers—primarily visiting nurses dedicated exclusively to the care and health of children and infants.⁸¹ The School would focus on the education of mothers for the care of their children. The School would also serve as a data-collecting institution for all issues related to children's health and serve as the “promoter and developer” of protocols related to children's health, but especially overseeing the science of children's nutrition and lactation (as well as influence over local institutes of children's welfare such as the Gota de Leche). Generally, the School would be

⁸⁰ Marius Turda and Aaron Gillette, *Latin Eugenics in Comparative Perspective* (Bloomsbury: London, 2014), 35-36.

⁸¹ Ministerio de la Gobernación Dirección de la Sanidad, “La Escuela Nacional de Puericultura en el Curso 1941-1942” in *Al Servicio de España y del Niño Español* (num. 53), 7.

used primarily to teach and train health professionals and be a resource to the community within Madrid, with the assurance that professionals or parents who sought help would receive educational and possibly nutritional assistance.⁸²

Though the majority of the School's goals were related to education and the dissemination of information, the School planned to broaden its sphere of influence within Spain. The School would "extend its radius to other areas conveniently connected to the aim of the school that the director deems appropriate and with prior approval from the General Directory of Health."⁸³ This final role of the School—to promote its interests in other areas of Spanish life with prior approval from the state, speaks to the unique relationship building between the state's expanded public health projects and the desire of children's health experts to engage with the state and to promote medical-social issues from the government's end. Unlike the laws of 1904 that had borrowed concepts of social hygiene in order to promote children's welfare (though not necessarily children's biological health) the concurrent growth of government sponsored public health and the development of puericulture into a specialized field with an institution for the education thereof, created a moment in which the project of the National Institute of Puericulture allowed both organizations the opportunity to further their aims and extend their influence throughout Spain through interaction with the other.

The National School of Puericulture was founded and led by pediatrician and educator Enrique Suñer Ordoñez. Suñer's background as both pediatrician and educator made him a particularly effective leader for the national school. He had both the experience

⁸² Ibid, 7

⁸³ Ibid, 8.

of having produced scholarship related to the medical treatment of children on both national and international platforms, but also saw the importance of training and overseeing the pedagogical needs of educational institutions, having been appointed by Primo de Rivera as the Counselor for Public Instruction. His allegiance to the military regime also helped gain status for the School and gave him status under the Primo de Rivera regime. Yet Suñer's interest in science for the production of public education and his adoption of French puericulture techniques and philosophies would also help to further define the role that puericulture would play in the future. Puericulture, in its purist form, was about the prevention of disease and death in children through the practice of raising a hygienic child. The French puericulture institute had introduced a pedagogical element to the art of raising a child. As a result, the puericulture that developed in Spain during the 1920s also stressed the importance of general education based in science but simplified for the exclusive purpose of preventing child mortality. In order to assure that children were protected in all avenues of society, it was imperative that any person or institution that came into contact with children should be trained with consistent principles.⁸⁴ Much like the increasing professionalization of public health within the Spanish state, the National School of Puericulture would also ensure consistent standards in order to pursue an agenda outside the walls of the institution and possibly outside the boundaries of the city itself. The shift from the Primo de Rivera regime in 1930 to the creation of the Second Republic in 1931 would rearrange the positions of notable medical practitioners in Spain, but it would further develop the relationship between the state and medical practitioners as well as improve

⁸⁴ Ibid, 8.

legislation directly engaging with children's welfare and medical assistance authorities—engaging both *puericultores* and pediatricians.

The Second Republic and the Public Health of the State

The transition from the Primo dictatorship happened rather quickly but with very sweeping effects. Within a year of Primo de Rivera's departure and King Alfonso XIII's abdication, Spain held its first election that put Republicans and Socialists into the political majority for the first time ever. This dramatic shift from a dictatorship and the constitutional monarchy that preceded it, put authority into the hands of the Left through the electorate and gave them the political capital to enact wide sweeping changes in the new Spanish Republic. Among those changes was the separation of church and state, universal access to education and educational reform, legislative reform, and social reform.

The Republican-Socialist coalition, under the Ministry of Manuel Azaña, also made major reforms to the structure of public health in Spain. Marcelino Pascua was appointed as the Director of the General Directory of Health under the provisional government of Miguel Maura (January 1930-April 1931). Pascua found himself well positioned to take on this role. He had been trained in public health administration through the Rockefeller Foundation and had time after his training to serve as a rural health inspector under the Primo de Rivera regime. Yet, much like the new republic he served under, he had very revolutionary ideas about how public health in Spain ought to be restructured and developed.

The first major reform made by the Directory of Public Health under Pascua, was to put all organizations, institutions and associated personnel under the jurisdiction of the

Directory. The Red Cross and other organizations soon became accountable to the state. Pascua was also keen to modernize what he believed to be an antique structure of public health and to standardize public health to the expectations and example set by the Americans, by instituting within the National School of Public health, courses that would form the basis for a new generation of public health administrators.⁸⁵ In many ways, the organization and institutions that had belonged outside the sphere of state control were being corralled by a new public health structure that worked to incorporate all avenues of public health into state administration. What existed of child, infant, and maternal health would also become part of this public health reformation.

Infant-Maternal Health Law of 1931

The Republican-Socialist coalition began reforms on child and infant health before the new Republic was six months old. The authors of the new law showed their understanding of Spain's advance in childhood health and welfare by arguing that the

Law for the Protection of Child Welfare in 1904, that demonstrated in its day the advancement of the consideration of social beneficence that elevated and esteemed the implantation of numerous institutions, so that now with this new renovation that, putting a new legislation in agreement with modern orientations, allows for the most efficiency and takes advantage of its application to the actual reality of the problem in Spain.⁸⁶

Spanish medical administrators saw the medical landscape changed drastically in less than thirty years—particularly in the field of children's health and public health. They acknowledged that “in its day” the law of 1904 had given children unprecedented legal

⁸⁵ Joan Serrallonga Urquidi, “Reformadores y Reaccionarios en la estructura central de Sanidad en España, 1931-1936” in *Investigaciones Históricas* (29, 2009), 249.

⁸⁶ Decreto de 14 agosto de 1931, reorganizando el Consejo Superior de Protección de Menores (22)

protection by the state, while also pointing out that as the level of services and institutions in the service of the child had grown, the law had not yet caught up with the change of atmosphere.

This change, however, was also motivated by the public health practitioners' desire to marry state administration and public health in line with the information and instruction carried out under Rockefeller Foundation fellowships. The law proposed, therefore, a "reorganization of the Supreme Council and the provincial committees... so that they can arrive at the exercising of their functions to the level attained by many other countries and so that can also prepare a complete plan of social assistance."⁸⁷ The plan to incorporate and reorganize a social program formed in the beginning of the century under the new, public-health minded republic shows how the public health administrators were eager to use the skills they learned in order to, as they saw it, modernize health and social administration related to children for the purposes of efficiency.

In order to modernize and centralize children's health and social services, health administrators needed to break with the past. The first article of the new law dissolved all councils and committees of their former roles.⁸⁸ The counsels and committees were reformed with the inclusion of the head of the National School of Puericulture, children's hospitals and nursing clinics, as well as education specialists.⁸⁹ The Supreme Council would also be split into divisions—the first and foremost: Puericulture and First Infancy. This marked the first time in which Puericulture was given a primary spot in Spanish legislation as well as a voice in the social and medical needs of children in Spain. The

⁸⁷ Ibid.

⁸⁸ Ibid

⁸⁹ It should also be noted that the UNT (Union Nacional de Trabajo), the National Workers Union was also included in the committee—as a testament the Republican-Socialist leadership at the time.

League of Nations Committee on Child Welfare had promoted the integration of child welfare with state interests. The Second Republic provided the platform for Spanish health specialists to expand the involvement of children's health experts. The new head of the National School of Puericulture, Doctor José García de Diestro (a proprietor of Martínez-Vargas' *Spanish Pediatric Archives*), who replaced Enrique Suñer, would assume the head of that position within the Supreme Committee and counsel the state on the health and social needs of children in Spain. Rather than simply a relationship with the school and the state that was established in the founding principles of the National School of Puericulture under Suñer, the National School of Puericulture and the head of that school had now been incorporated into the state's administration and was directly responsible not only for the school, but the state's ability to manage the health needs of Spanish children. Four months later, the Directory of Public Health created a Section of Infant Hygiene and Social Hygiene and Propaganda.⁹⁰

The creation of this section officially made infant and maternal health a priority of the state in addition to childhood legal protection. Rather than to seek out counsel from institutions and organizations that specialized in children's health care, the state incorporated those authorities into the fabric of public health administration as well as incorporating health specialists into children's social services. The state, for the first time, was taking charge of not simply children's welfare, but children's health. The lessons learned through the Rockefeller Foundation by new health administrators allowed for health, and especially preventative health, to become the state's focus. The establishment of

⁹⁰ Josep Bernabeu Muestre, "La Utopia Reformada de la Segunda Republica: la Labor de Marcelino Pascua al frente de la Direccion General de Sanidad, 1931-1933 in *Revista Español de Salud Pública* (vol 74. 2000)

children's health organizations such as the National School of Puericulture in the late twenties had created a liaison that could take an active role in the state for the advancement of children's medicine and welfare. Simply put, unlike the law of 1904, the law of 1931 was expanded to include a definition of puericulture that incorporated medicine.

It should also be noted that the state relied upon the characteristics of puericulture as social, preventative, and educational in order to create a national curriculum that would reach Spanish parents and children. The act of treating all of the childhood diseases in Spain would have been chaotic, so the tenets of puericulture that relied on "precocious diagnosis" would encourage mothers to be accountable to their child and on guard for problematic symptoms in order to have their child treated without the need to send out cadres of physicians (who did not yet exist) to seek out patients.⁹¹ Health administrators were aware of the slowly expanding, but limited resources, related to child health. One solution to this was the creation of radio lectures written by licensed children's health experts. Julio Bravos Frías, named Head of Social Hygiene and Propaganda by Pascua, coordinated a series of lectures given over the radio that would be broadcast throughout Spain to educate mothers on the common diseases that caused infant mortality in Spain. Theoretically, this project would work in conjunction with the visiting nurses trained who would receive training by the Schools of Puericulture growing in Spanish urban centers as well as community engagement by those institutes themselves.

⁹¹ Josep Bernabeu Mestre, Eva Trescastro López, María Eugénia Galiana Sánchez "La divulgación radiofónica de la alimentación y la salud infantil en la España de la Segunda República (1933-1935)" in *Salud Colectiva* (7, 2011) 52.

The themes addressed by the radio lectures included prenatal puericulture, lactation, physical hygiene, and the general problem of infant mortality in Spain.⁹² Ultimately, however, the ideas expressed in these radio broadcasts were of a technical nature.⁹³ These broadcasts examined issues such as nutrition and statistics but communicated these concepts using rather technical language that were unsuccessful in communicating useful information to the masses of working Spaniards. This was not wholly unexpected as the medical workers had not had a national platform to explain the components of public health to the general public and therefore had not developed the language needed in order to make the messages rhetorically appropriate to the audience at hand. Likewise, much of the discourse surrounding puericulture and pediatrics had been amongst medical practitioners who had little experience trying to explain developing scientific trends to ordinary people. Juan Bravos Frías's propaganda project was still in its infancy, and public health administration was still working on how to communicate concepts of child health to large masses of people. By the beginning of the Franco regime in the late 30s, many of the health administrators would have learned valuable lessons from their experiences in national health and be able to communicate scientific knowledge in conjunction with Francoist ideology through the use of parenting manuals. Radio broadcasts, written and delivered by *puericultores* with the backing of the state was the Spanish state's first foray into the role of health administration. Puericulture's emphasis in "precocious diagnosis" and preventative medicine made this type of healthcare attractive to the state and gave the state some control over how to promote health initiatives. The overwhelming possibility of putting the state in

⁹² Josep Bernabeu Mestre, Eva Trescastro López, María Eugénia Galiana Sánchez "La divulgación radiofónica de la alimentación y la salud infantil en la España de la Segunda República (1933-1935)" in *Salud Colectiva* (7, 2011) 52.

⁹³ Ibid.

charge of curing sick children made prevention the most feasible and promising avenue for state intervention in children's health and gave puericulture a prized role in state administration.

Even as children's health initiatives began to take shape nationally, the effects of older laws were still in progress. The Regulations for Municipal and Provincial Health passed in 1925 that had paved the way for the development of provincial puericulture institutions also had the result of creating a series of institutions that had been advocated by the state but that were given some measure of autonomy. The Institute of Puericulture in Valencia was founded in 1927, two years after the initial passing of the Regulation of 1925. Yet it was not until 1933, when the Institute requested permission from the Directory of General Health to create services related to infant and maternal health, did the institute's activities begin to grow.⁹⁴ In 1934, the newly appointed director Dr. José Comín Vilar established organization between the Services in the Fight Against Childhood Mortality in Valencia as well as a dietary kitchen within the institute itself.⁹⁵ Yet the Institute had initiated teaching opportunities from as early 1928. The school established a series of courses for teachers, babysitters, and mothers in the community that focused on proper infant hygiene and that was based in the most modern and up-to-date scientific findings and the recognition of basic childhood diseases.⁹⁶ Between the years of 1928 and 1934, 629 students matriculated through the program.⁹⁷ The educational opportunities offered by the institute were not solely for the benefit of child-care workers or mothers, but also for other

⁹⁴ Selfa, 7.

⁹⁵ Selfa, 7-8.

⁹⁶ Carmen Barona Vilar, *Las políticas de Salud: la sanidad valenciana entre 1855 y 1936* (Universitat de Valencia, 2006), 181.

⁹⁷ *Ibid*

medical practitioners. The Institute also incorporated the Médicos titulares by providing resources for children's health (as many of these provincial health workers has little to no experience with treatment specifically geared toward infants and children).⁹⁸

By the early 1930s, the Institute of Puericulture began to expand its campaigns through the use of posters and images to advertise the Institute and courses to the general public.⁹⁹ This campaign was both for the pursuit of culture and for information within Valencia with calls for local artists to represent the “exaltation of motherhood and infancy” and to have them exhibited in the *Círculo de Bellas Artes*.¹⁰⁰ The activities sponsored by the School for Puericulture in Valencia demonstrate the hybrid scientific and cultural connection within Spanish puericulture and provincial culture. On one hand, the national School of Puericulture and the state worked to create an education national platform, but on the other hand, Spain during the Second Republic still maintained strong regional cultures demonstrated by how it developed children's health and welfare goals in the provinces. The success of the provincial schools for puericulture was dependent as much on local support and labor as they were on national support and legislation. Moreover, the development of the Institute of Puericulture in Valencia demonstrates that puericulture within Spain developed as a series of individual projects, rather than state sponsored programs. The state had some control, but it was quite limited. The success of the Institute was based on the work that a committee of doctors and experts put into their regional project.

The reliance upon provincial medical experts as the agents for medical progress outside of Madrid created a situation in which provincial medical services still required

⁹⁸ Ibid

⁹⁹ Ibid

¹⁰⁰ Ibid, 184.

organization and were developmentally uneven throughout Spain. Childhood medical experts like Rafael García-Duarte Salcedo in Granada, saw that their province's specific problems needed to be addressed by the provinces medical experts. One of García-Duarte's plans was to organize and to consolidate children's services in Granada.¹⁰¹ This, he argued would allow for provinces to be more streamlined and economical about how they addressed children's health, rather than to rely on national healthcare organization.¹⁰² This strategy of combining social and medical services directed towards children culminated in the development of the Provincial Institute of Puericulture in Granada in 1935 which offered to the community several hours of clinical time devoted to expecting mothers, a lactation clinic, children's clinic.¹⁰³ The Institute also trained nurses, physicians, medical students, and midwives. These ambitious projects, while promoted by the state were carried out by provincial health care experts—many of whom, like García-Duarte, had been trained internationally.¹⁰⁴ Though the Second Republic created an atmosphere in which children's health (and not simply social welfare) became a direct concern of the state, the state was still dependent on provincial health care workers to develop services within their respective provinces, according to the medical training of the expert. Ultimately, while the Spanish state could not generate a consistently developed national children's healthcare program, what the state did offer an atmosphere that supported the scientific and social development of children's healthcare—a point not lost on the participants of the National Pediatric Congress held in Granada in 1935.

¹⁰¹ Esteban Rodríguez Ocaña and Olga García-Duarte Ros, "Rafael García-Duarte Salcedo (1894-1936). Supuestos científicos y sociales de un médico puericultor en la Segunda República española." *Acta Hispánica ad Medicinae Scientiarumque Historiam Illustrandam* (Vol 4, 1984), 190.

¹⁰² Ibid.

¹⁰³ Ibid, 191.

¹⁰⁴ García-Duarte was trained in puericulture in France.

National Pediatric Congress of 1935

Granada saw an enormous change in children's services over the course of the early 30s. This environment made Granada an appropriate place to hold the fifth National Pediatric Congress. The Congress, hosted during the Conservative biennium, brought together pediatrics and *puericultores* from all regions of Spain as well as from many different political leanings. The Congress' president was Enrique Suñer, former director of the National School of Puericulture, whose conservative leanings resulted in his removal from that post in 1931 with the appointment of José García Diestro (who acted as one of the Congress' Vice Presidents). None other than Granadan doctor Rafael García Duarte Salcedo headed the organizing committee. The Congress itself was a veritable 'who's who' of pediatric and puericultor personalities, bringing together reformists who specialized in children's health and welfare and burgeoning children's health administrators.

The aim of the congress was to bring together scientific inquiry with practicable ideas for installing health and social infrastructure related to children. Though Granada had been designated as the meeting location for the fifth Congress, García-Duarte acknowledged an uncomfortable truth about children's health policies in Granada, but also within the various regions of Spain. His main admission was related to science: "Granada as the scene for a congress is incomparable and as a site related to tourism, its designation is a certainty. However, in relation to pediatrics, [the location is] a difficulty and an error, as the specialty is still emerging in the central region of Spain."¹⁰⁵ Though Dr. Duarte had worked tirelessly to pursue greater organization between services, he acknowledged that there was still much

¹⁰⁵ Rafael García-Duarte Salcedo "Memoria de Dr. Duarte" in *V Congreso Nacional de Pediatría Libro de Actas* (1935), 37

work that the region needed in order to improve children's health, therefore describing the advancement of puericulture in the region as "embryonic".¹⁰⁶

This admission of the inadequacy of services in regions outside of Madrid represents one of the paradoxes of the development of children's services in Spain: while both pediatric and puericulture were growing and the integration of health services as part of state responsibility was as prominent as it had ever been, the biggest problem that faced the pediatricians and *puericultores* in 1935 was still similar to the ones faced in 1904—the lack of services, lack of manpower, and lack of resources for the population. Though the inclusion of Spanish medical experts in international organizations influenced what they believed to be the standard for children's health, and as they often adopted the rhetoric of the international community, back in Spain they were humbled by the limited services they could offer to Spanish children and the lack of resources available. The science of children's health (as exemplified by the three days of conference presentation) was growing by leaps and bounds, but there simply was not the infrastructure or the services to make a great deal of difference in the lives of ordinary Spaniards.

Yet there was reason for celebration among the medical practitioners that attended this conference. Dr. García-Duarte pointed out that the V Pediatric Conference was the first to be celebrated under the new

Republican regime and the Organizing Committee neither wants nor should omit a show of hearty sentiments, appreciation, and support for the Republican State. And do you know why? Because eliminating all political ideas and cementing our professionalism in the creed shared by all pediatricians in their soul—the defense and well-being of the child--, it is

¹⁰⁶ Ibid

the Republic that has supported, in their constitution, our most ancient and reiterated aspirations.¹⁰⁷

García-Duarte argued that the Republic supported the fundamental right for children to be fed, cared for and educated by their parents, protection for both legitimate and illegitimate children, the protection of mothers and children under the Geneva Declaration of the Rights of the Child, the establishment of minimum wage and free primary education for all children.¹⁰⁸ Though the state had not yet been able to assist medical experts by creating a network of children's services and institutions, they had taken steps to alleviating social problems and elevating the lived experience of all children in the spirit of international standards. It was the new republic that would create better conditions to expand science and services within Spain.

Keynote speaker, Andrés Martínez-Vargas echoed this sentiment. As one of the nation's first children's healthcare specialists he declared "what changes pediatrics has experienced in this lapse of 45 years! Assigned originally to a minimum state, pediatrics has now exceeded itself!"¹⁰⁹ Martínez-Vargas had the advantage of seeing the changes that pediatrics in Spain had experienced since the turn of the century. He argued that three main changes had taken place in the context of family, science, and society. For family, he pointed out that mothers had began to specifically request the services of doctors who specialized in children's health for their own children because they saw them as "saints."¹¹⁰ Scientifically, he argued that pediatrics had grown from simply being able to develop a vaccination for diphtheria to developing specialized instruments, pathologies and surgical

¹⁰⁷ Ibid, 39

¹⁰⁸ Ibid.

¹⁰⁹ Ibid 41

¹¹⁰ Ibid.

techniques directed toward a child's unique anatomy. Socially, the condition of the child was beginning to receive global and national attention from Geneva's Declaration of the Rights of the Child and the Spanish state's recognition of children's rights and protections. He therefore affirmed that while Spain still faced enormous structural problems in making services aimed at children accessible, the changes that children's health had seen in Spain had traveled beyond his expectation and charged the conference attendees with ensuring that the science presented at the conference was "ahead of the most modern scientific orientations."¹¹¹

Both Martínez-Vargas and Duarte demonstrated two sides of the charge to advance children's health and welfare: the medical and the social. The Congress would contribute recommendations to improve both and provide medical experts who engaged with the state ideas for the advancement of national children's health care. The recommendations included the modernization of orphanages, milk banks, and schools of puericulture, the extension of school-age health checks, the continued modification of legislation for child protection (first written in 1904 and amended in 1931), the expansion of schools for nurses and infant and maternal hygiene visitors, obligatory courses in puericulture for all young doctors in their medical training, the obligatory creation of nursery schools in all major cities and rural and provincial centers (an idea first presented by Tolosa Latour in the beginning of the century), obligatory creation of lactation clinics for all towns with populations of more than 8,000, and the creation of special wards for ill nursing mothers in provincial health centers. The recommendations also included legislative propositions such as the swift implementation of laws that recognized the paternity of children as prescribed by the Constitution, the swift

¹¹¹ Ibid.

creation of laws for the state to determine the safety and efficacy of internationally imported forms of child and infant foodstuffs, and the organization of midwives.¹¹² These ambitious structural, social and political recommendations were accompanied by the scientific recommendation for all puericulture centers to practice routine inoculation.

Though Dr. Duarte had identified the several major problems with the state of children's health in Spain while also celebrating the advancements made to child welfare during the Second Republic, the Congress established a very ambitious plan for improving children's health and assisting government health administrators in carrying out children's healthcare in Spain. The attendees had listened as Martínez-Vargas explained the swift advancements made in the science of children's medicine and the role that national and international politics had played in that advancement. Duarte demonstrated how the new Republic had created the conditions that were favorable for further social and political engagement with medicine. What neither doctor, nor any of the attendees anticipated in 1935, was that the following year would see a civil war that would put children's health in an even more precarious situation, alienate medical practitioners from international engagement, and destabilize state efforts to expand children's health services.

Conclusion

The biggest advancement in children's healthcare in Spain during the 20s and 30s was the integration of medial scientists and reformers into public health administrative roles. Much like the reforms earlier in the century, these advancements were influenced by international trends and organizations. This advancement was not only to the benefit of

¹¹² Ibid, 55-56.

children's health and welfare, but to the advancement of general public health in Spain. The introduction of American public health systems and values helped to create a body of health administrators who saw the value in incorporating preventative health into the state. This awareness extended into children's health and welfare and allowed for children's health practitioners—both pediatricians and *puericultores*—to pursue a greater sphere of influence over the lives of children and families. Yet as doctors like Duarte discovered, the implementation of services for the benefit of children was uneven and unorganized and very much dependent on provincial services already available regionally. Legal encouragement to expand services and the legislative expectation of what children should expect to receive in relation to health and welfare varied widely and were restricted in their influence. In many ways, despite medical advancement and pedagogical initiatives, children's health experts were still being stymied by the same problems that had plagued them since the turn of the century—the lack of resources and manpower needed to put these plans into action. The twenty years that had elapsed between the Child Welfare and Protection Law of 1904 and the V Congress of Pediatrics had seen significant changes in state involvement but limited spread of children's health services. The Civil War in Spain between 1936-1939 would only exacerbate these deficiencies in addition to limiting Spanish medical experts' international engagement. Despite Francisco Franco's attempt to expand the role of the state in children's healthcare, public health administrators, *puericultores* and pediatricians would face the same problems but without international resources.

Chapter 3

Pray to God and Obey the Doctor: Pediatricians and *Puericultores* as Authority Figures

In 1947, less than ten years after the end of the Spanish Civil War and the ascent of Francisco Franco as dictator, Doctor Juan Bosch-Marín stood in front of his colleagues at the Royal Academy of Medicine in Madrid, after being conferred the title of “His Excellency.” He declared that the twentieth-century was the “century of the child.” This was due in large part to the development of children’s health science and services throughout the twentieth-century. Bosch-Marín had personal experience with the development of children’s health expertise over the course of the first half of the century. By 1947 he had already published a sixth edition of his popular home child-care manual, *Catecismo de Puericultura*. The persistence of Bosch-Marín’s child-care manual and the continuation of the development of children’s health science and services shows that while the dictatorship profoundly altered political, social, and economic life in Spain, it did not alter the aims and goals of children’s health experts in Spain. Though the Francoist policy of international and cultural isolation, known as autarky, limited Spanish child welfare experts’ international engagement, many *puericultores* tried to apply international standards to their own child welfare practices where they could—even if that meant leaning toward fascist Italy for inspiration instead of Britain, France, or the United States. The isolation of the first fifteen years of the Franco regime also allowed medical experts to take stock of what Spanish child health and welfare experts had accomplished in the first half of the century while allowing them to make plans for future achievements.

The Spanish Civil War and Early Women's and Children's Social Services

The early Franco regime dramatically altered Spain's political, social, and economic landscape. One of the Francoist government's first tasks following the Civil War, much like the governments that preceded it, was to rebuild the country through population growth. Historians estimate that nearly half a million people were killed over the course of the war and in the first two years of the Franco regime.¹¹³ The majority of those who died in the war, and in the years following the war, did not die from direct warfare, but rather from disease, inadequate shelter, starvation, and state repression. Hunger, disease and displacement particularly affected children between the years of 1936 and 1942.¹¹⁴ The forties in Spain were known as the "Hunger Years" in which thousands of Spaniards succumbed to deaths related to starvation.¹¹⁵ The year 1941 saw childhood mortality caused by repressive state policy, reaching nearly 140 deaths per 1,000 (in comparison to 120 deaths per 1,000 during the Second Republic).¹¹⁶ By the end of the war, thousands were dead, imprisoned or exiled. Child mortality rates were high. All of these factors contributed to Francoist rhetoric of population growth and pronatalism. Yet Francisco Franco and his sympathizers were also looking to a likeminded leader with what they believed to be successful policies for rebuilding the population while encouraging low infant mortality.

¹¹³ Chris Ealham and Michael Richards, "History, Memory, and the Spanish Civil War: Recent Perspectives" in *The Splintering of Spain: Cultural History and the Spanish Civil War, 1936-1939*. eds. Chris Ealham and Michael Richards (Cambridge University Press, 2005), 2.

¹¹⁴ Antonio Carzola Sanchez, *Fear and Progress: Ordinary Lives in Franco's Spain*. (Wiley-Blackwell, 2008), 10.

¹¹⁵ The Francoist policy of Autarky emphasized extreme economic isolation and contributed to what has been historically known as the "Años de hambre (Hunger Years).

¹¹⁶ Carzola-Sanchez, *Fear and Progress*, 11.

Mussolini Italy as the Ideal

Children's health experts looked to Mussolini's Italy as a powerful example of a state that could reverse the downward trend of infant mortality—not simply because Mussolini's Italy had appeared to be successful in its campaign to increase the national population, but also because Spanish Mussolini sympathizers considered Italy a “sister” state due to their comparable conservative moral values and culture. Dr. Bosch-Marín, in his article about the Italians attempt to stem their demographic decline cited Benito Mussolini as saying “Italy and Spain are not friends, they are sisters: Italy and Spain are the only two countries in Europe that, speaking their own language, can understand each other perfectly.”¹¹⁷ Bosch-Marín highlighted this quote not merely to show that Spain and Italy had idiomatic similarities but also to compare their “cultural language”—one that also relied on their shared use of Fascistic-nationalistic rhetoric and conservative Catholic doctrine. As the political climate made it difficult to look to the United States, Britain, or France for examples, Spanish Francoist sympathizers focused on a nation with a similar political culture.

Bosch went on to say that Spain's admiration of Italy was most pronounced when admiring Italy's focus on health and social policy because “among the problems that fascism has effectively and courageously addressed and resolved is what Mussolini called ‘the Problem of problems’: the demographic problem.”¹¹⁸ Bosch-Marín therefore argued in support of using the Italian-Fascist model of health and social policy as a way to reverse the demographic decline. Much like Franco's Spain, Mussolini's Italy remained focused on a

¹¹⁷ Bosch-Marín, 3.

¹¹⁸ Bosch-Marín, 4.

supposed demographic downturn that did not exist, but the Italians applied the language of infant mortality and demographic decline to mobilize the masses.¹¹⁹ Taking into account the political, cultural and social similarities between the two countries, Bosch-Marín argued that if Francoist Spain was able to implement similar measures (having proven their success in Italy), they too could build a nation of equal strength to Italy.

Yet Bosch-Marín's article about the successes of Mussolini's health and social policy in preventing demographic decline was not focused on examining institutions and programs, but also Mussolini's understanding of demographic issues. Bosch-Marín showcased Mussolini's response to the idea that fewer people living in a country could lead to less misery when he related that "The idea that the rise of population determines a state of misery is so idiotic and imbecilic that it does not even merit the honor of a refutation. It aims to demonstrate that wealth does not come from the multiplication of life, but from the multiplication of death."¹²⁰ Part of Mussolini's social program was also based on the "ruralization" campaign that Mussolini implemented to encourage homesteading and prevent rural migration to city centers (out of the fear that that an influx of migrants would cause social unrest).¹²¹ To support this policy, Mussolini argued that the financial modesty of rural life drew families closer together.¹²² Bosch-Marín's focus on Mussolini's rhetoric and argument in favor of population growth, despite the rule of economics, uniquely emphasized through the Francoist government's policy of autarchy—national economic independence—which had resulted in starvation for nearly 200,000 Spaniards and created

¹¹⁹ Maria Sofia Quine, *Population Politics in Twentieth-Century Europe* (London: Routledge, 2003), 17. Quine argues that Italy maintained a national birthrate of over twenty, with the birthrate never falling below the deathrate.

¹²⁰ *Ibid.*, 10-11.

¹²¹ Victoria De Grazia, *How Fascism Ruled Women: Italy 1922-1945* (Berkeley: University of California Press, 1992), 85.

¹²² De Grazia, 85.

miserable conditions.¹²³ Yet, Bosch-Marín also used Mussolini’s words to praise humble lifestyles for encouraging births, arguing “That the falling birthrate has no relation to the economic situation demonstrates the universal fact that wealth and sterility walk parallel while the fertile classes of the population are more modest, that is to say, they are still morally healthy and the divine meaning of life has not died under mentally calculated egoism.”¹²⁴ For Bosch-Marín, Mussolini’s demographic philosophy provided no legitimate excuses for a declining population and moreover, strongly encouraged the national population to increase. Mussolini’s arguments that building a population did not mean that people would become impoverished were a profound encouragement for the new Franco regime, which had enforced economic independence on a recovering population. Likewise, Mussolini’s argument, which lauded and praised poverty for its encouragement of births also allowed the Francoist government, doctors, puericulturalists and social workers to make the case that big families and adequate child-rearing did not require ample sums of money—only faith and an understanding of the “divine meaning of life.”

This is not say, however, that Bosch-Marín’s article did not touch on or discuss actual state programs and policies. He quoted Sileno Fabri, president of the National Organization for the Protection of Motherhood and Infancy (ONMI), as saying “A country that wants to seriously reduce infant mortality and raise the moral level of the younger generation, can not be satisfied with the work of the private or public charity. They must organize social assistance on solid foundations, with a large state and semi-official activity of integration,

¹²³ Carzola Sanchez, 9.

¹²⁴ Ibid, 10.

coordination and monitoring.”¹²⁵ Bosch-Marín continues by introducing the rationale behind programs and policies that Mussolini believed contributed to the decline of infant mortality in Italy, first by citing Fabri’s claims about why Infant mortality declined in Italy:

We must create conditions favorable to the spiritual and moral strengthening of the familial institution. Creating the most suitable conditions to develop the sentiment of family and to stimulate their growth through awards, endowments, assistance, tax benefits, collective labor contracts, etc.. The defense policy of the race has three aspects: intellectual defense, moral defense and physical defense.¹²⁶

This explanation references the educational, familial, and medical laws that Bosch-Marín claimed had allowed the population to rise in Italy. Moral laws encouraged fathers to recognize their children as legitimate, and harshly punished those who conducted or initiated abortions, and those that provided prizes for large families also, he argued, stimulated more births.¹²⁷ What attracted Bosch-Marín to Mussolini’s infant and maternal policies was the applicability of such policies to Spain. The Francoist state did not need to ensure the material security of its people in order to expect a rise of birthrates. Families could rely on state-sponsored programs and Catholic morality to fuel the increase of the population. As far as Bosch-Marín had seen, the Italians seemed to have succeeded in their attempts to quell the tide of demographic decline and had been able to do so by adhering to Fascist politics with a conservative Catholic bent—not unlike Spain’s Falangist policies and Catholic nationalism. In many cases, though child welfare specialists had been practicing puericulture since the turn of the century, child health experts found that the same language

¹²⁵ Ibid, 20

¹²⁶ Ibid, 20.

¹²⁷ Ibid, 27, 29

of child welfare could be adapted to the new, traditionalist, and deeply Catholic environment produced by the Franco regime.

Political Engagement in Puericulture during the Early Franco Years

During the Civil War and early Franco Regime, pediatricians and *puericultores* were not the only groups engaging in childcare. The creation of the Auxilio Social and the Sección Femenina in 1934—under the auspices of the right-wing Falange and the J.O.N.S. (Juntas de Ofensivas Nacional Sindicalista) parties-- worked hard during the war to win as many Spaniards to the Nationalist side through beneficent works, public charities, soup kitchens and limited health services. Sometimes, the Auxilio Social was also charged with running orphanages for Republican children whose parents had either been taken prisoner or killed during the war.¹²⁸ These groups operated as political organizations whose aims aligned with concepts of puericulture and child welfare.

Both the Sección Femenina and the Auxilio Social followed doctrine that was deeply based in traditional Catholicism and Nationalist/ Falangist ideology. These ideas permeated all of their activities and acted as the impetus to encourage women to produce as many children as possible and to take good care of them. These organizations tolerated women's political activity inasmuch as it was related to child care and traditional women's roles. It was also under these organizations that the initial child-raising literature was first produced. In some cases, the Auxilio Social (A.S.) and Sección Femenina (S.F.) produced full volume parenting manuals—most notably, the A.S.'s *Puericultura en el Hogar* (1939), that focused on hygienic issues related to child raising, and the S.F.'s *Infancia de Hoy, Juventud de*

Mañana that provided medical, political and spiritual advice for mothers.¹²⁹ The A.S. also produced smaller pamphlets intended to reach rural communities who were medically and socially underserved by the central government. Rather than long passages of explanation, these short pamphlets provided common sense directions in short declarative phrases such as “Beware of the advice of neighbors and charlatans! What does it matter to your neighbor if another child dies? You and Spain need your child to live and be healthy.”¹³⁰ These pamphlets also used illustrations to help convey their messages.

These manuals borrowed from medical knowledge of the first three decades of the twentieth century. War had created the necessity for untrained women to participate within the medical field and to produce literature, but once the war was over, it would be doctors who took responsibility for protecting mothers from their own ignorance and protecting Spain from the specter of national decline. The average Spanish pediatrician was expected to have authority in all things related to child-bearing and child-rearing—from marriage and pre-conception advice, to medical and behavioral advice once the child was born.

For many Spaniards, the lives they lived were fundamentally changed in only a few short years. Yet the ideas and concerns within the study of children’s health did not change. Childhood mortality and falling demographics were still the most commonly discussed problems among health experts—though recent studies suggest that childhood mortality had begun falling steadily in the twentieth century up until the Civil War.¹³¹ The evils associated with childhood mortality were resurrected in order to solve an enduring

¹²⁹ *Puericultura en el Hogar* (Madrid, 1939). Mercedes M. Suarez-Valdez y Alvarez, *Infancia de hoy, Juventud de Manana: (guia de la madre nacionalsindicalista)*,(1940.)

¹³⁰ Medina J. Mestre “La vida de tu nene depende de ti, mujer”. *Al Servicio e España y del Niño Español*; 1939

¹³¹ Carzola Sanchez, 11. During the early years of the Franco regime, infant mortality rose from 122 to 146 deaths per 1,000.

demographic problem under a different set of circumstances.¹³² In his article “Problems in Maternology and Puericulture”, published in 1938, Juan Bosch-Marín argued that “It’s the unculturedness of mothers, their ignorance of the material of puericulture, it is the practice of childraising customs that, transmitting themselves from generation to generation, maintain among us an elevated childhood mortality.”¹³³ The trope of maternal ignorance was not only present in the minds of Spanish health experts, but also encouraged the production of more childraising manuals in the style of Bosch Marín’s *Catecismo de Puericultura*. Yet this time, Bosch Marín was not alone in his role as parental educator. Though the problems of the past continued to resurface, doctors did not look outward to international solutions, but turned inward to focus on creating a relationship between children’s health experts and parents through the development of childcare manuals.

The Guilty Mother and the Educated Doctor

Doctor A. Frias Roig begins his 1946 manual *What Mothers Should Know* by stating what he believed to be four important points:

- 1—A Mother’s happiness is dependant upon the raising of her children.
- 2—You will avoid many tears if know how to feed, care for and educate them.
- 3—*Health* is the most precious of possessions; take care that your child does not lose this (sic).

¹³² The prevasiveness of these issues can be seen in the published series *En el servicio de España y del niño español*. This compiled collection of pamphlets, academic articles, and propaganda was re-published by the state under the series title. Each individual publication, however, comes from a different source—some governmental, others from conferences or journals. This is critical to understanding the continuity of pediatric and puericulture in Spain because Spanish doctors did not reinvent children’s healthcare under the Franco regime. The real and perceived problems with medical care for children and child mortality did not change, the methods that pediatricians and puericultors used to try and combat these issues did not change. Therefore, the ideas, problems, and lessons outlined in the various publications could very easily have been written in the 20s or 30s. What this collection did was to create an official identity for Spanish pediatricians and puericultors within Spain and under the Franco regime. The official role of the Spanish pediatrician or puericultor was to be in the service of the country and of the Spanish child.

¹³³ Juan Bosch Marín, “Problemas en Maternología y Puericultura” in *Al Servicio de España y del niño español* (1938), 5.

4—With simple carelessness, your child can become ill: *avoid this by religiously following my objective advice, and you will be a good mother* (emphasis in the original).¹³⁴

From the beginning of his manual, Dr. Frias Roig did not mince words when he plainly stated that women's most important role was the raising of children. Like others before him, he warned that children could easily die at the hand of their own mothers and that in order to avoid this potentially tragic turn of events, a "good mother" should follow a doctor's objective advice. Though written nearly thirteen years after Bosch-Marín's manual, Roig's manual used the same concepts that Bosch-Marín introduced in the twenties. The title, *What Mothers Should Know* also illuminated the paradoxical relationship between the mother and doctor; by suggesting that mothers should already have the information presented in the book, while at the same time they needed to be trained and re-educated by the doctors presenting the information in the manual. Frias Roig also asserted himself as an authority figure, doling out judgements on good mothering. By telling mothers that if they followed all of his "objective advice," they would be "good mothers," he established the puericultor/pediatrician as the sole authority on child-raising.

Propaganda posters also relayed the message of the ignorant mother and the authoritative puericultor and physician. One propaganda poster displays a blindfolded woman who is holding a child and about to walk off of a cliff. Two large hands wait to catch them. The text reads, "It is not the disease that kills, but ignorance. Put the health of your child in the hands of the Puericultor Doctor."¹³⁵

¹³⁴ A Frias Roig, *Lo Que Debe Saber Las Madres*, (Madrid, 1946), 7

¹³⁵ Bravo, Julio Bravo, *Algunas Consideraciones sobre Propaganda en General y Propaganda Sanitaria en Particular*, 40.

Propaganda specifically relating to children's health and puericulture was a recent novelty. At the first conference of *puericultores* in 1943, Dr. Enrique Tyurriaga Gonzalez-Jurado, admitted that the biggest difficulty he faced in collecting information about propaganda was that "a bibliography for the use of health propaganda was almost non-existent in Spain."¹³⁶ The messages that doctors needed to convey were not different from earlier years, however, the study of children's health was still so new that physicians were still trying to find ways past the limitations of a forty-year-old medical area.

There should be no doubt, however, that Spanish children's health experts found the medical use of propaganda to be effective. Dr. Julio Bravo, in his pamphlet, "Some Considerations about General Propaganda and Health Propaganda in Particular" noted the importance of creating propaganda campaigns to spread messages. Campaigns which were mostly seen in commerce, politics, and belief systems, aided health campaigns because they "clearly expressed an idea to the population through concepts and lessons that are hard to understand when not stated in a manner that is simple, illustrated and noticeable."¹³⁷ These images, put out by the Red Cross in conjunction with the National Health Service, sought to reinforce the ideas and concepts that many physicians and *puericultores* had been teaching mothers through courses, parenting manuals, and health appointments. Ultimately, however, physicians and *puericultores* saw themselves as the ultimate example of what reasoned, modern and educated healthcare looked like. As Dr. Bravo pointed out,

for all of the mediums one can use for health propaganda, there is one fundamentally important method. I am referring to examples. A teacher can only teach poor concepts if he presents in front of his disciples with a four-day-old beard, dirty nails

¹³⁶ Enrique Tyurriaga Gonzalez-Jurado, "Plan de propaganda sanitaria maternal e infantil" in *Estudios oficiales de Primera Reunion Anual de Médicos Puericultores de Estado*. (1943), 83.

¹³⁷ *Ibid*, 5.

and unbrushed teeth. We instruct men with our example and our words, but most specially to women, because it's been said, and with reason, that to instruct a man is to instruct a man, but to instruct a woman is to instruct a family.¹³⁸

Bravo, much like the purveyors of parenting manuals, was aware of the authoritative role doctors should play in educating mothers and how simply writing as a doctor, instructing mothers and working with patients, was the ultimate form of propaganda. He also noted that the mother in the family was the person who would be ultimately responsible for creating the future of the country, and so it was she who needed guidance, instruction, and the occasional dose of guilt. Most importantly, he continued to reinforce the social and scientific importance of the children's health expert in Spanish society. A pediatrician or puericultor was not simply a person who dispensed medicine or held consultations, but was also a great teacher to society. In addition to reminding mothers of their roles, the dangers they posed their own children, and the threat of Spanish demographic decline, these parenting manuals also chronicled parental queries from conception through early childhood, but focused mostly on newborn babies to young toddlers.¹³⁹

The parenting manuals represented the influence of the medical expert and cemented his role in the health and wellness of the child and family. These manuals offered enough information for the mother to understand what her child was experiencing, but constantly encouraged mothers to seek the advice of a professional. The language of these manuals assumed that the mother was already somewhat knowledgeable, about technical medical terms. The tone of many of the parenting guides was part scientific and part rhetorical. On

¹³⁸ Ibid, 35.

¹³⁹ These texts focused fairly explicitly on children 0-5 years of age. This age was crucial because children were susceptible to more diseases and earlier death. This age was also important because most children were not yet in school where they could be monitored by other authorities besides the parents.

the one hand, instructions used accurate measurements such as grams, kilos, and centigrade and attempted to use polite but specific anatomical terms. For example, one set of instructions explains to mothers how to bathe their child if he is ill:

A child that is accustomed to a daily bath does not need to abstain from one when he is ill. If he ordinarily bathes at a temperature of 30 to 35 degrees, he should bathe at 37 or 38 degrees when he is ill.¹⁴⁰

By using scientific language to indicate temperatures, measurements, and amounts, the manual writers demonstrated that childraising was not intuitive-- it was scientific and learned. It could be taught, but it had to be taught well and in a certain way. Manual writers believed that there were scientific rules that governed proper child raising—the dismissal of which could lead to childhood death or disease. By constantly alluding to this idea, the physicians and *puericultores* who wrote parenting manuals were not simply providing information for the objective purpose of helping parents care for children, but also for the purpose of creating more Spanish citizens. In this case, these puericultors built their ethos through scientific and medical language as well as social knowledge—often citing demographic statistics to illustrate the realities of maternal ignorance.

Dr. Bosch-Marín's *Catechism of Puericulture* (reissued and edited multiple times over the course of the early Franco regime), also assumed that mothers had access to plenty of material and financial resources. This is particularly notable when *puericultores* discussed children's clothing:

According to the modern norms dictated by the Directory of Spanish Health: Children's clothing should be primarily: comfortable and breathable in order for the child to be able to get the physical activity he needs. It should be easy to change and it should touch the child's skin as little as possible to prevent irritation. English-style

¹⁴⁰ Juan Bosch-Marín, *Consejos de Puericultura* (Madrid, 1952), 124.

clothing economizes the mother's time and work. It carries with it the following advantages: it's easy to make, mostly one piece, easy to wear and easy to clean.¹⁴¹

Dr. Bosch-Marín's suggestions for children's wear, though seemingly helpful, did not take into account the need for several pieces so that items could be washed when soiled. Though he stressed that these clothing items would economize the mother's time, he assumed that the mother had time to wash infant clothing often, and had the means to purchase the appropriate textiles as well as had the time to mend and fix clothing as necessary. Several of the manuals instructed parents to make sure that babies slept in their own cribs in a well-ventilated, clean, and safe room—far away from the noisiness of the street and away from the heat and fumes of the kitchen. In many cases, they expected parents to be able to control the temperature in the room that the child was sleeping in at approximately 25 to 20 degrees centigrade in both the summer and winter.¹⁴² Doctors and *puericultores* assumed that the homes that the majority of Spaniards lived in had more than one room, that those rooms could adapt to the conditions medical experts prescribed, and that the adult family members (primarily the mother) were at home enough to be able to adjust the conditions of the infant's room.

That doctors and *puericultores* expected mothers to be constantly attending to their child was part of Francoist social policy that advocated women's work in the home, caring for children, and raising the next generation of Spaniards. Still, however, child care manuals gently tried to acknowledge the economic necessity of women in the workforce. In a section discussing breast-feeding, Dr. Bosch-Marín addressed the question of working mothers who nursed:

¹⁴¹ Ibid, 95

¹⁴² Frias-Roig, 37.

Can a nursing mother work?

A mother should do moderate exercise. Excessive rest and excessive work are dangerous. Spanish laws dictate six weeks of paid rest for working women who are nursing. You can resume work as long it does not harm the child or obligate you to provide artificial milk.¹⁴³

The response the doctor provided illustrated the strange contradiction between what doctors thought was beneficial and scientific and the reality for many Spanish women. In this case, Bosh-Marín equated women's outside work to women's exercise. While he acknowledged that laws were in place to protect nursing mothers, his concern rested with the possibility that resuming work could harm a child or put the mother in a position to provide the child with artificial milk so that she could continue to do outside work. Yet he did offer solutions to nursing women who needed to work. He encouraged women to seek aid from "Guardalactantes" and "Salas de lactancia" in order to nurse while the work.

Guardalactantes were institutions found in larger Spanish cities (usually located within Puericulture institutes) that served as a nursery for babies while mothers were at work.¹⁴⁴ He reminded mothers that Spanish law allowed working women two hours a day to nurse their children while they worked—therefore, mothers in larger cities or in big factories could take advantage of their legal right to nurse their children while working.¹⁴⁵ Yet in many ways, this advice mirrored what many of the manual advocated: consulting professionals for childraising advice (in addition to ignoring the scarcity of resources in Spain devoted to mothers and children). Even if the mother had to work, it was better that her child remained in an institution that could monitor the child's growth and the ability for

¹⁴³ Bosch-Marín, 58

¹⁴⁴ Ibid, 59

¹⁴⁵ Ibid

the mother to care for the child, than for the child to be left with neighbors, grandmothers and older siblings.

In most cases, these experts continually referred women to professionals in both basic and more complex pamphlets and manuals. Mothers were expected to rely on their own doctors to make sure that these instructions were carried out. Physicians, puericulture experts and other health care professionals relied on developmental benchmarks to teach women about the growth of their children. Bosch's manual, as well as other informative pamphlets, attempted to illustrate normal development to parents. In the event that children did not meet the developmental benchmarks suggested by the medical professionals, the professionals could then theoretically step in and assess whether the child's stunted development was due to the mother's inability to care for her child, or other physiological factors.

Mothers were even encouraged to report their child's developmental problems to medical experts. The Directory of Propaganda published a variety of informational posters that reminded mothers of major developmental milestones. One such poster showing a grinning infant reminded mothers that "the first teeth should come out between 6 and 7 months of age. If they do not appear, you should consult a medic," and then in subtitles, warned mothers not to "give any kind of medicine without the permission of the doctor to aid the eruption of the teeth. It will be useless or it will jeopardize the infant."¹⁴⁶ Another poster showed a small child toddling and stated: "The healthy child begins to walk at about

¹⁴⁶ Bravo, Julio Bravo, "Algunas Consideraciones sobre Propaganda en General y Propaganda Sanitaria en Particular", 48.

12 months. If she does not, you should consult a medical expert.”¹⁴⁷ These posters conveyed useful information quickly: they outlined important developmental milestones, encouraged mothers to seek medical help if their children were not developing on schedule and warned mothers away from folk remedies or independent attempts to aid their children. By creating these milestones, medical experts created a standard that they expected all children to meet and a system to find and aid those children who ran the risk of falling behind or being subjected to debilitating illness.

Though the medical community encouraged mothers to regularly consult a medical expert, mothers were also expected to understand the science of raising their children. Home puericulture manuals contained complicated feeding formulas and schedules that mothers were expected to adhere to. Doctors and medics expected the women who read their manuals to be informed about their child’s health history and bring their scientific knowledge with them to their child’s medical consult. Since child nutrition and preventative measures against disease were high priorities for medical experts, puericulture manuals devoted a significant amount of time to both. In some cases, separate manuals were created for the sole purpose on educating mothers to properly feed their infants and children. Doctor Juan Ruiz Santamaría published a manual entitled *Children’s Cuisine* that doubled as both an educational material and a cookbook. This study asked mothers to reject the childhood foods that they had grown up with in favor of physician-approved nutrition. The manual was also a guard against the possible dangers of feeding children adult food that doctors believed to be unsuitable for the child’s body.¹⁴⁸ All medical experts argued that

¹⁴⁷ Ibid, 49.

¹⁴⁸ Juan Ruiz-Santamaría, *Cocina Infantil* (Valencia, 1944), 14.

women had the obligation to breast-feed their children because of the health benefits that breast milk provided. They issued varying statistics that compared the infant mortality of infants who were breast-fed against those who were not and argued that infants who were breast-fed were healthier and able to fight off disease.

Propaganda in favor of breast-feeding argued that women who breast-fed were two-times the mother than a woman who bottle-fed her child and that the child had “the right to his mother’s breast!”¹⁴⁹ Breast-feeding was another battleground between the dissemination of scientific information and state propaganda. Most medical experts agreed that breast-feeding encouraged infant health as well and lauded the additional health benefits (and often cost benefits) associated with breast milk. Even the medical profession’s encouragement to nurse was underscored by state propaganda. Doctor Vicente Gimenez argued that breast feeding was the “most efficient manner of reducing childhood mortality”¹⁵⁰ Furthermore, he argued that breast-feeding made a woman more aware of her maternal instincts and her role as a mother and that by nursing, the mother maintained “the bodily and spiritual union between mother and child that not only guides the development and prosperity of the child, but also passes on her instincts, her virtues and her personality.”¹⁵¹ Much of the advice doctors attempted to provide for women was not new, nor did it veer far from the ideology that virtue and morality was passed through breast milk. It did, however, fit quite nicely within Francoist domestic rhetoric. It was imperative for the Spanish State to have as many healthy citizens as possible. To raise healthy children, medical wisdom saw that breast-feeding was the most effective way to keep children from dying and therefore reduce infant

¹⁴⁹ Juan Bosch-Marín, *Consejos de Puericultura* (Madrid, 1961), 45.

¹⁵⁰ Vicente Gimenez, *Cursillo de Puericultura* (Madrid, 1949), 38.

¹⁵¹ *Ibid.*, 39.

mortality rates. To this end, Spanish medical experts described breast-feeding as a patriotic duty and made it clear to women through pamphlets, images and child-raising manuals that without nursing, their children would lack corporal and spiritual health. Maternal education often vacillated between information and propaganda. These materials sought to educate women and used propagandistic methods to enforce the lessons.

Puericultores did not limit their concerns to mothers, but also included the father. Yet the ways in which puericulture concerned fatherhood provides distinct clues about the role of the father in the family according to medical experts in the forties and fifties. Dr. Frias-Roig argued that the father's place in the development of his child was *before* conception—not the actual child raising itself.¹⁵² His role was to ensure his health and his wife's health in order to produce healthy offspring. While a mother's ignorance could potentially kill the child, it was the father whose genes, habits, and health that could cause both the mother and the unborn child the most harm. In many cases, Frias-Roig argued that the illnesses that the father carried were also social ills as much as they were physiological maladies.¹⁵³ He warned against passing on social disgraces “the pariahs of humanity, that, more than simply being useless (chronically ill, alcoholics, thieves, prostitutes, anemics, insane, etc.), constitute a burden on society, causing Governments enormous spending from having to sustain prisons, hospitals, asylums, reformatories, etc. making it necessary for good people to maintain the existence of ignobility amidst civilization.”¹⁵⁴ These were the harsh words that medical experts had for future fathers. Rather than be responsible for a child's immediate health and care, the Spanish father was responsible for passing down

¹⁵² A. Frias Roig, *Puericultura para hombres* (Madrid, 1955), 8

¹⁵³ *Ibid.*, 9.

¹⁵⁴ *Ibid.*

social ills. In this sense, it was the father who had to practice science through eugenics—the act of making sure that socially unacceptable behavior and genetic abnormalities were not passed down to future offspring. Yet ultimately, the day-to-day health and wellness of the child was a responsibility shared by the mother and the medical expert she answered to.

Community Outreach and the Puericultor

Doctors and *Puericultores* did not only use manuals or simply expect mothers to listen to the counsel of individual doctors. They also attempted to disseminate information through community outreach and presentations that would educate large groups of women at once. Dr. Juan Ruiz Santamaría created the First Exposition of Infant Hygiene in Valencia in 1945. With the help of the Sección Femenina, the program offered booths and demonstrations of proper childcare habits, childcare goods and one on one counsel. Valencia's development of puericulture-related projects in the 20s and 30s put the province in an excellent position to hold an exhibition. Nurses, *puericultores* and childcare experts were responsible for providing information to visitors and answering mothers' questions about caring for their children.

The exposition itself was structured with a similar narrative to many of the manuals. It began with a couple getting ready to marry and included a message reminding the couple “the best promise is to be able to assure the health of your children.”¹⁵⁵ Following this message, the exposition encouraged the visitor to follow the mother from pregnancy into caring for a newborn, infant, and toddler. Each section was expressed through a poster with a professional representative there to answer questions and highlight important points.

¹⁵⁵ Juan A. Ruiz Santamaria, *La Primera Exposición de Higiene Infantil en Valencia* (Valencia, 1945), 6.

Though this form of interactive education closely followed the manuals, it gave figures of authority a face and a name. Nurses, doctors and other experts stood directly in front of informational posters and advocated for their scientific validity. For mothers who were unable to read or did not have access to manuals, this form of instruction accomplished the same goals as child raising manuals. It provided women with a similar mix of healthcare information and propaganda and it made mothers acutely aware of the power dynamic between themselves and the medical professionals they answered to.

Accounting for Success and Preparing for the Future.

Puericultores and pediatricians established their socially relevant position in Francoist society by relying on their engagement with, and authority over, mothers and children. Since the publications of Martínez-Vargas' *Tratado de Puericultura*, and Bosch-Marín's *Catecismo* this relationship was already in the process of becoming ubiquitous. Yet, ten years after the end of the war, these medical experts returned to another tradition that had developed over the twentieth-century: pediatric congresses. The VII's Pediatric Congress in Sevilla, however, would be the largest and perhaps, most robust national congress that pediatricians and *puericultores* had ever held. In many ways, this congress was the composite of decades of knowledge –building and a chance for children's medical experts to define themselves in the context of Spanish society as well as to take small steps into reengaging with international experts.

Congreso Nacional de Pediatría, Sevilla

The 1949 Pediatric Congress in Seville served as a way for Spanish pediatricians to prove to each other and to their international colleagues that their scientific project and social works were indicative of Spain's continued pursuit of medical modernity and commitment to Spanish children, therefore conveying to the leading nations in the world and that Spain, and especially Spanish physicians, deserved international respect and recognition—even after almost fourteen years of international absence. The VII Pediatric Congress was a triumphant expression of the effort and accomplishments of the Spanish medical community and the pediatric and puericulture movement even within the challenges of international isolation.

The VII Pediatric Congress in Sevilla, therefore, accomplished three important tasks: First and foremost, it showcased the accomplishments and progress made in the post Civil-War era and it set a plan for the future of pediatrics and puericulture in Spain. Secondly, it functioned as Spain's initial re-entrance into an international pediatric community and finally, it allowed Spanish physicians to prove that Spain was still committed to the improvement of Spanish children's lives along with a willingness to contribute information to the international community. Yet even in the midst of this elaborate celebration of the triumph of science and the accomplishments of the Spanish medical experts, remnants of the stark authoritarianism of the 40s existed by way of the government representatives who never failed to remind the physicians (and their international guests) that the peace in Spain that contributed to Spanish puericulture's medical improvement was due to Franco's government.

Much of what we know about the VII Pediatric Congress comes from the Congress' two-volume publication that chronicled the events over the five-day span of the conference. The publication's existence is, in and of itself, an important indicator that the physicians involved with the conference planning wanted their efforts to be noticed and for the activities of the conference to be made public. Unlike the records associated with previous conferences, these particular records chronicled the diversity of medical presentations, keynote speeches, conference schedules (including a special program for the women who accompanied their fathers or husbands to Sevilla) as well as the conclusions made over the various roundtable discussions. There was also no shortage of photographs that covered the three extensive exhibition halls, the hotels, restaurants and tourist sites that the conference attendees visited, the almost nightly galas sponsored by the Fundación Nestle and the Sindicato de Agricultores Montañeses, and most importantly, photos of Spanish doctors from all over Spain in lively discussion with their international colleagues.

Yet it was Dr. Carlos Sainz de los Terreros' (a long time puericultor and contemporary of Tolosa Latour) keynote speech, as President of the Congress, which set the tone and elevated the scale of the congress. Though he referred to himself as a "simple pediatrician with no higher moral than his own conscience," in a room filled with the most accomplished Spanish and international pediatricians, he endeavored to embolden the Spanish pediatric community.¹⁵⁶ He was also highly aware of the international presence in the room and made it a point to "take pride in the attendance of such illustrious personalities of world pediatrics, whom we welcome warmly and thank for spending their time with

¹⁵⁶ Sainz de los Terreros, 132.

us.”¹⁵⁷ The international attendees came from various Latin American and European countries including Switzerland, Chile, Argentina, Venezuela, Portugal, Colombia, England, and Italy. Though the international contingent was small, they were well documented through pictures and their presentations were quoted and referenced.

Sainz de los Terreros also took the opportunity create a grander vision for the future of Spanish pediatrics: “Pediatric guidelines for our country are also relevant to our discussions. Such guidelines will result in a new structure of pediatric priorities such as: the completion of our national project and the unification of studies that have practical application. These projects will ultimately result in the development of a national school of pediatrics, which does not yet exist at this time because of the individualization and dispersion of medical activities in our country.”¹⁵⁸ While his recommendations on how to proceed on his plan of action were directed toward his Spanish colleagues, it was also evident that the Spanish pediatric specialists hoped that pediatrics would evolve and grow, in spite of its initial disunity, to become a more standardized national entity—instead of the efforts of individual doctors. The field of puericulture in Spain certainly was growing. From the handful of *puericultores* that existed at the turn of the century, by 1950, Spain boasted nearly 269 registered *puericultores*, 62 puericultor nurses, 18 rural nurses, and 33 midwives.¹⁵⁹ All of these workers were accounted for and registered with the state. Though, as many of these health experts would discover, the specialty was underserved in comparison to other nations, the increase in registered doctors was still a sign of improvement from the turn of the century.

¹⁵⁷ Ibid, 135.

¹⁵⁸ Ibid, 139.

¹⁵⁹ “Servicios Centrales de Sanidad Infantil y Maternal (memoria del año 1950)” in *En el Servicio de España y del niño español* (Madrid, 1951), 6-21.

Yet in spite of puericulture and pediatric's slowly growing professional body, Saniz de los Terreros looked beyond the numbers to predict the general growth of children's health in Spain: "It's repeated ad nauseum that "pediatrics is a specialty" with its own autonomy which some believe to be true, despite still thinking that the constant human advancement is a facet of internal medicine. But with this constant progress of medical science and our discipline in general, the emerging concept of pediatrics as a specialty has been outdated, overrun and overwhelmed to the point where we can now begin to sketch the new concept of "Independent Pediatric Science."¹⁶⁰ His redefinition of pediatrics to a Spanish and international audience expressed the development of pediatrics over the last four decades. Spanish pediatrics was no longer simply about palliative solutions for the demographic problem, nor simply a way to repair Spain from the specter of war, but had become an evolving science that put Spain into dialogue with international pediatricians and allowed Spanish doctors the room to create specialties within the pediatric field. In short, this conference consisting of more than one thousand attendees was not merely about pediatrics, but a way for Spanish doctors to demonstrate their recognition of the field's growth to an international audience (whom they hoped would include them in international dialogue).

In this sense, the VII Pediatric Congress in Sevilla was not merely about unifying Spanish pediatricians and creating a plan for the future of pediatrics in Spain, but also a chance to receive international validation for their efforts. Many of the conference sessions included visits to childcare centers in the city, daycares, and the Institute of Puericulture in

¹⁶⁰ Ibid, 137.

Sevilla (the entire nation had registered a total of 16 institutes of puericulture).¹⁶¹ The records of these visits often captioned the international visitors while they listened to local and national experts discuss the scientific and social advantages to these particular institutions, as well as the aid they had provided Spanish children. The conference hosted three large expositions that not only presented the advances in children's medicine that the physicians had made in the last eight years, but they also had "stands" that exhibited commercial and medical products. Finally, their art exhibition showcased Spanish art that dealt with childhood, maternity, pediatrics and puericulture, as if to prove that Spain had a long history with its concern over the welfare of children. While the organizers of the conference sought to place themselves among the other western nations with regards to children's health, they received official validation from the President of the Association of International Pediatrics, a gentleman from Switzerland named Guido Fanconi, who proclaimed that "thanks to the puericulture campaigns in conjunction with the works of the Spanish doctors and their constant worry over puericultural methods, the recorded data of infant mortality is becoming more encouraging day by day."¹⁶² By 1950, Spain's infant mortality had fallen to 88 per 1,000 deaths (in comparison to the 146 deaths per 1,000 in the early 40s).¹⁶³ He finished his speech by fervently congratulating the Spanish pediatricians on their successes and charged them with the claim to unify so that pediatricians could be the voice for all of Spain.¹⁶⁴

¹⁶¹ "Servicios Centrales de Sanidad Infantil y Maternal (memoria del año 1950)", 4-5. By 1950 nearly 16 Institutes of Puericulture operated within Spain—the majority of them located in major cities.

¹⁶² "Diario del Congreso" *Libro de Actas del VII Congreso de Pediatría: Actos del Congreso, Ponencias oficiales y comunicaciones a las ponencias*. (Sevilla, 1949), 199.

¹⁶³ Carzola Sanchez, 11.

¹⁶⁴ *Ibid.*

As a whole, the entire congress had been a success, complete with recreational activities to bond not only the conference attendees, but also their families. As a group they had not only decided to take the specialty of pediatrics and turn it into its own field with its own specializations, but they had also made a plan for the next decade to create more children's hospitals around Spain, developing a more effective treatment and prevention of childhood tuberculosis, and preventing and treating polio in young children. They had proven to their international peers that Spain was emerging as a serious scientific and social scientific center and they received professional validation for their efforts all while celebrating Spanish culture in the vibrant region of Andalucía.

Yet representatives of Franco's government were quick to remind the Spanish doctors and their international peers of who was responsible for the environment conducive to scientific advancement and the concern over the welfare of children. For the concluding speech of the conference, the General Director of Health, and Franco's representative at the conference, José Palanca, stood up to declare, "It has been ten years of peace and tranquility. And now we do not talk about mortality statistics. You have all visited the Asylum of Miraflores and its magnificent installations, the School of Puericulture, and the Institute of Hygiene. All of this has been done because of the peace and tranquility that we owe to our Caudillo, who has made this great reality possible."¹⁶⁵ While the Spanish pediatricians had worked diligently to prove to their international colleagues how pediatric science in Spain was advancing, Franco's government-- through Palanca as their representative-- reiterated the positive outcomes of the Franco regime's ten year rule to the

¹⁶⁵ Jose A. Palanca Martínez-Fortun, "Discurso leído por el excelente Sr. Director General de Sanidad, Dr. Jose A. Palanca Martínez-Fortun" *Libro de Actas del VII Congreso de Pediatría: Actos del Congreso, Ponencias oficiales y comunicaciones a las ponencias*. (Sevilla, 1949), 239.

international attendees: “And now a few words to the foreign doctors who honor us with their attendance: During your visit you have been able to observe that in Spain, there have been many Sanitariums, Dispensaries and Hospitals constructed so that there can be many healthy children. This is the result of our peace and tranquility.”¹⁶⁶ Palanca’s speech served as a pointed reminder that the Spanish pediatricians, however accomplished and productive, ultimately owed their success to the regime that had given them the space to organize their medical efforts. Spanish doctors could not claim these successes for themselves; they had been the result of 10 years of Franco’s rule. Unlike the thwarted plans of Second Republic, Palanca claimed that Franco’s childhood healthcare plans had come to fruition. Finally, it served as a way for doctors under the Franco’s regime to regain legitimacy on an international stage, proving that while the regime might have behaved in ways that the international community found questionable, its doctors were still forward thinking and virtuous. After all, how could any country turn their back on, as Palanca put it, “Spanish pediatricians with such large hearts”?¹⁶⁷

Conclusion

In a published pamphlet, Juan Bosch-Marín advised mothers of sick children to do only two things: “pray to God and obey the doctor.”¹⁶⁸ Bosch Marín’s own position within the children’s health community would continue to grow long into the sixties and his own beginnings as the author of a child-raising manual in the twenties continued to provide him with lasting fame and respect. The first half of the Franco regime isolated Spanish child

¹⁶⁶ Ibid.

¹⁶⁷ Ibid

¹⁶⁸ Juan Bosch-Marín and Agustín Serrano de Haro, *El Cuidado y la educación de tu hijo* (Madrid, 1963), 43.

health and welfare experts from professional and diplomatic international developments. This national isolation forced Spanish child welfare experts to turn inward and examine their relationships with their patients as well as their achievements within Spain. Engagement within their own community re-established their missions and aims and allowed for them to present a united national face. That Spanish pediatrics had grown so large as to extend beyond the scope of a handful of specialists into an actual science speaks to the development pediatrics in the twentieth-century. Though Alberto Palanca argued that the development of pediatrics was due in large part to the peace and tranquility of the dictatorship, the VII Pediatric Congress demonstrated that the breadth of progress made in children's health was a result of the continued development of pediatrics and puericulture throughout the twentieth century. Pediatricians and *puericultores* did not create new ideas about what caused childhood mortality or ways to solve them. Rather, those ideas were formalized along with their identities as children's health experts. Long after Martínez-Vargas' *Tratado de Pediatría*,¹⁶⁹ pediatricians and *puericultores* had managed to establish their positions as top children's medical experts within Spain and had managed to attract the attention of various international experts. Yet, as Spanish health experts reentered the international medical scene, they would not enter as equals to the United States, Great Britain, and France, but as a nation seeking international aid, as well as international respect.

¹⁶⁹ Andrés Vargas escaped from Spain during the Civil War and managed to remain in France under the protection of the French government. He died in 1949.

Chapter 4

El Niño en el Mundo de Mañana: Spanish Relationship with Global Health Organizations

During his presentation to the National Royal Academy of Medicine regarding Spain's work with the organization United Nations Infant and Child Emergency Relief Fund, Juan Bosch-Marín quoted the words of the European director of UNICEF, Georges Sicault, when he said "we are on the border of great and new discoveries. Tomorrow, perhaps, it will be possible to have children who are more vigorous at birth, more stable in their psychological and affective reactions. We hope that our efforts are not limited and that we are also able to prepare for children a place in the society where they can give the best of themselves to the benefit of humankind."¹⁷⁰ Though Sicault's message of international optimism over the international progress made for children's health and wellness may not have been explicitly directed at Spain's advances over course of the twentieth century, Spanish doctors had good reasons to be optimistic about the role of the international community in creating and applying scientific advances. The second half of the twentieth century had given rise to children's global health initiatives overseen by the United Nations, the World Health Organization, and the International Center for the Child. Yet while Spanish doctors had been generally (though certainly not entirely) absent from international medical life in the first fifteen years of the Franco regime, learning and applying international techniques was not a new trend for Spanish children's medical experts. Over the course of the twentieth century, Spanish children's welfare specialists had participated

¹⁷⁰ Juan Bosch-Marín, "Los Niños del Mundo en XXV años del Unicef" *II Sesión Científica de la Real Academia Nacional de Medicina* (26 de Enero 1971), 105.

in, and been the recipients of, aid from global health organizations. Though this international participation had been severely limited during the early fifteen years of the Franco regime, in the second half of the twentieth century, Spanish doctors reintegrated themselves into a global health culture that was experiencing a resurgence of interest in the lives, health, and well-being of children. This global trend allowed Spanish health experts to continue their tradition of international health education while continuing to push a politically safe pro-child agenda within Franco's Spain.

The Franco regime lasted for thirty-nine years up until the death of the dictator, Francisco Franco in 1975. Yet the Franco regime did not retain the isolationist and authoritarian nature of the forties. Scholars have argued that the Franco regime was a 'bifurcated' regime, due to the fact that the first part of the regime could be characterized by social and political repression, economic and international isolationism and authoritarianism, while the second half of the regime was politically technocratic, economically advanced and internationally open to trade and diplomacy.¹⁷¹ By the mid forties, it seemed highly unlikely that the Francoist state would be welcome on a world stage in the aftermath of the destruction wrought by World War II—especially considering that Germany and Italy had been allies to the Nationalists and then the dictatorship. The recently established United Nations Assembly had, in 1946, condemned the Franco regime for creating a situation that caused “international friction and endangers international peace

¹⁷¹ See, Edward Malefakis, “The Franco Dictatorship: A Bifurcated Regime?” in *Spain Transformed: the Late Franco Dictatorship, 1959-75*, Ed. Nigel Townson (New York: Palgrave MacMillan, 2007) 248-254. Malefakis argues that the Franco Regime was durable due to the ways in which the regime evolved from political repression through fascistic and economically isolated ideals to an economically modern and politically technocratic regime. Though the regime continued to maintain elements of state repression, economic improvement and state restraint allowed for the Franquist state to maintain an acceptable international reputation.

and security.”¹⁷² Yet less than ten years later, in 1955, Spain was officially accepted into the United Nations Assembly.

The fifties in Spain were a time of dramatic economic improvement and international engagement. Spain’s tourism boom opened the country to international cultural influences and investment, while the Pact of Madrid (1953) with the United States allowed for Spain to receive substantial economic and military aid.¹⁷³ This dramatic shift was a result of the transfer of political power from the Falange (fascist) party to the equally socially conservative, but politically pragmatic technocrats (many of whom having ties to the Catholic organization Opus Dei) who believed that improving Spain economically would raise Spain’s international reputation and give Franco’s regime legitimacy within Spain.¹⁷⁴ The Stabilization Plan of 1959 ended the years of economic isolation and allowed for Spain’s economic boom. Many scholars have argued that while the Franco regime showed an external appearance of seeming a modern, liberal country with a liberal economic system, these components did not negate the regime’s intent to repress the nation’s social progress or political freedoms.¹⁷⁵ Yet while the evolution of the regime’s make-up shifted dramatically and altered the economic lives of many people, it did not directly influence the international participation of children’s experts in Spain—for the simple reason that Spanish doctors had been engaging in medicine internationally since the turn of the century. Rather,

¹⁷² United Nations Assembly “The Spanish Question: Resolution of April 29, 1946”

http://www.un.org/en/ga/search/view_doc.asp?symbol=S/RES/4%281946%29 (Accessed February 2, 2015)

¹⁷³ This aid was not freely given, but as an exchange for American military presence (in the form of military bases) in Spain.

¹⁷⁴ Sebastian Balfour, “The desarrollo years, 1955-1975” in *Spanish History from 1808* eds. José Alvarez Junco and Adrian Schubert (Arnold Press, 2000), 278.

¹⁷⁵ See, Tom Buchanan, “How ‘Different’ Was Spain? The Later Franco Regime in International Context” in *Spain Transformed: The Late Franco Dictatorship, 1959-1975*. Ed. Nigel Townson (New York: Palgrave MacMillan, 2007) 85-96. Buchanan argues that as the regime, despite promoting economic growth, prosperity and urbanization was still inherently socially conservative and it was that conservatism harbored by Franco that fully prevented Spain from being completely like its European counterparts in the 60s and the first half of the 70s.

what the post-War era created for Spanish doctors was a whole host of new international organizations where Spanish children's medical experts could apply their knowledge and benefit from the knowledge of others.

Spain's involvement in health organizations stimulated by the United Nations

The United Nations was developed in 1945, at the end of the Second World War, in order to foster international relations between nations and to oversee issues of labor, diplomacy, and trade. As a result of these aims, subsequent organizations and related affiliates were created to confront global problems. The World Health Organization became affiliated with the health branch of the U.N. in 1948. Though the United Nations struggled with whether or not to admit Spain into the organization, Spanish doctors had begun to find other ways of engaging with global health organizations that were tied to the U.N.

The International Union for Public Health Education, developed in 1951, was initially a French non-governmental organization that established an official relationship with the W.H.O. Though Spain would not be accepted into the U.N. until 1955, Spanish doctors joined the International Union for Public Health Education and the publication "Al Servicio de España y del niño español" made it a point to publicize the findings and discussions held in the conference as they related to the needs of Spanish civilians. The 1954 conference in Paris, attended by forty-five delegates from thirteen countries offered Spanish delegates an opportunity to understand the challenges faced by other world nations in public health education—particularly as it related to familial health education. The development of public health in the world, to say nothing of Spanish public health, had provided for the specialization of public health studies. The Spanish interest in the pedagogical elements of

puericulture (taught to them initially by the French) encouraged a professional interest in public health education. Likewise, the editorial committee of the Spanish-language pamphlet argued, “in the face of the development that Health Education of the population is growing worldwide, Spain has joined the International Union of Public Health Education and has studied the execution of an effective and comprehensive program.”¹⁷⁶ The preface to the review of the conference recognized the developments of global health and the nation’s need to engage—particularly coming out of a fifteen-year period where Spain’s international engagement was limited. Yet this preface also acknowledged that Spain depended on the experiences shared by other nations in what they referred to as an “effective and comprehensive program.”

The International Union also followed the footsteps of earlier organizations like the Rockefeller Founding in that it offered assistance and on-the-ground training. As Spain had been the host of the XIII Conference of the International Union against Tuberculosis, it offered the president of the I.U.P.H.E., Clair Tuner, a chance to personally see the health needs of Spain. This evolved into a direct relationship with Spanish medical experts, whom, under the direction of Juan Bosch-Marín and other diverse organizations within Spain, would work together within the international framework of the I.U.P.H.E. to manage the problems of health education that existed in Spain.¹⁷⁷

Spanish medical experts were not shy in expressing the concerns they had over the development of health education within Spain. Reviewing the findings of the I.U.P.H.E. at the III National Reunion of Spanish Health Specialists, Doctors Villar and Cámara

¹⁷⁶ El Comité de Redacción, “Union Internacional para la Educación Popular” in *Al Servicio de España y del niño español* (1955), 1.

¹⁷⁷ *Ibid.*, 16-19.

Vaamonde lamented that despite the many groups involved in health education within Spain¹⁷⁸, health education was comparatively insufficient than what had been discussed in the conference in Paris.¹⁷⁹

Part of the insufficiency, the doctors argued, was in large part due to medical personnel's "improper use(...)of services put at their disposal" and the inability of the recipients of the services to access medical services to extent that they would significantly improve the civilian's chances of maintaining good health.¹⁸⁰ Part of the purpose for the latter issue stemmed, the doctors reasoned, from an "erroneous understanding of the existence (of the services) or how to access them."¹⁸¹ The other part of the problem, Villar and Cámara Vaamonde pointed out, was that recipients of Spanish healthcare services (particularly child and maternal services) were so ill-informed about where they could access different services, that they sought the same organization for different services so that they depleted the resources available for that particular organization.¹⁸² One of the benefits Spain would receive from their engagement with the I.U.P.H.E.—especially through the special Spanish Committee for Population Health Education-- would be to learn how to use health services more effectively while being able to teach Spanish civilians how and where to access the services they needed.¹⁸³ In short, they concluded, "even as Spanish public health education has improved notably if you compare the current state with that of

¹⁷⁸ They cited close to eight social, medical and governmental organizations.

¹⁷⁹ Ibid, 39.

¹⁸⁰ Ibid, 39.

¹⁸¹ Ibid, 40.

¹⁸² Ibid, 40.

¹⁸³ Ibid, 41.

two to three decades ago, it continues at a level much lower than what you can consider satisfactory.”¹⁸⁴

The early experience that Spain had in the post Civil War era with international health organizations brought them back into their time-honored tradition of engaging in international health education. Though as they compared their developed services and contributions to the nascent efforts made by other non-Euro-American countries, these medical experts were also aware of the comparative deficiencies of their own services to those of more developed European nations in addition to the United States. Most importantly, however, was that as Spain was officially admitted into the United Nations, the World Health Organization, and U.N.I.C.E.F., they were not engaging with medicine any differently than they had in the early twentieth-century. Rather, the post-World War atmosphere offered new options to learn about the most effective ways to practice children’s medicine in Spain as well as to continue to defend the welfare of children within Spain and throughout the world.

Spain’s admittance into the United Nations in 1954 opened an array of opportunities for Spanish medical experts to engage in children’s health and welfare internationally. Though Spain had informal ties to the World Health Organization via the International Union for Public Health Education, Spanish doctors officially joined the W.H.O. in 1955. By doing so, they were able to take into account the issues that challenged the world health community as well as to gain insight on the most updated research done on maternal, childhood, and familial health around the world. In 1961, the W.H.O organized a symposium on Maternal and Childhood Health Services in Europe in Bern, Switzerland,

¹⁸⁴ Ibid, 40.

which was attended by Juan Bosch Marín. His account of the experience at the symposium and his summary of the issues discussed at the conference demonstrated the evolution of global child health and welfare concerns. The turn of the century might have been about the alarming issue of childhood mortality and its relation to national demographic prowess, but only sixty years later, the study of maternity, childhood, and adolescence around the world (and particularly Northern Europe and the United States) had exploded to include diverse issues.

International discussions about women's work were no longer based around the question of whether women *should* work outside of the home while attending to their maternal duties, but around the assertion that women's labor and careers were a new normal and that nations should accommodate and assist women in allowing them to juggle their outside work with their maternal work. Bosch-Marín reported that the delegates agreed on the importance of children's kindergartens "particularly for women who worked in the countryside and who were denied, in large part, to the care that women employed in industry enjoyed."¹⁸⁵ The relation of this information was a considerable break from discussions about childcare in the early part of the century (and under the early years of the Franco regime) that essentially put the mother in charge of caring for the children. Likewise, the renewed interest in allowing women to birth babies in the home—provided they were looked after by trained nurses and midwives and allowed emergency transportation in the event of a problem—complicated the notion of healthy births being

¹⁸⁵ Juan Bosch-Marín, "Los Servicios de Sanidad Maternal E Infantil en Europa" in *Al Servicio de España y de niño español* (Madrid, 1961), 9.

only possible in a hospital setting under the supervision of a doctor.¹⁸⁶ Bosch-Marín pointed to the examples of the United Kingdom and Ireland that employed a robust cadre of midwives and nurses who were able to screen women for potential pregnancy complications and build a rapport with their patients as reasons for why healthy home births could be possible, provided that they could “convince women that early declaration (of pregnancy) was in their and the child’s best interest.”¹⁸⁷

Indeed, midwifery was gaining ground within Spain as well. In 1954, two delegates from Spain attended the International Congress of Midwives in London, England where they were able to connect with the midwives of other nations. This was the first international engagement Spanish midwives had attended, and given Spain’s international absence, they were unsure of what their international reception might be. Yet, as María García Martín and Julieta Samaniego Berlanga, President and Vice President of the National Committee of Auxiliary Health Colleges discovered, they were received quite warmly and succeeded in “demonstrating that the midwives in Spain [were] perfectly organized with a college in every capital in each province.”¹⁸⁸ For these midwives, the importance of the role of international engagement was particularly important. They argued that collaboration in healthcare and especially midwifery was not simply a national project but an international project.¹⁸⁹ This recognition created the space for an even larger delegation of midwives to attend the International Congress of Midwives held in Sweden in 1957 where Julieta Samaniego was asked to serve as one of the secretaries for the international congress and the

¹⁸⁶ Ibid, 14.

¹⁸⁷ Ibid, 16.

¹⁸⁸ María García Martín y Julieta Samaniego, “La Participación Española en el Congreso Internacional de Matronas en Londres” in *Al Servicio de España y del niño español* (Madrid, 1954), 28

¹⁸⁹ Martín and Samaniego, 29.

Spanish delegation served on the Executive Board.¹⁹⁰ The Spanish delegates to the Congress in Stockholm also played an active role in discussion, offering suggestions to their international colleagues about the role of psychological preparedness for a birth without pain.¹⁹¹ This suggestion was well received by the delegates including a Miss Hogan from the United States who responded with agreement that “physical and psychological preparedness” were important, but “in the United States it is so difficult to convince administrators of their importance.”¹⁹² As a generally masculine congress of men discussed the role of midwives in healthy births within the World Health Organization, the community of midwives with Spanish midwives assuming a collegial role shared the common experience of helping women through births.

Women’s roles in work and within the health field were not the only modern concepts that the W.H.O. discussed. Also new to the global community was the discussion surrounding the topic of adolescence. Yet to many of the delegates, the term “adolescence” was a term of the past, with more experts concerned that young people should more accurately be labeled as “young adults” given the observances by Bosch-Marín and others, that the “young adults” had an emotional maturity that did not match their physical development.¹⁹³ Moreover, the attendees argued that adolescence had changed so dramatically from their own experience that it was necessary to conduct studies to understand how the new generation was developing socially, mentally, and physically.¹⁹⁴ Part of the concerns raised by the global community included the rise of adolescent street

¹⁹⁰ “Congreso Internacional de Matrona (Estocolmo 23-28 de Junio de 1957)” (Madrid, 1959), 140.

¹⁹¹ *Ibid.*, 62.

¹⁹² *Ibid.*

¹⁹³ Juan Bosch-Marín, 18.

¹⁹⁴ *Ibid.*

gangs.¹⁹⁵ The ideas, concepts, challenges and problems presented in the W.H.O.'s symposium had long surpassed the sole issue of infant mortality and demographic decline. The symposium demonstrated the development of children's health sciences even as the various European attendees were at diverse levels of development in their own country. In spite of the advances made in health sciences, the international child and maternal health symposium reminded medical experts that there was still much to learn and do. The Spanish childhood health and welfare community did not need reminding of this—particularly not Bosch-Marín who would, first as a recipient and then as an equal—manage Spain's inclusion into the largest infant and maternal health and welfare organization in the world: the United Nations International Children's Emergency Fund.

Spanish Doctors and U.N.I.C.E.F.

The United Nations International Children's Emergency Fund was created in 1946 in order to aid European countries that had been devastated by war through supporting initiatives that provided for children. By the early fifties, the name had been shortened to the United Nations Children's Fund, but maintained the original acronym. Spain's initial engagement with UNICEF did not begin until the mid-fifties due to the Franco regime's international isolationism. Yet the Pact of Madrid (1953), in which Spain exchanged military space for American aid, brought Spain into the United Nations and into a relationship with UNICEF in 1954.

UNICEF administered aid by the "principle of parallel contributions" in which a nation would propose a program that was vital to their nation's "pro-child" agenda and

¹⁹⁵ Ibid, 19.

UNICEF would contribute adjacent funds to help the nation and associated national organizations develop a pilot program.¹⁹⁶ Though often UNICEF was contributing to programs developed or conceived by state leaders, Spanish doctors and children's welfare specialists in Spain noted that UNICEF offered assistance regardless of the "race, creed, nationality, or the political ideas of the beneficiaries, save only attending to the specific local need, with the perspective of supporting normal childhood development."¹⁹⁷ The universality of UNICEF's aims and the emphasis put on children's health and wellness made it easy for Spanish doctors under the regime to continue to work internationally. Though the political climate of the Franco regime challenged international engagement in other ways, children's health experts in Spain were allowed to continue to work internationally towards national and international childhood protection.

Spain benefitted in multiple ways from their engagement with UNICEF. Materially, Spain benefitted from three major programs created by Spanish doctors and financially supported by UNICEF: the reduction of childhood trachoma cases in the south of Spain, PROLAC (Lactaid Products for Children's Social Well-Being), and rehabilitation programs for handicapped children.¹⁹⁸ Several of these programs acted as international pilot programs in which Spain benefitted from recent international health research or themselves contributed research that would be used in other international cases.

The first, and most far-reaching of the programs that Spain adopted through UNICEF was PROLAC, the nutritional and nutrition education program. UNICEF invested nearly 1.5

¹⁹⁶ Manuel Bermudez Pareja, "U.N.I.C.E.F.: Protector de la Infancia" (Madrid: 1961), 15.

¹⁹⁷ Pareja, 14.

¹⁹⁸ Other important, though, less wide-sweeping programs included the development of neonatal intensive centers in major children's hospitals/puericulture centers that featured state-of-the-art incubators and infant resuscitation equipment.

million dollars in powdered milk donations or milk processing production.¹⁹⁹ One of the challenges Spain faced in developing this program was that in order to create more milk processing factories, the nation needed engineers, scientists, and food production experts in order to stimulate mass production throughout Spain. Moreover, due to Spain's isolation in the first half of the Franco regime, Spain had lost international contacts that would aid them in developing the program. What UNICEF did, therefore, was to donate powdered milk while also putting Spanish nutritional experts into contact with international experts in order to build the milk industry in Córdoba, Madrid, Málaga, and Granada.²⁰⁰ This particular situation illustrated the challenges posed by the early years of the regime to Spanish children's experts: the isolation imposed by the regime onto an internationally stimulated expertise prevented continued international relationships. It was the rise of international childhood organizations that facilitated Spanish health experts' reintegration into the global health community and provided Spain with much needed assistance. Milk production factories went from producing 9,000 liters a day of milk to 2.5-3.1 million liters per a day.²⁰¹ The outcome of this effort was that by the time the program ended in 1961, five hundred thousand children in Spain received a bottle, cup, or one fourth of a pound of powdered milk each day.²⁰²

PROLAC also contributed to another related program that had important implications within Spain as well as educational importance internationally. The program named ENDLAU (Nourishment and Nutritional Education) was also sponsored by UNICEF and

¹⁹⁹ Juan Bosch-Marín, "Los Niños del Mundo en XXV años del Unicef" *II Sesión Científica de la Real Academia Nacional de Medicina* (26 de Enero 1971), 105.

²⁰⁰ *Ibid*, 5.

²⁰¹ Juan Bosch-Marín, "El UNICEF en su acción por los niños de España" *IV Sesión Científica de la Real Academia Nacional de Medicina* (8 de Febrero, 1972), 289

²⁰² Bosch-Marín, "Los Niños en el mundo", 105

played a vital role in the development of children and family nutritional standards. The program was intended to solve the problem of nutritional deficiency by creating an educational program that would be administered to children in schools as well as to families in with the aim of tackling issues of malnutrition and childhood growth rates. UNICEF, therefore, employed 254 animators, 32 inspectors and advisors and 18,464 primary school instructors in order to create a curriculum that could be applied within a primary school as well as for the general public.²⁰³

The results of ENDLAU were deemed by Bosch-Marín to be a success due to the results of UNICEF's evaluation that found that consumption of milk, eggs, meat and produce had risen and that the rate of bread and potatoes had fallen.²⁰⁴ Yet this program did not simply benefit Spanish children. In 1971, Madrid hosted an international seminar organized by the W.H.O., UNICEF and UNESCO that was attended by experts from 20 nations to study the nutritional health education program created by Spain in partnership with UNICEF in order for other countries to implement the educational programs in their home countries.²⁰⁵ In the case of childhood nutritional education, Spain benefitted two-fold as their challenges with childhood nutritional deficiencies were addressed while also allowing Spanish experts to serve as international experts on an international problem. Unlike nutrition, the issue of trachoma was not widespread within Spain or even in the rest of Europe, yet Spain's alliance with UNICEF allowed for Spanish health experts to be a leader in a public health issue that plagued the Mediterranean.

²⁰³ Juan Bosch-Marín, "El UNICEF en su acción por los niños de España" *IV Sesión Científica de la Real Academia Nacional de Medicina* (8 de Febrero, 1972), 288

²⁰⁴ Bosch-Marín, 289.

²⁰⁵ Bosch-Marín, "El UNICEF en su acción por los niños de España", 300.

Trachoma, a contagious bacterial infection that often resulted in childhood blindness was endemic to the south of Spain and other places in the Mediterranean. Spain partnered with UNICEF in order to eradicate the disease. The trachoma project began in 1955 when Spanish medical experts reached out to UNICEF to help provide supplies and training for medical experts and auxiliary medical personnel.²⁰⁶ UNICEF provided antibiotics, soap, equipment, instruments, and transportation so that medical personnel could access smaller towns and villages in southern Spain.²⁰⁷ UNICEF also supported Spanish medical personnel by providing expansive training opportunities including three seminars for doctors, four courses for nurses and one course in general health education.²⁰⁸ In the end, the project was easily accomplished and left a well-trained cadre of medical experts, expertly equipped in carrying out the necessary treatments. Spain was the first country in the world to address the problem of childhood blindness from trachoma but Spanish doctors and nurses also took their expertise in conjunction with UNICEF to aid the fight against trachoma in the Middle East.²⁰⁹ Though Spain's engagement and programming with UNICEF related to trachoma was brief and ultimately not as expansive as they had imagined it to be within Spain, it allowed Spanish medical experts unique expertise in treating a condition that could then be applied in other parts of the world.

In some cases, both UNICEF and Spanish health experts had a joint desire to roll out a program that could have immense benefit both within Spain and abroad. One such program was medical and social assistance for mentally and physically handicapped children. Since this program would be used as a model for other nations through the support

²⁰⁶ Ibid, 387.

²⁰⁷ Ibid.

²⁰⁸ Ibid, 295

²⁰⁹ Ibid.

of UNICEF, it was imperative for UNICEF to have approval from the head of the state: Francisco Franco. Experts within Spain and abroad, emboldened by their desire to see the creation of a national rehabilitation program for physically and mentally handicapped children, sought out Francisco Franco for support in the project. Spanish experts were joined by F.K. Safford from the W.H.O., and Kurt Janson from UNICEF, who argued that such a project could benefit one million affected children in the country. Their meeting with Franco occurred during the Independence Day holiday on May 2nd 1956, which was considered an odd time to meet with a head of state, however, as Bosch-Marín relayed to his audience, Franco argued that by meeting with international medical experts on a national holiday, he was demonstrating his commitment to the issue and asked the W.H.O. and UNICEF to consider him a collaborator in the program's development.²¹⁰ It was this action that allowed for Spain to become the international laboratory for childhood disability and rehabilitation programming. Bosch-Marín argued that this international engagement and the discussions with international health experts made "apparent the importance that rehabilitation provides as an asset for international relations" as the problem of childhood illness was the "same in all countries."²¹¹

Spain's relationship with UNICEF, though developing later in the second half of the twentieth century, was based on children's medical experts' need for connections, materials and supplies, as well as financial support. Yet, according to Bosch-Marín, Spain also benefitted greatly from their interactions with UNICEF. The interaction allowed for "international solidarity to awaken amongst Spanish doctors" and gave Spaniards the

²¹⁰ Ibid, 298.

²¹¹ Ibid, 299.

opportunity to offer their medical and moral opinions as well as to receive international recognition.²¹² That other medical experts looked to Spain for solutions to their national children's health problems raised international opinion of Spain, according to Bosch-Marín, and allowed for Spain to remain faithful to their "tradition of being in support of childhood."²¹³

The International Children's Center

The International Children's Center was developed in 1950 under the initiatives of the French with the support of the United Nations and UNICEF. The aim of the organization was to provide education to children's experts regarding "all aspects of the child" including pediatrics, puericulture, psychology, sociology and other child and family-centered specialties.²¹⁴ Located within Paris, France the Center offered educational opportunities for children's welfare and medical experts to train with, and learn from, experts on the job. It offered international experts the opportunity to learn in Paris as well as to travel abroad and learn from experts in other countries. Spain's relationship to France in the field of children's health and welfare had been long established since Manuel Tolosa Latour introduced puericulture to Spain. In many ways, France's creation of the Center was as much due to their development of a holistic approach to childhood health and wellness that they had fostered in the late nineteenth and early twentieth centuries, as it was to the creation of international organizations for children, women, and families in the middle of the twentieth century.

²¹² Ibid, 301.

²¹³ Ibid.

²¹⁴ F. Prandi, "Centro Internacional de la Infancia" in *Anales de Medicina y Cirugia*, Vol/ XXXVII, Num. 140 (1957), 117.

Yet unlike the early twentieth century when Spanish doctors had been on the receiving end of French medicine, upon their engagement with the Center, they also became educators. The Center often organized specialized tours in various countries where international children's social and medical experts could learn about diverse programs and challenges within a particular country. In May of 1956, Spain (and Portugal) hosted a series of lessons and tours for members of the Center from all around the world.

The delegation met at the border between France and Spain and spent the following seventeen days touring the country and attending symposiums at well-established children's health institutions within Spain. In Seville, they toured nursery departments in hospitals and the School of Puericulture, in addition to various receptions in the city. Their arrivals in Madrid, Valencia, Barcelona and surrounding areas also included tours of institutions, medical departments, and social welfare organizations. In total, delegates from the Center listened to twenty-three lectures ranging from overviews of Spanish socio-medical programs for children and families to recent research on surgical techniques, vaccinations, and the decline of childhood mortality in Spain. Spain had, for almost fifty years, been the recipient of children's health and welfare instruction from European countries and the United States. Yet, upon their inclusion into global health organizations, Spanish doctors and children's health experts found that they had much to offer in the way of information.

Franco's isolationist policies in the forties had the double effect of both limiting Spanish medical personnel's international interaction, while also encouraging Spanish medical experts to see their management of some common issues in children's health as generally successful. This is not to say that the Spanish health professionals unilaterally viewed the Spanish situation approvingly. Dr. A. Lozano Morales admitted that the Spanish

Civil War had actually increased the cases of malaria by almost half a million in 1942 alone.²¹⁵ Likewise, Dr. Sainz de los Terreros acknowledged that the bureaucratic organization of the state made interaction between medicine and education (or doctors and teachers) difficult when it came to collaborating on the organization of public health curriculum in schools due to the isolation of the two groups.²¹⁶ Yet, Spanish health experts certainly had much to celebrate and to demonstrate to their visitors. In a lecture about diphtheria rates in Spain over the first fifty years of the twentieth-century, Dr. Blanco Otero demonstrated through data that the mortality rate for diphtheria had fallen from 27 out of 100,000 children in 1908, to only 1 out of 100,000 children in 1950—a clear indication that their vaccination program was effective and widespread.²¹⁷ In the early twentieth century, Andrés Martínez-Vargas had written about the advancements in vaccinations for diphtheria and the effect it could have on the mortality rate of Spanish children. In 1956, Spanish medical experts had proof that their efforts were resulting in the decline of a deadly disease in children.

Comparisons and Reflections

Dr. Juan Luis Morales Gonzalez, concluded his international study *Pediatric and Puericulture in the World at the Present Time* by qualifying that even after the preceding study comparing child welfare in Spain to other nations—both more developed and less developed--in the world, that child welfare experts in Spain did “not need to stress how we

²¹⁵ “El Centro Internacional de la Infancia en España (reseña de un viaje de estudios)” in *Al Servicio de España y del niño español*, (1956), 27.

²¹⁶ *Ibid*, 32.

²¹⁷ *Ibid*, 43.

are not as bad as some defeatists present us to be.”²¹⁸ Gonzalez himself was not much older than the modern child welfare movement in Spain. Born at the turn of the century, this famed puericultor (known mostly for writing a tome about children in Spanish culture) had grown up alongside the movement. Though his study showcased some of Spain’s shortcomings in comparison with the advances made in child care by Western Europe and the United States, he also presented cases in which Spain found itself more developed than other nations and in continued improvement.

Most of the problems that Gonzalez outlined were persistent problems, communicated by many professionals over the years. Though he lauded the development of centers and organizations in favor of children’s health and welfare, he argued that they had been organized in such an “anarchic” manner that they needed to be coordinated more effectively.²¹⁹ Gonzalez expressed amazement that foreign visitors were either oblivious to, or admired, the “disunion” of the establishments and medical corps involved in child welfare in Spain.²²⁰ He also argued that while the efforts of the first fifty years were a solid start, it was time for Spain to be more ambitious about what fell under the title of Puericulture—especially given that “*all* (emphasis in the original) that affects the child falls under the orbit of Puericulture.”²²¹ He suggested that puericulture needed to have its own directory within the state, so that everything that was related to children’s health and welfare could answer to one office.²²² Formerly small specialty subsets like childhood psychology

²¹⁸ Juan Luis Morales Gonzalez, *El Momento Actual de la Pediatría y de la Puericultura en el Mundo* (Imprenta T.P.A, Sevilla, 1960), 289.

²¹⁹ Gonzalez, *El Momento Actual de la Pediatría y de la Puericultura en el Mundo*, 126.

²²⁰ *Ibid*, 126.

²²¹ *Ibid*, 128.

²²² *Ibid*, 129.

and maternity now needed their own offices due to the growth of their fields, and propaganda in favor of children's health needed to continue to expand.²²³

Gonzalez, while levying criticisms and proposing ideas for improvement aimed at his own country, also evaluated the work of other nations. He selected what he described as "countries with distinct levels of civilization" and contrasted those with "under developed countries."²²⁴ Countries with distinct levels of civilization included France, Northern Europe, and the United States. He noted the small patient to nurse ratio in the hospitals in Boston and New York and the collegiality of established experts and novice doctors at the Mayo Clinic.²²⁵ Likewise, he expressed respect for the profound role France played and continued to play internationally (and especially in Spain) for the development of children's health and welfare. As a counterpoint, he presented the case of India as a nation far less socially and medically developed than Spain. Though, he argued, "thanks to the W.H.O and UNICEF, they are on the path to infant-maternal health."²²⁶

Though Gonzalez argued that Spain still had much to learn from their international peers in terms of establishing a functional, comprehensive and organized infant and maternal welfare program, he was also hopeful. He lamented that Spanish infant and maternal health specialists "make ourselves smaller and consider ourselves always inferior to the rest! This inferiority complex, that continues to hurt us Spaniards, needs to be

²²³ Ibid.

²²⁴ Ibid, 135.

²²⁵ Ibid, 143.

²²⁶ Ibid, 249. It should also be noted that Gonzalez did mention Russia, however, his analysis of Russia took on a less impartial analysis. He spent the majority of his analysis commenting on how Communism was antithetical to infant and maternal care and that Russia spent most of its money on abortions. Needless to say, the anticommunist mentality of Francoist Spain was presented through Gonzalez's analysis. Yet this sentiment is only reserved for Russia, given the fact that Poland was not represented with the same ire.

cornered, so that we see ourselves as equals but not worse than the rest.”²²⁷ After a little more than sixty years, some Spanish infant and maternal health specialists were finally beginning to see what they had accomplished in Spain. Though they might not have reached the level of the United States, France, or Denmark, their programs were growing and they were contributing to international knowledge about children’s health and welfare. More than simply equals, Gonzalez argued that Spain, “if she desires, could be more than a match for the brightest, in this and in all orders.”²²⁸ After nearly a century and a half of looking internationally for guidance, support, and aid, Spanish *puericultores* and infant and maternal health specialist could finally see that their international efforts were paying off.

Conclusion

In 1956, Spain’s reintegration into global organizations was still early and tenuous. Spanish doctors were on the receiving end of aid from UNICEF and the WHO, and ultimately, still the students of specialists from countries that had rebounded with more vigor from the Second World War and had more advanced children’s health care programs. Nevertheless, despite consistent criticism of the structure of medical and social programs by doctors themselves, even Spanish children’s experts could not deny that the sharp decline in diphtheria over the first fifty years of the century was due in large part to the efforts of Spanish medical experts. The program that Spain held for global delegates from France’s International Children’s Center was an opportunity to showcase what Spanish health

²²⁷ Ibid, 290.

²²⁸ Ibid.

specialists had accomplished within the past fifty years and to present their accomplishments and their weaknesses to an international audience.

While other European nations benefitted from the Marshall Plan to aid their post-war recovery, Spain reentered the world conversation both needing significant international assistance and a makeover of their global reputation. The first fifty years of the century had placed Spanish doctors in the role of the recipient of international aid and the students of global experts. Though Spain and Spanish children's experts certainly did not abandon that role entirely, in a much larger and more connected global community, they found themselves in the position of being able to engage equitably and to offer information and research. The relationship between Spain, Spanish doctors and UNICEF, for example, allowed for Spain to make use of international aid to develop nutrition education and trachoma treatment, while also allowing UNICEF and other countries to benefit from the findings made as a result of those programs. Likewise, engagement with the International Children's Center allowed Spanish children's experts to use their programs as lessons for an international audience. Furthermore, this engagement also allowed Spanish doctors to continue to take stock of their achievements while acknowledging problems still present in children's health in Spain.

Andrés Martínez-Vargas and Manuel Tolosa Latour had been the first pioneers in children's health in Spain and required an international education in order to pursue a nascent specialty that was being developed as it was practiced. The early influence of French child welfare and American children's medicine pushed Spanish medical experts to pursue information that was distinctly international in nature and required international engagement. Though the results of that knowledge were mediated by unique events in

Spain (such as political instability, the Civil War, and international isolation), the information, practices, and methods applied within Spain were often acquired through international training and engagement. The establishment of major global health and children's welfare organizations in the second half of the century merely solidified over sixty years of international tradition in the efforts to improve children's health and welfare. This was a tradition to which children's health experts in Spain had a long and sustained relationship.

Epilogue **“El Siglo del Niño”**

In 2012, the Pediatric Society of Madrid celebrated its 100th anniversary. To commemorate the occasion, the Pediatric Society published a short pamphlet that chronicled the origins of the Society and its initial projects. The history provided by the Society emphasized that pediatrics (and child hygiene) in Spain was driven by doctors’ “recognition of the great inferiority of attention paid to children by the [Spanish] public in contrast to other countries.”²²⁹ Over one hundred years after Spanish medical and child welfare advocates’ initial engagement in puericulture and pediatrics, contemporary children’s medical specialists saw the work of their predecessors as being primarily spurred by the pressure of international comparison.

This dissertation has argued that international comparison made by Spanish health experts aided in the advancement of child health and welfare in twentieth century Spain, while also giving Spanish experts a method of processing their nation’s status within a global community. Could the efforts of Spanish *puericultores* match those of the French? Could Spain match the coordinated public health efforts of the Americans? Spanish child health and welfare sought to answer these questions by applying international programs, techniques and strategies in Spain. Ultimately, these activities had the effect of expanding Spanish child health and welfare services and exposing Spanish medical experts to international ideas and concepts. Though Spanish doctors found their exposure to the international community and international aid limited during the first fifteen years of the

²²⁹ “En El Centenario de la Sociedad de Pediatría de Madrid” in *Cuadernos de historia de la pediatría española*” (December, 2012), 11.

Franco regime, they were quickly able to resume their international activities once Spain was open to engaging globally.

By placing the history of Spanish children's medicine and protection in the twentieth century, historians do the work of dismantling and complicating what Burguera and Schmidt-Nowara describe as the "narrative of backwardness." Spanish health experts were driven by the need to show Spanish progress in a period of international competition. By using the rhetoric of infant mortality (in spite of falling infant mortality throughout the twentieth century), medical experts pushed themselves to pursue international examples of success. They categorized the status of their national development by comparing themselves to nations that had lower infant mortality statistics, higher numbers of medical resources, and more advanced scientific practices. By the early 60s and early 70s, with the help of aid provided by UNICEF and WHO, Spanish doctors became aware that while they would still look to the United States and Western Europe as examples of first world development, they could also place their national efforts above those of developing nations. I would argue that Spain's child health care development in the late twentieth century, though significantly aided by post World War II organizations, was due in large part to Spanish medical experts' engagement with international organizations and international ideas in the late nineteenth and early twentieth centuries.

Though Spanish children's health experts in the twentieth century may have perceived themselves as being backward, they were certainly not content to stay there. By engaging the Rockefeller Foundation, medical experts in Spain reached out and invited a foreign organization (in the middle of a dictatorship!) to assist Spanish doctors. Several decades later, Spanish doctors would do the same under the Franco dictatorship by inviting

members of UNICEF and the Center to visit Spain and provide suggestions for improvement. Nor were Spanish medical experts content to stay on the sidelines during international conferences. Medical experts in Spain made it a point to be present at, and share information with, members at international conferences. They used the aid and experience provided to them by international organization to effectively teach international experts about combating diseases such as trachoma. Spanish midwives became actively involved at the administrative levels in the International Conference of Midwives only a few short years after their first engagement with the organization. Though Spanish medical experts internalized the perception that they were backwards, they used the available resources and education to improve.

In 1909, Swedish feminist Ellen Key published a book about the need for a reimagining of children's upbringing and education entitled *The Century of the Child*. For many children's health and welfare experts, this analysis would provide the inspiration for child welfare programs in the twentieth century and a new philosophy of childhood that placed the child at the center of society. The "Century of the Child" also became a catchall phrase to characterize the twentieth century's focus on child health and welfare. In 1947, Juan Bosch-Marín used this phrase to describe Spain's engagement with international child health and welfare trends. In 1960, Dr. Juan Gonzalez used the phrase to reflect on Spanish and international engagement with children's needs by arguing that "the attention now placed on all of the problems that affect children is extraordinary, having rightly called our century "the century of the child" for having understood that a healthy child is part of the

wealth of nations.”²³⁰ Children’s health and welfare in Spain went from receiving little attention in the nineteenth century to a movement that produced new fields, institutions, organizations, and an international network. The “century of the child” made national strength about more than firearms and financial wealth, but about the health of the nation’s most vulnerable inhabitants, its children.

²³⁰ Gonzalez, *El Momento actual de la pediatría y de la puericultura en el mundo*, 19.

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