

KATHARINA SEIBERT  
**Who Cares?**

*Negotiating Gender and Society  
at Spain's Sickbeds 1930–1948*



Wallstein

Katharina Seibert  
Who Cares?

Moderne europäische Geschichte

Begründet von Stefan Troebst und Hannes Siegrist

Herausgegeben von Claudia Kraft, Isabella Löhr,  
Maren Röger und Martina Steber

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Katharina Seibert

# Who Cares?

Negotiating Gender and Society  
at Spain's Sickbeds

1930–1948

WALLSTEIN VERLAG

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*For Hans and for Agneta*



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# I. The Sickbed, Spanish Society, and the Tumultuous 1930s and 1940s

## 1 Defending and Fighting for Society in the Hospital

»Teresa, since your brothers are small and we have no men to march to the front, do what you can. We must help where we can.«<sup>1</sup> Frustrated about his own age and lack of fit-for-service sons, Teresa Vidaurre Doiz's father sent her off to the Spanish Civil War (1936-1939/1948). She signed up in the nearby Olite (Navarra) hospital and became a war nurse in a small military sickbay of the Francoist army. Some 500 kilometres to the East, in Catalan Girona, another father saw his daughter off with similar words: »I am too old to fight. Only you, the youth, can save Spain.«<sup>2</sup> Anna Pibernat Caner, too, became a war nurse, but for the Republican army. They both belonged to the thousands of Spanish women who put on a nurses' uniform, crossed the gendered barrier that was supposed to keep women out of the fighting armies, and worked in the vanguard zones of the civil war. They witnessed a turning point in Spain's history of medicine as well as in Spain's history of war. From the very beginning, the war caused casualties that far surpassed the capacities for medical assistance of the two belligerent parties. Fought as a total war,<sup>3</sup> the Francoists and the Republicanists<sup>4</sup> quickly resorted to systematically drafting reserve classes.<sup>5</sup> They mobilised masses of women for re-

1 All translations from Spanish to English or German to English are mine, proof read and edited by Joseph Smith. For institutions that have no English equivalent, I put the Spanish original in parentheses upon first mention. Only then do I use the original Spanish names if the corresponding organisation, party, or institution is in English historiography commonly referred to in Spanish, like ›Falange‹ for the fascist party instead of ›Phalanx.‹ Cf. Pablo Larraz Andía and Víctor Sierra-Sesúmagá, *Requetés: De las trincheras al olvido* (Madrid: Esfera de los Libros, 2010), 762.

2 Amparo Hurtado Díaz, *Memorias del pueblo: La Guerra Civil Española contada por testigos de ambos bandos. Anna Pibernat, Francesca Sallés, Josep Torras*, (Madrid: La Esfera de los Libros, 2004), 39.

3 Martin Baumeister and Stefanie Schüler-Springorum, eds., *»If You Tolerate This...« The Spanish Civil War in the Age of Total War* (Frankfurt a. M.: Campus Verlag, 2008).

4 The term ›Republicanists‹ was suggested to me by Sophie Brocks. It is not commonly used, but I would argue that it is useful to refer to people who supported the Second Republic because the term ›Republican‹ can be misleading. It also carries the connotation of a political system and practice of government, while the people who fought for the Second Republic were not homogeneous in terms of the ideas of statehood they had for Spain's future had they won the war.

5 James Matthews, *Reluctant Warriors: Republican Popular Army and Nationalist Army Conscripts in the Spanish Civil War, 1936-1939* (Oxford: Oxford University Press, 2012).

arguard duty, recruiting an unprecedented number of secular women to work as nurses and auxiliaries for the military medical branches and in humanitarian aid. Their work was not only essential for establishing an infrastructure of medical assistance to meet wartime necessities, it also significantly contributed to finally rooting bedside nursing as a secular profession in Spain.<sup>6</sup>

Apart from the shared experience of having been a war nurse, A. Pibernat and T. Vidaurre had little in common. A. Pibernat identified as a working class, left-wing laicist, a Catalan who wanted to pursue her ambition of studying medicine and becoming a doctor.<sup>7</sup> She saw this future for herself only in the Second Republic (1931-1939). T. Vidaurre, on the other hand, considered herself a right-wing Catholic,<sup>8</sup> a farmer's daughter, and a monarchist. The hope that Francisco Franco Salgado y Bahamonde Pardo would ensure the return of the king motivated her to contribute to the war effort. Thus, these two women represented two of the many conceptions of statehood and society that were up for negotiation in the 1930s. After 3 years of bloodshed at the frontlines of the civil war, however, Francoism succeeded in imposing its rule over the entirety of Spain and subsequently violently suppressed any alternative during the so-called postwar decade of the 1940s. For A. Pibernat, this meant embarking on an odyssey through exile, repatriation, and eventually returning home to repression and humiliation. T. Vidaurre, in contrast, ended up among the ›winners‹ of the war, even though her preferred political system, the monarchy, was not restored until 40 years later.

The 1930s marked a crucial period of transformation in Spanish history, which in historiography is usually related to the whirlwind succession of political systems: The Restoration gave its final chord when voters abolished it at the ballots of the municipal elections on 12 April 1931. It was succeeded by the Second Republic (1931-1939), the allegorical ›niña bonita‹<sup>9</sup> that promised hope of a better, democratic future for the working classes and was dreaded by ›a reactionary bloc.‹<sup>10</sup> However, only 5 years after its proclamation, the Republic

6 Josep Bernabeu Mestre and Encarnación Gascón Pérez, *Historia de la enfermería de salud pública en España: (1860-1977)* (Alicante: Universidad de Alicante, 1999).

7 Hurtado Díaz, *Memorias del pueblo*, 37-38.

8 Larraz Andía and Sierra-Sesúмага, *Requetés*, 760.

9 ›Niña bonita‹ was an allegory for describing the Second Republic. Comparing the political system with a ›beautiful girl‹ draws, on the one hand, from the contemporary tendency to femininise the idea of the nation, while also emphasising, on the other hand, that the Second Republic did not have enough time to mature into a solid democracy. Francisco J. Romero Salvadó, *Twentieth-Century Spain: Politics and Society in Spain, 1898-1998* (New York: St. Martin's Press, 1999), 70-81; Aurora Morcillo Gómez, ›Españolas: Femenino/nismo plural (1900-1940)‹, in *100 años en femenino. Una historia de las mujeres en España*, ed. Oliva María Rubio and Isabel Tejada (Madrid, 2012), 53-77.

10 The large landowning classes, the Catholic Church, Spanish nobility, monarchists, Carlists, and large sections of the military are usually counted as part of the ›reaction-

spiralled into a civil war following a failed military coup. This paved the way for F. Franco's ascent to power. The unconditional surrender of the Republic on 1 April 1939 sealed his authoritarian rule.

This decade was not only about polar opposite types of government but also saw the adoption of one of the most progressive constitutions of the time.<sup>11</sup> Laws regulating women's affairs, families, and marriage were passed granting women more rights than ever before.<sup>12</sup> Discourses and political cultures pluralised. It was a decade in which innovation, progress, and multiple layers of crisis<sup>13</sup> overlapped, while Spanish society struggled to find a social order to bridge the many fractures and fissures.

At the core of this struggle lay, among other things, competing visions of statehood and society that were inundated with the dominant contemporary political ideologies – but that also aligned with the interests of certain actors of power. In other words, while anarchists demanded a social revolution and the elimination of the state, socialists quarrelled over whether an interventionist state should govern society or whether the Republic had to arise from a social revolution. The Rightists and the Catholic Church sought to protect the privileges of the reactionary bloc – local networks of clientelist power, proprietors of wealth, land, and means of production, proponents of (national-)Catholic tradition and culture, complementary gender roles, etc.<sup>14</sup> To assess these rival-

ary bloc. Till Kössler, »Republic of Hope and Fear: Visions of Democracy in Pre-Civil War Spain,« *Journal of Modern European History*, vol. 17, no. 1 (February 2019), 22.

- 11 Ana Aguado, »Ciudadanía, mujeres y democracia,« *Historia Constitucional*, vol. 6 (2005), 11-27; Gloria A. Franco Rubio, »Los orígenes del sufragismo en España,« *Espacio Tiempo y Forma. Serie V, Historia Contemporánea*, vol. 16 (January 1, 2004), 455-482.
- 12 Ana Aguado, »Entre lo público y lo privado: Sufragio y divorcio en la Segunda República,« *Ayer*, vol. 60 (2005), 105-134.
- 13 The 1930s have attracted the curiosity and attention of several generations of historians. The search for the causes of the Second Republic's failure has generated an abundance of explanations that revolve mostly around a narrative of crisis. While cultural historians focus on the Republic's struggle for modernity, political historians emphasise the democratic deficits of the system, and social historians promote socioeconomic arguments. Helen Graham and Jo Labanyi, eds., *Spanish Cultural Studies: An Introduction: The Struggle for Modernity* (Oxford; New York: Oxford University Press, 1995); Manuel Álvarez Tardío and Fernando del Rey Reguillo, eds., *The Spanish Second Republic Revisited: From Democratic Hopes to the Civil War (1931-1936)* (Brighton; Portland, OR: Sussex Academic Press, 2012); Michael Seidman, *Republic of Egos: A Social History of the Spanish Civil War* (Madison, WI: University of Wisconsin Press, 2002). My interest does not lie in explaining the Republic's failure but in understanding how a society functions in times of fundamental transformation.
- 14 I provide brief introductions to the historical context in the various sections of this study. For a general overview, see, among others, Eduardo González Calleja et al., *La Segunda República española* (Barcelona: Pasado & Presente, 2015); Angel Viñas and Julio Aróstegui, eds., *En el combate por la historia: La República, la Guerra Civil, el Franquismo* (Barcelona: Pasado&Presente, 2012); Helen Graham, *Socialism and War:*



ling conceptions of social order and their manifestation outside the political process – the legislative process in parliament, competition between the political parties and organisations, political discourse – I propose to zoom in on a particular social field: medical care.

Spain's history of medicine and healthcare confirms what has already been shown for other »Western« case studies.<sup>15</sup> By the late 19th and especially the early 20th centuries, medicine and the existing healthcare infrastructure had become politically relevant. The Spanish monarchy, for instance, had long been using it as a vehicle for politics of international commerce.<sup>16</sup> Thanks to Spain's strategically important harbours, quarantine rules for commercial ships served as tools for influencing international trade. The rise of international humanitarian law<sup>17</sup> and renegotiations of the rules of warfare opened up an additional field of international health politics with which the Spanish monarchy eagerly engaged. They

*The Spanish Socialist Party in Power and Crisis, 1936-1939* (Cambridge: Cambridge University Press, 1991); Angel Herrerín López, *The Road to Anarchy: The CNT under the Spanish Second Republic (1931-1936)* (Brighton; Portland, OR: Sussex Academic Press, 2020); Julián Casanova, »Terror and Violence: The Dark Face of Spanish Anarchism,« *International Labor and Working-Class History*, vol. 67 (April 2005), 79-99; Javier Burrieza Sánchez, *El nacionalcatolicismo: Discurso y práctica* (Madrid: Cátedra, 2019); Álvarez Tardío and Rey Reguillo, *The Spanish Second Republic Revisited*; Samuel Pierce, »The Political Mobilization of Catholic Women in Spain's Second Republic: The CEDA, 1931-1936,« *Journal of Contemporary History*, vol. 45, no. 1, (2010), 74-94; Mary Vincent, *Catholicism in the Second Spanish Republic: Religion and Politics in Salamanca, 1930-1936* (Oxford; New York: Clarendon Press Oxford University Press, 1996).

- 15 Katharina Kreuder-Sonnen, »Epidemiological State-Building in Interwar Poland: Discourses and Paper Technologies,« *Science in Context*, vol. 32, no. 1 (March 2019), 43-65; Josep Lluís Barona Vilar, *Health Policies in Interwar Europe: A Transnational Perspective* (Abingdon, Oxon; New York, NY: Routledge, 2019); Josep Lluís Barona and Josep Bernabeu Mestre, *La salud y el estado: El movimiento sanitario internacional y la administración española (1815-1945)* (Valencia: Univ, 2008); Astri Andresen, Josep Lluís Barona Vilar, and Steven Cherry, eds., *Making a New Countryside: Health Policies and Practices in European History ca. 1860-1950* (Frankfurt a. M.: Peter Lang, 2010); Iris Borowy, »Shifting Between Biomedical and Social Medicine: International Health Organizations in the 20th Century,« *History Compass*, vol. 12, no. 6 (2014), 517-530; David P. Forsythe, *The Humanitarians: The International Committee of the Red Cross* (Cambridge: Cambridge University Press, 2005).

- 16 Barona Vilar, *Health Policies in Interwar Europe*.

- 17 Jon Arrizabalaga and Juan Carlos García Reyes, »Between a Humanitarian Ethos and the Military Efficiency: The Early Days of the Spanish Red Cross, 1864-1876,« in *Schlachtschrecken – Konventionen. Das Rote Kreuz und die Erfindung der Menschlichkeit im Kriege*, eds. Wolfgang U. Eckart and Philipp Osten (Herbolzheim, 2011), 49-65; David P. Forsythe and Barbara Ann J. Rieffer-Flanagan, *The International Committee of the Red Cross: A Neutral Humanitarian Actor* (Abingdon, OX; New York, NY: Routledge, 2016); Johannes Paulmann, »Conjunctures in the History of International Humanitarian Aid During the Twentieth Century,« *Humanity: An International Journal of Human Rights, Humanitarianism, and Development*, vol. 4, no. 2 (2013), 215-238.

repeatedly sent delegations to the respective conferences<sup>18</sup> and signed the Geneva and Hague Conventions on warfare and humanitarianism. However, only after the turn of the century did lawmakers gradually discover medicine could also be a field for domestic politics, turning it into an arena for negotiating the state's right and duty for intervention. Then, at the beginning of a Spanish domestic health policy, competing visions of statehood surfaced. One theme that came to the fore was the idea of a state-financed healthcare infrastructure, which stood in sharp contrast to a healthcare system of private practice. These concepts of care remained highly controversial during the 1930s and the debates surrounding them and were never entirely resolved. Nevertheless, the sickbed became a substitute where abstract ideas such as modernity, welfare, or social equality became condensed into tangible measures, like the availability and distribution of a state budget to set up a public healthcare infrastructure, the creation of public health insurance, the foundation of state-financed research institutions, etc.

As a professional field, it was shaped not only by politics or the state; in hospitals and sanatoria, the medical staff – doctors, practitioners, nurses, and orderlies – continued to set their own rules governing their day-to-day working lives. This environment was influenced more by discipline-specific developments, like the rise of the secular nurse<sup>19</sup> from 1915 onwards; or the innovations that caused major paradigm shifts throughout Europe, like the rise of bacteriology or serology or the competition between social medicine and biomedicine.<sup>20</sup> A closer look at the historical actors who shaped the field and actually practised medicine reveals a group whose members were either connected to the upper classes of Spanish society, to the Catholic Church, or to international networks of medical knowledge exchange, like the Red Cross, the Rockefeller Foundation, or the League of Nations Health Organization. The civil war shook this constellation: The disintegration of the country into two belligerent zones had far-reaching effects on the social cohesion of the medical class. Considered bourgeoisie, doctors, practitioners, and nurses who wanted to side with the Republic were put under immense pressure to prove their loyalty, while not instantly siding with the insurgent generals was also considered suspicious.<sup>21</sup> Furthermore, the tremendous need for staff quickly surpassed the available resources. Women like A. Pibernat or T. Vidaurre (see above), who did not form part of the former medical class, were mobilised. Their presence in military hospitals significantly contributed to strengthening the position of secular bedside nurses in the Spanish constellation of medical professions. Medicine and nursing received more attention by the

18 Barona and Bernabeu Mestre, *La salud y el estado*.

19 María López Vallecillo, «Presencia social e imagen pública de las enfermeras en el siglo XX (1915-1940)» (PhD Thesis, University of Valladolid, 2016).

20 A brief but thorough overview over the major historical changes in medicine is provided by Katharina Kreuder-Sonnen, «History of Bacteriology,» in *eLS*, ed. John Wiley & Sons Ltd (Chichester: John Wiley & Sons, Ltd, 2016), 1-11, 2.

21 Nicholas Coni, *Medicine and Warfare: Spain, 1936-1939* (New York: Routledge, 2007).

rulers than ever before. This war-induced gender shift<sup>22</sup> created an intensifying need to control men and women and to reorganise gender relations.

Hospitals, sickbeds, or anatomy lecture halls thus became social junctions where, during the 1930s and 1940s, the state, science, with its adjunct field of practice, and society, with its many simmering fractures, met head-on. Particularly during the years of frontline war, it became a social space where more prominent social conflict lines manifested among the staff constellations. However, once the battlefields and the political system of the Second Republic had collapsed, these conflicts did not immediately disappear. Instead, against the backdrop of the continuation of extreme violence,<sup>23</sup> the larger question of ›Who cares?‹ or rather ›Who is *allowed* to care?‹ remained virulent and continued to preoccupy medical professionals and state-builders. How the state's health policy during peace and war became translated into work realities provides valuable insight into how the ›social practice of domination‹<sup>24</sup> functioned during accelerated change – and how social order was reflected within the specific realm of medicine and healthcare.

In this study, the history of medicine and healthcare<sup>25</sup> serves as a prism to study Spanish society during a period of intense and accelerated transformation against the backdrop of interwar Europe on its way towards the Second World War.<sup>26</sup> It adds to the historiography of what the historian José Luis Ledesma called the ›new social history‹<sup>27</sup> of the Second Republic, the Civil War, and the immediate so-called postwar times. It also adds to the cultural history of the Civil War.<sup>28</sup> I argue the necessity of raising the following questions: How did larger social conflicts surface in the professional field of medical aid? How did the representatives of the competing statehood projects – Republic and authoritarian dictatorship – envision healthcare? How did they (attempt to) translate them into reforms and infrastructure? A close look at these questions means not

22 Margaret R. Higonnet et al., eds., ›Introduction,‹ in *Behind the Lines: Gender and the Two World Wars* (New Haven, MA: Yale University Press, 1987), 4-5.

23 I argue that it is worth questioning the year 1939 as the end of the Spanish civil war and instead designate the year 1948 as the end date, when martial law was lifted.

24 Alf Lüdtke, ed., *Herrschaft als soziale Praxis: Historische und sozial-anthropologische Studien* (Göttingen: Vandenhoeck & Ruprecht, 1991), 12-13.

25 Distinguishing between medicine and healthcare as two different but overlapping fields results partly from the process of secularisation and scientification of bedside nursing, for which the 1930s and 1940s were crucial in the Spanish case.

26 Jordi Canal i Morell, Eduardo González Calleja, eds. *Guerras Civiles: Una clave para entender la Europa de los siglos XIX y XX*. (Madrid: Casa de Velázquez, 2012).

27 José Luis Ledesma, ›Los años treinta y cuarenta desde abajo: La historia social y la historiografía reciente sobre la Segunda República, la Guerra Civil y la primera Posguerra,‹ *Studia Histórica. Historia Contemporánea*, vol. 35 (2017), 205-240.

28 A good overview on the state of the art of the cultural history of the Civil War is provided by Aurora G. Morcillo, ed., *Memory and Cultural History of the Spanish Civil War: Realms of Oblivion* (Leiden; Boston: Brill, 2014).

only understanding ›politics‹ as something politicians make top-down but also systematically including the responses ›from below‹ if we understand ›power‹ as a ›force field«<sup>29</sup> of dialectic interrelations. Therefore, I add as my general research questions: How did medical professionals and staff – both women and men – respond to these top-down interferences? How did their medical activities influence the politics of health?

I pay special attention to the years of frontline combat. However, instead of focussing solely on frontline developments and typical military history topics,<sup>30</sup> I propose to ask: How did ›domination‹ and society-building work in times of war? How was society built and enacted at the sickbed? Using health and healthcare as means of assessing a civil war resonates with research on conflict-affected societies, which focuses on the processuality of violence rather than its disruptive potential. Thus, I understand the war years as part of larger and longer-lasting social events. This investigation is a case study of an area at the intersection of social science and historical approaches to civil wars and peace-making.<sup>31</sup>

Finally, I propose to pay special attention to the actors involved. Who ›did‹ medicine? Who ›did‹ healthcare? How did their ›doing medicine‹ reflect ›doing society‹? To answer these questions, I link reflections on practice and praxeology with considerations of gender<sup>32</sup> and intersectionality<sup>33</sup> and the sociology of professions. Women and men are the protagonists of this study. That means that

29 Lüdtkke, *Herrschaft als soziale Praxis*, 12.

30 Jutta Nowosadtko, *Krieg, Gewalt und Ordnung: Einführung in die Militärgeschichte* (Tübingen: Edition Diskord, 2002); Jörg Echternkamp, »Militärgeschichte,« *Docupedia-Zeitgeschichte*, 2013.

31 Among others, see Roger Mac Ginty, ed., *Routledge Handbook of Peacebuilding* (Abingdon, OX; New York, NY: Routledge, 2013); Sabina Ferhadbegović and Brigitte Weiffen, eds., *Bürgerkriege erzählen: Zum Verlauf unziviler Konflikte* (Konstanz: Konstanz University Press, 2011); Megan A. Stewart, »Civil War as State-Making: Strategic Governance in Civil War,« *International Organization*, vol. 72, no. 1 (2018), 205-226.

32 Among so many, Veronika Helfert, et al. eds. *Frauen- und Geschlechtergeschichte und diszipliniert? Aktuelle Beiträge aus der jungen Forschung*. (Innsbruck; Wien; Bozen: StudienVerlag, 2016); Gisela Bock, »Geschlechtergeschichte auf alten und neuen Wegen. Zeiten und Räume.« *Geschichte und Gesellschaft*, vol. 22, no. Sonderheft, Wege der Gesellschaftsgeschichte (2006), 45-66; Opitz, Claudia. *Um-Ordnungen der Geschlechter: Einführung in die Geschlechtergeschichte*. (Tübingen: Edition Diskord, 2005).

33 Among so many, Andrea D. Bührmann, »Intersectionality – Ein Forschungsfeld auf dem Weg zum Paradigma? Tendenzen, Herausforderungen und Perspektiven der Forschung über Intersektionalität.« *Gender*, vol. 2 (2009): 28-44; Nina Degele, »Intersektionalität: Perspektiven der Geschlechterforschung.« In *Handbuch interdisziplinäre Geschlechterforschung*, eds. Beate Kortendiek, Birgit Riegraf, and Katja Sabisch (Wiesbaden: Springer Fachmedien Wiesbaden, 2019), 341-348; Katharina Walgenbach, Gabriele Dietze, Lann Hornscheidt, and Kerstin Palm, eds. *Gender als interdependente Kategorie: neue Perspektiven auf Intersektionalität, Diversität und Heterogenität*. (Leverkusen: Verlag Barbara Budrich, 2012).

I search for spaces of interaction and spaces of segregation. This study contributes to the historiography on gender, which examines the relationship between the so-called men and women and the production and reproduction of binary patriarchal power relations.<sup>34</sup>

## 2 Scope, Structure, and Limits

The historical actors who are the protagonists of this study's empirical chapters were, on the one hand, members of the various political and military elites. Although they usually appear only in studies on the history of medicine or war, they contributed to negotiating conceptions of statehood and society within their scopes. They set rules via decree or law, defined standards in handbooks, guidelines, and recommendations disseminated top-down. On the other hand, so-called ordinary nurses, doctors, practitioners, and auxiliaries also belong to my protagonists. I understand their reactions to the top-down interventions in their everyday work life as a bottom-up response.<sup>35</sup> The umbrella of medicine, medical practice, and its administration brought these people together and remained the common denominator throughout the tumultuous war years. How did they negotiate their day-to-day lives with each other in a society marked by a continuously intensifying social conflict? How did they respond or react to attempts by health politicians or administrators to interfere with their work? How did politicians interpret the importance of a public healthcare system? How did these various actors envision ›order‹ in healthcare? How did they enact, protect, and challenge the social ›order‹ of medical aid? How did they negotiate their position within the system?

Approaching the history of Spanish society during the 1930s and 1940s through the eyes and experiences of this heterogeneous constellation of actors means to perceive medical aid as a social arena where medical and nonmedical professions, politics, women, and men met, and where peace and war happened.

34 Among others, see Ingrid Artus et al., eds., *Arbeitskonflikte sind Geschlechterkämpfe: Sozialwissenschaftliche und historische Perspektiven* (Münster: Westfälisches Dampfboot, 2020); Karin Hausen, »Die Polarisierung der ›Geschlechtscharaktere.‹ Eine Spiegelung der Dissoziation von Erwerbs- und Familienleben.« in *Geschlechtergeschichte als Gesellschaftsgeschichte* (Göttingen: Vandenhoeck & Ruprecht, 2012), 19-49; Kristin Burnett, Sara Ritchey, and Lynn M. Thomas, »Introduction: Health, Healing and Caring.« *Gender & History*, vol. 33, no. 3 (October 2021), 583-593.

35 This approach was inspired by Everyday History, but also by anthropological takes on societies in war, see for instance, Kristen Ghodsee, *The Left Side of History: World War II and the Unfulfilled Promise of Communism in Eastern Europe* (Durham: Duke University Press, 2015); Ivana Maček, *Sarajevo Under Siege: Anthropology in Wartime* (Philadelphia: University of Pennsylvania Press, 2009); Elisa Satjukow, *Die andere Seite der Intervention: Eine serbische Erfahrungsgeschichte der NATO-Bombardierung 1999* (Bielefeld: transcript Verlag, 2020).

Zooming in and out on actors with different ranges of influence, varying agency, and power allows me to trace the connectedness<sup>36</sup> of the micro-, meso- and macrolevels. My focus on actors, furthermore, provides me with the opportunity to assess the transformations of the 1930s and 1940s in their processuality and ask how change and order were ›done,‹ albeit on different but interdependent levels: politics and medical practice. This study is therefore situated at an intersection between the history of society, the history of the Spanish Civil War, and the history of medical professions. The protagonists are men and women who lived and performed their gender while doing medicine and health-care.<sup>37</sup> This intersectional take adds to the growing historiography on cultural-historical approaches to the Spain during the interwar period.<sup>38</sup>

### *Reader's Instructions: Sections and Chapters*

The study is divided into four sections and encompasses a timeframe that begins in the second half of the 19th century and ends in 1948, after martial law was revoked. The first section, ›Health and Medicine on the Road Towards the 1930s and 1940s,‹ (chapter III) provides an introductory overview of the context in which the key actors in Spanish medicine and health politics emerged. Three subsections recap Spain's medical infrastructure, the role of the Spanish Red Cross and other humanitarian actors, and the influence of the armed forces. The second section, entitled ›La Niña Bonita – La Niña Sana?‹ (chapter IV), delves into the rocky transition from the Second Republic to the Civil War. The focus lies on left-wing and leftist forces. First, I approach health politics during peacetime (1931-1936/1937) and consider lawmakers and the social groups that sought to monopolise medical assistance. Larger, ongoing political developments determined health policy and dominated the field until 1937. The military coup d'état of the military (17-19 July 1936) proved to be a turning point for the constellation of healthcare and medical actors below the governmental level. I then shift the focus towards the war (1937-1938), the Popular Army, and the reforms of its Health Service. While a new gendered modus operandi for military medical

36 Christian de Vito, ›History Without Scale: The Micro-Spatial Perspective,‹ *Past and Present*, Supplement 14 (2019), 348-372.

37 The approach is inspired by gender historians on gender and work, like Angelika Weterer, *Arbeitsteilung und Geschlechterkonstruktion: »Gender at Work« in theoretischer und historischer Perspektive* (Konstanz: UVK, 2002).

38 Oliva María Rubio and Isabel Tejada, eds., *100 años en femenino. Una historia de las mujeres en España* (Madrid: Acción Cultural Española; Ayuntamiento de Madrid, 2012); Rosa María Capel Martínez, *Mujer y trabajo en el siglo XX* (Madrid: Arco Libros, 1999); Ana Corbalán and Lorraine Ryan, eds., *The Dynamics of Masculinity in Contemporary Spanish Culture* (New York: Routledge, 2016); Toni Morant i Ariño, ›Para influir en la vida del estado futuro:‹ Discurso – y práctica – falangista sobre el papel de la mujer y la feminidad, 1933-1945,« *Historia y Política*, vol. 27, no. January-June (2012), 113-141; Aguado, ›Ciudadanía.‹

assistance was designed on the administrative level, the medical, coordinative, and administrative staff deployed in the war theatres faced the challenges of translating these new rules into reality. The analysis reveals that making norms happen on the ground was not an easy task; the challenges of everyday work at the sickbed often made translating norms designed by politicians difficult. The results of this section invite us to reconsider how top-down law-making works.

The third section, ›The Rebels' Insurrection – Franco's War,‹ (chapter V) begins with the military coup d'état 17-19 July 1936 and then traces how the Francoist society was gradually established throughout the war. First, I assess the social basis of the dictatorship and sketch out the relationship between the rightist and right-wing parties and medicine and nursing. Second, I trace the origins of Francoist state-building at the sickbed. The rule of the military *junta* and later of F. Franco aimed at single-leadership and rigid top-down domination and rested on three pillars: excessive violence, pseudolegislation that dismantled democratic civil rights and substituted them with a repressive code of social conduct, and the privileging of certain groups. In the field of medical aid, this triad translated into a systematic call-up of medically trained staff via decree, a binary, gender-segregated, and strictly hierarchical system of medical assistance for the armed forces, headed by a male and a female power broker. It privileged medical research aligned with eugenics and social control via medicine, which was also en vogue in other fascist European countries at the time. Third, I zoom in on selected actors in concrete frontline constellations and ask how military hospitals became social spaces where Francoism was learned, enacted, negotiated, rejected, and subverted. Select paradigmatic individual stories help assess the ›angels of the hospitals‹ and the ›noble saviours‹ and how they negotiated their places within the dawning Francoist society.

In the fourth section, ›Nursing the »Peace«‹ (chapter VI), I focus on what historiography predominantly calls ›postwar‹ but which, as I argue, should be understood as the second phase of the Civil War, marked by the transition from frontline battle to terror (1938-1948). I retrace the disintegration of the Republican rule from the summer of 1938 onwards. I juxtapose the military and political winddown with the gradual consolidation of Francoist law-making, which served as legal justification for systematic repression and persecution of the so-called ›Reds‹ after the Republican government had surrendered. Based on selected paradigmatic cases, I analyse how the medical staff of the Popular Army fell victim to Francoist purges, how they sought escape from repression, and what being a veteran of the Popular Army Health Service meant for their future careers and lives in Francoist Spain. I then contrast their stories with various paradigmatic stories of the ›winners.‹ Ending up on the ›winning‹ side did not necessarily lead to wealth and a happy future: The effects of Francoist economic politics of autarky hit the ›winners‹ of the war along established class lines. Thus, whether people had food and a home to return to after their demobilisation depended strongly on their families' social position before the war. Untrained auxiliaries

who worked as drivers, seamstresses, cooks, or guards in the Francoist Health Service were especially exposed to the effects of economic misery during the 1940s. Nevertheless, having worked for the Health Service often improved the starting conditions, particularly for doctors, practitioners, and certified nurses. What happened to the military nurses is one question that receives special attention, especially against the backdrop that Francoism propagated a society based on complementary gender roles and assigned women to the household. Once the war was over, female labour outside the family needed justification.

Finally, the results of this study show that the Spanish case was not a *Sonderweg*; greater European developments of the interwar period condensed on Spanish soil and mirrored by how emerged at the sickbed.

### *Limits, Limitations, Leftovers*

It is common knowledge that every researcher in any project faces limits, limitations, and leftovers. The research process inherently bears obstacles and challenges that, in my case, correlated with external factors like access to institutions, sources, state-of-the-art literature, and pandemic-induced travel restrictions. Writing a coherent story required making decisions on how to organise my argumentation and be pragmatic about which themes and historiographic discourses to include – but, more importantly, which of them to exclude. Consequently, I decided to leave out some topics completely or treat them only superficially. The International Brigades, for instance, as an independent actor, did not make it into the sample. The reasons are simple: The central aim of this project was to better understand how Spanish society navigated times of turmoil. Although the volunteers offered the Popular Army important support as combatants and medical staff, their fight against Francoism and their stay in Spain were too short; their influence on Republican society-building at the sickbed proved too brief to create a sustainable echo.<sup>39</sup> The same reason moved me to exclude other humanitarian actors like the Quakers.<sup>40</sup>

Furthermore, this study looks at the Spanish history of the 1930s and 1940s from a perspective that includes the Second Republic and Francoism. For the war years, I decided to focus on the two armies and the vanguard instead of the rearguard. The study of the vanguard zones of the civil war has only recently sparked the interest of researchers of cultural or microhistorical approaches. In contrast, studying the rearguard, its everyday life, and its society has a longer tradition. Here, certain actors do not receive the same attention as the armies because they were officially excluded from the organisation of the medical infrastructure of the vanguard. The

39 José Ramón Navarro Carballo, *La sanidad en las Brigadas Internacionales* (Madrid: Servicio de Publicaciones del EME, 1989); Manuel Requena Gallego and Rosa María Sepulveda Losa, *La sanidad en las Brigadas Internacionales* (Cuenca: Ediciones de la Universidad de Castilla-La Mancha, 2006).

40 Gabriel Pretus, *La ayuda humanitaria en la guerra civil española: 1936-1939* (Albolote, Granada: Editorial Comares, 2015).



boundaries between vanguard and rearguard were always blurry – it was, after all, a total war. On the Republican side, the libertarian *Mujeres Libres* (Free Women, ML) and the communist *Asociación de Mujeres Antifascistas* (Association of Antifascist Women, AMA) are underrepresented, as are, on the Francoist side, the fascist *Sección Femenina* (Female Section, SF) and the projects *Auxilio Social* (Social Service, AS) and *Frentes y Hospitales* (Fronts and Hospitals, FFyHH).

I encountered other limitations that need some brief explanations as well. The practice of systematically including the author's position relative to the research subject and their experiences during the research process has not (yet) been settled in historical research. Nevertheless, current debates inspired by postcolonial studies or anthropology demand more sensitivity, especially when researchers focus on foreign cultures, identities, and past events.<sup>41</sup> Being a German historian who chose to study a Spanish theme means researching and writing about a culture and society I did not grow up in. Although Spanish is my second language, I found myself repeatedly facing language barriers, some of which I initially did not even notice: I understood the words but could not quite grasp the meaning. Some of these problems dissolved as I became more proficient in the source language and contemporary codes; others I learned to understand thanks to the help and translations provided by colleagues, archivists, and friends. This process sensitised me to the many subtleties and codes the Spanish of the Iberian Peninsula produced over the 40 years of dictatorship.

One peculiarity bugged me to the very end and relates to the names of the protagonists of my project. Most of the key actors belong to what can be considered the second or third tier. They did not belong to the ruling elite group easily discovered in historiography; this was even more true for the women. Sometimes, they appeared in historiography with incomplete surnames or, worse, named only by their aristocratic title. It struck me that especially women were often mentioned only by their first name – or their second if their first name was María. It was, however, essential to understand the names and titles as they reflect how intimately linked and entangled especially the Francoist elites were and how stable certain networks were. However, I never quite understood the conventions of why certain persons are referred to by their hereditary title and others were not, why some people were called by both and others only by one surname – to name a few examples. To cut across this ›name power‹ and avoid confusion and mistakes, I decided to mention the whole name whenever the person appears in a chapter for the first time and then shorten it to the first letter of the name and the first surname. In contrast, scholars and scientists are always referred to by name and surname when first mentioned and henceforward by their (first) surname.

41 Among others, an insightful and sensitive assessment of the issue is provided by Olúfẹ̀mi O. Táiwò, *Elite Capture: How the Powerful Took over Identity Politics (and Everything Else)* (Chicago, IL: Haymarket Books, 2022).

### 3 State-of-the-Art: A Dialogue

The timeframe of this study relates to a historical context one can describe as a period of fundamental change. Spain transitioned from the disintegration of the Restoration into the Second Republic and then into the Francoist dictatorship. I include the historiography of two political systems, different political ideologies, a civil war, the so-called postwar, an international context, medicine and healthcare as well as gender relations. Some of these themes are already well or overabundantly researched, others are not. In the latter case, I drew from other case studies and connected my findings with an international perspective. Healthcare as an arena for society-building is still a largely unmapped territory for Spain, while the research on the Civil War is beyond overwhelming. Instead of trying to do justice to this uneven state of the art, I decided to focus on the concepts and arguments I drew inspiration from and relate my work to the existing state of the art. The empirical chapters discuss some of the historiographical discussions in more detail; others do not, as they are part of the literature that helped me build my knowledge and serve as a background for my argumentation. They are in the literature section at the end.

One major context relevant to my research is the growing abundance of research on the Second Republic (1931-1939) and the Spanish Civil War (1936-1939). In 2006, the historian Manuel Pérez Ledesma estimated that, at that point, some 20,000 books had been written on the subject.<sup>42</sup> In 2020, the historian Eduardo González Calleja called the bibliography on the Civil War »almost unattainable,«<sup>43</sup> a number that has continued to grow as the debates continue. Long and controversial discussions about the causes of the Republic's failure and the short- and long-term consequences have dominated the historiographical examination of Spanish history during the late 20th century for a long time – and still do. Socioeconomic and economic explanations<sup>44</sup> emphasise the pattern of social injustice that consolidated during the second half of the 19th century and stabilised a system of clientelist power distribution.<sup>45</sup> Because of these structures, real compensation for the lower classes was impossible and obstructed the formation of a solid middle class. Approaches that assess the Republic as a period of competing projects of modern statehood complement these

42 Manuel Pérez Ledesma, »La Guerra Civil y la historiografía: No fue posible el acuerdo,« *Ler História*, vol. 51 (2006), 52.

43 Eduardo González Calleja, »The Spanish Civil War: New Approaches and Historiographic Perspectives,« *Contemporary European History*, vol. 29, no. 3 (August 2020), 264.

44 Among others, I want to highlight the work of Michael Seidman, who provided a very thorough study, see Seidman, *Republic of Egos*.

45 For German-speaking historiography, the most in depth analysis is by Hedwig Herold-Schmidt, »Staatsgewalt, Bürokratie und Klientelismus: Lokale Herrschaft im liberalen Spanien des 19. Jahrhunderts,« in *Vom Vorrücken des Staates in die Fläche*, eds. Jörg Ganzenmüller and Tatjana Tönsmeier (Köln: Böhlau Verlag, 2016), 131-162.

narratives and anchor Spain in the larger context of interwar Europe,<sup>46</sup> as do narratives that emphasise the responsibility of the (political) elites who actively fostered the schism of the society. According to the latter, the democratisation of Spanish society failed because most political parties and elites were not democratic – regardless of whether they preferred left-wing or right-wing ideologies.<sup>47</sup> Regardless of their particular perspective and argumentative preference, most of the studies that focus either on the Second Republic or the civil war, whether intentionally or not, reproduce the tripartite periodisation of the 1930s: The democratic period began in 1931, the civil war started in 1936, and the war ended in 1939. Although these authors individually go beyond the narrative order of these historical milestones, they seldom offer alternative chronologies to the established milestones of the ›master narrative‹ of 1917–1931–1936–1939.<sup>48</sup> Nevertheless, some peaks lie beyond these limits.<sup>49</sup> One consequence of this periodisation is that the Second Republic appears as a political interlude between the end of

- 46 Helen Graham, *The Spanish Civil War: A Very Short Introduction* (Oxford; New York: Oxford University Press, 2005); Graham and Labanyi, *Spanish Cultural Studies*; Chris Ealham and Michael Richards, eds., *The Splintering of Spain: Cultural History and the Spanish Civil War, 1936–1939* (Cambridge, UK; New York: Cambridge University Press, 2005); Julián Casanova, *The Spanish Republic and Civil War* (Cambridge; New York: Cambridge University Press, 2010); Julián Casanova, »Anarchism, Revolution and Civil War in Spain: The Challenge of Social History,« *International Review of Social History*, vol. 37, no. 3 (December 1992); Carlos Collado Seidel, *Der Spanische Bürgerkrieg: Geschichte eines europäischen Konflikts*, 3rd ed. (München: C. H. Beck, 2016); Paul Preston, *The Coming of the Spanish Civil War: Reform, Reaction, and Revolution in the Second Republic* (London; New York: Routledge, 1994); Paul Preston, *Revolution and War in Spain 1931–1939* (New York; Florence: Routledge Taylor & Francis Group, 2001); Santos Juliá, *Historia de las dos Españas*, (Madrid: Taurus, 2004); Ángel Viñas, *El gran error de la República: Entre el ruido de sables y la ineficacia del gobierno*, (Barcelona: Crítica, 2021).
- 47 In my opinion, the most balanced and comprehensive publication on the matter was provided by Eduardo González Cajella, Francisco Cobo Romero, Ana Martínez Rus, and Francisco Sánchez Pérez. Among others, Francisco J. Romero Salvadó offers an overview that paradigmatically summarises the general narratives. A more conservative and political history based approach is provided by Fernando del Rey Reguillo, Manuel Álvarez Tardío, and Gabriele Ranzato. González Calleja et al., *La Segunda República española*, 1149–1174; Manuel Álvarez Tardío and Fernando Rey Reguillo, »Introduction,« in *The Spanish Second Republic Revisited: From Democratic Hopes to the Civil War (1931–1936)*, eds. Fernando del Rey Reguillo and Manuel Álvarez Tardío (Brighton; Portland, OR: Sussex Academic Press, 2012), 1–8; Gabriele Ranzato, »The Republican Left and the Defence of Democracy, 1934–1936,« in *The Spanish Second Republic Revisited: From Democratic Hopes to the Civil War (1931–1936)*, eds. Manuel Álvarez Tardío and Fernando del Rey Reguillo (Brighton; Portland, OR: Sussex Academic Press, 2012), 80–96; Romero Salvadó, *Twentieth-Century Spain*, 70–93.
- 48 Till Kössler, *Kinder der Demokratie: Religiöse Erziehung und urbane Moderne in Spanien, 1890–1936* (München: Oldenbourg, 2013); Inmaculada Simón Juárez, *Mujer: Asociaciones y sindicatos. España 1875–1939* (Alcorcón, Madrid: Sanz y Torres, 2014).
- 49 In her assessment of Spanish socialism, Helen Graham provides, for example, a nice overview of the genesis of PSOE. Graham, *Socialism and War*.

the Restoration and the beginning of the Francoist dictatorship, and the civil war is depicted as an inevitable step on the ladder towards Francoism. This puts long continuities that reach from the Restoration into Francoism to a backseat. While this periodisation works well for settings that depend on changes for the political elites, it is too limiting for others located on a mesolevel, i. e., to some degree, those dependent on political decision-makers but also with their own structures.<sup>50</sup> For the field of medicine and healthcare, for example, it proves helpful to include the late 19th century in the analysis and to revisit the caesura of 1936. While these milestones were important, I argue that we should understand the 1930s as a decade that saw accelerated social dynamics and escalated conflicts that had been building for several decades. I propose understanding the 1930s as a period in which some power structures remained stable, while others changed fundamentally.

1930s health politics, for instance, depended on the development of political parties and organisations. The leftist organisations of anarchism, socialism, and communism were particularly marked by internal schisms and quarrels,<sup>51</sup> which often stood in the way of achieving and upholding political decisions and policies,

<sup>50</sup> There are countless approaches to overcome unilinear periodisations. I drew inspiration from studies that decentred so-called zero hours, like the end of wars. I also drew inspiration from gender history and postcolonial studies, where the question of how change is constantly related to dominate elites. Among so many, see, Sandrine Kott et al., eds., *Seeking Peace in the Wake of War: Europe, 1943-1947* (Amsterdam: Amsterdam University Press, 2016); Johanna Gehmacher and Maria Mesner, »Dis/Kontinuitäten. Geschlechterordnungen und Periodisierungen im langen 20. Jahrhundert,« *L'Homme*, vol. 25, no. 2 (2014), 87-101; Dipesh Chakrabarty, »After Subaltern Studies: Globalisation; Democracy and Futures of the Past,« in *Explaining Change in Cultural History*, ed. Niall Ó Ciosáin (Dublin: University College Dublin Press, 2005), 163-174; Claudia Kraft, »Die Gleichzeitigkeit des Ungleichzeitigen. Die Rolle der Kategorie Geschlecht in den Demokratisierungsprozessen in Ost- und Westeuropa seit 1968,« in *L'Homme*, vol. 20, no. 2 (2009), 13-30; Helge Jordheim, »Unzählbar viele Zeiten.« *Die Sattelzeit im Spiegel der Gleichzeitigkeit des Ungleichzeitigen,«* in *Begriffene Geschichte: Beiträge zum Werk Reinhart Kosellecks*, eds. Hans Joas and Peter Vogt (Berlin: Suhrkamp, 2011), 449-480.

<sup>51</sup> Casanova, »Terror and Violence;« Casanova, »Anarchism, Revolution and Civil War in Spain;« José A. Piqueras and Vicent Sanz Rozalén, *A Social History of Spanish Labour: New Perspectives on Class, Politics, and Gender* (New York: Berghahn Books, 2008); Carlos Collado Seidel, *Kleine Geschichte Kataloniens* (München: C. H. Beck, 2007); Graham, *Socialism and War*; Helen Graham, »Casado's Ghosts: Demythologizing the End of the Spanish Republic,« *Bulletin of Spanish Studies*, vol. 89, no. 7-8 (November 2012), 255-278; Graham; José Manuel Macarro Vera, »The Socialists and Revolution,« in *The Spanish Second Republic Revisited: From Democratic Hopes to the Civil War (1931-1936)*, eds. Manuel Álvarez Tardío and Fernando del Rey Reguillo (Brighton; Portland, OR: Sussex Academic Press, 2012), 40-57; Tim Rees, »Revolution or Republic? The Spanish Communist Party,« in *The Spanish Second Republic Revisited: From Democratic Hopes to the Civil War (1931-1936)*, eds. Manuel Álvarez Tardío and Fernando del Rey Reguillo (Brighton; Portland, OR: Sussex Academic Press, 2012), 152-166.

which then again affected the development of healthcare infrastructure. These conflicts were not limited to the left-wing/leftist spectrum but also affected right-wing/rightist groups. Importantly, they marked the practice of governance and explained why a consistent and progressive health policy was so difficult to achieve and why there was room for continuity. For instance, the configuration of the medical professions remained largely stable throughout the peacetime years.

The research on comparative fascism studies<sup>52</sup> provided important impulses for understanding Francoism and Spanish fascism. Apart from the contextual knowledge about the genesis and development of Spanish fascism and its absorption and transformation into Francoism, I find Zira Box Varela's understanding of Francoism as an ›elastic‹<sup>53</sup> ideology and Ismael Saz Campos' dynamic perception of Francoism particularly helpful. Both conceptions include a temporal perspective that distinguishes different phases of the dictatorship, the first being the ›fascistised‹<sup>54</sup> one. Box's term ›elasticity‹ moreover projects another quality of the dictatorship that is important to my analysis. To a certain degree, Francoist rule – and Francoism as an ideology – remained vague by allowing different political actors on the right-wing and rightist spectrum to project their hopes onto F. Franco. This vagueness was an important integration tool to manufacture consent among his supporters, particularly during the Civil War.

- 52 António Costa Pinto, ed., *Rethinking the Nature of Fascism: Comparative Perspectives* (Houndmills; Basingstoke; Hampshire; New York: Palgrave Macmillan, 2011); António Costa Pinto and Aristotle A. Kallis, eds., *Rethinking Fascism and Dictatorship in Europe* (Houndmills; Basingstoke; Hampshire; New York, NY: Palgrave Macmillan, 2014); Roger Griffin and Matthew Feldman, eds., *Fascism: Critical Concepts in Political Science* (London; New York: Routledge, 2004); Michael Mann, *Fascists* (Cambridge; New York: Cambridge University Press, 2004); Till Kössler, »Gelegenheiten und Gewalt: Der spanische Faschismus als soziale Bewegung.« in *Theoretische Ansätze und Konzepte der Forschung über soziale Bewegungen in der Geschichtswissenschaft*, eds. Jürgen Mittag and Helke Stadtland (Essen: Klartext-Verlag, 2014), 109-125; Ismael Saz Campos, *Las caras del Franquismo* (Granada: Editorial Comares, 2013); Ismael Saz Campos, *Fascismo y franquismo* (Valencia: Universitat de València, 2004); Ismael Saz et al., eds., *Reactionary Nationalists, Fascists and Dictatorships in the Twentieth Century: Against Democracy* (Leiden; Aarhus: Palgrave Macmillan, 2019); Toni Morant i Ariño, »Die Frauenabteilung der spanischen Falange und die europäischen Faschismen, 1933-1945.« *Historia Scholastica*, vol. 1 (2015), 42-56; Arnd Bauerkämper, *Der Faschismus in Europa 1918-1945* (Stuttgart: Reclam, 2006); Linda Erker, »Die Universität Wien im Austrofaschismus: Zur politischen Vereinnahmung einer Hochschule – Im Vergleich mit der Universität Madrid im Franco-Faschismus« (PhD Thesis, University of Vienna, 2018); Fernando Esposito, *Mythische Moderne: Aviatik, Faschismus und die Sehnsucht nach Ordnung in Deutschland und Italien* (München: Oldenbourg Wissenschaftsverlag, 2011).
- 53 Zira Box, »The Franco Dictatorship: A Proposal for Analysis in Terms of Political Cultures.« in *Reactionary Nationalists, Fascists and Dictatorships in the Twentieth Century: Against Democracy*, eds. Ismael Saz et al. (Cham: Palgrave Macmillan, 2019), 293-310.
- 54 Ismael Saz Campos, »Fascism, Fascitization and Developmentalism in Franco's Dictatorship.« *Social History*, vol. 29, no. 3 (2004), 342-357.

Thus, I understand ›elasticity‹ as part of the Francoist practice of domination, which also reverberated in Francoist medicine and healthcare.

Recently, the assessment of violence has produced a remarkable corpus of new studies that have helped to decentre the dichotomous divide between Francoists and Republicanists.<sup>55</sup> They have promoted actors below the government and who were members of groups, parties, trade unions, etc., and their relationships with the so-called ordinary people. These authors argue, and I agree, these actors were powerful, too, even if with a different range of influence than the political and military ›elites.‹ Focusing on this mesolevel of power provides a deeper understanding of how Spanish society worked and how social inclusion and exclusion were enacted through daily violence during and after the official end of the war. These studies have not only unveiled new dimensions of individual victimhood and agency especially for the Civil War and the 1940s, but also established ›everyday‹ life as a relevant counterbalance to the history of politics.<sup>56</sup> From these approaches, I draw their claim to reconsider the caesura of 1939. The unconditional surrender signed on 1 April 1939 definitively marked the final chord of the political system of the Second Republic on Spanish soil. Nevertheless, the politics of legal and extralegal repression, famine, and economic deprivation during the following decade showcase how the Civil War continued on the streets, in courts, neighbourhoods, prisons, and families.<sup>57</sup> The Republic

- 55 To highlight some of the relevant authors in the field: Gutmaro Gómez Bravo, *Geografía humana de la represión franquista: Del golpe a la Guerra de ocupación (1936-1941)* (Madrid: Cátedra, 2017); José Luis Ledesma, *Los días de llamas de la revolución: Violencia y política en la retaguardia republicana de Zaragoza durante la Guerra Civil* (Zaragoza: Inst. Fernando el Católico, 2003); Fernando Jiménez Herrera, ›Los comités madrileños en 1936. Un análisis microhistórico de la represión‹ (PhD Thesis, University Complutense Madrid, 2017); Gutmaro Gómez Bravo and Alejandro Pérez Olivares, ›Las lógicas de la violencia en la Guerra Civil. Balance y perspectivas historiográficas,‹ *Studia Historica. Historia Contemporánea*, vol. 32 (2014), 251-262; Mary Vincent, ›Understanding Violence,‹ *Contemporary European History*, vol. 29, no. 3 (August 2020), 285-288.
- 56 Antonio Cazorla Sánchez, *Fear and Progress: Ordinary Lives in Franco's Spain, 1939-1975* (Chichester, UK; Malden, MA, USA: Wiley-Blackwell, 2010); Gómez Bravo, *Geografía humana de la represión franquista*; Hurtado Díaz, *Memorias del pueblo*; Aitor Fernández, *Derrotados = Vençudes = Vencidxs = Garaituak* (Barcelona: DateCuenta, Comunicación y Educación Libre, 2013); Larraz Andía and Sierra-Sesúmagá, *Requetés*; Anna Ramió and Carme Torres, eds., *Enfermeras de guerra* (Esplugues de Llobregat, Barcelona: Ediciones San Juan de Dios, 2015); Kate Ferris and Claudio Hernández Burgos, ››Everyday Life‹ and the History of Dictatorship in Southern Europe,‹ *European History Quarterly*, vol. 52, no. 2 (April 2022), 123-135; Manuel Espín, *Vida cotidiana en la España de la Posguerra* (Córdoba: Editorial Almuzara, 2022).
- 57 Espín, *Vida cotidiana*; Cazorla Sánchez, *Fear and Progress*; Peter Anderson, *The Francoist Military Trials: Terror and Complicity, 1939-1945* (New York, NY: Routledge, 2010); Paul Preston, *The Spanish Holocaust: Inquisition and Extermination in Twentieth-Century Spain* (New York: W. W. Norton & Co., 2013).

may have disappeared as a political system, but it continued to exist among the people.

Over the past decades, the number of studies focusing on Spanish men or women has grown significantly. While the research on men as subjects of gender historical analysis is still relatively recent,<sup>58</sup> its results complement the substantial work done on Spanish women and femininity. The historiographical production on Spanish women became an issue throughout the 1970s but gained momentum over the past decades. Particularly relevant for this study were the scholarly productions that largely cluster around political femininity – Catholic,<sup>59</sup> fascist,<sup>60</sup>

58 Nerea Aresti, Karin Peters, and Julia Brühne, eds., *La España invertebrada: Masculinidad y nación a comienzos del siglo XX* (Albolote; Granada: Editorial Comares, S.L., 2016); Corbalán and Ryan, *The Dynamics of Masculinity*; Mauricio Zabalgoitia Herrera, *Hombres en peligro: género, nación e imperio en la España de cambio de siglo (XIX–XX)* (Madrid; Frankfurt a. M.: Iberoamericana Vervuert, 2017); Nerea Aresti, *Masculinidades en tela de juicio: Hombres y género en el primer tercio del siglo XX* (Madrid: Ediciones Cátedra, 2010); Nerea Aresti, *Médicos, donjuanes y mujeres modernas: Los ideales de feminidad y masculinidad en el primer tercio del siglo XX* (Bilbao: Universidad del País Vasco, Servicio Editorial = Euskal Herriko Unibertsitateko, Argitalpen Zerbitzua, 2001); Darina Martykánová and Víctor M. Núñez-García, «Ciencia, patria y honor: Los médicos e ingenieros y la masculinidad romántica en España (1820–1860),» *Studia Historica. Historia Contemporánea*, vol. 38 (15 December 2020), 45–75; Darina Martykánová, «Los pueblos viriles y el yugo del caballero español. La virilidad como problema nacional en el regeneracionismo Español (1890s–1910s),» *Cuadernos de Historia Contemporánea*, vol. 39 (2017), 19–37.

59 Among others, I want to highlight the works of Inmaculada Blasco Herranz on Catholic femininity and mobilisation. She provides a thorough counternarrative to the image that Catholic women were solely confined to the household and had little to no agency. Inmaculada Blasco Herranz, «Citizenship and Female Catholic Militancy in 1920s Spain,» *Gender & History*, vol. 19, no. 3 (November 2007), 441–466; Inmaculada Blasco Herranz, «Identidad en movimiento: La acción de las «católicas» en España (1856–1913),» *Historia y Política. Ideas, Procesos y Movimientos Sociales*, vol. 37 (May 2017), 27–56; Raúl Mínguez Blasco, «Between Virgins and Priests: The Feminisation of Catholicism and Priestly Masculinity in Nineteenth-Century Spain,» *Gender & History*, vol. 33, no. 1 (March 2021), 94–110.

60 Morant i Ariño, «Para influir en la vida del estado futuro»; Ángela Cenaarro Lagunas, *La sonrisa de Falange: Auxilio Social en la Guerra Civil y en la Posguerra* (Barcelona: Crítica, 2006); Aurora Morcillo Gómez, «Shaping True Catholic Womanhood. Francoist Educational Discourse on Women,» in *Constructing Spanish Womanhood: Female Identity in Modern Spain*, eds. Victoria Lorée Enders and Pamela Beth Radcliff (Albany, NY: State University of New York Press, 1999), 51–69; Soraya Gahete Muñoz, «Las mujeres como transmisoras de la ideología falangista,» *Cuadernos Kóre. Revista de Historia y Pensamiento de Género*, vol. 8, no. Spring–Summer (2013), 17–43; María Jesús Pérez Espí, *Mercedes Sanz-Bachiller: Biografía política* (Valencia: Universitat de València, 2021); José Manuel Alfonso Sánchez and Laura Sánchez Blanco, «Las mujeres del Nacional-Sindicalismo. Poder y rivalidad entre Pilar Primo de Rivera y Mercedes Sanz Bachiller,» *Historia de la Educación*, vol. 27 (2009), 433–455; Inbal Ofer, «A 'New' Woman for a 'New' Spain: The Sección Femenina de la Falange and the Image of the National Syn-

libertarian,<sup>61</sup> socialist,<sup>62</sup> and communist women<sup>63</sup> – as well as specific professions and overall assessments of the relationships between women and specific social themes like work, education, etc.<sup>64</sup> The state-of-the-art research I focus on shares its conceptualisation of gender as a category that defines the social distribution of power, as per Joan W. Scott. Thus, these studies diagnose that not only wealth inequality and power distribution created turmoil in Spanish society during its transition from the Restoration to the Second Republic, but that these larger socioeconomic factors intersected with a serious crisis of the hegemonic order of masculinity<sup>65</sup> and femininity.<sup>66</sup> Particularly the gender crisis challenged the former, so-called traditional elites, not only because role models like the male and female educated, left-wing worker defied the social order of power, but because

dicalist Woman,« *European History Quarterly*, vol. 39, no. 4 (October 2009), 583-605; Kathleen Richmond, *Women and Spanish Fascism: The Women's Section of the Falange, 1934-1959* (London; New York: Routledge, 2003).

- 61 Martha A. Acklesberg, »Activism, Revolution and War: Mujeres Libres Addressing the Personal and the Political,« *Revista Universitaria de Historia Militar*, vol. 7, no. 13 (2018), 81-103; Mary Nash, *Mujeres libres: Die freien Frauen in Spanien; 1936-1978* (Berlin: Kramer, 1979); Vera Bianchi, Sara Berenguer Laosa, and Antonina Rodrigo, eds., *Mujeres Libres: Libertäre Kämpferinnen*, trans. Renée Steenbock, (Bad Salzdetfurth: Verlag Edition AV, 2019).
- 62 Mónica Moreno Seco, »Republicanas y República en la Guerra Civil: Encuentros y desencuentros,« *Ayer*, vol. 60, no. 4 (2005), 165-195.
- 63 Mercedes Yusta Rodrigo, »Construyendo el género más allá de la nación: Dimensión nacional e internacional de la movilización de las Mujeres Antifascistas (1934-1950),« *Mélanges de la Casa de Velázquez*, vol. 42, no. 2 (15 November 2012), 105-123; Vicenta Verdugo Martí, »Del relato biográfico al retrato colectivo: Margarita Nelken y Pilar Soler en la Agrupación de Mujeres Antifascistas,« *Revista Universitaria de Historia Militar*, vol. 7, no. 13 (2018), 400-422.
- 64 Rosa María Capel Martínez, »Daily Life of Working Women in Spain at the Beginning of the Twentieth Century,« in *New Women of Spain: Social-Political and Philosophical Studies of Feminist Thought*, ed. Elisabeth de Sotelo and Irmhild Ketschau (Münster: LIT-Verlag, 2005), 297-307; Rosa María Capel Martínez, »De protagonistas a represaliadas. La experiencia de las mujeres republicanas,« *Cuadernos de Historia Contemporánea Extraordinaria*, vol. 11-12 (2007), 35-46; Enrique González Duro, *Las rapadas: El franquismo contra la mujer* (Tres Cantos: Siglo XXI España, 2012); Óscar J. Rodríguez Barreira, ed., *El Franquismo desde los márgenes: Mujeres, delatores, menores* (Almería Lleida: Universidad de Almería, 2013); Aurora G. Morcillo, »Walls of Flesh. Spanish Postwar Reconstruction and Public Morality,« *Bulletin of Spanish Studies*, vol. 84, no. 6 (September 2007), 737-758.
- 65 Among others: Aresti, *Médicos, donjuanes y mujeres modernas*; José Javier Díaz Freire, »El Don Juan de Unamuno como crítica de la masculinidad en el primer tercio del siglo XX,« in *La España invertebrada: Masculinidad y nación a comienzos del siglo XX*, eds. Nerea Aresti, Karin Peters, and Julia Brühne (Albolote, Granada: Editorial Comares, S.L., 2016), 13-28.
- 66 Rubio and Tejada, *100 años en femenino*; Ana Martínez Rus, »Mujeres y Guerra Civil. Un balance historiográfico,« *Studia Historica. Historia Contemporánea*, vol. 32 (2014), 333-343.



particularly women of the petit bourgeoisie but also of the upper classes eagerly seized the new opportunities and liberties the Second Republic offered them. These approaches – especially well-researched and established for the women's organisation of the fascist Falange Sección Femenina (SF)<sup>67</sup> – show how the presumed apolitical realm of the private was deliberately politicised and how women strived for and extended their influence and networks of power. In some cases, these surpassed national boundaries; in any case, they reveal that, even though Spanish society remained patriarchal, there were also spaces outside the homes governed by women.

While there is a rich historiography of the historical context, the opposite is true regarding Spain's history of healthcare, medicine, and the military medical branches. As in so many other cases, Spanish history of medicine is dominated by descriptive studies that focus on retracing the genesis and development of treatment techniques and combatting infectious diseases, as well as recounting the history of the medical professions.<sup>68</sup> Another strand in Spanish medical history concerns approaches that explain the genesis of the Spanish healthcare system as a Catholic salvation history and refuse to systematically scrutinise the relationship between medicine and society or the state. The narratives of these approaches overlap with the early works on humanitarian international organisations like the Spanish Red Cross.<sup>69</sup> Nevertheless, intersections between medicine and larger themes like ideologies, the international context, and wars have brought forth a limited but sample of more recent studies of great value to my research. Among others, Xavier García Ferrandis as well as Jorge Molero Mesa and Isabel Jiménez Lucena faced the task of reflecting on the conflicting relationship between left-wing and leftist ideologies, and the so-called bourgeoisie

67 Toni Morant i Ariño, «Mujeres para una ›nueva Europa.‹ Las relaciones y visitas entre la Sección Femenina de Falange y las organizaciones femeninas Nazis, 1936-1945» (PhD Thesis, University of Valencia, 2013); Toni Morant i Ariño, «Spanish Fascist Women's Transnational Relations during the Second World War: Between Ideology and Realpolitik,» *Journal of Contemporary History*, vol. 54, no. 4 (October 2019), 834-857.

68 López Vallecillo, «Presencia social e imagen pública;» Carmen Chamizo Vega, «El proceso de profesionalización de la enfermería en el principado de Asturias» (PhD Thesis, University of Alicante, 2009); Marta Mas Espejo, «El cuerpo de Damas Enfermeras de la Cruz Roja Española: Formación y contribución a la labor cuidadora y social» (PhD Thesis, University of Alicante, 2016).

69 Josep Carles Clemente, *La Escuela Universitaria de Enfermeras de Madrid. Historia de una iniciativa humanitaria de la Cruz Roja Española (1918-1997)* (Madrid: Editorial Fundamentos, 1999); Josep Carles Clemente, *El árbol de la vida. La Cruz Roja en la Guerra Civil Española* (Madrid: Editorial ENE Publicidad, 1990); Concha Germán Bes, Yolanda Martínez Santos, and Marta Mas Espejo, *Las primeras enfermeras laicas españolas: Aurora Mas y los orígenes de una profesión en el siglo XX*, (Zaragoza: Pressas de la Universidad de Zaragoza, 2020).

medicine.<sup>70</sup> Their conclusions proved valuable for my understanding of why the Second Republic struggled to establish healthcare as a state responsibility. Their findings also nicely contrast the conclusions of Josep Lluís Barona Vilar and Josep Bernabeu Mestre, who retrace the importance of health(care) as an issue and arena for foreign policy during the late 19th and first third of the 20th centuries. They show that Spain eagerly participated in the international race for modernity in medicine<sup>71</sup> but largely failed to implement a public welfare-oriented healthcare infrastructure before the Second Republic.<sup>72</sup>

Although these studies provide precious insights, assessing healthcare and medicine as an arena in which different projects of society were negotiated is still uncharted territory. I therefore draw my inspiration not only from the historiography on Spanish healthcare during the late 19th and early 20th centuries but also from other regional case studies<sup>73</sup> and contexts that assess the positions of my protagonists like the history of administration,<sup>74</sup> Spanish military his-

70 Jorge Molero Mesa and Isabel Jiménez Lucena, «Brazo y cerebro: Las dinámicas de inclusión-exclusión en torno a la profesión médica y el anarcosindicalismo español en el primer tercio del siglo XX,» *Dynamis*, vol. 33, no. 1 (2013), 19-41; Xavier García Ferrandis, «La asistencia sanitaria en la provincia de Valencia durante la Guerra Civil Española (1936-1939),» *Llull, Revista de la Sociedad Española de Historia de las Ciencias y de las Técnicas*, vol. 34, no. 73-1 (2011), 13-38; Xavier García Ferrandis, «Anarcosindicalismo y sanidad en la retaguardia y en el frente. Los casos de Valencia y de la Columna de Hierro durante la Guerra Civil Española,» *Asclepio*, vol. 66, no. 2 (2014), 1-16.

71 Barona Vilar, *Health Policies in Interwar Europe*; Barona and Bernabeu Mestre, *La salud y el estado*; Jon Arrizabalaga, «Humanitarismo, guerra e innovación tecnológica: El caso de Cruz Roja Española,» *História, Ciências, Saúde-Manguinhos*, vol. 23, no. 3 (2016), 825-827; Arrizabalaga and García Reyes, «Between a Humanitarian Ethos and the Military Efficiency,» Jon Arrizabalaga, Guillermo Sánchez-Martínez, and J. Carlos García-Reyes, «Intertwined Stories of War Humanitarianism,» in *The Red Cross Movement*, eds. Neville Wylie, Melanie Oppenheimer, and James Crossland (Manchester: Manchester University Press, 2020).

72 Josep Bernabeu Mestre, «La utopía reformadora de la Segunda República: La labor de Marcelino Pascua al frente de la Dirección General de Sanidad, 1931-1933,» *Revista Española Salud Pública*, vol. 74 (2000), 1-13; Fernando Salmón, Luis García Ballester, and Jon Arrizabalaga, *La Casa de Salud Valdecilla: Origen y antecedentes: La introducción de hospital contemporáneo en España* (Cantabria: Universidad de Cantabria: Asamblea Regional de Cantabria, 1990); Josep Lluís Barona Vilar, «Sanitary Reforms and Rural Health Policies in Republican Spain,» in *Making a New Countryside: Health Policies and Practices in European History ca. 1860-1950*, eds. Astri Andresen, Josep Lluís Barona Vilar, and Steven Cherry (Frankfurt a. M.: Peter Lang, 2010), 71-86; Andresen, Barona Vilar, and Cherry, *Making a New Countryside*.

73 Katharina Kreuder-Sonnen, *Wie man Mikroben auf Reisen schickt* (Tübingen: Mohr Siebeck, 2018).

74 Peter Becker, ed., *Sprachvollzug im Amt: Kommunikation und Verwaltung im Europa des 19. und 20. Jahrhunderts*, (Bielefeld: transcript Verlag, 2011); Claudia Kraft, «Das ›Statistisch-Administrative‹ als Feld von Aushandlungsprozessen zwischen alten und neuen polnischen Eliten am Ende des 18. und zu Beginn des 19. Jahrhunderts,» in *Aufsteigen und Obenbleiben in europäischen Gesellschaften des 19. Jahrhunderts. Akteure – Arenen –*

tory<sup>75</sup> and international military history,<sup>76</sup> and sociological as well as gendered approaches to care and care work.<sup>77</sup> My approach, which combines gender-

*Aushandlungsprozesse*, eds. Karsten Holste, Dietlind Hüchtker, and Michael G. Müller (Berlin: De Gruyter, 2009), 21-48; Jörg Ganzmüller and Tatjana Tönsmeier, eds., *Vom Vorrücken des Staates in die Fläche: Ein europäisches Phänomen des langen 19. Jahrhunderts* (Köln: Böhlau Verlag, 2016); Lutz Raphael, *Recht und Ordnung: Herrschaft durch Verwaltung im 19. Jahrhundert* (Frankfurt a. M.: Fischer Taschenbuch Verlag, 2000).

75 Michael Alpert, *El ejército republicano en la Guerra Civil* (México; Madrid: Siglo XXI, 1989); Michael Alpert, *La reforma militar de Azaña: 1931-1933* (Madrid: Siglo Veintiuno de España Ed., 1982); Matthews, *Reluctant Warriors*; Pedro Corral, *Desertores. Los españoles que no quisieron la Guerra Civil* (Barcelona: Debolsillo, Random House Mondadori, 2007); Ángel Alcalde, »The Demobilization of Francoist and Republican War Veterans, 1939-44. A Great Divergence?«, in *Spain at War. Society, Culture and Mobilization, 1936-44*, ed. James Matthews (London; New York; Oxford; New Delhi: Bloomsbury Publishing, 2019), 197-214; Francisco J. Leira Castiñeira, *Soldados de Franco: Reclutamiento forzoso, experiencia de guerra y desmovilización militar* (Tres Cantos; Madrid: Siglo XXI España, 2020); Lisa Margarete Lines, »Female Combatants in the Spanish Civil War. Milicianas on the Front Lines and in the Rearguard,« *Journal of International Women's Studies*, vol. 10, no. 4 (2009), 168-187; Ana Martínez Rus, *Milicianas: Mujeres republicanas combatientes* (Madrid: Catarata, 2018); Mary Nash, »Women in War. Milicianas and Armed Combat in Revolutionary Spain 1936-1939,« *The International History Review*, vol. 15, no. 2 (1993), 269-82; Xosé M. Núñez Seixas, *Camarada invierno: Experiencia y memoria de la División Azul (1941-1945)*, (Barcelona: Crítica, 2016).

76 Thomas Kühne, *Kameradschaft: Die Soldaten des nationalsozialistischen Krieges und das 20. Jahrhundert* (Göttingen: Vandenhoeck & Ruprecht, 2006); Jürgen Martschukat, ed., *Väter, Soldaten, Liebhaber: Männer und Männlichkeiten in der Geschichte Nordamerikas; ein Reader* (Bielefeld: transcript Verlag, 2007); Carl-Heinrich Bösling, ed., *Männer. Frauen. Krieg: Krieg und Frieden – eine Frage des Geschlechts?* (Göttingen: V&R unipress, 2015); Ute Frevert, ed., *Militär und Gesellschaft im 19. und 20. Jahrhundert* (Stuttgart: Klett-Cotta, 1997); Ute Frevert, »Soldaten, Staatsbürger. Überlegungen zur historischen Konstruktion von Männlichkeit,« in *Männergeschichte, Geschlechtergeschichte: Männlichkeit im Wandel der Moderne*, ed. Thomas Kühne (Frankfurt a. M.; New York: Campus, 1996); Maja Apelt, »Militär und Krieg: Der kämpfende Mann, die friedfertige Frau und ihre Folgen,« in *Handbuch interdisziplinäre Geschlechterforschung*, eds. Beate Kortendiek, Birgit Riegraf, and Katja Sabisch (Wiesbaden: Springer Fachmedien Wiesbaden, 2019), 891-900; Karen Hagemann and Stefanie Schüler-Springorum, eds., *Heimat-Front: Militär und Geschlechterverhältnisse im Zeitalter der Weltkriege* (Frankfurt a. M.; New York: Campus-Verlag, 2002); Bruno Cabanes, ed., *Eine Geschichte des Krieges. Vom 19. Jahrhundert bis in die Gegenwart* (Hamburg: Hamburger Edition, 2020); Svetlana A. Aleksievič, *Der Krieg hat kein weibliches Gesicht*, trans. Ganna-Maria Braungardt (Berlin: Berliner Taschenbuch-Verlag, 2004); Nikolaus Buschmann and Horst Carl, eds., *Die Erfahrung des Krieges: Erfahrungsgeschichtliche Perspektiven von der Französischen Revolution bis zum Zweiten Weltkrieg* (Paderborn: Schöningh, 2001); Margaret R. Higonnet et al., eds., *Behind the Lines: Gender and the Two World Wars* (New Haven, MA: Yale University Press, 1987).

77 Ute Gerhard, *Für eine andere Gerechtigkeit: Dimensionen feministischer Rechtskritik* (Frankfurt; New York: Campus Verlag, 2018), 321-348; Wetterer, *Arbeitsteilung und Geschlechterkonstruktion*; Brigitte Aulenbacher and Angelika Wetterer, eds., *Arbeit: Perspektiven und Diagnosen der Geschlechterforschung* (Münster: Westfälisches Dampfboot,

historical considerations with an administrative-historical perspective, therefore complements the state of the art in several respects: The cultural-historical investigation of the development and expansion of a public healthcare infrastructure promises new insights into the negotiation of statehood and domination as social practices. Paying attention to both women and men enriches the research on women's and men's history in the 1930s and 1940s and gender history in general, as, for pragmatic reasons, the focus often lies *either* on men *or* on women as research subjects. Thus, paying attention to both sexes and their relationships in public spaces means exploring the social spaces in which emancipatory engagement and potential were negotiated, boundaries were pushed, and transgressions were defined, ignored, or punished.

#### 4 Fragments and Fragmentation – The Empirical Basis

Studying the past is like investigating the aftermath of an explosion. The pieces that can be put together to make a coherent story are spread in a seemingly random pattern. While some materials have evaporated entirely, or at best left scorched and incomplete, others are present in their entirety, but are ripped up and spread around the site.<sup>78</sup>

With these words, Lucian Ashworth reflects on his research process for his book on international thought. The same is certainly true for this study. ›Entirety‹ or ›completeness‹ are categories that do not apply to the study of healthcare during the 1930s and 1940s in Spain. Today, historians are confronted with an archival situation profoundly marked by contemporary developments. Spanish health politics as a field of governance was still consolidating during the 1930s, and its healthcare infrastructure was still under construction. The original paper trail was feeble from the beginning, and the war significantly affected the process. In 1938, F. Franco had already started systematically gathering documentation about his enemies<sup>79</sup> and founded a Special Delegation for the Recovery of Docu-

2009); Birgit Riegraf, »Care, Care-Arbeit und Geschlecht: Gesellschaftliche Veränderungen und theoretische Auseinandersetzungen,« in *Handbuch interdisziplinäre Geschlechterforschung*, ed. Beate Kortendiek, Birgit Riegraf, and Katja Sabisch (Wiesbaden: Springer Fachmedien Wiesbaden, 2019), 763-772; Hildegard Theobald, »Care: Ansätze und Perspektiven der international vergleichenden Geschlechterforschung,« in *Handbuch interdisziplinäre Geschlechterforschung*, eds. Beate Kortendiek, Birgit Riegraf, and Katja Sabisch (Wiesbaden: Springer Fachmedien Wiesbaden, 2019), 773-782; Hausen, »Die Polarisierung der ›Geschlechtscharaktere‹«.

78 Lucian M. Ashworth, *A History of International Thought: From the Origins of the Modern State to Academic International Relations* (London; New York: Routledge, 2014), vii.

79 In 1938, F. Franco founded the so-called »Special Delegation for the Recovery of Documents« (Delegación Especial para la Recuperación de Documentos) in Salamanca, the predecessor archive to what would become the »Documentary Centre for the Recovery

ments (Delegación Especial para la Recuperación de Documentos). At that point, almost 2 years of war had taught Republicanists what to expect once Francoists took over their territories. In the eyes of the Francoists, anyone who could be linked to any institution or organisation that had worked for the Republic was compromised. Republicanists had a vital interest in leaving as little evidence as possible, making the chances of their documentation surviving gloomy. Almost 40 years of subsequent Francoist dictatorship even further impaired the possibility of material and memories of the Republican side persisting. Those who kept diaries, letters, or other documentation that would have provided insight into the day-to-day situation of the Health Service hid them well or destroyed them; those who worked as a nurse, practitioner, doctor, or auxiliary kept quiet. If they talked about their war experiences at all, their stories remained within safe social spaces. Only seldomly did their voices enter the collections of oral historians gathered during the 1990s – and even more rarely did they become part of an archive.

Today's access to the remnants of the medical infrastructure of the 1930s and 1940s is further complicated by the norms and traditions of archiving. The principle of provenience as well as the importance ascribed to ›health‹ and ›medicine‹ influenced whether materials were also categorised that way. Even today, ›healthcare‹ and ›medical assistance‹ seem not to be considered highly relevant when preserving the memory of the Civil War. In fact, during my penultimate research stay in Madrid and Ávila in the summer of 2020, I received information that 30 boxes of staff files of war nurses had just been found in the cellar of the military archive of the General Staff. My time was limited because of the pandemic, so I could only browse them briefly before leaving. I knew immediately that they were extremely valuable, but unfortunately the circumstances meant I could not return for another year to see them. In the meantime, the number of boxes increased tenfold, but they also became the subject of a controversy over whether they were worth saving. I am indebted to three very engaged archivists – Víctor Moraleda Torres, Zoraida Hombrados, and Francisco Bachot Cantos – for the fact that these 330 boxes survived the winter of 2020/2021 and now can be consulted at the Military Archive in Guadalajara. Thanks to existing structural and historical restrictions, searching for the empirical basis of this study was often like doing a jigsaw puzzle.

To assess healthcare as an arena for negotiating society, I chose to focus on actors from different healthcare and military administration levels. I picked ad-

of the Historical Memory« in 2007 (Centro Documental para la Memoria Histórica) following the Law on Historical Memory. It was supposed to become the central archive for the study of the Civil War, but the transfer of documentation remained a controversially debated issue. To investigate the Civil War today, one has to also at least consult the military archive in Ávila. For more on the history of the CDMH, see <https://www.culturaydeporte.gob.es/cultura/areas/archivos/mc/archivos/cdmh/presentacion/historia.html> [last access: 11 May 2022] and: José Tomás Velasco Sánchez, »El archivo que perdía los papeles. El archivo de la Guerra Civil según el Fondo Documental de la Delegación Nacional de Servicios Documentales« (PhD Thesis, University of Salamanca, 2017).

ministrators, coordinators, and legislators as representatives who defined medical assistance and how it would work. I argue that they defined a social order of medicine and care. I understand the handbooks, regulations, decrees, individual and circular orders, governmental laws, and decrees, therefore, as reflections or condensations of their work – their ›doing medicine‹ while ›doing healthcare infrastructure.‹<sup>80</sup> The correspondence collections and reports exchanged between actors who coordinated medicine, healthcare, and medical staff provide insight into how such rules were implemented. Trial records and staff files provide additional information on certain actors. In addition, some oral history collections<sup>81</sup> have added voices to these files, letters, handbooks, and orders.

I also consulted contemporary medical and nonmedical journals, like *La Voz de la Sanidad*, *Revista de Sanidad Militar*, *Revista Española de Medicina*, *La Visitadora Sanitaria*, *Gaceta del Practicante*, and *El Monitor Sanitario* as well as the fascist *Y – Revista para la Mujer Nacional Sindicalista*, the libertarian *Mujeres Libres*, and the communist *Mujeres*. Contemporary print media provide idealised versions of a desired social order or a way of doing medicine and healthcare. Such sources play a secondary role in this study because I was more interested in the medical staff and the administrators and their struggles with concrete necessities and conflicts. What remains of these struggles provide a peek into their problem-solving, which sometimes required pragmatism, improvisation, and decisions that often contradicted propaganda discourses or model procedures. This study explores the grey zones of everyday life in the »force field of power.«<sup>82</sup>

The corpus analysed here is in many ways distorted. There is a significant disbalance between the density and quantity of collections and documentation available for the Republican side compared to the Francoists. As mentioned, the so-called vanquished had little reason to preserve any documentation that could compromise them. Especially for the Republican side, male voices dominate: The reports, orders, and regulations that have survived were all written by men. Incidents involving women and their agency were recorded chiefly by men, as men filled most higher-ranking positions with report obligations. This meant that lower-ranking medical staff rarely left a direct paper trail. Instead, their sto-

80 The inspiration for this approach comes from sociologist Angelika Wetterer, who studied the process of gendering work. She concretely termed it ›doing gender while doing work.‹ In my case, I suggest adding ›doing gender and doing social order while doing work.‹ See Wetterer, *Arbeitsteilung und Geschlechterkonstruktion*.

81 Ramió and Torres, *Enfermeras de guerra*; Hurtado Díaz, *Memorias del pueblo*; Fernández, *Derrotados*; Larraz Andía and Sierra-Sesúmagá, *Requetés*; Angela Jackson, »For Us it Was Heaven:« *The Passion, Grief and Fortitude of Patience Darton from the Spanish Civil War to Mao's China* (Brighton; Portland, OR: Sussex Academic Press, 2012); Mary Bingham de Urquidí, *Misericordia en Madrid*, ed. Fernando Serrano Migallón (México, D. F.: Porrúa, 2008); Federica Montseny, »Mi experiencia en el Ministerio de Sanidad y Asistencia Social: Conferencia pronunciada el 6 de junio de 1937, en el Teatro Apolo, Valencia« (Comisión de Propaganda y Prensa del Comité Nacional de la C. N. T., 1937).

82 Lüdtke, *Herrschaft als soziale Praxis*, 12-13.

ries appear mediated, having gone through the filtering and ordering perspective of their superiors who included them in their reports and commented on their performance or who accused them of a transgression. Apart from this hierarchy bias, the stories that shed more insight into the everyday enactment of the social order of medical care mainly revolve around conflicts or heroic deeds. ›Normal,‹ everyday life was usually not considered worthy of lengthy reflections.

A stronger institutional gender division and a stronger gendered spatial arrangement than on the Republican side mark the Francoist documentation. In March 1937, F. Franco decreed the formation of the Female Services – a female nurses corps – to aid the medical branch of the army. This corps was administered exclusively by women and headed by a woman, Mercedes Milá Nolla, who left a rich collection of correspondence that provides valuable insight into the make-up of this institution, its problems, its activities, and its embeddedness in larger networks. This corpus contains countless stories of individual nurses, their transgressions, needs, and troubles. Again, these voices seldomly addressed their superior directly, so their stories, too, were mediated. And even if they did write to M. Milá personally, they were keenly aware of their subordinate position. We must therefore assume that they actively chose their own narrative and adapted them to the rules of what was sayable.

Certain parts of this study align with those strands of gender research that search for unheard voices of the past and contribute to the history of Spanish women and men. This approach to gender history is often disregarded as being additive in its value, but collecting and publishing such stories crucially challenges established chronologies<sup>83</sup> and helps us to democratise the repertoire of knowledge about the past. However, this study also seeks to look at the in-between. I aim for a perspective on Spanish history that integrates women and men as historical actors – as much as the sources allow. As the gender historian Claudia Kraft reminds us, the category ›gender‹ applied as a research perspective denaturalises allegedly gender-neutral constellations of institutions, codes of conduct, and power relations. Thus, this approach invites us to question the gendered distribution of power that is particularly inscribed on institutions – like hospitals – and that, at first glance, may seem to be governed by a sexless administration or function independently from human intervention. It does not mean taking institutions, structures, or certainties for granted<sup>84</sup> but rather approaching them as created phenomena that specific historic actors in specific historic situations needed to enact to exist.<sup>85</sup>

83 Among others, Gehmacher and Mesner, »Dis/Kontinuitäten,« 87-101.

84 Achim Landwehr, »Die Kunst sich nicht allzu sicher zu sein: Möglichkeiten kritischer Geschichtsschreibung,« *WerkstattGeschichte*, vol. 61 (2013), 7-14.

85 Claudia Kraft, »Geschlecht als Kategorie zur Erforschung der Geschichte des Staatssozialismus in Mittel- und Osteuropa,« in *Geschlechterbeziehungen in Ostmitteleuropa nach dem Zweiten Weltkrieg: Soziale Praxis und Konstruktionen von Geschlechterbildern*.

The corpus of available sources is fragmented and scattered, tilted and tainted – but then, for specific moments, regions, or hospitals, dense and rich. To deal with this complex empirical basis, I drew inspiration from sociology, gender studies, microhistory,<sup>86</sup> and cultural studies approaches to narrative interviews. I took the idea of ›theoretical saturation‹<sup>87</sup> from cultural studies research as a helpful tool for assessing the material, which invites us to identify themes and their variations and distinguish them from ›exceptions to the rule.‹ In my search for how norms came into being and how a social order was constructed and enacted at the sickbed, I looked for conflicts that were repeatedly dealt with. To identify a transgression considered punishable, I compared as many situations as possible that happened in as many different available locations which touched upon comparable themes and related them with the results of my close reading.

Of course, in the end, the availability and fragmentation of sources define the limits to this approach. Unlike my colleagues who work on more recent issues, I cannot return to the field and add another layer of data collection to my sample. Almost all my protagonists have passed by now, so I must rely on what the archives and archivists have conserved for me. Therefore, the idea of ›saturation‹ is not helpful if used dogmatically but should rather be understood as a guiding principle in making sense of the available documentation. To write this study, I chose specific examples that, in Goffman's words, can be described as »social situations«<sup>88</sup> and either correlate with recurring themes – and therefore represent a certain approximation to saturation – or an exception. I use what may appear to be an individual incident as a »case,«<sup>89</sup> as proposed by gender historian Johanna Gehmacher, or reflection of larger correlations, processes, and conflicts. In doing so, I zoom in on specific individual actors like doctors, political commissars, nurses, and legislators to account for the fact that social orders were performed, enacted, negotiated, and ignored by real human beings and should not be understood only as an abstract, overarching, all-encompassing structure.

*Vorträge der Tagung des Collegium Carolinum in Bad Wiessee vom 17. bis 20. November 2005*, ed. Collegium Carolinum (München, 2008), 5-6.

- 86 De Vito, »History Without Scale,« Sigurður Gylfi Magnússon, *What Is Microhistory? Theory and Practice* (London: Routledge, 2013); Alf Lüdtke, »Alltagsgeschichte – Ein Bericht von Unterwegs,« *Historische Anthropologie: Kultur, Gesellschaft, Alltag*, vol. 11, no. Debatte (2003), 278-295.
- 87 Aglaja Przyborski and Monika Wohlrab-Sahr, *Qualitative Sozialforschung: Ein Arbeitsbuch* (München: Oldenbourg Wissenschaftsverlag, 2021), 231-233.
- 88 Erving Goffman, »The Arrangement between the Sexes,« *Theory and Society*, vol. 4, no. 3 (1977), 301.
- 89 Johanna Gehmacher, »A Case for Female Individuality: Käthe Schirmacher – Self-Invention and Biography,« in *Case Studies and the Dissemination of Knowledge*, eds. Joy Damousi, Birgit Lang, and Katie Sutton, (New York; London: Routledge, 2015), 66-81.





## II. ›Doing Society‹ at the Sickbed – Conceptual Reflections

I centre my analysis of Spain's transition from a modern democracy to an authoritarian dictatorship around a sample of the actors, their actions, and practices in a field that historiography seldomly links to state- and society-building: healthcare and medicine. At the sickbed, I argue, they all ›did society.‹ ›Who cares?‹ serves as my overarching research question and, therefore, means several things. It relates to the question of who got to – or had to – do care work as well as how and why? It also refers to what separated *care work* and *cure work* institutionally. How did political concepts of *care* and *cure* collide or merge with everyday practices? Who and which criteria defined access to the professional field of healthcare and medicine? How did inequality-defining categories like class, education, gender, or religion affect these processes? How did these constellations change during the Second Republic, the Civil War, and early Francoism? And finally, who were the people who cared and cured, and what were their agendas?

The sickbed then I understand as a *lieu* where diseases and injuries were treated but also where the political projects of the Second Republic and Francoism were translated into work, labour distribution, rules, and institutions as well as gendered hierarchies and responsibilities. In this larger perspective, I argue, the sickbed was a social space where women and men reproduced, negotiated, and changed social order. In other words, they ›did society‹ while doing care and cure work, because who cared was not only a medical question but also a social and a political one. *Society*, for that matter, is understood as something dynamic, changeable, and continuously being made. My emphasis on women and men relates to the idea that this process was gendered: The protagonists of this study, while doing society, were also negotiating ideas and performances of hegemonic (heterosexual) womanhood and manhood. The phenomenon of *society* equally affects women and men, it can take place anywhere, and it can be done by everyone.

Healthcare and medicine offer an interesting field for studying society-building, even more so in times of fundamental social transformation, as the 1930s and 1940s were in Spain. Actors of domestic and international politics encountered experts and practitioners of medicine, and they were all confronted with larger questions about modernity, the relationship between a state and its citizens, and, eventually, peace and war. Yet, they all had different agendas. Gender relations highly mattered. From the perspective of society-building, in the social space of the hospital, doctor's practice, or the sickbay, gender relations were different. The sick or injured, regardless of their gender, were vulnerable and depended on the treatment skills of medical professionals – again, regardless of whether they were men or women. The war exacerbated this constellation as masses of (male) soldiers found themselves as patients in a position the philoso-

pher Heinrich Popitz describes as »vulnerable to harm.«<sup>1</sup> On the other hand, the medical staff – with nurses often being female – were in the position of having a »harming power of action.«<sup>2</sup> Societal expectations towards women and men were turned upside down at the sickbed, which caused unease among certain groups, such as army officials and actors who promoted gendered segregation in a war society that ordered men to the vanguard and women to the rearguard. It thus put the whole field under pressure to balance these expectations with the expectations towards care and cure workers. Healthcare, therefore, can be understood as a social space *in-between* – in-between politics, (competing) concepts of society and scientific and practical knowledge of medicine and treatment.

The lion's share of primary sources analysed for this study was produced during the Spanish Civil War. However, ›Who cares?‹ is not (only) a story about the Civil War. Instead, I take a cultural historian's perspective of the 1930s and 1940s and understand the Civil War as a part of larger social processes.<sup>3</sup> Although the Civil War, with its escalation of violence, repression, and humanitarian consequences, marked a disruption in Spanish history, I agree with cultural historians like Sabina Ferhadbegović and Brigitte Weiffen that we should understand this war against the backdrop of continuities of long-accumulated social frictions and divisive discrepancies. To better understand this melange of long-term causes and short-term escalations, it is helpful to look both at actors with decision-making powers and at actors ›from below,‹ for they all contributed to these developments and events. I follow here scholars on war and peace studies who emphasise that the practices of »everyday peace«<sup>4</sup> (or war) and their practices of an »everyday diplomacy to survive«<sup>5</sup> that »ordinary people in conflict-affected societies use to exercise their local agency«<sup>6</sup> that intersect with the strategies of actors of violence – militia, paramilitary, army – and that this interplay is crucial to make civil wars happen.

These assumptions guide my analysis and arose from a dialogue between desiderata of gender history and theory with German *Alltagsgeschichte*, impulses from social sciences about social structures, and cultural-historical approaches to war and peace. The key concepts derive from these bodies of theory and include domination, power, agency and the competence to act, and gendered roles.

1 Heinrich Popitz, *Phenomena of Power: Authority, Domination, and Violence*, eds. Andreas Götlich and Jochen Dreher, trans. Gianfranco Poggi (New York: Columbia University Press, 2017), 11.

2 Ibid., 11.

3 Sabina Ferhadbegović and Brigitte Weiffen, »Einleitung. Zum Phänomen der Bürgerkriege,« in *Bürgerkriege erzählen: Zum Verlauf unziviler Konflikte*, eds. Sabina Ferhadbegović and Brigitte Weiffen (Konstanz: Konstanz University Press, 2011), 9.

4 Roger MacGinty, »Everyday Peace: Bottom-up and Local Agency in Conflict-Affected Societies,« *Security Dialogue*, vol. 45, no. 6 (December 2014), 549.

5 Joanne Wallis, »The Social Construction of Peace,« in *The Oxford Handbook of Peacebuilding, Statebuilding, and Peace Formation*, eds. Oliver P. Richmond and Gëzim Visoka (Oxford: Oxford University Press, 2021), 5.

6 Ibid., 5.

Following praxeological considerations, I understand all of these categories as dynamic and made rather than stable or essentialist.

## 1 Doing – A Practice of Actors

To pursue meaning, we need to deal with the individual subject as well as social organisation and to articulate the nature of their interrelationships, for both are crucial to understanding how gender works, how change occurs.<sup>7</sup>

Taking up Joan W. Scott's invitation, the spotlight of this study shines on the women and men who *made* healthcare and medical attention *happen* in 1930s and 1940s Spain. These women and men were by no means a homogeneous group, and their constellations changed thanks to the political transformations of the 1930s and 1940s. They were professionally trained medical staff and spontaneously recruited auxiliaries like the war nurses Teresa Vidaurre Doiz and Anna Pibernat Caner, whom I mentioned in the Introduction. But they were also politicians, administrators, army officials, and soldiers. All of them had lived through the turbulent end of the Restoration system and the democratic project of the Second Republic before the Civil War put pressure on them to declare their loyalties. Many volunteered during the war, but also many were drafted. Some medical professionals and auxiliaries supported the Second Republic or Francoism fervently, others reluctantly, and others deliberately chose subversion. Eventually, early Francoism initiated a process of exclusion and repression against everyone who was associated with the Second Republic or left-wing ideologies, which also affected the group of people who had worked in medicine and healthcare until then.

These women and men protagonise this study as do their actions or rather their »practice.«<sup>8</sup> Therefore, this study draws from assumptions of the large field of subject theories and praxeological thought. »Practice« – once popularised by Pierre Bourdieu – is understood in a broad sense here. I understand concepts like »code of interaction,«<sup>9</sup> »tactics/strategies,«<sup>10</sup> »performance,«<sup>11</sup> or »enactment«<sup>12</sup> as

- 7 Joan W. Scott, »Gender. A Useful Category of Historical Analysis,« *The American Historical Review*, vol. 91, no. 5 (1986), 1066-1067.
- 8 Pierre Bourdieu, *Outline of a Theory of Practice*, trans. Richard Nice (Cambridge: Cambridge University Press, 1977).
- 9 Erving Goffman, »The Interaction Order,« *American Sociological Review*, vol. 48, no. 1 (February 1983), 1-17.
- 10 Michel de Certeau, *The Practice of Everyday Life. 1*, (Berkeley, CA: University of California Press, 2013).
- 11 Judith Butler, *Das Unbehagen der Geschlechter*, trans. Kathrina Menke, (Frankfurt a. M.: Suhrkamp, 2018).
- 12 Mitch Rose, »The Seductions of Resistance: Power, Politics, and a Performative Style of Systems,« *Environment and Planning D: Society and Space*, vol. 20, no. 4 (August 2002), 383-400.

parts of the field of practice theory. The idea of practice, however, has limits when it comes to historical research. While social scientists can choose research topics that relate to the present and resort to a methodology that serves for an unmediated production of data, most historians are limited to sources the archives have in store for them. Therefore, translating »practice« in Bourdieu's strict sense as »mechanical sequence«<sup>13</sup> falls short. Yet the idea that certain ways of acting or behaviour pattern structure social interaction and comprise a body of tacit knowledge in a society remains convincing. The theoretical concept of »practice« serves here as an approach to analysing primary sources. I understand the paper trail of human life that usually makes its way into the archives as a product or condensation of »practices« into norms, rules, and laws; the remains of conflicts are then testimonies of deviations from these »practices.« While this approach allows us to read sources against their grain, there is one caveat: Such an analysis necessarily remains fragmentary as the reconstruction of the emergence of such »practices« is often complicated or impossible.

»Practice« also serves here to further reflect on the concept of ›actor.‹ Practice theory offers us a research perspective to approach the space and its (re)production in-between a subject and its environment of institutions, other actors, time, space, and events – or, in Scott's words, to assess a subject's »interrelations.« The concept of »practice« frees the (historical) actor from the idea of being at the mercy of »structures« and limited to acting solely within boundaries, as structuralist approaches used to suggest. The protagonists of this study are instead conceptualised as empowered subjects,<sup>14</sup> as beings with agency,<sup>15</sup> knowledgeable about adequate and expected behaviour, and capable of taking decisions to conform or to transgress. In doing so, they also reproduced or challenged concepts of society.

Conceptualising actors as empowered and as agents does not mean they were almighty or equal. Instead, social differences and inequality affect the distribution of what the sociologist Anthony Giddens considers crucial for actors to participate in and produce society: knowledge about »rules« and access to »resources.«<sup>16</sup> In the words of the sociologist William H. Sewell, »[r]esources are

13 Bourdieu, *Theory of Practice*, 10.

14 Apart from the authors and their concepts of empowerment, agency, etc., I want to highlight the works of the following authors as I have drawn much inspiration from them: Lynn M. Thomas, »Historicising Agency,« *Gender & History*, vol. 28, no. 2 (August 2016), 324-339; Wiebke Wiede, »Subjekt und Subjektivierung,« *Docupedia-Zeitgeschichte*, 2014; Andreas Reckwitz, *Subjekt*, (Bielefeld: transcript Verlag, 2008); Nancy Fraser and Sandra Lee Bartky, eds., *Revaluing French Feminism: Critical Essays on Difference, Agency, and Culture* (Bloomington, IN: Indiana University Press, 1992).

15 See, among others, Andreas Reckwitz, *Kreativität und soziale Praxis: Studien zur Sozial- und Gesellschaftstheorie* (Bielefeld: transcript Verlag, 2016).

16 Anthony Giddens, *The Constitution of Society: Outline of the Theory of Structuration* (Cambridge, Cambridgeshire: Polity Press, 1984), 25.

media of power and are unevenly distributed. But however unequally resources may be distributed, some measure of both human and non-human resources are controlled by all members of society, no matter how destitute and oppressed.<sup>17</sup> Therefore, the »empowerment« of »human beings as agents« means that actors were subjects with agency even though their position and access to »resources« were unequal. The theory of the sociologist Michel de Certeau helps assess how actors made empowered use of their resources. He assessed the variations of reach that agency can have in classist societies, concluding that the lower the social position, the more agents depend on time and space to act. Accordingly, the (marginalised) individual must resort to »tactics«<sup>18</sup> rather than applying strategies. The power of actors in lower social positions resides in their capability »to outwit [...], to pull tricks«<sup>19</sup> and to »always be on the watch for opportunities that must be seized.«<sup>20</sup>

The historian Dietlind Hüchtker provides a somewhat similar, yet more nuanced, approach to further qualify dialectic relation between agency, action, and power. She agrees there is a difference between empowered actors and powerful actors and proposes the idea of the »competency to act.«<sup>21</sup> That actors have agency does not prevent societies from creating spaces where groups defined by certain categories – in her study, poor people – are systematically objectified and in that way subordinated to the power of others. In Hüchtker's words, »[i]f, however, individuals act in a field where they are seen as an object of decisions, they usually have various options for action, but no ›competency to act,‹ and their relations in this field take on a different structure.«<sup>22</sup> Following Alf Lütke, the only power individuals without ›competency to act‹ are left with in a specific field or situation lies in their capability to affirm, avoid, ignore, resist, and subvert domination.<sup>23</sup> The concept of »competency to act« includes a temporal and a spatial dimension because an actor's »competence to act« and agency often depend on other factors, too. We should understand this as situational and bound to the intricate grid of interdependent<sup>24</sup> categories that determine the social

17 William H. Jr. Sewell, »A Theory of Structure: Duality, Agency, and Transformation,« *American Journal of Sociology*, vol. 98, no. 1 (July 1992), 9-10.

18 De Certeau, *The Practice of Everyday Life*, xix.

19 *Ibid.*, xxiii–xxiv.

20 *Ibid.*, xix.

21 Dietlind Hüchtker, »Deconstruction of Gender and Women's Agency. A Proposal for Incorporating Concepts of Feminist Theory into Historical Research, Exemplified through Changes in Berlin's Poor Relief Policy, 1770-1850,« *Feminist Theory*, vol. 2, no. 3 (2001), 332-333.

22 *Ibid.*

23 Alf Lütke and other historians of everyday life developed this argumentation in, among others, Lütke, ed., *Herrschaft als soziale Praxis*.

24 Katharina Walgenbach et al., eds., *Gender als interdependente Kategorie: Neue Perspektiven auf Intersektionalität, Diversität und Heterogenität* (Leverkusen: Verlag Barbara Budrich, 2012).

position of individuals – class, gender, race, religion, education, dis/ability, etc. In the Spanish case, for instance, healthcare and medicine were long dominated by the so-called traditional elites. The transformation of the field during Spain's transition from democracy to dictatorship included class struggle – or rather the struggle of these elites to defend their (former) privileges. This struggle was further complicated by gender, ideology, and Catholicism.

The analysis of the sample of primary sources I used for this study shows that it is not enough to understand my protagonists as socially embedded and empowered subjects with varying degrees of access to resources who acted upon the opportunities that they got. A subject's position within the »forcefield«<sup>25</sup> where the everyday negotiation of domination and power took place was *one* factor influencing their actions and decisions. Instead, when we look at the protagonists of this study, their decision-making, their actions, and their »practice« appear from the outside and from my retrospect position often arbitrary and contingent regarding the position ascribed to them. This research experience raised the question of how societal subject positioning, the experience of (past) events and developments, and identity formation intersected. As many gender historians and scholars have been discussing for decades, all of the mentioned categories also carry the potential to influence individual and collective identities. The women and men who cared and cured were not only nurses, doctors, practitioners, or administrators; they were also politically active or disinterested. They believed in (a) God or not, they had their own ideas about the future for Spain and their own, they were young or not, they were parents or not, they aspired careers or not, they had their own moral compass that did not fit easily in ideological frameworks – or not. These factors not only affected their agency and competency to act, they also influenced how the protagonists formed their identities in concrete historical situations. And in the case of Spain during the 1930s and 1940s, we are looking at a historical period in which identities mattered a lot.

Here, the historical context needs further reflection. The protagonists of this study lived through turbulent and existential times. The Civil War created enemies that shared »great spatial, sociopolitical, and cultural proximity«<sup>26</sup> with one another. According to Sabina Ferhadbegović and Brigitte Weiffen, this is an important aspect that distinguishes interstate conflicts from civil wars, as it can add a notion of inexcusableness to the violence that hardens the division between the warring parties. The pressure to identify with one side or the other rises. The anthropologists Maruška Svašek and Milena Komarova further argue that »to understand political conflict and the occurrence of large-scale violence, it is necessary to explore how small-scale tensions may (or may not)

25 Lüdtkke, *Herrschaft als soziale Praxis*, 18.

26 Ferhadbegović and Weiffen, »Zum Phänomen der Bürgerkriege,« 22.

lead to violent confrontations.«<sup>27</sup> While organised actors of violence like army corps or paramilitary units normally carry out the lion's share of fighting, Komarova/Svašek emphasise that the existence of these small-scale tensions and a readiness to transform them into violence are key to understanding the process leading up to systematised use of violence. On the small scale, however, they focus on people who are in that way ordinary as they do not belong to organised actors of violence. Komarova/Svašek understand diverging identities as a crucial ingredient for mobilising so-called ordinary people. However, they also argue that we should understand identities as fluid and bound to time and space. A society's members can activate identities that they consider appropriate in relation to the situation they find themselves in. In this way, they create social coherence, inclusion, and exclusion. In the view of Komarova/Svašek, these processes of situational identification are essential for keeping a conflict latent even if the violent potential decreases. Conflict-ridden societies contain identifications that lead to building and fostering social division and the inclusion-exclusion of society into the belligerent parties. The readiness to identify oneself accordingly depends, according to Komarova/Svašek, on how existentially threatening the conflict is perceived to be.<sup>28</sup> This approach also frees our perspective on the historical actors and their actions from an essentialist subject positioning and identity formation.

Defining identity as plural, fluid, and situational proves helpful when studying the »smaller scales« of the Spanish Civil War. As the large state of the art and the recurring public debates show, the political identities of the 1930s persist even today in Spanish society and cause division among the grandchildren and great-grandchildren of the Civil War.<sup>29</sup> The reburial of the former

27 Maruška Svašek and Milena Komarova, »Introduction. Spatiality, Movement and Place-Making,« in *Ethnographies of Movement, Sociality and Space: Place-Making in the New Northern Ireland*, eds. Milena Komarova and Maruška Svašek, (New York: Berghahn Books, 2018) 9.

28 Svašek and Komarova, »Spatiality, Movement and Place-Making,« 11.

29 Xosé M. Núñez Seixas, »Schweigen oder erinnern? Die unterbliebene Auseinandersetzung mit der Franco-Diktatur in Spanien,« in *Europas vergessene Diktaturen?*, ed. Jörg Ganzenmüller, (Köln: Böhlau Verlag, 2018), 181-202; Ulrike Capdepón, *Vom Fall Pinochet zu den Verschwundenen des Spanischen Bürgerkrieges: Die Auseinandersetzung mit Diktatur und Menschenrechtsverletzungen in Spanien und Chile* (Bielefeld: transcript Verlag, 2015); Nina Elsemann, *Umkämpfte Erinnerungen: Die Bedeutung lateinamerikanischer Erfahrungen für die spanische Geschichtspolitik nach Franco* (Frankfurt New York, NY: Campus-Verlag, 2010); Walther L. Bernecker and Sören Brinkmann, *Kampf der Erinnerungen: Der Spanische Bürgerkrieg in Politik und Gesellschaft 1936-2006* (Nettersheim: Verlag Graswurzelrevolution, 2006); Paloma Aguilar Fernández, »Unwilling to Forget: Local Memory Initiatives in Post-Franco Spain,« *South European Society and Politics*, vol. 22, no. 4 (2017), 405-426; Paloma Aguilar Fernández, »Los debates sobre la memoria histórica,« *Claves de Razón Práctica*, vol. 172 (2007) 64-69; Paloma Aguilar Fernández, *Políticas de la memoria y memorias de la política: El caso español en perspectiva comparada* (Madrid: Alianza Editorial, 2008); Claudia Kraft, »Diktaturbewältigung



dictator Francisco Franco in 2019 serves as an example of how the past still haunts Spanish society.<sup>30</sup> However, the concept of fluid and situational identities is helpful for approaching centripetal dynamics and for understanding the contradictions one can observe in the actions of concrete historical actors. The identity approach is therefore helpful in understanding the protagonists of this study – nurses, administrators, military officials, doctors, ambulance drivers, political commissars – as complex human beings who had conflicting feelings and whose decisions did not necessarily agree with ideology, orders, or norms – or in Komarova/Svašek's words, with an adequate identity. Reports on individual doctors, nurses, or practitioners reveal that their actions in hospitals were arbitrary, often wayward. In other words, sometimes the protagonists of this study did things that did not fit the larger framework of Francoism or the Second Republic. Francoist nurses self-consciously raised their voices and claimed privileges, although they were not supposed to do so; Francoist doctors felt entitled to protect coworkers accused of high treason; political commissars self-confidently taught patients in military hospitals about gender equality but systematically discriminated female staff – to name a few examples from my sources. In concrete situations, individuals acted according to their own moral compass, though if asked, they would probably have stated their political allegiance. They knew how to conform to the codes of conduct and adequate semantics; however, on a small scale, they often decided to act differently. Thus, their being in a concrete space eventually determined individual identification and, by extension, behaviour.<sup>31</sup> Although I do not delve into an in-depth analysis of identities, these impulses from anthropological research on conflict-affected societies help to better understand the tactics<sup>32</sup> of individual actors when manag-

und Geschichtskultur in Polen und Spanien im Vergleich,« in *Diktaturbewältigung und nationale Selbstvergewisserung Geschichtskulturen in Polen und Spanien im Vergleich*, eds. Krzysztof Ruchniewicz and Stefan Troebst (Wrocław: Wydawn. Uniwersytetu Wrocławskiego, 2004), 37-44; Krzysztof Ruchniewicz and Stefan Troebst, eds., *Diktaturbewältigung und nationale Selbstvergewisserung Geschichtskulturen in Polen und Spanien im Vergleich* (Wrocław: Wydawn. Uniwersytetu Wrocławskiego, 2004).

30 »Franco Exhumation: Spanish Dictator's Remains Moved,« *BBC News*, 24 October 2019; Thomas Urban, »Wie Francos Fans gegen seine Umbettung protestieren,« *Süddeutsche Zeitung*, 24 October 2019; Pauline Perrenot and Vladimir Slonska-Malvaud, »Die Toten geben keine Ruhe: Die historische Aufarbeitung ist mit der Umbettung Francos noch lange nicht zu Ende,« *Le Monde Diplomatique*, 7 November 2019, German edition; Celeste López, »Los restos de Franco, en El Pardo tras abandonar su mausoleo del Valle de Los Caídos,« *La Vanguardia*, 24 October 2019; Natalia Junquera, »El Valle de Los Caídos afronta un futuro incierto tras la salida de Franco. Tras la exhumación sigue pendiente la devolución de los restos de republicanos a sus familiares,« *El País*, 24 October 2019; Marisa Cruz, »El Gobierno saca a Franco del Valle y ya prepara nuevas exhumaciones,« *El Mundo*, 24 October 2019.

31 Svašek and Komarova, »Spatiality, Movement and Place-Making.«

32 De Certeau, *The Practice of Everyday Life*, xvii.

ing their day-to-day without compromising their integrity in the face of a war and an overall situation that demanded their subordinating own desires and necessities to a so-called greater good.

## 2 Doing Society as Doing a Gendered Structure

If we define the actor as an empowered agent who is situationally competent to act, then we must understand society and its institutions as *made*. Again, Giddens's theory of structuration complements practice and subject theories. According to him, institutions are versions of what he calls »social systems,«<sup>33</sup> which consist of »the situated activities of human agents, reproduced across time and space.«<sup>34</sup> Or, more generally, »analysing the structuration of social systems means studying the modes in which such systems, grounded in the knowledgeable activities of situated actors who draw upon rules and resources in the diversity of action contexts, are produced and reproduced in interaction.«<sup>35</sup> Institutions are therefore constantly produced and reproduced and, as a result, appear stable. They provide the illusion of ›order‹ while continuously exposed to change. What Giddens applies to the macrolevel of society, I propose to break down to the mesolevel<sup>36</sup> of the specific yet vague institution of healthcare and medicine. I understand medicine and medical assistance therefore as a structure that is continuously *made*. In 1930s Spain, this mode of ›doing health care‹ depended on scientific trends, the state budget, a skilled and knowledgeable medical staff, patients, the political environment, peace and war. ›Order‹ in this context surfaces in norms, work routines, administrative procedures, and formalised communication, established power relations, prices for treatment, standardised treatment techniques, and, ultimately, as buildings, wards, operating theatres, ambulances, and beds. Professionally trained medical staff, administrators, politicians, army officials, and auxiliary staff were all knowledgeable actors with varying access to resources. In their daily work and conflicts, they enacted medicine and healthcare as a social institution and a structure.<sup>37</sup> They were responsible for healthcare

33 Giddens, *The Constitution of Society*, 25.

34 Ibid.

35 Ibid.

36 Although I am not entirely convinced by the idea of levels in general, and although I am inclined to support Christian de Vito's demand to avoid this terminology, I use it here to relate to a social space that to some extent was subordinated to politics but that reached far into society and was also governed by its own specific rules, as Angelika Wetterer defined it. See Angelika Wetterer, *Arbeitsteilung und Geschlechterkonstruktion: »Gender at Work« in theoretischer und historischer Perspektive. Theorie und Methode* (Konstanz: UVK, 2002), 39-41.

37 As developed by, among others, Lüdtke, *Herrschaft als soziale Praxis*; Sewell, »A Theory of Structure;« Giddens, *The Constitution of Society*; Thomas Welskopp, »Die Dualität von Struktur und Handeln. Anthony Giddens' Strukturierungstheorie als ›praxeolo-

appearing as a stable system, although they all had a certain power – or agency – to disturb or change what on the outside appeared as order.

Gender, then, represents one principle that governs the becoming, doing, and reproducing of healthcare as a structure. It defines access to and distribution of knowledge, authority, responsibility, dependence, and, in Joan Scott's words, »power relations,« and how men have become the ›universal,«<sup>38</sup> and women the so-perceived ›other‹ that »makes the imaginary universal possible.«<sup>39</sup> Regardless of whether the focus lies on macrolevels like whole societies, mesolevels,<sup>40</sup> or microconstellations such as specific hospitals or public administration offices, gender helps us to understand how social hierarchisation, inclusion, and exclusion arose. To follow the gender historian Karin Hausen's suggestion, »instead of being satisfied with the keyword ›patriarchy,‹ it would be important to decipher the historically very different, but always male-dominated gender relations in all areas of society and in society as a whole.«<sup>41</sup> Like institutions or social order, gender (and sex) are social constructions that are »performed,«<sup>42</sup> produced, and reproduced. In other words, gender is »not a given but one that is continually reconstructed in discourses and in ways of thinking, acting, and perceiving.«<sup>43</sup> ›Doing gender‹ means ›doing power‹ and ›doing society,‹ it relates to agency and must be understood as relational. »That is, they [power and gender, K. S.] exist only as relationships between ›men‹ and ›women‹ or ›powerful‹ and ›powerless,‹ and not as independent facts.«<sup>44</sup> Yet the quality of relationality is multidimensional. Gender as a difference-defining category emerges not only between women and men but, as the sociologist Raewyn Connell reminds us, also among men themselves (and women, for that matter). Connell argues that, among the multiple potential – or socially acceptable – masculinities, a hierarchy evolves around what she calls »hegemonic masculinity« – straight, cis.<sup>45</sup> In other words,

gischer Ansatz in der Geschichtswissenschaft,« *Geschichte und Gesellschaft*, vol. 19, no. Sonderheft (Struktur und Ereignis 2001), 99-119.

38 See among others, Claudia Kraft, »Spaces of Knowledge and Gender Regimes: From Double Marginalization to a Gendered History of Knowledge in Central and Eastern Europe,« *Acta Poloniae Historica*, vol. 117, (October 2018), 7-25.

39 Ibid. 12.

40 See Wetterer, *Arbeitsteilung und Geschlechterkonstruktion*, 53.

41 Karin Hausen, »Patriarchat. Vom Nutzen und Nachteil eines Konzepts für Frauenpolitik und Frauengeschichte,« in *Geschlechtergeschichte als Gesellschaftsgeschichte* (Göttingen: Vandenhoeck & Ruprecht, 2012), 366.

42 Butler, *Das Unbehagen der Geschlechter*; see also, Judith Butler, *Die Macht der Geschlechternormen und die Grenzen des Menschlichen*, trans. by Karin Würdemann, and Martin Stempfhuber, 3rd ed. (Frankfurt a. M.: Suhrkamp, 2015).

43 Hüchtker, »Deconstruction of Gender and Women's Agency,« 330.

44 Ibid.

45 Raewyn Connell, *Der gemachte Mann: Konstruktion und Krise von Männlichkeiten*, trans. Christian Stahl and Ursula Müller (Wiesbaden: VS, Verlag für Sozialwissenschaften, 2006).

men become men not only when confronted with women but also when they face each other. In this process, other difference-defining categories gain importance. Gender is, therefore, an »interdependent«<sup>46</sup> and »in multiple ways relational«<sup>47</sup> category that furthers our understanding of how social positioning and social positionality ensued as well as how upward (and downward) social mobility became possible. Like gender, concepts like class, ethnicity, age, and other social position-defining categories become relevant only when situations require or create their enactment. According to Walgenbach et al., individual human beings move, therefore, within a grid defined by intersecting categories, but one that amalgamates into specific sets that define their agency and competence to act in every situation anew. Relationality then helps us to understand how certain masculinities – and femininities, for that matter – become hegemonic,<sup>48</sup> and how these determine socially desired versions of woman- and manhood. This has one constraint: In patriarchal societies, hegemonic femininity will ultimately remain subordinated to hegemonic masculinity.

In the case of the Spanish care and cure workers, it mattered how they understood their roles as nurses, doctors, practitioners, politicians, auxiliaries, or army officials. However, how they understood womanhood and manhood and the relations between women and men also mattered. Left-wing and leftist ideologies were generally more open towards, for instance, gender equality, while rightist and right-wing positions rather promoted complementary gender roles. Such a general understanding of gender affected how work was distributed, how »recognition« and »redistribution«<sup>49</sup> were institutionalised and discursively framed. In other words, whether nurses could demand payment for their work or not, for instance, was intimately linked with, i. e., the intersection between the categories gender and political affiliation. In this case study, it mattered, furthermore, where the protagonists came from, particularly whether they were from affluent and well-educated strata of Spanish society or not. Especially before the Civil War, class was a defining factor for access to formal training, university studies, and positions in healthcare. Once the war had begun, the rapidly rising demand for healthcare workers challenged the elitist hegemony in the field for the first time in the Span-

46 Katharina Walgenbach, »Gender als interdependente Kategorie,« in *Gender als interdependente Kategorie: Neue Perspektiven auf Intersektionalität, Diversität und Heterogenität*, ed. Katharina Walgenbach et al. (Leverkusen: Verlag Barbara Budrich, 2012), 23–64.

47 Andrea Griesebner, »Geschlecht als mehrfach relationale Kategorie. Methodologische Anmerkungen aus der Perspektive der Frühen Neuzeit,« in *Geschlecht hat Methode. Ansätze und Perspektiven in der Frauen- und Geschlechtergeschichte. Beiträge der 9. Schweizerischen Historikerinnentagung 1998*, eds. Rita Stöckli et al., Schweizerische Historikerinnentagungen/Schweizer Tagung für Geschlechtergeschichte (Zürich: Chronos, 1999), 129–137.

48 Raewyn W. Connell and James W. Messerschmidt, »Hegemonic Masculinity: Rethinking the Concept,« *Gender & Society*, vol. 19, no. 6 (December 2005), 829–859.

49 Nancy Fraser, »From Redistribution to Recognition? Dilemmas of Justice in a ›Post-Socialist‹ Age« *New Left Review*, vol. I, no. 212, (July/August 1995), 68–93.

ish history of medicine and healthcare. Analysing the paper trail of the people who did the care and cure work from a perspective that takes relationality and intersectionality seriously means searching for traces that reveal how gender, class, political affiliation, and social positions were ascribed and negotiated and, ultimately, how society defining power relations were made and negotiated. It implies looking for social spaces where women and men met, but also where the sexes were segregated. It also asks how they related among each other. It means to ask who got to ›care,‹ why, and how – or why not. Doing medicine as a form of doing structure always meant doing gender and vice versa.

### 3 Doing Gender and Society While Doing Medicine

Looking at society-building at the sickbed through the lens of gender triggers the question of gender roles, gender order, stereotypes, and »gender character.«<sup>50</sup> The image of the caring and loving nurse in her white dress and bonnet was propelled into the ›Western‹ collective visual memory at the latest by its most prominent promoter, Florence Nightingale. As the ›lady with the lamp‹ during the Crimean War, she contributed significantly to secularising and standardising nursing as a profession. However, her performance also fed into a gendered nursing stereotype that persists even today. The concept of the stereotype is rooted in sociological and sociopsychological theories on social roles, as once theorised by sociologists like Ralph Dahrendorf, George Herbert Mead, or Uta Gerhardt. In the case of gender stereotyping, the two pairs »warmth«/»cold« and »agency«/»communion«<sup>51</sup> are often used to explain gendered differences, as sociologists Bettina Hannover and Ilka Wolter argue. According to them, today warmth and communion-orientation are still linked to femininity, with cold and agency<sup>52</sup> linked to masculinity. These perceived typical female ›roles‹ contain attributes and behaviour instructions associated with emotional warmth and community-building, while male ›roles‹ include activity, competition, and calculus.<sup>53</sup> This binary relates to a cis-heterosexual norm that translates, for instance, into codes of conduct, gendered ascription of attributes and competencies, gendered mechanisms of social inclusion and exclusion, as the vast research in social sciences and psychology on the consequences of gender stereotyping shows. Transgressions of either men or women against such stereotypes are

50 Hausen, »Die Polarisierung der ›Geschlechtscharaktere‹«, 19-49.

51 Bettina Hannover and Ilka Wolter, »Geschlechtsstereotype: Wie sie entstehen und sich auswirken,« in *Handbuch interdisziplinäre Geschlechterforschung*, eds. Beate Kortendiek, Birgit Riegraf, and Katja Sabisch (Wiesbaden: Springer Fachmedien Wiesbaden, 2019), 202-203.

52 Hannover/Wolter relate ›agency‹ according to complementary gender stereotypes to activity and passivity, and should not be confused with the reflections I made earlier.

53 Hannover and Wolter, »Geschlechtsstereotype,« 206-207.

then often qualified as femininisation or masculinisation and often sanctioned. The idea of gender roles or stereotypes may appear tempting from the outside because it seems to fit so well with anecdotal empiricism and kitchen-table philosophy. Nonetheless, the idea of stereotyped gender roles borderlines essentialism and carries the danger of becoming a »superstructure«<sup>54</sup> that determines and limits the lives of everyone.

Gender stereotypes touch upon a phenomenon perceptible in everyday interactions. Gender – especially its performance in the sense of Judith Butler – seems deeply entangled with societal expectations regarding adequacy and appropriateness. The sociologist Erving Goffman understands this phenomenon as the »social code« that governs social interactions and structures. He argues that »sex is at the base,« and that it was »a code which also establishes the conceptions individuals have concerning their fundamental human nature.«<sup>55</sup> The historian Karin Hausen argues that this kind of knowledge is learned and internalised in the social space of the family early on in an individual's life.<sup>56</sup> This knowledge about the »social code« runs deep and causes the need for individuals to relate in some way to it. Goffman thus offers a more flexible approach to what role sociologists have conceptualised as rather rigid containers. His »social code« is compatible with the theory of domination as social practice, as proposed by the historian of German Alltagsgeschichte, Alf Lüdtke.<sup>57</sup> The latter invites us to understand the relationship between the ›code‹ and the individual performance as horizontal. As a consequence, this perceives stereotypes as specific and context-related condensations of certain parts of that ›code,‹ although they still depend on being used, enacted, or claimed. Discourses, especially propaganda, but also gender discriminatory laws and sanctions as well as professions provide a framework in which such idealised and (usually) binary types can be – and have been – constructed and disseminated. Such translations of gendered stereotypes into norms influence collective expectations of adequate and appropriate behaviour, which then contribute to putting pressure on the individual to conform or endure potential sanctions. Therefore, even if gender stereotypes, roles, or characters explain little when it comes to understanding or explaining gender and identity, they can be helpful tools in comprehending the expectations of gendered performance and behaviour in patriarchal societies.

The 1930s and 1940s were the period when the stereotyping of the medical professions began and consolidated in Spain. Only then did the stereotypes of the ›angelical nurse‹ and the ›heroic doctor‹ start to unfold their potential to define gendered social positions of medical and healthcare workers in medicine

54 Hüchtker, »Deconstruction of Gender and Women's Agency,« 330.

55 Erving Goffman, »The Arrangement between the Sexes,« *Theory and Society*, vol. 4, no. 3 (Autumn 1977), 301.

56 Hausen, »Die Polarisierung der ›Geschlechtscharaktere‹,« 19.

57 Lüdtke, *Herrschaft als soziale Praxis*.

and society. Of course, the image of ›the lady with the lamp‹ as the pioneer of secular nurses had travelled to Spain, too, but the secular bedside nurse trained in a secular nursing school did not yet exist as a widely accepted female profession. Instead, during the 1930s, we can observe what the sociologist Angelika Wetterer has shown for the German case:<sup>58</sup> the transformation of the medical professions into today's configuration. This transformation into modern Western medicine from the 19th century onwards was strongly affected by gender stereotyping and gendered hierarchisation. Wetterer maintains that ›doing gender while doing work‹<sup>59</sup> was a guiding principle, especially when the medical professions opened to female presence. Accepting women as healthcare or medical workers came at the price of their formal subordination. The stereotype of women as warm creatures who heal through their capability to love became a useful vehicle not only for opening the hospital doors for women but also for segregating women and men in the labour field of medicine. This process was marked not only by discourses that overemphasised the warm/cold binary, but, more importantly, it was marked by a gendered and unequal labour distribution. Certain bodies of knowledge and skills were gendered and hierarchised and then institutionalised accordingly. Practice-oriented knowledge, for instance, was depreciated over theory-based knowledge. Nurses and midwives were predominantly trained in practice-oriented knowledge, and their training was shorter and institutionally separated from that of doctors. Wetterer calls them ›semi-professions.‹<sup>60</sup> The fact that women sought careers in medicine destabilised the ›social code of interaction‹ because it challenged the masculinised monopoly. Drawing on biological discourses served, according to Wetterer, in the German case, to legitimise the subordination of women in the configuration of medical professions and to reconcile this transgression of boundaries.

We can observe a similar process in Spain. As the medical historian María López Vallecillo shows, the midwife's integration into the constellation of medical professions caused significant turbulence among doctors and practitioners specialised in obstetrics and gynaecology from the mid-19th century onwards. A similar process occurred during the 1920s and early 1930s, when more and more women chose nursing as their professional career. Since the nurse was there to help the doctor, especially practitioners, orderlies, and nurse-nuns saw their hegemonic positions threatened. Eventually, practitioners were formally superordinated to nurses. The war accelerated this process as it gave thousands of women

58 Wetterer, *Arbeitsteilung und Geschlechterkonstruktion*; Angelika Wetterer and Arbeitsgruppe ›Profession und Geschlecht.‹, eds., *Die soziale Konstruktion von Geschlecht in Professionalisierungsprozessen* (Frankfurt a.M.; New York: Campus, 1995); Angelika Wetterer, ›Konstruktion von Geschlecht: Reproduktionsweisen der Zweigeschlechtlichkeit,‹ in *Handbuch Frauen- und Geschlechterforschung*, eds. Ruth Becker and Beate Kortendiek (Wiesbaden: VS Verlag für Sozialwissenschaften, 2008), 126-136.

59 Wetterer, *Arbeitsteilung und Geschlechterkonstruktion*, 129-155.

60 *Ibid.*, 219.

the opportunity to prove themselves as valuable coworkers.<sup>61</sup> Tracing how the medical professions became what they are today and how nurses became ›angels‹ therefore means asking how bedside nursing has become ›care work‹ instead of ›practicing medicine.‹ For Spain, it means taking a closer look at the first decades of the 20th century.

However, gendered discourses did not suffice to create this segregation. Instead, educational policy governed the gendered access to institutions of higher education, thereby defining the meaning of certificates and standardised curricula. Labour politics defined the gendered rules of the labour market and provided the framework in which stereotypes could consolidate and flourish. I argue that the rise of the stereotype – or the role – of the ›angelical nurse‹ can be traced back to nursing manuals and handbooks as well as to the records and staff files that reveal how transgressions were sanctioned. Those versions of gender and its performance became standards and were then disseminated to a larger audience. A defined reservoir of knowledge became a relatively stable benchmark for appropriate social behaviour and gender performance, transcending the informal space of human interaction. The same held true for the ›heroic doctor,‹ although the sources show there were fewer expectations of how they were to behave than there were for nurses. The stereotypes served to open the doors for women to enter into professional healthcare and medicine while keeping androcentric power relations intact.

The gender stereotypes in Spanish medicine and healthcare resulted not only from the renegotiation of medical professions and medical labour distribution; war also factored into this process. The totalisation of warfare and the mass mobilisation of society, particularly during the first half of the 20th century, brought forth what Margaret Higonnet coined the so-called wartime ›gender shift.‹<sup>62</sup> In Spain, the Civil War marked the first mobilisation of women in masses to work in the war economy and as war nurses in military medical facilities. They were called to enter a space that was not only strongly masculinised but also heavily guarded from female intervention.<sup>63</sup> Even in the zones of the Second Republic, ideas prevailed that combatant action was men's duty, and that women were responsible for defending the home front. For Spain, it was also true what Karen Hagemann observed for most parts of Europe and across the Atlantic for the First and the Second World War: War intensified and spatialised gender stereotypes.<sup>64</sup>

61 López Vallecillo, »Presencia social e imagen pública,« 168-171.

62 Margaret R. Higonnet, Patrice L.-R. Higonnet, »The Double Helix« in *Behind the Lines: Gender and the Two World Wars* eds. Margaret R. Higonnet et al. (New Haven, MA: Yale University Press, 1987), 31-50.

63 See, among others, Bösling, ed., *Männer. Frauen. Krieg*; Nowosadtko, *Krieg, Gewalt und Ordnung*; Frevert, »Soldaten, Staatsbürger,« 69-87.

64 Karen Hagemann, »Die Heimatfront,« in *Eine Geschichte des Krieges: Vom 19. Jahrhundert bis in die Gegenwart*, ed. Bruno Cabanes (Hamburg: Hamburger Edition, 2020), 181-202.



What is now often referred to as ›typical female war contribution‹<sup>65</sup> came into being as something ›typical‹ and ›female.‹ In other words, deploying war nurses in medical units near the frontlines needed justification, and, again, stereotyped discourses were used for that purpose. The war nurse was once again associated with peacefulness, warmth, and the special competence to heal through compassion and love. By the power of propaganda and discourse, the war nurse became the guardian angel of the combatant soldiers – a role women all over the world picked up during both world wars. After the Civil War was over, a reactionary backlash followed, which relegated women to home and hearth and which promoted the breadwinner family model. This backlash proved to manifest what Goffman explains as the consequence whenever the »social code« is violated: »If there is a threat of a clouding or changing these ideal images, this is never taken lightly.«<sup>66</sup> The power of stereotypes to reconcile changes in a certain way reaches only so far.

Using the lens of gender and intersectionality to approach society-building in healthcare in 1930s and 1940s Spain means searching for traces of gender performance and looking for evidence of these transformations of expectations and idealisations into roles or stereotypes. In other words, any guideline on frontline medical work and its gendered labour distribution can help to understand how hospital societies were blueprinted and ordered to set into practice. They can be understood as tools for governing hospital societies. The responses to them shed some light on how society was negotiated at the sickbed. But it also means searching for responses to these rules and expectations from regular medical and healthcare staff. It mattered whether they complied or subverted these rules and role expectations; their responses carried transformative potential. Or, to return to my research guiding premise, their way of doing medicine contributed to negotiating society and, of course, gender relations.

65 Inbal Ofer, »Mujeres (nacionalistas) del frente: Espacio y género en la Guerra Civil Española,« *Revista Universitaria de Historia Militar*, vol. 7, no. 13 (2018), 159-178.

66 Erving Goffman, *Interaktion und Geschlecht*, eds. Hubert A. Knoblauch and Helga Kotthoff (Frankfurt a. M.: Campus-Verlag, 2001), 110.

### III. Health and Medicine on the Road Towards the 1930s and 1940s

We do not understand war as an exception or state of emergency, but as one possible form of social interaction among many. Civil wars and their causes cannot be understood without their social contexts.<sup>1</sup>

In these words, the cultural historians Sabina Ferhadbegović and Brigitte Weiffen define their approach to civil wars. Accordingly, the escalation of violence during a civil war is just one chapter in larger societal processes of change and accumulating unrest. Cultural historians and anthropologists of peace-and-war studies often agree in this and invite us to pay more attention to actors other than politicians and the organised actors of violence. Rather, we should take, for instance, bottom-up perspectives or consider social spaces and actors who do not come intuitively to the research agendas of civil wars and violence. These approaches to civil wars include the idea that conflict and the societal segregation of conflict parties also happens in the day-to-day lives of everyday people.

To take these premises seriously, I propose to study societal transformation in the social space of medicine and healthcare. I understand medical professionals, lawmakers and administrations, patients as well as army Health Service officials and war volunteers as agents of societal change and simultaneously as defenders of particular visions of social order. Elinor Cleghorn maintains that »[t]he history of medicine, of illness, is every bit as social and cultural as it is scientific. It is a history of people.«<sup>2</sup> I agree but add that it is not only a history of people and »the realities of the changing world and the meanings of being human;«<sup>3</sup> it also mirrors how competing visions of statehood and society – how peace and war – were *made* in everyday patient care and health politics.

Spain's history of medicine and healthcare became enmeshed with its history of republican state-building. Larger questions, such as whether the Second Republic was to become a proto-welfare state that understood health as part of its statehood duties or whether modern medicine was to remain privatised, whether classed and gendered hierarchies were modified or reproduced in labour distribution, all of these questions affected medicine and healthcare and were negotiated there, too. The actors who shaped these discussions and struggles, who translated these changing perceptions of statehood into care and cure work, or who resisted them, did not just suddenly appear on the stage of health politics in the 1930s. That constellation consolidated in a contingent process that had

1 Ferhadbegović and Weiffen, »Zum Phänomen der Bürgerkriege,« 23.

2 Elinor Cleghorn, *Unwell Women: A Journey Through Medicine and Myth in a Man-Made World* (London: Weidenfeld & Nicolson, 2022), 1.

3 Ibid.

started roughly around the mid-19th century, when medical disciplines today considered ›modern‹ and ›Western‹ started to gain momentum, but also when international humanitarianism was born. When the constituent assembly commenced designing the Second Republic in 1931, Spain already had rather solid networks of medical professionals who could mostly be counted as part of the so-called traditional social elites. Spain's history of medicine and healthcare of the 1930s and 1940s therefore reflects the history of class and gender. It forms part of the history how these elites struggled to maintain their status during a period of fundamental social change.

But Spain's history of medicine and healthcare was also one of war and the armed forces. Throughout the 19th and early 20th centuries, the army had become an important political actor in Spanish home affairs. It had its own agenda and repeatedly obstructed reform projects when it feared their privileged position threatened. Over time, the army repeatedly interfered with society-building processes. At the same time, it was an attractive employer for ambitious young doctors because the Health Service had a vital interest in training their medical staff according to state-of-the-art procedures. And the wars Spain fought, like the Spanish-American War and the Rif-Wars – along with the wars Spain did not fight, like the First World War – created a repertoire of experience the ›medical class‹ could draw on once the Civil War began. As an institution, the armed forces were both promoters of and a stumbling block to innovation. Retracing Spain's history of medicine and healthcare without paying due attention to the army would mean overlooking a key actor.

The following chapters, therefore, invite looking back at moments from the mid-19th century onwards that shaped Spain's medicine and healthcare into the social arena it became during the 1930s and 1940s. Institutions like the legal framework following the Sanitary Law of 1855 and the Royal Decree of 1915 that secularised bedside nursing are relevant for their transformative potential for labour division and the development of healthcare infrastructure. But they also discuss organisations such as the Spanish Red Cross and other international humanitarian organisations that acted as promoters of specific approaches to health and sickness. These actors and developments laid the groundwork for the constellation of people who ›did society‹ while they ›did medicine‹ during the 1930s and 1940s.

## 1 Legislation in Stagnation, Professions in Motion

The second half of the 19th and the first half of the 20th centuries were pivotal periods in history for Spain. These roughly 100 years laid the foundation for its modern healthcare system. On the political level, Spain experienced fundamental transformation. They saw the creation of the liberal state in the form of the political system of the Restoration, which was initially designed as a con-

stitutional monarchy with limited participative elements. Following the royal appointment, two parties alternated in government, a system intended to ensure political stability called »the turn« (*turno*).<sup>4</sup> However, the lack of democratic competition deepened the already strong clientelist structures that ruled the country<sup>5</sup> and impeded the establishment and integration of new political parties into the system. Accordingly, social forces coalesced at the margins of the official political system during the last third of the 19th century. These forces developed their own organisations at the beginning of the 20th century. Industrialisation led to further urbanisation and to the rise of workers' movements. The Socialist Workers' Party (PSOE) was founded in 1879,<sup>6</sup> and the first trade union-like organisations grounded in anarchist ideals occurred in Andalusia and Catalonia, starting in 1874.<sup>7</sup> They became quickly relevant political actors, particularly during the social conflicts marking the regency of King Alfonso XIII (1902-1931).

The constitutional period of his reign ended after the successful coup d'état led by General Miguel Primo de Rivera y Orbaneja in 1923, which King Alfonso XIII supported. This transformed the political system from a constitutional monarchy into a military dictatorship with royal endorsement. This period between 1923 and 1931 marked the last chapter of the Spanish Restoration. When M. Primo de Rivera's rule started to crumble in 1930, Dámaso Berenguer Fusté, another military general, followed him. Alfonso XIII commissioned him to organise municipal elections to pacify the built-up social unrest. On 12 April 1931, Spain's voters, however, voted predominantly for parties of the left-wing spectrum. This overwhelming win was understood as a vote against the monarchy in general. Alfonso XIII went into exile and accepted the proclamation of the Second Republic on 14 April 1931.

- 4 »The pact of the turn« (*El pacto del turno*) followed the rule that the King or Queen would appoint the ruling party and reappoint if crises endangered political stability. Since only two parties were officially allowed, the Conservative Liberal Party (Partido Liberal Conservador) and the Progressive Liberal Party (Partido Liberal Progresista) alternated. The latter later merged into the Fusionist Liberal Party (Partido Liberal Fusionista).
- 5 Herold-Schmidt, »Staatsgewalt, Bürokratie und Klientelismus,« 132-133.
- 6 It was founded in 1879 but adopted its name Partido Socialista Obrero Español (PSOE) 9 years later, in 1888.
- 7 Pere Gabriel Sirvent and the collective volume of Manuel González de Molina et al. provide an introductory overview. For the German-speaking academia, Carlos Collado Seidel published a solid introduction on the subject. Pere Gabriel Sirvent, »Propagandistas confederales enter el sindicato y el anarquismo. La construcción Barcelonesa de la CNT en Cataluña, Aragón, País Valenciano y Baleares,« *Ayer*, vol. 45 (2002), 105-146; Manuel González de Molina, Diego Caro Cancela, and Unión General de Trabajadores de España, eds., *La utopía racional: estudios sobre el movimiento obrero Andaluz* (Granada: Universidad de Granada: U.G.T. de Andalucía: Diputación de Granada, 2001); Collado Seidel, *Kleine Geschichte Kataloniens*.

1.1 *Towards a Caring State: The Sanitary Law (1855)*

The development of the Spanish medical infrastructure and healthcare system took place against the political backdrop of the building up of the liberal state. In 1855, the first Sanitary Law (*Ley Sanitaria*) was passed, setting up the institutional architecture that, in essence, would prevail well into the Second Republic and the Civil War. The resulting institutionalisation was born from the need for epidemic control and was divided into two bodies: The Foreign Health section (*Sanidad Exterior*), or Border Health, focused on supervising doctors, controlling infectious diseases and epidemics, launching vaccination campaigns, and monitoring medical facilities such as hospitals or sanatoria, among other things. Its complement was the Domestic Health section (*Sanidad Interior*), which was responsible for living, housing, and food hygiene. The former focussed predominantly on controlling international commerce relations, higher education, and healthcare infrastructure. In contrast, the latter was supposed to focus controlling the growth and health of the population. These duties were assigned to local and municipal actors, who were tasked with providing information on hygiene and health, supervising food production, and monitoring water resources. Both health bodies were organised hierarchically, with administrative entities and medical facilities that were supposed to reach from Madrid into the regions and peripheries.<sup>8</sup>

The division of tasks and responsibilities as planned by the Sanitary Law would have resulted in a centralised healthcare administration that oversaw, on the one hand, a network of local health workers and, on the other hand, borders, harbours, and professions. However, implementing the law was complicated, especially in the peripheries. Corrupt clientelist networks of local so-called *caciques* ruled rural public administrations in many parts of the country.<sup>9</sup> Translating the legislation coming from Madrid into local governance practices depended on the respective power constellations. Governmental spending on health and medicine was minimal and left to the municipalities, whose budgets were usually small and whose priorities did not necessarily include healthcare duties.<sup>10</sup> Nevertheless, whenever epidemics struck inside Spain, health briefly gained prominence in domestic politics, only to quickly subside once the threat subsided.

Meanwhile, substantial changes in medicine were taking place on the international level. The panorama of medical knowledge and science significantly broadened and diversified thanks to the emergence of new theorems like bacte-

8 Hedwig Herold-Schmidt, *Gesundheit und Parlamentarismus in Spanien: Die Politik der Cortes und die öffentliche Gesundheitsfürsorge in der Restaurationszeit (1876-1923)* (Husum: Matthiesen Verlag, 1999), 148-154.

9 Herold-Schmidt, »Staatsgewalt, Bürokratie und Klientelismus,« 132.

10 Barona Vilar, »Sanitary Reforms and Rural Health Policies,« 76-78.

riology, serology, and so on. These trends spread throughout the second half of the 19th and the beginning of the 20th centuries, strengthening transnational connections and knowledge networks.<sup>11</sup> They radically challenged the former understandings of sickness and its causes. Fundamental questions of how to heal, treat, cure, and care for patients had to be renegotiated. These so-called modern theories collided with approaches – often linked to Catholicism – that considered sickness as God-given. Many Spanish doctors eagerly participated in such medical networks and brought their newly acquired insights home to the peninsula,<sup>12</sup> leading to a widening discrepancy. With their growing knowledge, these doctors criticised the overall health situation in turn-of-the-century Spain. Although medical professionals advanced the views and approaches gained through these international exchange networks, the government responded to the voiced needs for reform slowly or not at all.

Part of the reasons for this asynchronicity lay in the political developments of the liberal constitutional monarchy. As the historian Hedwig Herold-Schmidt observed, the duration of parliamentary legislative terms was arbitrary and often short, impairing reform projects that often got stuck in the approval process or were never implemented when the power constellation changed again. This circumstance affected not only public health and health policy but all political arenas. Since medical issues were not considered very relevant to domestic politics, health was constantly subordinated to more relevant or pressing problems.<sup>13</sup> Repeated political shuffles and limited general interest obstructed progress in implementing medical innovations.<sup>14</sup> Consequently, although medical knowledge was growing, its translation into modern institutions was a slow and arduous process.

Nonetheless, apart from interpellations and questions to the parliament, several legislative attempts were made between 1882 and 1922 to modify and change the Sanitary Law. These legal projects aimed at further differentiating the administrative architecture, touching upon obligatory social and health insurance, expanding research and teaching facilities, and creating associations for medical staff. Most of these initiatives failed to be passed or were implemented only incompletely – if at all.<sup>15</sup> Nevertheless, these projects paid more attention to the population's health and mirrored the growing concern of the question ›Who should care?‹ – the state or the people themselves? We should therefore understand these legal projects as traces of how the relationship between statehood and citizenship started to change.

11 Overviews provide among others, Kreuder-Sonnen, »History of Bacteriology;« Barona Vilar, *Health Policies in Interwar Europe*; Paul Weindling, *International Health Organisations and Movements, 1918-1939* (Cambridge: Cambridge University Press, 1995).

12 Barona and Bernabeu Mestre, *La salud y el estado*.

13 Herold-Schmidt, *Gesundheit und Parlamentarismus*, 466-471.

14 *Ibid.*, 141-147.

15 Chamizo Vega, »El Proceso de Profesionalización,« 34.

General Miguel Primo de Rivera's ascension to power in 1923 through a coup ended the constitutional period of the Restoration. The king welcomed this change, marking Spain's entry into the last phase of the Restoration, which rested on a military dictatorship. At that moment, a health architecture existed on paper that by design would be centralist, hierarchical, far-reaching and accessible to large parts of the population; in fact, such aims never really saw the light of day, something that would not change with M. Primo de Rivera's rise to power. Instead, during his dictatorship, medical assistance and healthcare according to the then-modern standards remained generally monopolised by private doctors, who could set their own prices. Besides that, there was an alternative infrastructure of health providers.

The dictatorship of M. Primo de Rivera was, however, not all standstill. Some individual actors did initiate projects to improve at least locally health conditions during his rule. For example, the initiative by the philanthropist Ramón Pelayo de la Torriente (1850-1932), the Marquis of Valdecillas, was very successful. He founded the hospital House of Health of Valdecillas (Casa de Salud de Valdecillas, CSV) in Santander, which was designed according to the then-latest state-of-the-art treatment policies but, more importantly, staff policies.<sup>16</sup> His work was instantly famous for its integrated teaching programme, secular female nurses, and medical treatment offered to people who could not afford it. As Fernando Salmón Muñiz, Jon Arrizabalaga, and Luis García Ballester showed in the late 1980s, the history of CSV was ambivalent and the moment of its radical modernisation brief; nevertheless, it quickly became the benchmark for modern medicine in early 20th-century Spain.<sup>17</sup> Still, when the Restoration ended in 1931, a public healthcare system only existed in theory.

## 1.2 *Towards a New Labour Division: The Rise of the Secular Professional Nurse*

Apart from the institutional difficulties in establishing a legislative architecture and implementing a public health infrastructure, medicine and healthcare transformed as professions, too. In fact, during the last third of the 19th and the first third of the 20th centuries, medical professions turned into battlefields to renegotiate the questions of ›Who should care?‹ and ›Who should not be allowed to care?‹ The emergence of the ›midwife‹ and the secular ›bedside nurse‹ are two examples of such conflicts in Spain. Whenever patient care and treatment practices changed, this also reverberated among various social groups. In these

16 Fernando Salmón Muñiz, Jon Arrizabalaga, and Luis García Ballester, »La introducción del hospital contemporáneo en España: La quiebra del modelo originario de organización de la Casa de Salud Valdecilla de Santander,« *Dynamis, Acta Hispanica ad Medicinae Scientiarumque Historiam Illustrandam*, vol. 7-8 (1987), 249-273.

17 Salmón Muñiz, García Ballester, and Arrizabalaga, *La Casa de Salud Valdecilla*.

conflicts, power and gender relations were negotiated, including the championed understandings of health, sickness, and medicine as well as larger questions of class and social belonging.

One important step towards a new configuration of medical labour division was the institutionalisation of the professions ›practitioner‹ and ›midwife‹ as auxiliaries to doctors. The ›nurse,‹ as a secular profession, was the last to be institutionally recognised. The institutionalisation of these three professions not only reorganized the labour division, it also reshaped the roles of those responsible for treatment and those for care: Doctors treated patients, practitioners and midwives assisted. Care work was relegated to orderlies as well as nuns and monks who specialised in medical care. On 16 November 1888, a regulation was passed that consolidated this labour division by defining the formation of and access to professional careers of practitioners<sup>18</sup> and midwives.<sup>19</sup> Henceforth, both professions were taught at medical schools and universities and therefore became more closely linked to state-administered education. The practitioner<sup>20</sup> was conceptualised as an auxiliary to the surgeon or the physician. He was supposed to fulfil duties formerly carried out by barbers and assist the surgeon during operations or the physician during treatments. He either performed simple surgical procedures, wound care, and sutures or administered medicine etc.<sup>21</sup> The rise of the practitioner thus weakened the position of the barber within the medical system. A similar process happened in obstetrics: The introduction of midwifery as a medical profession taught at medical schools challenged the existence of the *parteras*<sup>22</sup> and *curanderas*.<sup>23</sup> The institutionalisation of these two professions set two processes in motion: the standardisation of medical knowledge and the transfer of teaching to state-controlled authorities.

18 This is a literal translation. The Spanish original would be *practicante*, which is often translated as field surgeon and does not quite capture its essence. Therefore, I use practitioner, although is not entirely correct but does not carry the connotation of a war field surgeon.

19 Bernabeu Mestre and Gascón Pérez, *Historia de la enfermería de salud pública en España*, 25-26.

20 In fact, the practitioner was first legally recognised in 1857 and in due course masculinised as the access was restricted to men. However, the regulation of 1888 finally defined the contents and procedures of the training and separated the profession of the practitioner from that of the barber. Carmen González Canalejo, «Cuidados y bienestar: El trabajo sanitario femenino en respuesta a la ›cuestión social‹ (1857-1936),» *Dynamis*, vol. 27 (2007), 219.

21 Bernabeu Mestre and Gascón Pérez, *Historia de la enfermería de salud pública en España*, 25.

22 Carmen González Canalejo differs between *partera* and *matrona*, which both translate as midwife. Since *matrona* was used as a term that institutionalized the creation of this profession in all related legislation, I will use it to refer to women who undertook training and earned a degree. I will use *partera* to refer to women who by experience and occasion practiced as midwives without a diploma in obstetrics.

23 Literal translation: healer, quack.



This institutionalisation allowed the state to reach the peripheries once state-examined practitioners and midwives gradually commenced working in the cities and the countryside. But it also meant that alternative medical assistance providers like barbers, *parteras*, and *curanderas* slowly lost their clientele, particularly those who paid well. It is difficult to estimate how these irregular health workers reacted to these innovations – or intrusions as they saw them. But we do have some evidence of how local institutions received the new health workers: In her microstudy of midwives in Almería, the historian Carmen González Canalejo shows that child and birth mortality significantly decreased after a university-trained midwife was hired in 1872, which led to the municipality hiring another one.<sup>24</sup>

Yet, there was a difference between the role of the midwife and practitioner: While the latter did not challenge the doctor's position, being considered as his auxiliary, the midwife posed a threat not just to the *parteras*. The reactions of physicians, practitioners, and surgeons towards midwives were also initially hostile. Women who specialised in birth assistance and care for mothers and newborns were considered transgressive. Historiography on the Spanish case does not provide conclusive answers as to whether this was because women wanted to specialise in a field of medicine that exclusively concerned women; or whether the threat originated from a fear that men could eventually be excluded from that space of knowledge and practice.<sup>25</sup> This conflict was eventually solved at the training level. Doctors and practitioners insistently opposed having women at university medical schools and discussed this issue at length in medical journals.<sup>26</sup> Women who wanted to become qualified midwives had to take specific lectures at university, but the main goal of their studies was more practical, focussing on the actual process of giving birth: Training was outsourced to midwifery schools.<sup>27</sup> In this way, midwifery gained a place within the medical hierarchy but was subordinated to the medical fields of obstetrics and paediatrics.<sup>28</sup>

However, one factor helped to consolidate the role of the midwife. According to the Herold-Schmidt, Spain occupied a leading position in Europe regarding child mortality at the turn of the century, and the government wanted to remedy this situation.<sup>29</sup> Obstetrics, paediatrics, and mother-child health gained in importance towards the end of the 19th century, and midwives became useful brokers for transmitting knowledge to mothers about childcare, childhood diseases, and hygiene. The need to improve living conditions to secure population growth clashed with the resistance of (male) doctors and practitioners to

24 González Canalejo, «Cuidados y bienestar,» 224-28.

25 López Vallecillo, «Presencia social e imagen pública,» 39-40.

26 Ibid.

27 Bernabeu Mestre and Gascón Pérez, *Historia de la enfermería de salud pública en España*, 29-31.

28 Ibid.

29 Herold-Schmidt, *Gesundheit und Parlamentarismus*, 242-245.

officially open up medicine to secular women. These conflicts were eventually settled when medicine as a field of labour was rearranged and divided up between doctors (physicians and surgeons), practitioners, and midwives. This in addition to religious staff that performed patient care in hospitals, sanatoria, and hospices, which brought about its own challenges.

The rise of the practitioner and midwife only partly challenged the Catholic Church's hegemonic position in medicine. Because of the benevolent duty to care for the poor and sick, the Catholic Church had a long history in healthcare in Spain. However, the presence of religious staff in healthcare institutions was contested on multiple occasions. After the confiscation of Church properties during the late 18th and again in the 19th century, the Catholic Church lost its monopoly over hospitals and sanatoria to the liberal state. In response, the Church formed charitable organisations and congregations that specialised in care work for the sick, destitute, and poor. These nuns and monks then filled the ranks of the now state-owned hospitals and sanatoria, which suffered from staff shortages and funding. Catholic orderlies and care staff became a sought-after labour force. This reassured the Church's power in health and healthcare. In addition, the ruling elites of the liberal state largely did not criticise the fact that the Catholic Church had monopolised the field of care. On the contrary, Concepción Arenal Ponte (1820-1893), a liberal writer, intellectual, and pioneer of Spanish feminism, for instance, endorsed these Catholic initiatives and, in 1860, published in her text *Visitador del Pobre* a large reflection on how religious congregations should perform bedside nursing. She became an advocate for more liberties for congregations that specialised in bedside nursing from the standard congregational practices of prayer and service.<sup>30</sup>

Eventually, some congregations gained in importance as health workers. The Sisters of Charity (Hermanas de la Caridad), the Servants of Mary (Siervas de María), and the Hospitaller Order of Saint John of Jerusalem (Orden de Hermanos Hospitalarios) became the leading congregations of their time, focusing on bedside nursing and successfully appropriating and ensuring dominant positions in Spain's medical facilities. The Sisters of Charity were particularly appreciated and repeatedly hired by the armed forces to aid the Health Service during the Spanish-American War, the Rif Wars,<sup>31</sup> and the Asturian miners' strike in 1934.<sup>32</sup> However, contrary to Arenal's liberal conception of religious bedside nursing, the Catholic practice continued to be rooted in charitable and poor-law mentalities rather than in social reform and medical intervention.<sup>33</sup> They propagated a medical practice that considered sickness God-given and care

30 Bernabeu Mestre and Gascón Pérez, *Historia de la enfermería de salud pública en España*, 9-23.

31 Francisco Javier Martínez, «Estado de necesidad: La Cruz Roja Española en Marruecos, 1886-1927,» *História, Ciências, Saúde – Manguinhos*, vol. 23, no. 3 (2016), 867-886.

32 Ministerio de la Guerra, AGMAV, C. 19, 14, 1.

33 Barona Vilar, «Sanitary Reforms and Rural Health Policies,» 77.

a benevolent duty. Thus, their medical practice strongly opposed the contemporary approaches that focused on prevention and healing as the main goals of medical intervention. In the late 1920s, some observers compared the hospitals staffed with Catholic personnel to homes for the dying instead of places of healing and recovery.<sup>34</sup>

A royal decree from 1915 that officially recognised bedside nursing as a secular medical profession challenged the hegemonic position of congregational nurses much as the medical professions had been challenged 20 years earlier by the midwife.<sup>35</sup> But the royal decree did not mark the beginning of secular bedside nursing but a milestone marking yet another turning point in renegotiating medical labour division. In fact, the beginnings of secular bedside nursing are blurred, with no designated initiation but rather evolving from the grassroots level. Of course, the image of Florence Nightingale as the lady with the lamp had also travelled to Spain. However, as Concha Germán Bes shows, during these initial stages, the Catholic Church played an important role because nuns took in women who did not wish to take vows and still trained them as orderlies.<sup>36</sup> Thus, within monastery walls, secular women had been trained as nurses or auxiliaries for quite some time.

The Spanish section of the Red Cross played an important role in this process. After its foundation in 1868, it quickly became a social space with which many liberal bourgeois and aristocratic women engaged, for example, the above-mentioned C. Arenal. It was one of the major organisations that would quickly begin creating nursing schools after the official secularisation of the profession. Before the SRC's expansion into systematic training of secular women, it had already become a social space where particularly upper-class women engaged in humanitarian work. As Arrizabalaga shows for the Third Carlist War (1872-1876), female volunteers organised support for the fighting troops but also worked as nurse auxiliaries.<sup>37</sup> Besides the SRC, local humanitarian or healthcare initiatives also recruited secular women for nursing duties or offered training opportunities. There is evidence, for example, that, when the Hospital Clínic de Barcelona opened its gates in 1907, some secular nurses were among its staff even though religious staff occupied all coordinative and decision-making positions in patient care.<sup>38</sup> The same is true for Almería, where, as mentioned, not only a

34 Salmón Muñiz, Arrizabalaga, and García Ballester, »La introducción del hospital contemporáneo,« 249-273.

35 López Vallecillo, »Presencia social e imagen pública,« 37.

36 Concha Germán Bes, »Historia de la institución de la enfermería universitaria análisis con una perspectiva de género« (PhD Thesis, University of Zaragoza, 2007), 50-53.

37 Jon Arrizabalaga, »The ›Merciful and Loving Sex:‹ Concepción Arenal's Narratives on Spanish Red Cross Women's War Relief Work in the 1870s,« *Medicine, Conflict and Survival*, vol. 36, no. 1 (2020), 41-60.

38 Ramió and Torres, *Enfermeras de guerra*, 33-34.

professional midwife but also the first secular nurse was hired as a community nurse in 1882 by the municipal healthcare facilities.<sup>39</sup>

Apart from these regional solutions to the local demands for nursing staff, the ongoing contemporary politico-ideological debates provided a favourable background for this process. For example, socialists started to embrace health as a relevant issue for class struggle. Demanding better labour conditions included focussing on workers' health and health insurance, which intersected with contemporary discourses on hygiene.<sup>40</sup> Even though socialists blamed working conditions and capitalism for the poor health of workers, they also accepted contemporary arguments that promoted the importance of individual hygiene, domestic cleanliness, and sobriety. Being healthy was integrated into the socialist rhetoric of a worker's identity and promoted via a lecture series and by collecting funds to open a sanatorium for sick workers.<sup>41</sup> Missions like this made important contributions to disseminating health issues to a larger audience and undermining the monopoly over medical knowledge by democratising it. This did not explicitly help to consolidate the secular nurse as a profession, but it did add to the process more generally.

The royal decree of 1915 must therefore be considered the official recognition that this field of labour had already been changing for quite some time. It was followed up by the gradual foundation of secular nursing schools all over the peninsula. However, this is not a linear story of success but rather a contested and arbitrary development that reflects the social and political struggles for power, as the above-mentioned example of the House of Health of Valdecillas (Casa de Salud de Valdecillas, CSV) shows. It was established in 1928 in Santander by R. Pelayo, the above-mentioned Marquis of Valdecilla. By choosing 'house of health' instead of *nosocomio* or *hospital*<sup>42</sup> as the denominating term for his institution, R. Pelayo set the tone for his enterprise. It was not to be a »deposit for the sick,«<sup>43</sup> as the Dean of the Medical School at Complutense University, Madrid, stated in an article he published in *Gaceta Médica Española* in 1930. Rather, the CSV was to be a »space with excellent hygienic conditions where one can recuperate lost health.«<sup>44</sup> The overall conception of this medical facility followed the standards set by the latest hospitals in Berlin, Hamburg, London, and New York, and it was to be a site for healing, investigation, and teaching.

39 González Canalejo, »Cuidados y bienestar,« 211-235.

40 Ricardo Campos, »El deber de mejorar: Higiene e identidad obrera en el socialismo madrileño, 1884-1904,« *Dynamis*, vol. 31, no. 2 (2011), 497-526.

41 Ibid.

42 Both terms translate as hospital.

43 Quote taken from Salmón Muñiz, Arrizabalaga, and García Ballester, »La introducción del hospital contemporáneo,« 253.

44 Ibid.

The CSV administration deviated from the prevailing norms in Spain in many ways. For instance, a doctor headed the institution instead of a shareholder's board, and he<sup>45</sup> was assisted by an administrator who needed knowledge about the functioning of medical facilities. R. Pelayo favoured an expert-knowledge-based approach to the organisation of his hospital. He introduced a meritocratic system regarding staff recruitment instead of hiring local doctors and sticking to hierarchies of seniority, as was then commonplace. Regarding patient care and nursing, he also chose innovation by hiring the experienced secular nurse María Teresa Junquera Ibrán as the head of the bedside nurses. She was responsible for establishing the nursing school and training the secular nurses. In its overarching design, the whole project was secular and liberal, imbued with contemporary modern approaches to medical intervention and philanthropic convictions. In addition, its general mission included the provision of medical care and treatment to everyone – regardless of social status and income. This aspect was remarkable because R. Pelayo, whether he intended it or not, implemented what the Sanitary Law had envisioned but failed to deliver: accessible care for everyone.

In Spain, medical care had to be paid for by the patients and was thus profoundly affected by widespread income discrepancies – and, by extension, the dominant class structure. Not surprisingly, by creating such a hospital, R. Pelayo and his more open-minded idea of accessibility to medical care created conflict with several local actors. Local medical associations became frustrated when their members could not get a post in the CSV. The Catholic Sisters of Charity were offended that they too were not allowed to take on leading positions in the CSV; to them, it was an unforgivable affront to be excluded from one of the most modern medical facilities of the times.<sup>46</sup> R. Pelayo had little time to resist such opposition. In 1928, he was already 78 years old, with rapidly deteriorating health. In 1930, he had to retire from this project, only 2 years after he had started it. His niece, María Luisa Gómez y Pelayo Zubeldío de la Torriente, succeeded him.

Unlike her uncle, she did not consider herself a liberal philanthropist but a conservative one. When she assumed control of the institution, she removed the expert administration by transferring all decision-making power to the shareholder's board, demoting the hospital's head and degrading the former hierarchy. Furthermore, she sought to pacify the tension with local doctors and pushed for hiring local staff. She also gave in to the pressure from the Sisters of Charity and dismissed the secular nursing staff. T. Junquera stepped down from her post before being fired, with the Chief of Medicine of the CSV, Wenceslao López

45 Again, these positions were only given to men, therefore I use male pronouns here.

46 Salmón Muñiz, Arrizabalaga, and García Ballester, »La introducción del hospital contemporáneo,« 266-268; For more details see also, Salmón Muñiz, García Ballester, and Arrizabalaga, *La Casa de Salud Valdecilla*.

Albo, and the renowned otolaryngologist, Rafael Lorente de Nó, following her example.<sup>47</sup> Although L. Gómez dismantled the administrative innovations and abolished the secularisation of bedside nursing, many other things remained intact, for example, the close connection with the medical school of Complutense University and the CSV's teaching and investigative mission. Despite this ambivalent beginning, the CSV managed to become and maintain the image of a prestigious and modern institution of healthcare and medical treatment during the 1930s.

This episode shows how complicated it was at the time to introduce change, even at the local level and within private initiatives. Power relations among the medical professions were strong, and their influence was far-reaching. The Catholic Church had already proved capable of defending its power over healthcare. R. Pelayo and the CSV seriously threatened the Church's position in Santander. Local associations for doctors, backed up by the College of Doctors, also efficiently counterlobbied against the new meritocratic career path proposed by R. Pelayo. L. Gómez' reaction to her uncle's medical innovation was paradigmatic of the difficulties that reformers of medicine encountered during the Restoration and beyond. According to Salmón, Arrizabalaga, and García, as a conservative, she disapproved of her uncle's attempt to cut across established power relations for the sake of medical innovation. After his retirement, she did not hesitate to establish connections with local associations of Catholic nuns and doctors. She did not, however, attempt to change CSV's status as a teaching hospital, which was well-received by the medical elite of the country.<sup>48</sup> Because of R. Pelayo's short term in office, no more than two cohorts of secular women had been trained by T. Junquera as nurses before the Sisters of Charity took over.

All in all, the reach of the Catholic Church surfaced notably in the overall conception of the profession of the secular nurse. Before the royal decree, during the unregulated grassroots period of secular bedside nursing, the Catholic Church successfully influenced the moral codes that defined the required behaviour and attitude of secular women wanting to work in healthcare. Apart from private initiatives such as the CSV, predominantly convents and congregations took in women who wanted to train as nurses. Thus, nuns could define how secular bedside nursing was taught, learned, and practised. Today, we can find their precepts in their nursing manuals and guidelines, which often resemble how novices were treated and instructed.

One example of an early secular nursing school is the Instituto Rubio which was founded in 1895 in Madrid. It was modelled on the daily routines of a convent, with nursing students treated like novices.<sup>49</sup> They had to pray several

47 Salmón Muñiz, Arrizabalaga, and García Ballester, »La introducción del hospital contemporáneo,« 265-273.

48 Salmón, García Ballester, and Arrizabalaga, *La Casa de Salud Valdecilla*, 265-273.

49 Germán Bes, »Historia de la institución de la enfermería universitaria,« 175-177.

times daily, shave their hair, and were subject to strict hierarchies. Their work was to be their vocation. They were expected to dedicate their lives to the higher cause of caring for the sick and injured. Shaving their heads was a powerful rite that affirmed their dedication because it deprived them of a visual characteristic linked to femininity.<sup>50</sup> These women had to obey the moral and behavioural codes demanded of them without objection: They were to talk as little as possible, stick to their schedules, and not have love affairs or manage money.<sup>51</sup> Like novices, they were to renounce their femininity.

Qualities like selflessness, self-sacrifice, unconditional obedience, being quiet, and appearing inconspicuous became persistent and prevailed as a hegemonic code of conduct well beyond the Civil War. They reappeared in the nursing manuals of the SRC of the 1920s and in the teachings of the fascist women's organisation Sección Femenina and the Carlist Margaritas in the 1930s when the Civil War began.<sup>52</sup> Because the SRC was an essential institution for training secular nurses, it also became an important promoter of such values and moralised codes of conduct. In this context, however, desexualisation was somewhat eased. In the 1920s, women were no longer required to shave their heads to become nurses; rather, they were to become the guardian angels of the hospital and use their alleged motherly qualities to care for their patients. The initial desexualisation shifted to ›motherfication,‹ which resonated well with the contemporary pattern of female mobilisation. Especially Catholic women's organisations constantly evoked the idea of the »social« or »patriotic« mother<sup>53</sup> to justify their activities that occurred either in spaces not necessarily open to a female presence or that deviated from the norm for Spanish women.

But moral codes and definitions for the appropriate behaviour of secular nurses did not solely carry the mark of Catholicism. Especially in hospitals and sanatoria, the congregational medical staff continued to occupy decision-making positions even after the number of secular graduates rose. As a result, they gained the leverage to influence the labour market for secular nurses. Many refused to hire secular staff, which made it very difficult for the new labour force to enter the market. Even in Barcelona and the rest of Catalonia – where anarchism and laicism were stronger than in other parts of the peninsula and where, in 1917, the Montepío of Barcelona opened the first Catalan secular nursing school, which contributed to rising numbers of nursing students – the labour situation was deplorable for secular nurses.<sup>54</sup> This pattern would not

<sup>50</sup> Ibid., 175.

<sup>51</sup> Ibid.

<sup>52</sup> López Vallecillo, »Presencia social e imagen pública,« 41-72, 315-334.

<sup>53</sup> Blasco Herranz, »Citizenship and Female Catholic Militancy;« Ángela Cenarro Lagunas, »La Falange es un modo de ser (mujer): Discursos e identidades de género en las publicaciones de la Sección Femenina (1938-1945),« *Historia y Política. Ideas, Procesos y Movimientos Sociales*, vol. 37 (2017), 91-120.

<sup>54</sup> Ramió and Torres, *Enfermeras de guerra*, 34-35.

change until the Civil War. The persistent Catholic influence tainted a supposedly new and, in that sense, revolutionary profession, as it offered women – like other feminised professions of that era, such as the typist or the telephonist – a career opportunity outside the reach of familial control.

## 2 International Humanitarianism and the ›Traditional‹ Elites

Almost a decade after the Sanitary Law was passed and the tedious process of building a medical infrastructure had begun, in 1864, Spain joined the International Committee of the Red Cross (ICRC) and founded its own committee the same year. During the late 19th and early 20th centuries, the Committee of the Spanish Red Cross (SRC) became an influential institution intimately linked to the armed forces, bridging the divide between the military world and the upper strata of Spanish society. In fact, the SRC became the home to many liberal, bourgeoisie, and aristocratic doctors, together with their wives and daughters. Many persons who functioned as architects of the healthcare system at some point were trained there and worked for or with the SRC.

The First World War, however, marked a turning point in the history of the SRC, not only because the Red Cross movement had to recalibrate its goals and missions in the aftermath of the war but also because other institutions with health agendas were on the rise. The concepts of humanitarianism and humanitarian neutrality were revisited, and the field of international actors became more pluralised and politicised. The League of Nations Health Organisation was established, while the US-American Rockefeller Foundation intensified its programmes of international exchange and thus its presence in Europe. A communist approach to humanitarian relief work was institutionalised in the network of the International Red Aid.

This context of international organisations and expert cooperation decisively influenced Spain's medical tradition. Medical and healthcare networks evolved among Spain's medical class, often overlapping with certain medical and healthcare epistemologies and trends.

### 2.1 *A Hotbed of Elitism: The Spanish Red Cross*

The doctor Nicasio Landa y Álvarez de Carvalho (1830-1891) and the delegate of the Ministry of War, José Joaquín Agulló Sánchez de Belmont y Ripalda (1810-1878), the Marquis of Ripalda, represented Spain in Geneva at the first convention. The year Spain joined the convention (1864), these two men also initiated the establishment of the first two branches of the Spanish Red Cross, in Madrid and Pamplona. In the first years following its foundation, the SRC was mostly preoccupied with expanding its infrastructure and rooting the organisation in



Spanish society by forming alliances with the elites, or what historiography often calls ›traditional elites.‹ These elites were socially and politically heterogeneous and included members of the monarchy, the wealthy upper classes, of the aristocracy and liberal bourgeoisie, the army, and the Catholic Church.<sup>55</sup> N. Landa took a two-pronged approach to base the committee in Spain: He pushed for strong connections to and cooperation with Catholic congregations. The Calvinist thinking associated with the headquarters in Geneva – and the ICRC in general – was greeted in Spain with scepticism. N. Landa established close ties especially with the Hospitaller Order of St. John of Jerusalem and later with the Sisters of Charity.<sup>56</sup> These two congregations, especially the latter, as mentioned earlier, eventually occupied hegemonic positions in bedside nursing. Consequently, not only did the SRC and the Catholic Church become strongly entangled, but the humanitarian idea in Spain also became more closely linked with the Catholic principle of ›love thy neighbour‹ than (Calvinist) Enlightenment ideals, which prevailed in other national sections of the Red Cross.<sup>57</sup>

To gain the support of the secular elites, N. Landa and J. Agulló also sought to establish close ties with the monarchy and Spanish aristocracy. To that end, the Queen, María Cristina of Habsburg (1858-1929), was asked to be the patroness of the Spanish Red Cross, a function she accepted and passed on to Victoria Eugenia of Battenberg (1887-1969), the wife and Queen Consort of Alfonso XIII.<sup>58</sup> On the one hand, having a royal patroness helped to politically and socially legitimise the SRC while also fostering the expansion of its sections; on the other hand, it led to the transformation of the humanitarian mission into a monopoly for the upper classes. This strategy was not peculiar to the Spanish case, as Matthias Schulz shows; indeed, many national Red Cross committees used this strategy at the beginning.<sup>59</sup> Addressing upper-class women proved to be useful everywhere.

In Spain, the first sections for women were founded already in 1869. As historiography has shown, their work and activities attracted mostly women of the upper classes and aristocracy who wanted to engage in charity work or

55 Arrizabalaga and García Reyes, »Between a Humanitarian Ethos and the Military Efficiency,« 49-65.

56 Neville Wylie, Melanie Oppenheimer, and James Crossland, »The Red Cross Movement: Continuities, Changes and Challenges,« in *The Red Cross Movement: Myths, Practices and Turning Points.*, eds. Neville Wylie, Melanie Oppenheimer, and James Crossland (Manchester: Manchester University Press, 2020), II.

57 Arrizabalaga and García Reyes, »Between a Humanitarian Ethos and the Military Efficiency,« 49-52.

58 Germán Bes, Martínez Santos, and Mas Espejo, *Las primeras enfermeras laicas españolas*, 29-30.

59 Matthias Schulz, »Dilemmas of ›Geneva‹ Humanitarian Internationalism: The International Committee of the Red Cross and the Red Cross Movement, 1863-1918,« in *Dilemmas of Humanitarian Aid in the Twentieth Century*, ed. Johannes Paulmann (London: German Historical Institute, 2016), 43-45.

whose husbands worked as military doctors.<sup>60</sup> The SRC fostered the emergence of family dynasties of medicine, on the one hand, while tightening the bonds between the army and humanitarianism, on the other hand. From the beginning, prominent women – among them María del Carmen Angoloti y Mesa, Duchess of Victoria and Countess of Lucana, or Ángela Pérez de Barradas y Bernuy, Duchess of Medinaceli – engaged with whatever SRC needed organising and quickly monopolised the task of fundraising.<sup>61</sup> These women often started such family traditions, by passing on their engagement in the SRC to their daughters and nieces. Many of these families – like the Medinacelis, the Bernaldo de Quirós, or the Floridas – continued to occupy coordinative positions. During the Civil War they mostly engaged with the Francoist SRC.

In the initial stages of the SRC, these women and men would concentrate on fundraising, coordinating the SRC's logistics, disseminating first-aid knowledge, and maintaining international networks with the sections of other Red Cross Committees. Later, they gradually expanded their scope of action. Regarding staff and recruitment, the Committee of the Spanish Red Cross settled in a part of society whose members were well-connected and close to where the money flowed – where capital was accessible.

It is noteworthy that, apart from the rather Catholic moral code, liberal thinking was also woven throughout the SRC's guiding principles, which resonated with the humanitarianism of the founding fathers, N. Landa and J. Agulló. Both emphasised that the organisation of humanitarian aid should be separate from the army as an institution. This had far-reaching consequences for the SRC's *modus operandi*. According to N. Landa's and L. Agulló's interpretation, the Red Cross had the duty of providing modern medical equipment for the medical corps of the armed forces while remaining an independent organisation.<sup>62</sup> Like other European powers of the era, the Spanish Ministry of War and General Staff prioritised combatant power over health. Therefore, the humanitarian mission lacked provisions, materials, and a political lobby,<sup>63</sup> which led to unnecessary suffering on the battlefield. To remedy this disbalance, N. Landa and J. Agulló proposed separating the responsibilities, which implied that the Red Cross would be responsible for raising the money and resources to provide for the Health Service, whereas the government and the army would take care of military operations in the theatres of war.<sup>64</sup>

60 Germán Bes, Martínez Santos, and Mas Espejo, *Las primeras enfermeras laicas españolas*, 49-76.

61 Arrizabalaga, »The ›Merciful and Loving Sex«, 43-44.

62 Wylie, Oppenheimer, and Crossland, »The Red Cross Movement,« 5.

63 Arrizabalaga and García Reyes, »Between a Humanitarian Ethos and the Military Efficiency,« 52-65.

64 *Ibid.*, 61-63.

Again, there was nothing particularly Spanish or irregular about the close ties between the Red Cross and the armed forces.<sup>65</sup> As the historiography of the early Red Cross movement has shown, thanks to the early logic of the ICRC to alleviate human suffering and working towards a more ›humane‹ warfare, the cooperation between these humanitarians and the military was inevitable. As impartial helpers, they needed access to the vanguard zones of war, so cooperation was key. Following this logic of the ICRC, military medical logistics and aid were possible outside the institution of the armed forces, while also strongly tied to it. We can observe a similar constellation for the Spanish case. Despite the SRC's close connections with the army, this interpretation of labour division provided the SRC with relative independence to define its own mission. For that reason, the SRC started off as a separate body with its own funds, logistics, and organisation. From the start, fundraising was a central task of the Spanish sections, alongside other tasks such as organising, storing, and providing sanitary materials and, of course, medical assistance, which allowed women to enter the institution.<sup>66</sup>

Although the SRC had already been involved in the Franco-Prussian War (1870-1871) as a humanitarian force, the Second Carlist War (1872-1876) provided the first opportunity to test this new medical logistics on Spanish soil. The SRC considered their mission successful; it quickly became the primary supplier of medical materials for the army.<sup>67</sup> The ›ladies' section‹<sup>68</sup> of the SRC played a crucial role in achieving this position, especially for those branches established early on, namely, the Madrid branch (Comisión Central de Señoras Hospitalarias de España), under the leadership of Á. Pérez, the Duchess of Medinaceli, and the Pamplona branch.

However, the SRC would distinguish itself not only by materially supporting the armed forces. Besides providing logistics and provisions, the SRC also organised its first medical interventions during the Second Carlist War. The ladies' sections played an important role in both endeavours.<sup>69</sup> These women working in the SRC significantly contributed to establishing the first military hospital solely organised and run by the SRC and to acquiring ambulances for transporting the wounded from sickbays at the front to rearguard hospitals. Furthermore, when the demand for medically trained staff increased during the conflict, and

65 Rebecca Gill, *Calculating Compassion: Humanity and Relief in War, Britain 1870-1914* (Manchester: Manchester University Press, 2016), 18.

66 Arrizabalaga, »The ›Merciful and Loving Sex,« 41-60.

67 *Ibid.*, 46.

68 Instead of calling them women's sections, Jon Arrizabalaga translates Comisión Central de Señoras Hospitalarias de España as the ›ladies' section.« Using the term ›lady‹ instead of ›woman‹ stresses the fact that most of the women engaged in Red Cross activities stemmed from the social upper classes and aristocracy. Arrizabalaga, »The ›Merciful and Loving Sex,«.

69 Arrizabalaga, »The ›Merciful and Loving Sex,«, 43-48.

when the labour force provided by the Catholic nuns and orderlies was no longer sufficient, they mobilised voluntary women as auxiliary nurses. The earlier mentioned liberal Catholic lawyer and writer, C. Arenal, then the delegate of Á. Pérez's section, stood out for her dedication during this process.<sup>70</sup>

Although this inclusion of secular women caused friction with Catholic congregations, it was generally welcomed by the men of the SRC. N. Landa had visited the frontlines during the Franco-Prussian War and witnessed the deployment of secular women as nurses supporting the Red Cross units. The systematic training of secular women to become nurses was still uncommon; patient care was still a task carried out either by men or religious staff. N. Landa's positive report and his endorsement of the women in the SRC branch in Pamplona were only one voice in the gradually growing choir that welcomed the opening of the nursing profession to secular women.<sup>71</sup>

The Second Carlist War acted as a testing ground for the SRC to put its mission aims into practice. Particularly for the women's sections, it became an opportunity to expand their scope of action. This conflict was also remarkable in another sense: For the first time, the activities of the SRC challenged the ICRC's concept of impartial humanitarianism. Founded as an answer to the cruelties of interstate wars, the ICRC and its guiding principles did not include the option of launching a humanitarian mission during a civil war. The distinction between combatants, noncombatants, and the civilian population, as codified in the Geneva Convention, did not apply to civil war fighters because this distinction was linked to statehood. The involvement of the Red Cross was possible only upon agreement with the legitimate leaders of a state.<sup>72</sup> Consequently, the definition of war was deeply linked to interstate violence and excluded forms of violence that diverged from that general logic. (De)colonial or civil warfare raised the question of whose claim for power was legitimate. But because the ICRC was preoccupied first and foremost with relieving suffering as a neutral entity, questions like the legitimacy of power and rule lay outside its ideological foundations.

Consequently, the procedures developed by the ICRC to intervene in conflicts did not apply to a civil-war context, posing a serious problem for the SRC as the suffering of the combatants demanded a humanitarian intervention. Eventually, Geneva chose not to take sides, leaving the Red Cross branch of Pamplona to provide most of the humanitarian assistance to the government troops engaged

70 Ibid., 49.

71 Bernabeu Mestre and Gascón Pérez, *Historia de la enfermería de salud pública en España*, 24-46; María López Vallecillo, *Enfermeras: mujeres protagonistas en los conflictos bélicos de la primera mitad del siglo XX en España* (Pamplona: EUNSA, 2021), 17-21.

72 Among others, see, Weindling, *International Health Organisations and Movements*; Wylie, Oppenheimer, and Crossland, »The Red Cross Movement;« Forsythe, *The Humanitarians*; Forsythe and Rieffer-Flanagan, *The International Committee of the Red Cross*.

in the conflict.<sup>73</sup> The principle of humanitarian impartiality and the imperative to help all wounded and sick persons, regardless of their affiliation, were hence translated into support of what was seen as the legitimate government. So even if the ICRC and the SRC promoted humanitarian neutrality, they disregarded the Carlist's claim for power by supporting the government, thereby bolstering its legitimacy. This positioning set a precedent for the following 60 years when Spain fought the Spanish-American War (1898) – which led to the independence of Spain's last overseas colonies (the Philippines, Puerto Rico, and Cuba) – and the wars in Morocco, better known as the Rif Wars (1921-1926). The SRC's humanitarian aid thus inadvertently became political, by officially refusing to recognise the Carlist's insurrection, the local uprising forces in the wars of independence in Spain's last oversea colonised territories, and the war with Abdelkrim in 1921.<sup>74</sup>

By supporting the government, the SRC turned into a satellite institution that now orbited the armed forces, a tendency further bolstered by the personal ties among the SRC staff. Nevertheless, it managed to monopolise war medicine and humanitarian aid and build up its position as the main provider of medical material. Shaped by the amalgamation of liberal ideas like philanthropy as well as Catholicism, the SRC became a hotbed of elitism. Framed as charity, the SRC saw the engagement of mostly members of the so-called traditional elites. While the network that evolved there proved solid, the practices and activities changed.

The First World War was the next relevant caesura in the SRC's history. As already stated, the war played a key role in the development of bedside nursing as a profession for secular women both in Spain and elsewhere. After this war was over, a larger discussion on the Red Cross's performance during the First World War took place, criticising the organisation for only having served as an appendage of the national armies and for having transgressed the principle of humanitarian impartiality during the war.<sup>75</sup> In addition, the peace negotiations showcased that a war could be declared over, while its consequences would continue to cause humanitarian suffering. This provided a window of opportunity to think about the Red Cross's mission during peacetime. Ideas of humanitarian relief work, such as reconstruction after natural disasters, circulated, as did public health, epidemic control, and medical staff training. Themes and issues

73 Arrizabalaga and García Reyes, »Between a Humanitarian Ethos and the Military Efficiency,« 55.

74 Francisco Martínez, »Estado de Necesidad: La Cruz Roja Española en Marruecos, 1886-1927,« *História, Ciências, Saúde – Manguinhos*, vol. 23, no. 3 (2016), 867-886.

75 Melanie Oppenheimer et al., »Resilient Humanitarianism? Using Assemblage to Re-Evaluate the History of the League of Red Cross Societies,« *The International History Review*, vol. 43, no. 3 (2020), 1-19; for more details see, Neville Wylie, Melanie Oppenheimer, and James Crossland, eds., *The Red Cross Movement: Myths, Practices and Turning Points* (Manchester: Manchester University Press, 2020).

discussed at international conferences and addressed by national health administrations were now taken up by the Red Cross – or more precisely by its sister organisation, the League of Red Cross Societies (LORCS).<sup>76</sup> The foundation of the LORCS in 1919 reflects the institutionalisation of this paradigm shift within the Red Cross movement. The SRC's efforts to establish a hegemonic position within Spain's secular nurse training facilities received a tailwind from these debates.

Initially, the secular formation of nurses aimed at enlarging and systematising the voluntary engagement of upper-class women. Therefore, it is unsurprising that the SRC nurses' founding mothers were given the nursing title ›Lady Nurse of the Red Cross‹ (*Dama Enfermera de la Cruz Roja Española*).<sup>77</sup> Choosing ›lady‹ (*dama*) insinuated a clear reference to the Spanish aristocracy. Their education within the Red Cross comprised fundraising and organisational skills as well as medical and nursing knowledge. The education of the professional bedside nurses, who would work in hospitals or sanatoria and earn a living from their work, also started officially in 1915, but this career path took longer to take root.

The presence of a female, secular careworker caused numerous frictions in the existing social order of medicine, with the secular ›lady‹ nurses seen merely as an appendage. According to the SRC's view of the ›lady‹ nurses, they had to be in hospitals at regular weekly hours but were not to cover entire shifts or stand in for any of the other professions. They were to operate as additional help. The ›lady‹ courses were quite popular, as the newspapers reported whenever a cohort graduated. In contrast, the Professional Nurses of the Red Cross (*Enfermeras Profesionales de la Cruz Roja*)<sup>78</sup> fundamentally challenged the existing order and, as a result, faced hostility, as discussed above.

Another field the SRC engaged with was the training of public health nurses. For specific actors, particularly for the women who worked in nurse training, this inclusion expanded their scope of action as they assumed more and new responsibilities, with novel fields of expertise opening up to them. Nevertheless, bedside nursing continued to be dominated by the coalition of the Restoration elite, namely upper-class women, Spanish aristocracy, and members of the Catholic Church, for another two decades, until the Civil War began.

76 Melanie Oppenheimer, »Nurses of the League: The League of Red Cross Societies and the Development of Public Health Nursing Post-WWI,« *History Australia*, vol. 17, no. 4 (2020), 628-644.

77 Yolanda Martínez Santos and Concha Germán Bes, »Las damas enfermeras de la Cruz Roja Española y la Fundación Rockefeller,« *Temperamentum. Revista Internacional de Historia y Pensamiento Enfermero*, vol. 15 (2019), 1-6.

78 López Vallecillo, »Presencia social e imagen pública,« 52-55.

2.2 *New Actors to the Stage of Humanitarian Relief Work: LNHO, RF, IRA*

The aftermath of the First World War led not just to a paradigmatic shift in the field of humanitarianism; the constellation of internationally working actors with a health or medical agenda also changed and pluralised. The consequences of 4 years of global war – among others, mass infrastructure destruction, displacement, masses of war invalids, epidemics – confronted the international community with the fact that peace negotiations and treaties ended hostilities, not humanitarian misery. International and nongovernmental organisations adapted their programmes, some focussing more on research, education, and knowledge circulation, others more on rural development, epidemic control, and hygiene programmes.<sup>79</sup> Although Spain was not an official participant in the First World War, these developments reverberated in scientific and philanthropist communities. As recipients of the lessons learned of the war and as participants in international networks of knowledge exchange, they engaged with organisations other than the Red Cross movement.

The League of Nations, for instance, set up its Health Organization (LNHO), which launched hygiene campaigns and epidemic prevention initiatives with a particular focus on rural development.<sup>80</sup> In contrast, the Rockefeller Foundation (RF) intensified their international education and scientific mobility programmes.<sup>81</sup> As a communist answer to this development, the Comintern established the International Red Aid (IRA) and there was an anarchist organisation, too: the Solitaritat Internacional Antifeixista (SIA).<sup>82</sup> These organisations' approach to humanitarian relief was broader and not strictly medical. Their approach towards humanitarianism was, in a sense, more politicised than medical, as they focussed on organising help for activists and their families. Medicine and healthcare as professional fields came late into their programmes. During the Spanish Civil War, however, they provided nursing and first-aid training, set up hospitals, and engaged with medicine on an operational rather than a scientific level.<sup>83</sup> During the last years of the Restoration, all these organisations attracted audiences in Spain, especially doctors and nurses who eagerly engaged with their offers for further training, studying, and researching. The presence

79 See, among others, the works of Anca Cretu, i. e. Doina Anca Cretu, »The American Red Cross and Visions of Rebuilding the Balkans after the First World War,« *zeitgeschichte*, vol. 51, no. 3 (2024), 313-334.

80 See, for instance, Iris Borowy, *Coming to Terms with World Health: The League of Nations Health Organisation 1921-1946* (Frankfurt a. M.; New York: Peter Lang, 2009).

81 Barona Vilar, *Health Policies in Interwar Europe*; Martínez Santos and Germán Bes, »Las Damas Enfermeras.«

82 Francisco Alía Miranda, *La otra cara de la guerra: solidaridad y humanitarismo en la España republicana durante la Guerra Civil (1936-1939)* (Madrid: Sílex, 2021), 143-150.

83 Alía Miranda, *La otra cara de la guerra*, 131-142.

and activities of these organisations thus furthered a pluralisation in the medical landscape.

The LNHO and the RF became important promoters of what was then seen as state-of-the-art ›Western‹ medicine and offered additional or alternative networks for Spanish medical professionals to engage in. They prioritised expert knowledge and allowed for people of different, sometimes even conflicting, political or ideological beliefs to coexist or even to interact under the premise of working towards the shared goal of modernising medicine. Reform projects like the philanthropic hospital CSV in Santander benefitted from the support this international context provided. Individual actors benefitted from these international organisations because they had the opportunity to build their own transnational networks. Many of the CSV's leading doctors as well as the already mentioned head nurse, T. Junquera, were all fellows of the RF, as were many protagonists of healthcare and health politics during the Republic and the Civil War. Among them were people like the socialist malaria specialist, Marcelino Pascua Martínez (1897-1977), and the founding mother of the female nurses' corps of the Francoist army, Mercedes Milá Nolla (1895-1990). During the Civil War, many, like M. Milá, found help in these networks for their career advancement or, like T. Junquera and M. Pascua, when they had to leave the country and go into exile.

The biographies of the CSV's head nurse, T. Junquera, and the then soon-to-be inspector general of the Female Services of the Francoist army, M. Milá, clearly exemplify how conflicting political convictions could coexist under the same roofs of these international organisations, and how the civil war interrupted a shared process of modernisation. These women had very similar biographical trajectories before the war. They were both from wealthy families: T. Junquera's father was the heir of an important trade family, and M. Milá was the daughter of a military doctor and niece of a wealthy Barcelonese industrialist. Thanks to scholarships from the RF, both had studied and specialised in nursing programmes in the UK and were Spanish pioneers in public health and bedside nursing. Both were working in Madrid when the civil war began; T. Junquera chose to side with the government of the Second Republic, while M. Milá fled Madrid and joined the rebellious generals and Francisco Franco. During the war years, T. Junquera organised the evacuation of children from Republican families and International Brigadists to France. After the war ended, she stayed in French exile before returning to Francoist Spain in 1952 at the age of 62, where she no longer practised medicine.<sup>84</sup> In contrast, M. Milá sided with F. Franco and continued her meteoric rise. Because of her extensive training and knowledge, she was appointed Inspector General of the Female Services of the

84 Carmen Chamizo Vega et al., »Nuestra Teresa.« Biografía de María Teresa Junquera Ibrán y la obra de Alejandro Casona ›Nuestra Natacha«, *Cuaderno Cultural Prímula*, vol. II (2010), 16-20.



medical corps – the highest position a female health worker could acquire in the Francoist zone during the war. She continued her career after the war and achieved the permanent institutionalisation of a female nursing corps in the Spanish armed forces.<sup>85</sup>

Despite opposing political convictions, the historiography of both women indicates that they shared similar views on organising secular bedside nursing. In the CSV, T. Junquera established a hierarchical system that can be characterised as strict and that prioritised values like selflessness, obedience, and dedication. The same qualities held true for M. Milá's female Health Service. Both nursing systems showed similarities in the translation of rules into practice, although both women subscribed to different ideologies. M. Milá put herself and her knowledge at the service of a social order rooted in Catholicism, a vertical class system that put the so-called traditional elites at the top. In contrast, T. Junquera stood for a democratic society and the civil rights the Second Republic upheld. Despite divergent hopes, their shared professional socialisation led them to believe that there was only one way of organising modern bedside nursing.

Successfully integrating people like M. Milá and T. Junquera was part of the RF's and LNHO's strategy. Both organisations were considered to have followed an anti-bolshevist agenda and were used as geopolitical tools after the end of the First World War. Spain, like many other so-perceived peripheral states, was also considered potentially prone to succumbing to a Communist revolution, something countries like the UK or USA wanted to avoid. However, neither the RF nor the LNHO explicitly prioritised political indoctrination; instead, they offered well-endowed scholarships and medical training programmes and sent delegations to target countries to assess their overall health-care situation.<sup>86</sup> In doing so, these organisations contributed to standardising medical knowledge and furthering the careers of the medical and social elite. Medicine became a tool for soft power. Partaking in their offers was regarded as evidence of professional distinction and was particularly attractive to health workers with an upper-middle-class or upper-class social background. The RF and the LNHO turned into umbrella institutions that integrated people with contrasting political inclinations who, nevertheless, all considered themselves elite.

The IRA also followed a humanitarian agenda but focused predominantly on relief work for the families of leftist activists who suffered repression. Their

85 Nicholas Coni, »The Head of All the Nurses,« *International Journal of Iberian Studies*, vol. 22, no. 1 (November 1, 2009), 79-84.

86 Katharina Kreuder-Sonnen and Andreas Renner, »Einleitung: Gesellschaft, Kultur und Hygiene in Osteuropa,« *Jahrbücher für Geschichte Osteuropas*, vol. 61, no. 4 (2013), 481-488; Iris Borowy, *Coming to Terms with World Health*; Anne-Emanuelle Birn, Elizabeth Fee, »The Art of Medicine. The Rockefeller Foundation and the International Health Agenda,« *The Lancet*, vol. 381, no. May 11 (2013), 1618-1619.

approach to helping was strongly intertwined with an obvious political mission and, for that matter, did not attract so much members of the liberal, bourgeoisie, commerce, or aristocratic groups. It instead served as a restricted networking space for political activists of the working class. The influx of expert medical knowledge into the Spanish section of the IRA was initially limited. Nonetheless, ideas that were somewhat related to social medicine and that aimed to improve the living conditions of the working class were interwoven into the activities of the Spanish IRA. Socialists and – to a lesser extent – anarchists started to reflect on the importance of health and healthcare for class struggle.<sup>87</sup> However, no systematic engagement with medicine occurred, and the Spanish IRA did not develop – at least throughout the 1920s – a genuine interest in or self-perception of being an institution that engaged in medical science discourse. Only when the Civil War began did themes like first-aid training, setting up hospitals, and building up an infrastructure for medical assistance become pressing issues for the Spanish IRA.<sup>88</sup>

On the domestic level, the existence and accessibility of these international organisations with their local committees contributed importantly to consolidating new medical trends, reflected in the foundation of research institutes and laboratories.<sup>89</sup> These institutions, however, were populated by a melange of the so-called traditional elites and social climbers of the middle classes. The aftermath of the First World War, with humanitarianism in motion, brought forth opportunities for these health actors to further their training and skills and enhance their professional distinction. Thus, during the early 20th centuries, the SRC, the RF, and the LNHO gained hegemonic positions and contributed to educating and training Spanish medical experts, shaping the health infrastructure during the Second Republic, the war, and beyond.

87 See especially, Campos, »El deber de mejorar«; Molero Mesa and Jiménez Lucena, »Brazo y cerebro.«

88 J. Martin Ryle, »International Red Aid and Comintern Strategy, 1922-1926,« *International Review of Social History*, vol. 15, no. 1 (April 1970), 43-68; Alía Miranda, *La otra cara de la guerra*, 131-142.

89 Barona and Bernabeu Mestre, *La salud y el estado*; Barona Vilar, *Health Policies in Inter-war Europe*; Martínez Santos and Germán Bes, »Las damas enfermeras;« Raúl Velasco Morgado, »Pensionados para una ciencia en crisis: la JAE como mecenas de la anatomía macroscópica (1912-1931),« *Dynamis*, vol. 30 (2010), 261-280.

## 3 An Armed Hydrocephalus Striving for Innovation

Looking back at the beginning of the Second Republic, the historian and sociologist Santos Juliá describes the overall state of the Spanish armed forces as a »rotting corpse« that Spain was carrying upon their shoulders<sup>90</sup> – heavy, useless, and obstructive. As he further elaborates, military academies throughout the 19th century turned into »hospitals where a class of half anaemics isolated their offspring and orphans instead of letting them participate in public life.«<sup>91</sup> He is not the only one to refer to the army as a separate social group in the Spanish society of the early 20th century. Historiography agrees that during the 19th century, the army grew into its own social class,<sup>92</sup> characterised by strong family ties, bonds of clientelism, and a thirst for power. Among the upper social echelon, military officials and their families were another social group competing for influence and overlapping with the so-called traditional elites in medicine.

However, it would be incorrect to think of the »military class« as a homogeneous social group. Instead, as I show in later chapters, the spectrum of political preferences, views on the army's role in society, etc., were diverse. Nevertheless, the army was marked by clientelist power distribution and the systematic reproduction of such power relations. During the 19th and early 20th century, it had consolidated its position as a veto power in domestic politics, had constantly interfered with home affairs, and thus had made vital contributions to shaping them by demanding and blocking reform efforts. These interventions significantly affected (re-)negotiation processes regarding the relationship between state and citizen, a recurring theme of the Restoration and beyond.

Apart from the army's political significance, it also played a notable role in Spain's history of medicine. As an employer of medical staff that offered regular pay and comparatively well-endowed hospitals, the Health Service provided young doctors with an attractive future. »It was common-place for bright young medical students to choose a military career at an early stage of their studies,«<sup>93</sup> comments the historian of medicine Nicholas Coni on this aspect. He further suggests that networks of military doctors were tight and far-reaching, often helping colleagues who applied for positions at universities or in public health administration to succeed.<sup>94</sup> Furthermore, the Health Service had a keen interest in advancing treatment techniques and providing resources for medical research. In addition, families benefitted from the army affiliation, too, because they all had access to the army hospitals in case they needed medical attention. Military

90 Santos Juliá, *Manuel Azaña: Una biografía política: Del Ateneo al Palacio Nacional* (Madrid: Alianza Editorial, 1990), 110.

91 *Ibid.*, 96.

92 Gabriel Cardona, *El poder militar en el Franquismo* (Barcelona: Flor del Viento Ediciones, 2008), 1-14; Bernecker, *Geschichte Spaniens*, 239-324.

93 Coni, *Medicine and Warfare*, 8.

94 *Ibid.*, 8-9.

hospitals even had gynaecologists and obstetricians, so many army wives delivered their children there at a time when only a minority of the Spanish society had access to this kind of women's healthcare.<sup>95</sup> It was an appealing alternative to university or private practice careers.

Nevertheless, because the Health Service was part of the armed forces, its social space was caught up between two contradictory dynamics: As an institution linked to science, the Health Service lobbied for innovation, but as an official body of the army, it formed part of an institution that constantly pursued its own interests. The army's interests, however, did not always coincide with medical innovation. The Health Service was thus trapped between resisting change and promoting it. This constellation significantly affected the two Health Services that started operating once the Spanish army had disintegrated following the failed coup d'état in 1936, which initiated the civil war. To understand Spain's healthcare system of the 1930s and 1940s and how society was negotiated there, I argue, we have to look at the army's complicated history of resisting change but also needing transformation in a long(er) durée perspective.

### 3.1 *Yes, to Further Training; No, to Structural Change!*

Calls and struggles for ›modernisation‹ or ›reform‹ were common in the Spanish history of the late 19th and first third of the 20th centuries. The army was one of many institutions these demands targeted. The Restoration governments had launched several reform projects aiming to modernise the Armed Forces, but all of them had failed. However, two projects amply illustrate how the army's position was negotiated within Spanish society as well as the need for reform and change.

In 1918, Juan de la Cierva y Peñafiel<sup>96</sup> (Conservative Party), then War Minister, presented a draft for a new military law. The year before, 1917, had been a year of intense crisis for the monarchy. The First World War had intensified domestic social conflicts, which escalated in 1917. Workers' organisations and parties initiated a general strike and demanded fundamental social change, while Catalan regionalists claimed more independence from Madrid and called for a constitutional reform. The military Defensive Juntas (Juntas de Defensa) staged

95 This privilege remained intact during the Second Republic as well as during Francoism. *Cuestionarios de Temas para el cursillo de Oficiales Administradores de Hospitales Militares*, AGMAV, C. 277, 6, 1.

96 Juan de la Cierva y Peñafiel (1864-1938) was a lawyer, conservative politician, and oligarch from Murcia, according to the biographies of the Real Academia de la Historia, <https://dbe.rah.es/biografias/12154/juan-de-la-cierva-y-penafiel> [last access: 1 June 2022].

an insurrection.<sup>97</sup> The Defensive Juntas were a body comparable to a military version of a trade union, with its headquarters in Barcelona. They formed during 1915-1916 against the backdrop of the First World War and against the government's attempts to reduce commanding ranks for budget cutting reasons. They advocated pay raises, a fairer promotion system, and an overall improvement of conditions. In 1917, the option to participate in the First World War as a belligerent party briefly appeared on the Spanish horizon as the USA pressured neutral countries to declare war against Germany – an option strongly rejected by many military officials. They did not see the Spanish army as being fit enough to enter this mass warfare.

The resistance of the Defensive Juntas coincided with the already-boiling tensions between the so-called traditional elites, which aimed to preserve the Restoration system; regional nationalists, who pushed for more autonomy from Madrid; and workers' organisations, who demanded social reforms and change.<sup>98</sup> During this general turmoil, the Defensive Juntas staged their insurrection, with their claims, at first, being ignored by the government of Álvaro de Figueroa y Torres-Sotomayor (1863-1950), Count of Romanones. In May 1917, King Alfonso XIII decreed the dissolution of the Defensive Juntas and the incarceration of the leaders of the Barcelonese headquarters.<sup>99</sup> In response, a newly created, substitute Junta released a manifesto threatening the government with a coup and urged them to release the prisoners and to formally recognise the new Junta's statutes.<sup>100</sup> The success of the Junta confirmed the powerful position the armed forces had gained.

Shortly after the insurrection, Minister of War J. de la Cierva was commissioned to reform the armed forces. According to his assessment, the army suf-

97 Enric Ucelay-Da Cal, »Spain's ›Crisis of 1917‹«, in *Revolutions and Counter-Revolutions: 1917 and Its Aftermath from a Global Perspective*, eds. Stefan H. Rinke and Michael Wildt (Frankfurt: Campus Verlag, 2017), 235-260; Alberto Bru Sánchez-Fortún, »Para repensar las Juntas Militares de 1917,« *Hispania*, vol. 76, no. 252 (2016), 189-215; Francisco J. Romero Salvadó, »«España no era Rusia.» La Revolución Española de 1917: Anatomía de un fracaso,« *HISPANIA NOVA. Primera Revista de Historia Contemporánea online en Castellano. Segunda Época*, vol. 15 (2017), 416-442; Maximiliano Fuentes Codera, *Spain and Argentina in the First World War: Transnational Neutralities* (London; New York, NY: Routledge, 2021), 105-151.

98 Fuentes Codera, *Spain and Argentina in the First World War*, 105-151; Carlos Forcadell and Manuel Suárez Cortina, eds., *La Restauración y la República, 1874-1936* (Madrid; Zaragoza: Marcial Pons Historia; Prensas de la Universidad de Zaragoza, 2015); Pablo La Porte, »Marruecos y la crisis de la Restauración 1917-1923,« *Ayer*, vol. 63, no. 3 (2006), 53-74; Ferran Archilés, »Vivir la comunidad imaginada. Nacionalismo español e identidades en la España de la Restauración,« *Historia de la Educación*, vol. 27 (2008), 57-85.

99 Romero Salvadó, »«España no era Rusia,«, 424-425.

100 The insurrection of the Defensive Junta was just the beginning. It was followed by social turmoil as well as local and general strikes. Romero Salvadó emphasizes that the uprising of the army allowed the government to withdraw and the King to appoint a new government. Romero Salvadó, »«España no era Rusia,«; Bru Sánchez-Fortún, »Para repensar.«

ferred from a massive staff imbalance. There were too many higher-ranking officials in relation to regular soldiers, and the drafting system for the compulsory service did not work well. Thus, the administrative infrastructure was bloated, the weaponry outdated, and the conscription system inefficient. The institution had developed a hydrocephalus of officials that had become too expensive for the state budget and stood in the way of technological modernisation.<sup>101</sup>

J. de la Cierva's law proposition addressed the problem of high personnel costs and suggested change on various levels. First, it contained a retirement decree offering everyone who would voluntarily join reserve units or retire a continuation of regular full pay until they reached the usual retirement age. Second, troops, units, and ranks were to be restructured. Third, it introduced a reorganisation of the military zones and their corresponding administrations.<sup>102</sup> These measures promised several benefits: creating reserve units would help reduce staff costs because higher-ranking staff would prematurely step down from active service without anyone losing face.

In this way, the reduction of commanding officials supposedly avoided conflict, as reservists would only complement the ranks when necessary. Once the first generation of reserve officials, who enjoyed the continuation of their pay, had retired, the reserve units would eventually consist only of soldiers and officials called up in times of need. There was no need to maintain them like standing troops, which would ultimately alleviate budgetary problems. In addition, a geographical reconfiguration of military zones aimed to concentrate units. In doing so, fewer officials would be needed to coordinate and control garrisons. These different staff cuts would free up funds to be reinvested in modern weaponry.

J. de la Cierva also focused on education and founded a new academy for infantry soldiers, helping to train not only commanding ranks but also regular soldiers in war tactics and strategies.<sup>103</sup> This measure not only chimed with contemporary perceptions of education but was also supposed to make the institution more attractive. J. de la Cierva's reforms must be seen as an attempt by the government to contain the army's power and was met by fierce and successful resistance. Ultimately, this project proved to be only a drop in the bucket – only the educational expansion was successful.<sup>104</sup> In the end, it did not solve the budgetary problems and the related aims. J. de la Cierva, however, marked the fields his successor reformers would always target when attempting to modernise the army. In fact, all his measures to cut costs by cutting staff and to invest in education and formal training reappear continuously. Investment in formal training

101 Fernando Puell de la Villa, *Historia del ejército en España* (Madrid: Alianza Editorial, 2000), 157-161.

102 Gaceta de Madrid, 30 June 1918, no. 181, 823-841.

103 Puell de la Villa, *Historia del ejército*, 159.

104 Ibid.

and knowledge advancement tended to be well received, but structural change that was openly rejected can be observed in many other fields, too, for instance, in health reforms.

In 1923, 7 years later, the constitutional monarchy transformed into a military dictatorship after General Miguel Primo de Rivera y Orbaneja (1870-1930) came into power through a coup, supported by the king. With a general now at the helm of the state, fundamental reform seemed even more complicated. The problems remained, a situation M. Primo de Rivera was well aware of. Eventually, he entrusted his Navy Minister to draw up reforms, leaning on many of J. de la Cierva's items, though they were ultimately never put into practice: Again, only measures to improve military training and education were successfully implemented. M. Primo de Rivera's dictatorship saw the founding of military schools for officials, war equipment and weaponry engineers, and infantrymen.<sup>105</sup> The army was open to new knowledge about modern warfare and weaponry, but the staff composition remained untouched, continuing to lean heavily towards a surplus of higher-ranking officials. The hydrocephalus of officials was powerful enough to obstruct any attempts that might have impacted them or their positions. The vicious circle continued: The general budget remained burdened by staff expenses, preventing the acquisition of modern weaponry or medical equipment. If we consider that clientelism and oligarchic structures dominated the political and administrative system of Restoration Spain,<sup>106</sup> it does not surprise that this trait also characterised the army.

Only when the Restoration system ended and the Second Republic was proclaimed on 14 April 1931 did a brief window of opportunity for change open, hastily seized by the first War Minister, Manuel Azaña y Díaz. During the months when the Constituent Assembly worked on the draft of the new constitution, M. Azaña was already launching a package of decrees to reform the army. His project, again, strongly resembled the unsuccessful reform proposals of his predecessors. However, in contrast to his predecessors, his reform project turned into one of the most prominent and controversially discussed military reforms in 20th-century Spain.

Born in 1880 in Alcalá de Henares, near Madrid, M. Azaña was one of the leading figures in Spain's process of democratisation after the demise of the dictatorship of M. Primo de Rivera, the so-called *dictablanda* of the military general Dámaso Berenguer Fusté. M. Azaña was connected to the bourgeois, liberal left-wing, radical Republicanism that promoted secularism, fundamental social reforms to achieve social justice, a new social pact, democracy, and an interventionist state. He and his supporters demanded a clear break with Spain's monarchist past. He was involved in the Pact of San Sebastián, which was formed by a revolutionary committee on 17 August 1930 and tried – unsuc-

105 Ibid., 160.

106 Herold-Schmidt, »Staatsgewalt, Bürokratie und Klientelismus,« 131-162.

cessfully – to overthrow D. Berenguer's dictatorship.<sup>107</sup> Instead, the final push towards a system change happened at the ballots of the municipal elections on 12 April 1931. Most Spanish voters elected Republican candidates, thereby dismissing the *dictablanda* and, in due course, the Restoration system.

The proclamation of the Second Republic 2 days later sealed the end of Alfonso XIII's monarchy and the Restoration, paving M. Azaña's way into the Ministry of War. Apart from his commitment to Republicanism, he was deeply interested in military and defence politics. During the First World War, M. Azaña proceeded with an in-depth study of the French model of the armed forces, visited the Italian front, and organised a lecture series on military politics. Concurrently, J. de la Cierva launched his new military law proposal, which failed.<sup>108</sup> Immediately after M. Azaña took office, he started to decree a wide-ranging programme of military reforms that aimed to imitate the French model of the *levée en masse*. Like his predecessors, he thought of the overall situation of the armed forces as decadent, imbalanced, and too expensive for the state budget. »In Spain, the army was used for everything: to settle royal dynastic feuds, to fight colonial wars, and to be sent to Africa. However, ever since the War of Independence was over, nobody has managed to organise and put an army together that is fit to fight an international war,«<sup>109</sup> he eventually claimed in front of the Constituent Assembly. Today's military historiography agrees with him.

Although a pacifist, M. Azaña believed an army was supposed to defend the nation and not meddle as a political actor in domestic politics. The army had to be »efficient«<sup>110</sup> and rest on professional soldiers and officials who were to be supplemented in times of war by recruits through conscription. The dual structure of a *levée en masse* was better suited for the available state budget. He did not waste time in launching his reform. Two weeks after the proclamation of the Second Republic, beginning on 26 April 1931, he started issuing decrees. By introducing change via decree instead of proposing a whole new military law project that would have had to pass through the parliament, he achieved two things: The reforms were initiated quickly and in smaller steps. In doing so, he asserted his position as War Minister while the Second Republic as a political system was still under construction.

The first decree he issued called for all soldiers and officials to swear an oath of loyalty to the Second Republic. It was supposed to reinforce the army's

107 Romero Salvadó, *Twentieth-Century Spain*, 61-69; Miguel Ángel Villena, *Ciudadano Azaña: Biografía del símbolo de la II República* (Barcelona: Península, 2010), 87-114.

108 Unfortunately, there is no evidence whether M. Azaña and J. de la Cierva interacted, but since M. Azaña's reform measures strongly resembled J. de la Cierva's law, it is very likely that M. Azaña somehow noticed J. de la Cierva's law.

109 Manuel Azaña, *Diario de Sesiones de las Cortes Constituyentes de la República Española*, 2 December 1931, no. 84, 2777.

110 Juliá, *Manuel Azaña*, 104.



loyalty to the newly established state and to indicate its new position within society. This decree thus fulfilled a symbolic function. The army members were urged to swear an oath to stop meddling in domestic politics and to accept the Second Republic as the rightful political system they were supposed to defend. Next came a decree that would, in contrast, considerably alter the social networks of the military elite: the so-called retirement decree,<sup>111</sup> probably the most controversially discussed measure afterwards. It gave M. Azaña the nickname »shredder of the army.«<sup>112</sup> The decree gave all officials of the various military corps and branches<sup>113</sup> the opportunity to voluntarily join the reserve units or retire, on the condition of continued pay until they reached the usual retirement age. Though different in wording, essentially this decree was very similar to the corresponding parts of the law issued by J. de la Cierva 13 years earlier.

M. Azaña's being called »shredder« was in some way justified because his decrees amounted to institutional clear-cutting. Still, as reform attempts go, particularly those by J. de la Cierva, M. Azaña's approach was neither innovative nor revolutionary. However, unlike his predecessors, he was bound neither by any institutional dependence (like M. Primo de Rivera) nor by a monarch who maintained close relations with the army. The proclamation of the Second Republic and the shuffling of political actors heralded a new beginning, and M. Azaña did not hesitate to seize the opportunity to facilitate the radicalism necessary for introducing long-overdue transformation.

All of these decrees were passed before the Constituent Assembly started its sessions.<sup>114</sup> This timing was remarkable because it meant that the army had already significantly been reduced in size and staff over the summer of 1931 in a top-down process without interference by parliament. This avoided lengthy parliamentary debates over the decrees, which accelerated the process significantly.<sup>115</sup> The quality of his reforms is still a subject of debate among military historians. In terms of numbers, his retirement decree was rather successful as the Spanish army was cut in half after just a few months,<sup>116</sup> which influenced the social coherence of the army's ruling elite. Its falling apart in two parts during the coup d'état in July 1936 suggests that loyalty to the Second Republic had grown within the army, which undermined the dominant clientelist power structures during the Restoration.

111 It was decreed on 26 April 1931 but published one day later: *Gaceta de Madrid*, 27 April 1931, no. 117, 349-350.

112 Alpert, *La reforma militar de Azaña*, 327.

113 General Staff (Estado Mayor) of the police forces Guardia Civil and Carabineros, of the Lancers of the Royal Guard, of the Juridical Military Corps, of Provision, Intervention, and the Medical Corps.

114 Juliá, *Manuel Azaña*, 108-109.

115 Alpert, *La reforma militar de Azaña*, 150-179.

116 *Ibid.*, 108-109.

M. Azaña's reform package targeted all units and bodies of the army. Staff reduction especially affected the Health Service Corps. Among the total ca. 900 officials in 1931, only 651 were still on the military payroll in 1932: The number of colonels was halved from 21 in 1931 to 11 in 1932; 50 lieutenant colonels out of 80 left the active service, together with 92 of 233 majors.<sup>117</sup> In summary, the lion's share of the reduction happened within the upper commanding ranks. Until 1936, ranks were in part refilled, though a shift within the officials' corps occurred: The number of lower-ranking officials such as sublieutenant, lieutenant, and captain increased, whereas the reductions in the higher ranks remained. This proved cheaper, but as a result, when the civil war began, lower-ranking officials quickly ascended to higher coordinating positions. Particularly for the Francoist Health Service officials, the civil war acted as a career springboard.

### 3.2 *Spanish Translations of the Lessons Learned from the First World War*

Reforming the army was a concern not only of war ministers but also of many army officials, who also argued for change – or rather modernisation. The Health Service was one body that had officials lobbying for a reorganisation of their service and, by extension, of the entire army. Like all those who had previously attempted to reform the army, the year 1917 and, more generally, the First World War provided a moment of critical reflection on the capacities of such advocates. Health Service doctors particularly paid close attention to the medical developments initiated by the First World War. Discussions around new types of injuries, treatment techniques, logistics, and the deployment of military health services had already travelled throughout Europe and beyond during the war, intensifying even more afterwards. New weaponry, warfare tactics, and requirements to sustain and supply mass armies had not only radically changed the spatial configuration of the frontlines but also started to blur the distinction between civilian and militarised spaces.<sup>118</sup>

Spanish military doctors eagerly engaged in international knowledge exchange networks and attempted to translate the lessons learned from the First World War into the Spanish context. One key actor was Juan Martín Rocha (\*1888). He and his network of colleagues exemplify the military medical experts dedicated to lobbying for reforms in their field. J. Martín entered the army in 1912 and quickly moved into the Military Academy of Medicine, where he first became a teaching assistant and then a professor. He specialised in logistics and medical statistics<sup>119</sup> and taught, among other things, treatment techniques to Health Service ensigns as well as on sanitary material, health logistics, the art

117 *Ibid.*, 163.

118 Hagemann, »Die Heimatfront,« 181-202.

119 *Revista de Sanidad Militar*, No. 9, Año XXIII, Madrid, 15 September 1933.

of war, and military medical assistance.<sup>120</sup> In 1933, he became a member of the examination board for Red Cross nurses, which suggests he participated not only in military medical networks but also in the networks of the SRC. J. Martín and his colleagues had undertaken an in-depth study of the lessons learned from the First World War, but their suggestions for improvement seemed to have had little to no impact during the Restoration. As an ensign, he still had too low of a position in the hierarchy to be taken seriously. In 1931, under the Republican government, he was promoted to medical commander (Comandante Médico de Sanidad Militar)<sup>121</sup> and was then commissioned by the Ministry of War to write a new handbook for the Health Service, published briefly before the Civil War began in 1936: the *Doctrine about the Health Service in Times of War*.<sup>122</sup>

This text represents an amalgamation of the debates that marked the Spanish reception of medical innovations in the aftermath of the First World War. It provides valuable insight into how the reformed Health Service was imagined and how experts of military medicine envisioned a future war. That a civil war lay ahead was, apparently, not on their horizon – at least none of the extensive and detailed chapters refers to such a possibility. The Doctrine's existence must be understood as a seized opportunity. Before the Second Republic, J. Martín's audience was limited to the social space of fellow experts of military medicine. The Republican Ministry of War, however, then saw the potential of his work and offered him the chance to define new standards.

In his Foreword, J. Martín promised a guideline for a »modern health service« that was to be part of a »modern army« fit to fight a »modern war.«<sup>123</sup> Responding primarily to the shift from mercenary to mass warfare, he stressed not only that »modern« war called for a »modern« military health service but also that the Spanish Armed Forces were particularly »backwards«<sup>124</sup> compared to other European armies and, therefore, in need of reform. The concept of the Health Service J. Martín proposed was a break with the existing military healthcare system and corresponding relations with the Red Cross, which had been continually cultivated over the preceding decades. According to his Doctrine, the Health Service should be located at the centre of the armed forces instead of continuing to be an appendage. A »modern« army was to be a mass army that required extensive logistics. Although the army never entirely outsourced medical assistance to the SRC, in the eyes of J. Martín, the close connection between the army and

120 AGMS, Cuerpo de Sanidad Militar, Hoja de Servicios, Juan Martín Rocha, 1ª, C. G, 136M, Exp. 10.

121 Ibid.

122 Henceforth I refer to this text as »Doctrine« or »Doctrina.« Juan Martín Rocha, *Doctrina sobre el Servicio de Sanidad en campaña. Deducida del estudio de los reglamentos de algunos ejércitos europeos* (Madrid: Imprenta y Talleres del Ministerio de la Guerra, 1936).

123 All quotes cf. Martín Rocha, *Doctrina*, 6-7.

124 Ibid., 5.

the SRC was problematic. Thus, the symbiotic relationship with the SRC was in need of recalibration, and the army's medical corps had to regain control over its provisions and staff. Keywords of his view of the military medical corps were efficiency, modernity, and adequacy.

J. Martín's concept of a »modern army« and a »modern health service« rested on two intersecting ideas: According to the Doctrine, future wars would be fought as total wars requiring mass mobilisation and resulting in large numbers of injured and sick persons.<sup>125</sup> Experts were needed to combat the latter. In this regard, J. Martín somewhat echoed M. Azaña's military reform.

The place of the Health Service within the mass army was coupled with the importance of keeping the morale high and the troops satisfied. It was to be part of an infrastructure that would provide the army's combatant units with supplies and services.<sup>126</sup> The Health Service's missions were to organise, provide, and promise rescue on the battlefield and to treat sickness in the combatant units. However, J. Martín acknowledged that the existence of the Health Service had a greater psychological impact than regarding actual rescue and cure work. The First World War had shown that modern weaponry caused severe, not easily cured injuries, minimizing the likelihood of a full recovery in time for efficient redeployment.<sup>127</sup> The work and existence of the Health Service meant, first and foremost, promising the combatants and their families a future *after* the war. For the military administration, it was instead a service necessary to keep troop morale up and, by extension, combatant strength.

J. Martín's concept of a modern health service furthermore reflected the increased necessity for labour division the First World War had introduced. As widely agreed upon in historiography, warfare based on general mobilisation entailed a greater diversification of different parts of the military.<sup>128</sup> According to J. Martín, the Spanish army was supposed to consist of two bodies:<sup>129</sup> combatants and the units that »were responsible for conveying anything combatants needed for winning the war to the battlefield.«<sup>130</sup> The Health Service was to become part of what J. Martín called the »second army« (*segundo ejército*).<sup>131</sup>

125 Ibid.

126 Ibid., 10.

127 Ibid., 125-136.

128 David A. Bell, »Der moderne Krieg: Einleitung,« in *Eine Geschichte des Krieges vom 19. Jahrhundert bis in die Gegenwart*, ed. Bruno Cabanes (Hamburg: Hamburger Edition, 2020), 37-44; Roger Chickering, »The Spanish Civil War in the Age of Total War,« in »If You Tolerate This...« *The Spanish Civil War in the Age of Total War*, eds. Martin Baumeister and Stefanie Schüler-Springorum (Frankfurt a. M.: Campus Verlag, 2008), 28-46.

129 Martín Rocha, *Doctrina*, 37-38.

130 Ibid., 38.

131 Ibid., 37-38.

However, to fulfil their duty meant medical knowledge alone would not suffice to organise an efficient service:

The modern medical corps actively performs on a technical level in the battlefield. [...] It is essential that its leadership be trained in military strategies and tactics because, without them, it will fail, no matter how well trained they are on a technical or medical level. It is impossible to organise and lead the medical corps without knowing about the general organisation of the Armed Forces, its tactics, the missions of its branches,<sup>132</sup> the place they hold within the theatre, the stages of battle, posts to take in different stages of battle, and so on.<sup>133</sup>

According to him, geostrategic movements of the troops, territorial conditions, and power distribution within the army and their relationship with the government became essential knowledge for Health Service officials.<sup>134</sup> This kind of knowledge had long been largely sensitive, classified, and until then inaccessible to Health Service officials. By claiming this privileged position, J. Martín demanded a reassessment of the Health Service's significance. To bolster this claim, the Doctrine contained long chapters with detailed explanations to inform officials about how a modern army functioned internally and operated during wartime.

According to J. Martín, a key moment for Health Service officials was the declaration of war. It marked the moment that initiated the transition from peace to war and the moment when the Health Service had to take action. The declaration of war defined the moment of rearranging the spatial order of society into a civilian homefront and a militarised vanguard, with the latter again subdivided into several zones:

The zone of the Armed Forces will be subdivided again in two by the General-in-Chief, which will be called the advanced frontlines and the rearguard [...] The first is where the first-line units work, including the divisions and army corps. [...] The second one starts where the first zone ends and reaches towards more backward territories, where mainly rearguard service troops function. [...]

The part of the rearguard zone where supply and evacuation units work will be called *etapa*<sup>135</sup> [...]. Command over it will be transferred to the Director

132 Original: Grandes Unidades.

133 Martín Rocha, *Doctrina*, 6-7.

134 *Ibid.*, 5-68.

135 There is no corresponding term in English except rearguard or rear, which can refer to not only the militarised zones but also the civilian zones. However, Spanish military officials constantly distinguished between *retaguardia* (the Spanish direct translation to rearguard) and *etapa*. Therefore, I use the Spanish word *etapa* to relate to this specific space within the rearguard zones.

General of *etapa* [...] His duties comprise particularly maintaining order over the territory, coordinating the police forces, and exploiting local resources.<sup>136</sup>

The Doctrine thus explains to its readership the transformation of a society at peace to a society at war, which also required a reconfiguration of spatial order and the relationship between the state and the army. The declaration of war was the responsibility of the state government. Until war was declared, the army could not assume power over any state territory. However, the government's monopoly of violence over the entire state territory ceased where the armed forces operated after the declaration of war. Following such a declaration, the War Minister and his army distributed power over the state territory. The civilian government, headed by the Prime Minister, was therefore replaced by experts on war and combat.

Dividing the battlefield into three spaces was borrowed from the German and French armies' system during the First World War.<sup>137</sup> J. Martín then further defined the hierarchy of authority over these three spaces and their specific functions: While the zone of the firing line was supposed to only be governed by war tactics, the *etapa* was already a space containing a greater variety of duties, tasks, and frontline life. The Health Service would operate mostly in the *etapa* and rearguard, the latter being where military police forces were located and presided over military law and order. Supply services, logistics, and evacuation services would also be there, using local resources, coordinating provisions, and minimising material and personnel losses in case of a retreat:

At the beginning [...], the General-in-Chief [...] needs to delegate any decision-making responsibility concerning the functioning of this second army [...], so he has more time to concentrate on tactics and strategies. He will hence name a general from his General Staff, who will be Director General of the rearguard services and transportation [...] These services can mostly be considered part of different sciences, and their members are not familiar with the art of war. However, to function properly, they must be organised by a specialist from the respective field; therefore, the Director General is not enough to coordinate these services, which is why any specialised service will have a Technical Director who will then also answer to the order of the Director General.<sup>138</sup>

Again, J. Martín's understanding of modernity relied on a perception that warfare, like medicine, was a scientific field, and that only a dialogue between these fields of expertise would result in modern warfare. He called this conception »technical.« For the Health Service, this meant all authorities were

136 Martín Rocha, *Doctrina*, 17-19.

137 Gerhard Hirschfeld, Gerd Krumeich, and Irina Renz, eds., *Enzyklopädie Erster Weltkrieg* (Paderborn: Schöningh, 2003), 465-466.

138 Martín Rocha, *Doctrina*, 38.

to consists of experts and only the military officials who coordinated and administered the Health Service should be part of the armed forces during peacetime. War would be the only job for these officials, and peace meant that they were supposed to develop strategies, increase their knowledge, and train reserves to prepare them for combat once war was declared. All experts, however, who came from sciences other than war – like medicine – and who would eventually be part of the rearguard services, should work in their relative fields of expertise in the civilian world during peacetime and should only be mobilised after a declaration of war.<sup>139</sup> Such an interpretation meant that the mobilised experts of civilian professions could not be expected to be familiar with military standards and procedures. This system could only function if there were brokers between the two spheres as well as experts in both spheres. The Doctrine addressed these intermediaries and offered them a blueprint to determine the units where health workers and medical staff would be deployed relative to the firing lines.

J. Martín eventually sided with the Francoist army in 1937. He left Madrid 2 days before the coup d'état began to spend his vacation at a beach in the Basque Country. Caught up in the Republican zone, he started working in a military hospital. After the northern front section of the Basque Country, Asturias, and Cantabria fell in the summer of 1937, he became part of the Francoist Health Service. It is hard to know for sure whether he really got ›stuck‹ in the Republican zone, as he claimed to the Francoist officials<sup>140</sup> or whether he chose to stay. That his military career stagnated during the war<sup>141</sup> can be interpreted as a sign of mistrust in him, especially when we compare the careers of other military doctors. Most of those who declared their allegiance to the insurgent generals early on and who were never doubted quickly enjoyed rising careers during the war and numerous medals of honour after the war. In contrast, J. Martín remained commander throughout the entire war and was promoted to lieutenant colonel only in 1943 on the principle of seniority.<sup>142</sup>

It is difficult to assess the reception of the Doctrine during the war. Since J. Martín had worked in teaching throughout most of the 1920s and the 1930s, many of the Health Service officials of both armies had likely studied with him or come across his teachings. That both belligerent parties almost identically adopted his concept of the rescue infrastructure may, therefore, not be surprising; it additionally points to a finding of the war historian James Matthews about conscription practices,<sup>143</sup> which is also valid for military medicine: Professional pragmatism often superseded the ideological divide be-

139 Ibid., 39.

140 Ejército Nacional, Ejército del Norte, Jefatura de Sanidad, AGMAV, C. 42067, 1.

141 AGMS, Cuerpo de Sanidad Militar, Hoja de Servicios, Juan Martín Rocha.

142 Ibid.

143 Matthews, *Reluctant Warriors*, 34.

tween the belligerent parties in particular contexts of the war. In other words, both armies deployed their Health Services almost identically,<sup>144</sup> even though the Republican government eventually transformed its combatant units into a Popular Army, which stood in sharp contrast to the structure preferred by F. Franco and his followers. Whether the Doctrine was influential or just a consolidation of already widespread knowledge remains open to further investigation. Its story and the story of its author reflect that reforming the army was not just an issue for the different governments and their budget politics. Rather, it shows that the reformists coexisted with the non-reformists, and that a change in the political system was needed for them to gain more relevance and power.

#### 4 Medicine and Health Care in the Transition from Restoration to Republic

The road towards the Spanish welfare state was rocky. The Sanitary Law of 1855 marked the first milestone by the Spanish monarchy towards state intervention in health and medical assistance. However, the idea of an interventionist state providing welfare was still in the making. Implementing the law was particularly weak regarding its domestic sphere, as this task was generally outsourced to the municipalities. In contrast, the Foreign Health section, as defined by the law, justified the state's intervention in international commerce and diplomacy. Consequently, the population did not immediately benefit from this legislation and even less from other law projects that were drafted but never saw the light of day. Health became a field of foreign instead of domestic politics.<sup>145</sup>

Nevertheless, philanthropic and humanist conceptions of health started to permeate the liberal bourgeoisie strata of Spanish society. Towards the end of the Restoration, it was the individual members of these groups who proposed new visions for a public healthcare system, prominently Ramón Pelayo de la Torre, with his model hospital in Santander,<sup>146</sup> or the widely unknown Alejandro Rodríguez Solís, who proposed an infrastructure for modern public hospitals in Cadiz,<sup>147</sup> I discuss in later chapters. Workers' movements and parties also began to engage in the issue of health and medicine towards the end of the Restoration but were too immersed in their fight for improving labour conditions and class

144 See, among others, Coni, *Medicine and Warfare*; López Vallecillo, »Presencia social e imagen pública.«

145 See, among others, Barona and Bernabeu Mestre, *La salud y el estado*; Barona Vilar, *Health Policies in Interwar Europe*.

146 See, Salmón, García Ballester, and Arrizabalaga, *La Casa de Salud Valdecilla*.

147 Reglamento de la Brigada Sanitaria Provincial de Cádiz, AHN, FC-M°, INTERIOR, A, 54, Exp. 15.



struggle, so that health never topped the agenda nor became a contested arena in public discourse.<sup>148</sup>

Against this backdrop, both the Spanish Red Cross and the armed forces emerged as relevant actors. The former became an institution that offered work and a sense of purpose to the upper classes, quickly turning into an institution of reference for the training of female secular nurses. There, the world of liberal humanitarianism merged with Spanish Catholic tradition, conceptualising the profession of the nurse. In other words, the benevolent elite defined care work and bedside nursing – a profession that, during the initial stages of Francoism, would be one of the few occupations considered honourable and suitable for women. The armed forces, on the other hand, maintained very close connections with the SRC. Therefore, their stories are strongly intertwined. Because of the Health Service, the army depended on the SRC (to a certain degree) and functioned as a bridge between the civilian world of medicine and the militarised one. Both institutions offered bright futures and networks for aspiring young medical professionals who desired social upward mobility or consolidation of their own privileges.

However, in the journey from the Sanitary Law to the abdication of Alfonso XIII, Spain's history of medicine and healthcare remains a continuous story of discontinuity. Regarding knowledge production, Spanish medicine was very receptive to novel ideas being discussed internationally and was eager to modernise. Nevertheless, reformers constantly faced institutional resistance regarding budgets, ranks, and social positions. Furthering education by founding new research institutions seems to have been the only compromise for the constitutional and dictatorial Restoration system.

The proclamation of the Second Republic brought about an opportunity for change, and new legislation was passed. The first institution targeted was the army. Though the Health Service was not on Minister of War M. Azaña's immediate agenda, his reforms affected it as well and allowed military medicine and medical logistics experts to consolidate their knowledge. That one of them, J. Martín, was eventually commissioned to write a new handbook for a modern Health Service points to a general receptiveness of the ministry to further reform – despite the contemporary controversies regarding M. Azaña's thorough reorganisation of the army.

148 See, among others, Campos, »El deber de mejorar«; Molero Mesa and Jiménez Lucena, »Brazo y cerebro«.

## IV. La Niña Bonita – La Niña Sana?

Like all milestone moments, the proclamation of the Second Republic on 14 April 1931 was both a turning point and a mere date in Spanish history. The pressing social and political problems of Spanish society – extremely unequal distribution of wealth and power with all its consequences<sup>1</sup> – that had been building up and exacerbating for decades were not solved just by announcing a system change. Yet, to many, it promised a new beginning, a second opportunity to build a republic, a democratic society, and the chance to abolish inequalities. The illustrated press, which predominantly addressed the urban middle and lower-middle classes, promised the »new Republic would abolish outdated conventions and limiting constraints on personal fulfilment. Everybody would be able to choose a personal career of their own liking, to establish a more rewarding personal life.«<sup>2</sup> And even among monarchists and other non-Republican strata of Spanish society, some members understood the proclamation of the Second Republic as a new opportunity, as legal historian Vicente Navarro de Luján emphasises. They, too, had seen the monarchy fail and understood the need for change.<sup>3</sup> Feeding into this general euphoria, the first government of the Second Republic, led by the socialists and the radicals, eagerly designed several reform projects<sup>4</sup> and thus began what historiography would later call the *biennio de reformas*, the biennium of reforms.<sup>5</sup>

- 1 Among so many, see Barceló, Schmidt, and Herold-Schmidt, eds., *Geschichte Spaniens*; Casanova and Gil Andrés, *Twentieth-Century Spain*; Tuñón de Lara, *La España del siglo XX*; Bernecker, *Geschichte Spaniens*; González Calleja et al., *La Segunda República española*; Graham and Labanyi, eds., *Spanish Cultural Studies*; Álvarez Tardío and del Rey Reguillo, eds., *The Spanish Second Republic Revisited*; Till Kössler, »Demokratie und Gesellschaft in Spanien. Populäre Vorstellungen der Zweiten Republik 1931-1936,« in *Normalität und Fragilität: Demokratie nach dem Ersten Weltkrieg*, eds. Tim B. Müller and J. Adam Tooze (Hamburg: Hamburger Edition, 2015), 463-496.
- 2 Kössler, »Republic of Hope and Fear,« 26.
- 3 However, the support for the Second Republic among large segments of the monarchists and particularly non-republican forces ended quickly. Their initial support mattered, nonetheless, particularly during the first months of the provisional government of Prime Minister Niceto Alcalá-Zamora y Torres. Vicente Navarro de Luján, *Entre la reforma y la revolución: La labor del gobierno provisional de la Segunda República española (Abril-October 1931)* (Madrid: CEU Ediciones, 2017), 18.
- 4 González Calleja et al., *La Segunda República española*, 72-73.
- 5 It has also been called »biennium of reforms« (*bienio de reformista*), »biennium of the left« (*bienio de izquierdas*), and »biennium republican-socialist« (*bienio republican-socialista*). In the historiography from the 1970s onwards, the legislative period that followed was often denominated as the »black biennium« (*bienio negro*) thanks to the violence that spiralled. It has also been called »biennium of the right« (*bienio de derechas*), and »radical-ceda-ist biennium« (*bienio radical-cedista*). Again, I prefer the more neutral descriptions of first and second biennium.

To others, the proclamation of the Second Republic and the subsequent state-building process created fear; they saw their privileged positions seriously threatened.<sup>6</sup> Their influence gained momentum once the first legislative term was over in 1933 and Alejandro Lerroux García's (PRR) and José María Gil-Robles y Quiñones' (CEDA) right-wing conservative government took over. Under their rule, large parts of the reforms were either dismantled, put on hold, or never implemented. Compensation for the wealthy, propertied upper classes superseded the measures taken to redistribute wealth and power according to socialist parameters. This government did not last its entire term, and once they were out of office in the spring of 1936, the pendulum swung back as the Popular Front coalition assumed power.

Building the Republic was characterised by the abundance and complexity of social, economic, and political tasks to be accomplished simultaneously, which overtaxed the capacities of the respective governing coalitions. Little stability but rather a constant back and forth, renegotiation, and conflict marked the 5 years of peace of the Second Republic. Nevertheless, the Second Republic was a political system and period in Spanish history that allowed for an unknown plurality to result from previous long-term developments and the new opportunities that suddenly became available. And for Spanish feminists,<sup>7</sup> it meant the structural change they had been waiting for.

During the preceding decades, particularly in urban centres like Madrid or Barcelona, enlightened intellectual and cultural strata of society that strived for modernity had formed. Feminist identities emerged both among the liberal bourgeoisie as well as among the Spanish worker movements and the left-wing political cultures, especially anarchists. The formerly cherished cultural icons like the 'garçonne' welcomed the femininisation of certain professions, such as the typist or the telephonist, and embraced education as the means for social advancement. The latter called for labour rights, better access to education, and the protection of women from domestic violence. They all appropriated parts of the discourses and political cultures suitable for their goals and reinterpreted them through the lens of feminism.<sup>8</sup>

During the late 19th and early 20th centuries, these concepts eventually diffused, merged with ideas of equal civil rights, and were adopted also by male politicians. Against the backdrop that many countries had changed their suffrage laws to universal suffrage after the Great War, universal suffrage was briefly

6 Kössler, »Republic of Hope and Fear,« 26.

7 Amparo Hurtado Díaz, »Biografía de una generación: Las escritoras del noventa y ocho,« in *Breve historia feminista de la literatura española (en lengua castellana)*, eds. Myriam Díaz-Diocaretz and Iris M. Zavala (Madrid; Barcelona: Anthropos, 1993), 139-154.

8 Ana Aguado, »Identidades de género y culturas políticas en la Segunda República,« *Pasado y Memoria: Revista de Historia Contemporánea*, vol. 7 (2008), 123-124.

discussed during the 1920s in Spain, too.<sup>9</sup> The military general Miguel Primo de Rivera y Orbaneja invited 13 women as consultants to his pseudo-parliament towards the end of his dictatorship.<sup>10</sup> Universal suffrage was eventually discarded,<sup>11</sup> and the female advisors were never really consulted because M. Primo de Rivera's dictatorship ended. The different feminist strands proved too weak and too fragmented to create a mass movement in Spain comparable to their prominent sister movements in the UK, the United States, France, or Germany. And yet, womanhood was under scrutiny in Spain. The prisms of class, education, and laicism vis-à-vis Catholicism supported this reassessment. The proclamation of the democratic Second Republic offered hope for change because most of the lower- and lower-middle classes had been largely excluded from intellectual life, political participation, institutionalised higher education, and social mobility during the dictatorial period of the Restoration system.

Substantial progress emerged during the so-called first biennium. What had failed years before then became reality: The constitution enshrined equal citizenship and universal suffrage,<sup>12</sup> and in 1933 all Spanish women of legal age were allowed to vote just like men. Further, the civil code introduced civil marriage, divorce upon mutual consent,<sup>13</sup> and the equal status of legitimate and illegitimate children, while the penal code decriminalised adultery.<sup>14</sup> Apart from laws that explicitly targeted the institution of the family, marriage, and the status of men and women, educational reforms like the introduction of mixed schools also contributed to galvanising gender relations. The gender historian Ana Aguado qualifies these legislative ruptures as a milestone but emphasises that these new laws – like the other reform projects of that era – had little time to sink in; these changes would have demanded from Spanish society (at least) a generational change to settle into new codes of social conduct and a correspondent culture.<sup>15</sup> Still, their mere existence did contribute to stabilising the pluralisation and certain shifts in discourses on gender relations.

In this social discourse space, womanhood became subject to heated political controversies that accelerated and further pluralised throughout the Second Republic. For instance, the icon of the ›atheist, educated, working-class woman,‹

9 Morcillo Gómez, »Españolas,« 63–65.

10 Franco Rubio, »Los orígenes del sufragismo,« 482.

11 Ignacio Álvarez Rodríguez, »El sufragio femenino en la II República,« *UNED. Revista de Derecho UNED*, vol. 22 (2018), 138–139.

12 Franco Rubio, »Los orígenes del sufragismo;« Katharina Seibert, »Schlagabtausch der Feministinnen. Spaniens erste Parlamentarierinnen im Kampf um das Frauenwahlrecht,« in *Vorhang Auf! – Frauen betreten die parlamentarische Bühne*, eds. Andreas Schulz and Tobias Kaiser (Düsseldorf: Droste, 2022), 179–200.

13 Aguado, »Entre lo público y lo privado,« 109.

14 Carmen Madorrán Ayerra, »The Open Window: Women in Spain's Second Republic and Civil War,« *Perspectives on Global Development and Technology*, vol. 15, no. 1–2 (14 January 2016), 248.

15 Aguado, »Identidades de género y culturas políticas« 126–127.

was conjured during the parliamentary debates on the universal suffrage paragraph of the new constitution in October 1931.<sup>16</sup> According to the socialist and other left-wing republican fractions, she was to be the role model for future democratic womanhood.<sup>17</sup> The discourses of left-wing and leftist ideologies all shared conceptualisations of the relations between gender and work, gender and family, gender and education, etc., in more equal terms than Catholic, reactionary, and later falangist conceptions would promote. Although there was a greater variety in how women and men would interact with each other and assign each other places in the new society, there was also a difference between identifying as an anarchist or a socialist woman – and the same held for men. Apart from the discrepancies and differences among the political left-wing spectrum of Spain's society, especially the right-wing strata often fiercely opposed these progressive and innovative gender discourses. Their preferred system of gender relations revolved around the concept of complementarity. Consequently, these shifts in the rules of what was sayable in the left-wing and leftist strata also meant that conservative and right-wing discourses on complementary gender relations intensified.

However, what appeared to be progressive, innovative, and modern legislation on paper and in public discourse met limits within the everyday political cultures and the cultural practices of the left-wing and leftist – not to mention in the right-wing and far-right – spectrums of the Spanish society. Patriarchal power distribution had multiple origins in 1930s Spain. Especially in socialist and anarchist thought, since the late 19th century, the responsibility for social emancipation and »the revolutionary utopia«<sup>18</sup> had been ascribed to men. The proclamation of the Second Republic did not alter that, and the predominance of patriarchal power distribution became even more palpable once the civil war had begun. In contrast, right-wing and rightist political cultures considered a patriarchal society continuously as a God-given, natural order. They framed equality discourses as unnatural and dangerous for women and accused left-wing and leftists of willingly destabilising society. Men and women should complement each other instead of competing for the same goods, jobs, and societal positions. The female space was to be the home, the family, caretaking, and the Church. Unattainable women like the Virgin Mary, Saint Therese, or the Catholic Queen Isabel were promoted as role models.<sup>19</sup> Regardless of these simultaneous changes

16 Diario de Sesiones de las Cortes Constituyentes de la República Española, 1. October 1931, 1352.

17 Seibert, »Schlagabtausch der Feministinnen,« 189-190.

18 Ana Aguado, »Citizenship and Gender Equality in the Second Spanish Republic: Representations and Practices in Socialist Culture (1931-1936),« *Contemporary European History*, vol. 23, no. 1 (February 2014), 95-113.

19 Rocío López de Castro, »La imagen de la mujer en el siglo XX,« in *100 años en femenino. Una historia de las mujeres en España*, eds. Oliva María Rubio and Isabel Tejada (Madrid: Acción Cultural Española; Ayuntamiento de Madrid, 2012), 145.

and continuities, obstacles, and conflicting discourses, between 1931 and 1939, the horizon became broader and wider than ever before. Not only did a plurality of takes on femininity coexist in Spain, but the number of women's political organisations also rose exceptionally. Women of all political colours felt the need to define their identities and display them by joining trade unions, political parties, students' unions, Catholic women's organisations, the fascist Falange, and anti-fascist and libertarian women's organisations – and in doing so, they subverted the patriarchal order, whether they intended or not for this to happen.

Just as womanhood was in motion, so was manhood. Less studied than female identities and emancipation efforts, the hegemonic order of masculinity was also challenged by the foundation of the Republic. Now that left-wing parties made up the government and socialist and republican discourses on equality had become laws and reform projects, the Restoration's social order was also threatened. The symbolic capital of the working class grew with the rise of the first left-wing government. In due course, this endangered conceptions of masculinity related to Don Juan,<sup>20</sup> nationalism,<sup>21</sup> and all variants that revolved around the so-called traditionalist social order: nobility and honour, wealth through exploitation, and clientelist power relations.<sup>22</sup> With the rise of 'the worker' – in both the democratic and anarchist variants – the intersection between masculinity and legitimate rule began to falter, as did general conceptions of statehood, the hierarchy of socially-desirable professions – bourgeoisie versus working class –, and society. The image of the worker thus challenged the hegemonic constellations of honourable manhood as presented by liberal bourgeois, aristocratic, and militarised variants of masculinity. These workers' identities were, furthermore, deeply politicised – as were women's left-wing identities. It mattered which union or party one was affiliated with, as did one's relationship to statehood and the Catholic Church. After the Falange formed in 1933, violence entered the equation. The icons of the militia fighter and the blue-shirt-wearing fascist squadrons<sup>23</sup> started to emerge. Both were young and ready for revolution and sacrifice.

While the proclamation of the Second Republic did not initiate these renegotiations of femininities and masculinities, it was certainly a powerful catalyst for

20 Nerea Aresti, «La peligrosa naturaleza de Don Juan. Sexualidad masculina y orden social en la España de entreguerras,» *Cuadernos de Historia Contemporánea*, vol. 40 (2018), 13-31.

21 Aresti, *Masculinidades en tela de juicio*, 121-123.

22 I refer to the figure of the so-called *cazique*, a local potentate with an extensive clientelist power basis. See, among others, Herold-Schmidt, «Staatsgewalt, Bürokratie und Klientelismus,» 131-162.

23 Zira Box, «Masculinidad en línea recta. A propósito del pensamiento binario del Fascismo,» in *La España invertebrada: Masculinidad y nación a comienzos del siglo XX*, eds. Nerea Aresti, Karin Peters, and Julia Brühne (Albolote, Granada: Editorial Comares, S. L., 2016), 227-232.

its pluralisation and complexification. When this study addresses the pluralisation of gendered identities, the focus rests on the hegemonic heterosexual gender roles. Although biographies like that of Spanish poet and playwright Federico García Lorca (1889-1936) remind us that the Second Republic also offered some space for queer identities, heterosexual desire and performance dominated and governed the public sphere and the social code of the era. Thus, we should understand *heterosexualisation* as a driving force in the everyday practice of most people in Spain. In this sense, medicine and care were social spaces that revealed this heterosexualisation paradigmatically. There, sources are notoriously silent about non-heterosexual desires or identities. The gendered variety of identities relevant to this study intersected with class and the wide spectrum of political ideologies, age, religiousness, and regional identities. In this complex melange of simultaneous social and political pluralisation, modernisation, and discursive change, the patriarchal power relations persisted and the protagonists of *La niña bonita – la niña sana?* envisioned health and medicine along these lines. In other words, they interpreted their roles and responsibilities in heterosexual patriarchal manner, reproduced but also defied stereotypes. While they did care and cure work, they also did gender, domination, and society.

### *Who Speaks and How?*

I conceptualise the medical infrastructure of the Second Republic as a space where negotiations of statehood and the relationship between state and citizens, labour distribution, and gender roles happened. The key institutions that shaped how it worked, and its general design included the Directorate of Health which was a section subordinated to the Ministry of the Interior, workers' and women's organisations, political parties, and, from 1936 onwards, the militia and the Popular Army. Furthermore, international organisations like the International Committee of the Red Cross, its Spanish Red Cross branch, the League of Nations Health Organisation, the Rockefeller Foundation, and the International Red Aid influenced the field by setting and disseminating medical standards, offering networks for knowledge transfer and exchange, and providing help once the civil war had begun. Individuals embedded in their personal and professional networks, who acted according to the paradigms they subscribed to, enacted these institutions. They, their agency, and their agendas are the protagonists of the following chapters.

The first chapter, with its three subchapters, traces the establishment of a healthcare infrastructure from 1931 until 1937. The coup d'état did not necessarily mark a caesura; if at all, its failure only added tasks to the to-do list of the ministries in charge of healthcare and medical assistance. In contrast, the second chapter, with its four subchapters, focusses on the armed forces and the gradual shift towards a social order of war, marked by politics of centralisation, masculinisation, and hierarchisation. Starting in the early summer of 1937, civil-

ian healthcare infrastructure was integrated into the medical assistance for the combatant units. This was a turning point in the history of the Second Republic. Henceforward, winning the war became the common goal and took precedence over the option of a social revolution.

Approaching the actors of health – the ministers, ministerial delegates, military officials, hospital staff, troop medics, auxiliaries – is tricky. This section depends on a fragmented sample of laws, decrees, reports, guidelines, correspondence, and testimonies, most of which provide the points of view of privileged actors: The responsibility to report, the right to request, and the prerogative to define rules usually lay with people who occupied higher positions in the correspondent social hierarchy – the ministries or army. In addition, men produced almost all extant sources. Thus, most accounts of women, men, and mixed social situations have survived through the male gaze.

## 1 Governing Health, Building a Republic

Governing the Second Republic was complicated for many reasons. The system of political parties was still in the making. A broad spectrum of ideological foundations with their different conceptions of statehood and society, regional identities, and particular interests regarding preserving certain privileges and rights affected the constellation of politically involved actors. In 1931, the constellation of parties was complex and changed during the following years as some dissolved, others merged, and yet others changed their political course. The historians Eduardo González Calleja et al. roughly divide the spectrum of parties and organisations that contributed to state-building in the following categories: the leftists, which consisted of libertarian and Marxist workers' organisations;<sup>24</sup> the antiliberal right-wing groups, which consisted of authoritarian forces – traditionalists, monarchists, ultra-Catholics – from 1933 onwards complemented by fascists;<sup>25</sup> and the liberal centre of Republicans, who encompassed a variety of parties along a continuum from right-wing conservatism to left-wing socialism.<sup>26</sup> This political panorama was, however, more complicated. Peripheral nationalisms played an additional role but cut across the dichotomies

24 Regarding the development of the Spanish anarchist and anarchosindicalist movement, see the works of, among others, Julián Casanova and, for the history of the Socialist Party PSOE, the studies of, among others, Helen Graham. González Calleja et al., *La Segunda República española*, 388-452; Graham, *Socialism and War*; Julián Casanova and Paul Preston, *Anarchism, the Republic, and Civil War in Spain 1931-1939* (London; New York: Routledge, 2005); Julián Casanova, »Anarchism, Revolution and Civil War in Spain the Challenge of Social History,« *International Review of Social History*, vol. 37, no. 3 (December 1992), 398-404.

25 González Calleja et al., *La Segunda República española*, 520-597.

26 *Ibid.*, 453-519.



of left- and right-wing parties, as well as their inclination towards a democratic or authoritarian future. Particularly strong among these peripheral nationalisms were the Catalan, Basque, and, to a lesser extent, Galician and Andalusian identities. Since some strands among these regionalisms intersected with the right-wing or left-wing spectrums or tended towards authoritarianism or democracy, they should not be categorised as politically homogeneous.<sup>27</sup> However, all these parties and organisations gave different answers to the question of what the republic should be<sup>28</sup> and where to start building the new society.

It was predominantly the left-wing, socialist forces that shaped the beginning of the Second Republic. They won at the ballotbox on 12 April 1931 and thus claimed their right to rule. According to the first government of Prime Minister Manuel Azaña Díaz (AR)<sup>29</sup>, the state was to emerge as the rule-setter with the power to redistribute wealth and power. The first legislative period from 1931 to 1933 brought forth a modern constitution and ambitious reform projects to build the foundation for the new society. Interpretations of those founding the new Spain included revising the power relations that had previously governed Spanish society. The first wave of reforms targeted thus mostly the Catholic Church, the armed forces, and the landowning classes. Furthermore, substantial changes in civil rights and secularising the state were introduced.<sup>30</sup> The process of passing these law projects by the parliament was already conflict-laden and

27 Among many who studied Spain's peripheral nationalisms, I want to highlight the following authors: Francisco-Javier Caspistegui, »Ondear, vivir, inventar, diversificar: Complejidades del nacionalismo y la nacionalización en España,« *Memoria y Civilización*, vol. 22 (2019), 797-805; Julio Prada Rodríguez, »A resguardo de lo que pueda venir. Nacionalismo gallego y represión franquista. Algunas claves interpretativas,« *Studia Historica. Historia Contemporánea*, vol. 31 (2013), 139-166; Juan Sisinio Pérez Garzón, »Evolución y rasgos de las historiografías de los nacionalismos en España,« *Bulletin d'Histoire Contemporaine de l'Espagne*, vol. 52 (1 December 2017), 97-113; Collado Seidel, *Kleine Geschichte Kataloniens*; Patrick Eser, *Fragmentierte Nation – globalisierte Region? Der baskische und katalanische Nationalismus im Kontext von Globalisierung und europäischer Integration* (Bielefeld: transcript Verlag, 2013).

28 A brief but concise overview is provided by Kössler, »Republic of Hope and Fear,« 22-27.

29 In 1931, M. Azaña was member of the party »Republican Action« (Acción Republicana), later to become part of the party Izquierda Republicana (IZ).

30 Alpert, *La reforma militar de Azaña*; Miguel Ángel Giménez Martínez, »El fracaso de la reforma agraria en las cortes de la Segunda República,« *Bulletin d'Histoire Contemporaine de l'Espagne*, vol. 51 (1 June 2017), 197-217; Robledo Hernández and González Esteban, »Tierra, trabajo y reforma agraria en la Segunda República,« 7-36; Justo Cuño Bonito, »Reforma y contrarreforma de la enseñanza primaria durante la II República española y el ascenso del Fascismo (1932-1943),« *Revista Historia de la Educación Latinoamericana*, vol. 15, no. 21 (July 2013), 89-106; Concha Fagoaga de Bartolomé, *La voz y el voto de las mujeres, 1877-1931* (Barcelona: Icaria, 1985); Seibert, »Schlagabtausch der Feministinnen,« 179-200; González Calleja et al., *La Segunda República española*, 145-356; Casanova, *The Spanish Republic and Civil War*, 7-150; Aguado, »Entre lo público y lo privado,« 105-134.

caused significant controversies. It was not long before there was a response from all who saw their privileges threatened – monarchists, big landowners, and Catholics, in public discourse, political lobbying, and eventually in the next election.

In the election of 1933, the left-wing government was replaced by the right-wing government led by Alejandro Lerroux García (Partido Republicano Radical, PRR), under the growing influence of the authoritarianism-leaning, rightist alliance Spanish Confederation of the Autonomous Right (Confederación Española de Derechas Autónomas, CEDA) led by José María Gil-Robles y Quiñones, who gradually undermined A. Lerroux's authority. The second biennium saw the beginning of Spanish fascism (Falange), which did not manage to transform into a mass movement but significantly added to the intensification of street violence.<sup>31</sup> It was the civil war, that propelled the Falange to the forefront of those supporting the insurgents. The second biennium was a phase in which the new rulers put the previous government's achievements on hold or dismantled them completely. Simultaneously, social unrest rose, strikes happened more frequently, and street violence increased. Even though the reforms of the first biennium were supposed to introduce change, their implementation was deficient and would have taken more time to show results. So, while the new government busily attempted to calm the enraged right-wing strata of society, discontent grew among workers' organisations and left-wing factions who had hoped for faster and more substantial change. The miner's strike in October 1934, resulting from a failed attempt to carry out a nationwide general strike, is usually perceived as a turning point in this downward spiral. Police forces and army units quickly dissolved it everywhere, and only the Asturias miners managed to uphold their blockades, which the military eventually violently broke up.

Although often analysed as such, blaming the ambitious reforms for the demise of the left-wing parties is inadequate: It overlooks crucial aspects that marked the first government of the Second Republic. The entire legislative period only lasted 2 years, which left little time to conceptualise, pass, and implement reforms. In addition, the tasks were huge, and the infrastructure to oversee the implementation was still under construction. For example, the Ministry for Agriculture and the Ministry for Industry and Trade had been founded only 3 months before the second election in 1933, which suggests the reforms aiming to reorganise the state economy quickly outgrew the capacities of the Ministry of the Interior. The party system was also still under consolidation. During the first biennium, for instance, A. Lerroux's Radical Republican Party (PRR) transformed from a left-wing to a

31 Kössler, »Gelegenheiten und Gewalt,« 109-125; Rodríguez Jiménez, *Historia de Falange Española de las JONS* (Madrid: Alianza Editorial, 2000); Stanley G. Payne, »Political Violence during the Spanish Second Republic,« *Journal of Contemporary History*, vol. 25 (1990), 269-288.

right-wing party.<sup>32</sup> Concurrently, the socialist party PSOE succumbed to internal quarrels between the so-called reformists led by Indalecio Prieto Tuero and the faction headed by Francisco Largo Caballero.<sup>33</sup> These internal developments heavily depended on individual leaders as well as their networks of loyalty and enmity. According to González Calleja et al., the democratic practice of the Second Republic was deeply affected by the preferences of individual leading politicians and their personal relationships.<sup>34</sup> Moreover, implementing the reforms demanded so much more than typing them on paper.

In response to the events in Asturias in 1934, A. Lerroxx's (PRR) government arrested 40,000 socialists and Republican militants, and anyone who could avoid imprisonment left the country or went into hiding. Between this and the third general elections in February 1936, the rightist CEDA became increasingly important, while the PRR lost ground.<sup>35</sup> Yet, their government became even more unsteady and marked by the re-establishment of the privileges of the traditional elites. The consequences were rising dissatisfaction among workers, unemployment, and economic crisis. The workers' movement, however, was not united either. The months following the strike marked the climax of CEDA's influence. After the governmental re-shuffle in 1935, the CEDA leader, J. Gil-Robles, secured himself the position of Minister of War and opened the doors for a clique of military generals, the so-called *africanistas*, who had been removed from Madrid and their posts by the former minister of war, M. Azaña. Among them were Francisco Franco Bahamonde, Emilio Mola Vidal, and Manuel Goded Llopis. This is noteworthy because they all had developed their careers in Morocco and the Rif and were considered military hardliners. Their appointment to the key positions in the military administration indicated a paradigm shift in military policy. In retrospect, this period appears like a brief moment when the scales could have tipped in favour of an authoritarian system à la the Austrian Dollfuß-Schuschnigg regime. However, the economic crisis intensified, unemployment rates soared, and scandals emerged that shook the government's authority.<sup>36</sup> President Manuel Portela Valladares (an independent) eventually assumed office and called for early general elections. The second biennium therefore ended prematurely, just as the first one had.

An atmosphere of frenzy, polarisation, and high emotions marked the electoral campaign leading up to 16 February 1936. While the right-wing strata were

32 Romero Salvadó, *Twentieth-Century Spain Politics*, 78.

33 Graham, *Socialism and War*, 15-17.

34 González Calleja et al., *La Segunda República española*, 1079-1097.

35 Vincent, *Catholicism in the Second Spanish Republic*, 191-236; Santos Juliá, *Historia de las dos Españas* (Madrid: Taurus, 2004), 275-316; Manuel Álvarez Tardío, «The CEDA: Threat or Opportunity?», in *The Spanish Second Republic Revisited: From Democratic Hopes to the Civil War (1931-1936)*, eds. Manuel Álvarez Tardío and Fernando del Rey Reguillo (Brighton; Portland, OR: Sussex Academic Press, 2012), 58-79.

36 Romero Salvadó, *Twentieth-Century Spain*, 87-88.

in disarray because of their failed government, the left-wing and leftist forces formed the electoral alliance of the Popular Front. Together, they adopted an electoral programme that promised a return to social politics and reforms, including solutions to pressing land rights and unemployment conflicts. Even the libertarian anarchists and syndicalists supported the coalition and called their members and sympathisers to the ballot.<sup>37</sup> The Popular Front's lead in the election was narrow, but the result was still clear: M. Azaña once more assumed the post of Prime Minister. However, his government only lasted 3 months before again reshuffling (three times!) before the coup d'état that began on 17 July 1936 and ended 19 July 1936. But the history of the Republic did not end there. In fact, its shift from a state and society of peacetime to war mode was a rocky transition marked by continuities of state-building while troops fought at the fronts. During this time, the war-imposed ruptures that required responses adequate for a society in a state of exception.<sup>38</sup> The history of the Second Republic's political system ended on 1 April 1939 after almost 3 years of civil war, a second coup d'état, and an unconditional surrender. However, the story of its people never really did end, as the ongoing controversial debate on their memory continues to remind us.<sup>39</sup> They found their way to inner or foreign exile or merged into Francoist society.

Constant back-and-forth dynamics, insecurity, and struggle marked the Second Republic. The relationship between the state and its citizens was one of the many battlefields lawmakers constantly addressed and debated. How to envision society and conceive gender relations permeated all realms of policy-making. This reverberated in the field of medicine and healthcare politics. A field like healthcare and medicine allows us to clearly see the complex interplay between ruptures and continuities, transformation and persistence as well as

37 Martin S. Alexander and Helen Graham, eds., *The French and Spanish Popular Fronts: Comparative Perspectives* (Cambridge: Cambridge University Press, 2002).

38 Giorgio Agamben, *Sovereign Power and Bare Life*, Homo Sacer 1 (Stanford, CA: Stanford University Press, 1998), 15-29.

39 Studies on Spain's memory culture and politics have grown exponentially since the early 2000s. Therefore, among the many, I want to highlight some »classics« and some more recent publications on the matter: Paloma Aguilar Fernández, *Memoria y olvido de la Guerra Civil española* (Madrid: Alianza, 1996); María de los Ángeles Egido León, ed., *Memoria de la Segunda República: mito y realidad* (Madrid: Biblioteca Nueva, 2006); Morcillo, ed., *Memory and Cultural History of the Spanish Civil War*; Fernández, *Derrotados*; Kraft, »Diktaturbewältigung und Geschichtskultur,« 37-44; Capdepón, *Vom Fall Pinochet zu den Verschwundenen des Spanischen Bürgerkrieges*; Elsemann, *Unkämpfte Erinnerungen*; Bernecker and Brinkmann, *Kampf der Erinnerungen*; José-Manoel Núñez Seixas, »Ein endloser Erinnerungskrieg? Bürgerkrieg, Diktatur und Erinnerungsdiskurs in der jüngsten Spanischen Geschichtswissenschaft,« *Neue Politische Literatur*, vol. 1 (1 January 2010), 23-50; Daniela Kuschel, *Spanischer Bürgerkrieg Goes Pop: Modifikationen der Erinnerungskultur in populärkulturellen Diskursen* (Bielefeld: transcript Verlag, 2019).

acceleration and retardation. For example, in 1931, the legislative fever of innovation in healthcare politics and medicine initiated a class-based conflict but no substantial shifts in gender relations. At its core lay whether the state was responsible for providing a domestic healthcare infrastructure by intervening with treatment prices, establishing facilities of medical attention, and regulating access. Opponents saw the liberties of the profession threatened and the state budget unnecessarily burdened. So, under the pretext of modernisation, the legislation tool was applied to negotiate larger questions of statehood, which caused a constant back-and-forth process. Concurrently, the stereotypes of the profession that had been forged and nurtured by liberal elites and institutions like the Red Cross and the Catholic Church remained largely intact. Nor did the culture of medical practice and labour distribution change. Rather, medicine and healthcare continued to be the bourgeoisie and Catholicised professional field that it had become during the Restoration. Against the backdrop of the pluralising images of femininity and masculinity, this finding is striking and reflects the complexity of the transformation process initiated following the proclamation of the Second Republic.

However, the tide turned once the coup had begun. The government grossly underestimated medical needs and continued to work towards a future healthcare system that would carry features of what would be called ›welfare state‹ after 1945.<sup>40</sup> On the streets and frontlines, however, casualties became a mass phenomenon, and, from one day to the next, one's political affiliation became a matter of life and death. Medicine and medical care suddenly entered the spotlight. Members of the profession were targeted for their alleged bourgeoisie beliefs, yet medical assistance was urgently needed. Women's organisations, in particular, immediately responded to the new humanitarian situation, seizing the opportunity and taking over medical assistance. Once again, a discrepancy arose between governmental action and popular response.

Because of the government's belated reaction to the need for a wartime medical infrastructure, the timeframe of this chapter does not follow the typical chronology of Spanish history that calls the coup d'état (17-19 July 1936) a turning point. Without denying the importance of the coup d'état, I propose a different milestone: May 1937, the moment the first female and anarchist minister, Federica Montseny Mañé (Health and Social Assistance), stepped down. Thereafter, governmental health policy shifted into war mode.

40 Among others, Christoph Conrad, »Was macht eigentlich der Wohlfahrtsstaat? Internationale Perspektiven auf das 20. und 21. Jahrhundert,« *Geschichte und Gesellschaft*, vol. 39, no. 4 (1 December 2013), 555-592; Hartmut Kaelble, *Kalter Krieg und Wohlfahrtsstaat: Europa 1945-1989* (München: Beck, 2011).

1.1 *Ruptures and Continuities*

Anyone who accepted the challenge of building a new society and state and who stepped up to contribute to the reform process following the proclamation of the Second Republic was confronted with the fact that 1931 was not a real ›zero hour;‹ rather, a society had to be invented in the face of pressing unresolved social and economic baggage from the Restoration. For the protagonists of the first stages of the Republican state-building, it was a rather complicated balancing act between the introduction of ruptures and the acceptance – conscious or unconscious – of prevailing continuities. The political forces of the Restoration had not simply disappeared. Of course, Monarchist and Catholic political groups were weakened and in disarray, but they and their struggle to keep their privileged positions continued to exist and quickly regained influence. These political struggles between the so-called traditional elites and the aspiring left-wing politicians are paradigmatically condensed in medicine. Though widely neglected by historiography so far, healthcare and medicine also became subjects of substantial efforts for renovation in 1931. The socialist Marcelino Pascua Martínez was a key protagonist in this process. He developed a concept for a healthcare infrastructure that was a predecessor model to what became called the ›welfare state‹ after 1945. However, he was confronted by substantial resistance from parts of the medical elites and conflict between and among political parties. His programme, his term of office, and what happened next thus nicely mirror how ruptures and continuities overlapped during the initial reform process, how time mattered, and how competing conceptions of statehood obstructed change.

At the level of politics, healthcare and medicine provided an area that condensed the question of whether the Second Republic should be an interventionist and care-giving state or not. At the centre of this discussion was the yet-unresolved relationship between state and citizen. In contrast, the medical profession's labour division and gendered configuration of the professions' power relations remained largely stable. Frictions and conflicts were thus unavoidable.

*Marcelino Pascua and the Beginnings of a Spanish Welfare State*

After the fruitless attempts to reform the health infrastructure during the Restoration,<sup>41</sup> health reformists perceived the proclamation of the Second Republic as an opportunity for change. The key institutions that took up the challenge to design a reform were the Ministry of Interior and the Directorate-General of Health (Dirección General de Sanidad) – or more precisely, their politicians, experts, and staff.<sup>42</sup> Whether health was a public good that had to

41 See Section III: Health and Medicine on the Road Towards the 1930s and 1940s.

42 Joan Serrallonga, »Reformadores y reaccionarios en al estructura central de sanidad en España, 1931-1936,« *Investigaciones Históricas*, vol. 29 (2009), 242-243.

be protected and provided by the state reached the agenda of domestic politics. Yet healthcare as a state responsibility never developed as much traction as possession rights, labour laws, or secularisation. Nevertheless, it was periodically assessed from the spring of 1931 to the spring of 1937, though it was a contested issue, and change happened only slowly. How much state intervention there was to be for the benefit of its citizens and how much liberty for defining the market of health – prices for treatments, access to medical assistance, labour market conditions, etc. – was to be left to health reformers and their opponents. Thus, on a larger scale, these negotiations affected those who worked in medical professions as well as the architecture and understanding of Republican statehood.

The socialist Marcelino Pascua Martínez was the first to attempt to modernise Spain's healthcare infrastructure during the Republic. Born in 1897 into a poor family in Valladolid, M. Pascua was orphaned at the age of 12. As a young man, he found a sponsor who allowed him to study at the liberal Free Institution of Education (Institución Libre de Enseñanza, ILE) in Madrid, where he met and connected with a group of intellectuals<sup>43</sup> related to the cultural movement of the noucentisme ›*Generación del 14*.<sup>44</sup> This scientific and intellectual environment profoundly marked his professional career as a physician and his political persona. According to the health historian Josep Bernabeu Mestre, M. Pascua was a close friend of the endocrinologist and writer Gregorio Marañón y Posadillo, the author and philosopher José Ortega y Gasset, and the physiologist and politician Juan Negrín López, who would be the last Prime Minister of the Second Republic. All of them belonged to the political forces that lobbied for the abolishment of the monarchy and the proclamation of a republican system at the end of the last dictatorship of the Restoration. Together, they stood for a democracy that rested on a system of separation of powers, an interventionist state, a certain degree of regional independence (without establishing real federalism), and a strict division of Church and state. One can roughly describe M. Pascua's own political position as oscillating between middle-class intellectual liberalism and socialist thought. After the proclamation of the Second Republic, J. Ortega and G. Marañón formed part of the constituent assembly, with J. Negrín being elected member of parliament. M. Pascua stood thus very close to a group of intellectuals who decisively contributed to building the legislative foundation

43 Bernabeu Mestre, »La utopía reformadora,« 1-13.

44 The term »Generación del 14« refers a group of intellectuals who were all born between 1880 and 1900 and whose youth or young adulthood was marked by the First World War. Famous among them were, for instance, José Ortega y Gasset, Gabriel Miró, Gustavo Pittaluga, Manuel Azaña, Gregorio Marañón, and Ramón Pérez de Ayala. An overview provide, among others, Hugo Aznar, Elvira Alonso, and Manuel Menéndez Alzamora, eds., *La Generación del 14: España ante su modernidad inacabada* (Pozuelo de Alarcón; Madrid: Plaza y Valdés Editores, 2016); Marina Díaz Cristóbal, »La generación clásica? Modernidad, modernismo y la Generación del 14,« *Historia y Política*, vol. 8 (2002), 143-166.

of the Second Republic. Their influence furthermore contributed to his appointment as head of the Directorate-General for Health in the Ministry of the Interior.

Although the tutelage of G. Marañón and J. Ortega supposedly helped M. Pascua become the first head of the Directorate-General of Health, he was an obvious choice for the post because of his qualifications and knowledge. He started his medical career in 1919 in Madrid and quickly specialised in health statistics and epidemiology. After finishing his Ph.D. in 1925, he started an exceptional international career. Funded by the Rockefeller Foundation (RF) and the JAE, he spent several fellowships to study abroad at Johns Hopkins Medical School in the United States and as a researcher at Bedford College in London. In 1928, he moved to Geneva to work for the Hygiene Section of the League of Nations Health Organisation, where he contributed to the reorganisation of the medical infrastructure of Bolivia before being offered the Chair for Hygiene at the Medical School at the University of Madrid, for which he returned to Spain. He stayed in touch with the LNHO and formed part of their delegations sent to the Balkans to develop a rural healthcare infrastructure there.<sup>45</sup> As an epidemiologist and statistician, his work consisted first and foremost of organising medical infrastructure rather than treating patients. He was, therefore, a professional bureaucrat and planner of medicine instead of a 'hero in white.'

After being appointed head of the Directorate-General for Health on 15 April 1931, M. Pascua translated his political convictions into a health policy that foreshadowed the idea of the welfare state. Knowing how epidemics work and how to prevent them, M. Pascua understood that the state played a key role. According to him, a state should provide the infrastructure and institutionalise medical attention for its citizens. Healthcare had to become accessible to all citizens for society being resilient to epidemics. To achieve this, he quickly elaborated a plan for modernising and reforming the national healthcare system. It was a twofold programme: On the one hand, it aimed to change and diversify the health administration by centralising it and redistributing responsibilities. This entailed a national centralisation to end independent systems throughout the peripheries. Until then, Catalonia had had its own healthcare bureaucracy. Although not all privileges were to be cut, the plan urged the Catalan Junta for Health to integrate into the national system and align its own health policy with the national one.<sup>46</sup> Part of this strategy to concentrate power was the introduction of a meritocratic staff policy. It was difficult for M. Pascua to intervene in individual medical facilities, so he targeted predominantly institutions at the state health administration level. For instance, until the proclamation of the Second Republic, the state health administration, the National Council of Health (*Consejo Nacional de Sanidad*), was governed by the principle of seniority, meaning

45 Barona and Bernabeu Mestre, *La salud y el estado*, 295-297.

46 Bernabeu Mestre, »La utopía reformadora,« 5-6.



its members were appointed according to the time they had served in medical entities like the regional Medical Chamber (*Colegio de Médicos*). The principle of seniority had bolstered clientelist networks, which a principle of meritocracy was supposed to cut across.<sup>47</sup>

M. Pascua's approach of only appointing professionally qualified experts who had proven their skills through publications, successful research projects, or treatment outcomes was not new. He institutionalised a principle that medical professionals had repeatedly argued for during the preceding decades. For example, the military doctor Alejandro Rodríguez Solís had already proposed a concept for a new healthcare infrastructure to the city parliament of Cadiz as early as 1923, which included a meritocratic system;<sup>48</sup> his proposition was rejected. Six years later, in 1929, Ramón Pelayo de la Torriente (the Count of Valdecillas) included that same principle in the concept of his model hospital Casa de Salud de Valdecillas.<sup>49</sup> In contrast to R. Pelayo, who could only put these innovations into practise within the walls of his own hospital, M. Pascua seized the opportunity to extend the principles of expert knowledge and performance to the national level. In this way, seniority was not completely abolished but seriously damaged.

In addition, he introduced a new architecture for the overall bureaucracy of national healthcare by founding two new secretariats and changing the rights and responsibilities of the different administrative subunits.<sup>50</sup> This combination of new staff and a new bureaucratic order was a serious attack on the distribution of power in medicine and healthcare politics.<sup>51</sup> Frictions and conflicts quickly emerged, spearheaded by the Association of Sanitary Professionals (*Asociación de Sanitarios Titulares*), which justified their resistance by claiming M. Pascua's modernisation programme was damaging the Spanish medical culture. Their defence of the principle of seniority resonated with a strong aversion against international influences prevalent in rightist fractions of the society.<sup>52</sup> M. Pascua's

47 Ibid., 7-II.

48 Ministerio del Interior, 1920-1923, Telegramas, oficios, informes y relaciones entre el Subsecretario de la Gobernación y los Gobernadores Civiles sobre sanidad, AHN, FC-M Interior A, 54, Exp. 15.

49 Salmón Muñiz, Arrizabalaga, and García Ballester, «La introducción del hospital contemporáneo en España,» 249-273.

50 For a detailed description and analysis of the institutional reforms, see Bernabeu Mestre, «La utopía reformadora,» 1-13.

51 For more details on CSV see chapter III. 1. Legislation in Stagnation, Professions in Motion, and Salmón Muñiz, Arrizabalaga, and García Ballester, «La introducción del hospital contemporáneo,» 249-273.

52 This association would later cooperate closely with A. Lerroux' PRR and gain more influence during the so-called second biennium and the right-wing conservative government. Their influence contributed largely to the paradigm shift towards a private-practice-oriented healthcare policy after 1933. Bernabeu Mestre, «La utopía reformadora,» 5-7.

stellar international career seemingly did not impress them. Even though he repeatedly invited delegates of the Association of Sanitary Residents to participate and contribute to the reform efforts, their willingness to cooperate was limited.<sup>53</sup>

Whether medical careers were to rest on a meritocratic system or on the seniority principle not only stirred discomfort among representatives of these established medical networks; it eventually turned into a proxy war between some political factions. However, the lines did not run just between left- and right-wing positions; instead, it reflected the complex process of negotiation and differentiation between the political parties of the Second Republic. The conflict between the socialist PSOE and Alejandro Lerrox García's PRR mirrored this paradigmatically. Although both parties began on the left-wing spectrum, discord over the general conceptions of the Second Republic caused a deep rift between them. The PRR then quickly ventured from a left-wing position towards the centre-right, to turn into a strong opponent to PSOE politics.<sup>54</sup> Doctors and practitioners who saw their privileges and futures threatened by M. Pascua's health policy found a safe haven and network for their opposition in the PRR.

In addition to the bureaucratic reforms and medical careers, M. Pascua proposed a national healthcare system that rested a close-knit net of different medical units extended over the peninsula. The biggest facilities were to be hospitals and sanatoria that offered regular and specialised treatments. At the end of the spectrum lay the smallest units, local first-aid posts. Depending on the population density and degree of urbanisation, these facilities were to be established strategically throughout the country. This healthcare service was then envisioned as public and hence paid for by the state, so that all social classes would benefit from the infrastructure. In essence, it was an updated and further development of the 1855 Sanitary Law. Had it been implemented as planned, it would have been an important step towards creating a care-providing state – but it also would have significantly changed the medical labour market, as it would have created a substantial number of new jobs coordinated and administered by the Directorate. However, this idea of a public and state-controlled medical system contradicted the system of private practice in situ that allowed doctors to set the prices for their treatment and excluded everyone who could not pay for it. Considering that, in the early 1930s, most of Spanish society worked in low-wage occupations like agriculture, domestic service, and factories, most people could not afford this private-practice system and relied

<sup>53</sup> Ibid., 6.

<sup>54</sup> For a better understanding of the complex transformations of the political party system of the Second Republic and especially the changes in the Socialist Party, I recommend the works of Helen Graham, Eduardo González Calleja, Francisco Cobo Romero, Ana Martínez Rus, Francisco Sánchez Pérez, and Michael Seidman. For example, Graham, *Socialism and War*; Seidman, *Republic of Egos*; González Calleja et al., *La Segunda República española*, 357-636.

on alternative healthcare providers, including quacks and healers.<sup>55</sup> The introduction of a centralised healthcare system that reached far into the rural and poor regions of the country thus not only threatened doctors who preferred possessing power over their income; it also targeted the informal medical system by expanding what was considered modern medicine and taught at the universities.

This conception of a healthcare-providing state resonated with contemporary internationally prevalent socialist and social-democratic positions on social justice, which found their medical translation to some extent in social medicine. These theories paved the way for the welfare state created in many Western European countries after 1945. Although theory building had already gained momentum at the end of the 19th century,<sup>56</sup> the interwar period became a testing ground for a new relationship between the state and society – the ›public‹ and the ›private.‹ Healthcare was just one of many arenas where the interlinked ideas of what was a public good and who was to provide for it were negotiated. Projects like the Viennese Municipality Buildings (*Gemeindebauten*)<sup>57</sup> or modern urban planning in Berlin<sup>58</sup> gradually institutionalised spaces of and for healthcare. Epidemic control gained even more importance and increasingly drew the attention of planners, statisticians, and social engineers towards rural areas and poor districts of cities.<sup>59</sup>

The accusations by representatives of the Association of Sanitary Professionals were thus, to a certain extent, true. M. Pascua had participated in the transnational circulation of medical knowledge, and his concept for a new Spanish healthcare system carried the imprint of the contemporary state of the art. However, it also chimed with the approaches of Spanish socialists and – to some extent – even with anarchists to health and sickness. Meritocratic careers and a network of state-governed healthcare were highly contested ideas in the different

55 González Canalejo, »Cuidados y bienestar,« 211-235.

56 Christopher Pierson and Francis G. Castles, eds., *The Welfare State: A Reader* (Cambridge, UK; Malden, MA: Polity Press, 2000), 2.

57 Birgit Nemeč, »Gesundheit und Sozialhygiene,« in *Das rote Wien: Schlüsseltexte der zweiten Wiener Moderne 1919-1934*, eds. Rob McFarland, Georg Spitaler, and Ingo Zechner (München; Wien: De Gruyter, 2020), 343-68; Katrin Pilz, »Wohlfahrt und Fürsorge,« in *Das rote Wien: Schlüsseltexte der zweiten Wiener Moderne 1919-1934*, eds. Rob McFarland, Georg Spitaler, and Ingo Zechner (München; Wien: De Gruyter, 2020), 269-394; Werner Michael Schwarz et al., eds., *Das rote Wien, 1919-1934: Ideen, Debatten, Praxis*, 426. Sonderausstellung des Wien Museums (Basel; Wien: Birkhäuser; Wien Museum, 2019).

58 Christa Kamleithner, »Kategorisierung und Zonierung. Der Entwurf der modernen Stadt im Statistischen Bureau (1860-1910),« in *Die Zählung der Welt: Kulturgeschichte der Statistik vom 18. bis 20. Jahrhundert*, eds. Stefan Haas, Michael C. Schneider, and Nicolas Bilo (Stuttgart: Franz Steiner Verlag, 2019), 51-72.

59 Andresen, Barona Vilar, Cherry, eds., *Making a New Countryside*; Barona Vilar, *Health Policies in Interwar Europe*.

strands of left-wing and anarchist ideology because they paradigmatically related to the relationship between the state and its citizens. While the anarchists and especially the anarchosindicalists opposed state intervention in public health as they rejected statism in general, they agreed with socialists – and communists, for that matter – in the following aspects: They perceived poor working and living conditions, exploitation, and lack of knowledge about a healthy lifestyle as key to workers' poor health and short life expectancy. They thought dangerous working conditions increased the likelihood of work-related accidents, injuries, diseases, and premature invalidity, leading to less income and higher chances of poverty and misery. Health and sickness thus made important contributions to the perpetuation of class structures and capitalist exploitation.<sup>60</sup> Ensuring better living conditions and healthcare for the working class was therefore crucial to improving their situation and furthering class struggle. The main discrepancy between anarchist and socialist approaches to health policies revolved around the duties and responsibilities of the state as well as of the individual patient.

Contrary to anarchist beliefs, there was a current in Spanish socialism that located some responsibility in the individual, namely, that workers were in charge of their bodies and health. It was their responsibility to avoid excessive consumption of alcohol, care for a clean and hygienic home, and maintain a healthy diet. The state then had to provide information, health education, and labour legislation ensuring healthy work environments and access to medical treatment.<sup>61</sup> M. Pascua's policy carefully negotiated between these different left-wing approaches. He focussed not only on the expansion of the infrastructure but also on educative initiatives and programmes for hygiene as well as maternal and child health.

However, his first steps focussed on a multistep infrastructure expansion: 16 of his envisioned 180 rural health centres opened in 1931 and 15 in 1932.<sup>62</sup> The general idea was that more could gradually open if these centres were successful. This provided room for improvement and adaptation in the overall conception of the system and strained the budget less. Concurrently, he pressed for an increase in the state healthcare budget. Until 1933, it tripled from an annual amount of 9,990,082 Pts. to 31,432,690 Pts.<sup>63</sup> He also decreed the formation of several medical research centres to increase domestic medical knowledge production and provide facilities to train the staff needed to fill the posts in the expanding healthcare system. These institutions were, in part, cofinanced by the Rockefeller Foundation. Through this expansion of research capacities, he further institutionalised the international entanglement of Spanish medicine with the contemporary big players LNHO and RF. This strengthening of inter-

60 Molero Mesa and Jiménez Lucena, »Brazo y cerebro«, 19-41.

61 Campos, »El deber de mejorar«, 497-526.

62 Bernabeu Mestre, »La utopía reformadora«, 9.

63 Ibid., 10.

national ties again fed into the fears of the Medical Chambers and organisations such as the Association of Sanitary Professionals.

M. Pascua's reform programme, however, was never entirely implemented. He did not finish his mandate, already resigning on 28 April 1933 – almost half a year before the parliament was dissolved and the first biennium ended. Pressure came from different sides which made him take this step. Among others, tensions with various medical associations, first and foremost the Association of Sanitary Residents, intensified. In addition, the general political panorama changed. M. Pascua's superior, the Minister of Interior Santiago Casares Quiroga of the Republican Left<sup>64</sup> 'Galician Republican Federation' (Federación Republicana Gallega), did not even show up to his farewell dinner, which reflected the nature of their cooperation at that moment.<sup>65</sup> Concurrently, the rift between the reformists (led by Indalecio Prieto Tuero) and the leftists (led by Francisco Largo Caballero) of the socialists deepened, which destabilised the party<sup>66</sup> and put additional pressure on M. Pascua. Despite the brevity of his term and the incomplete implementation of his reform programme, significant changes had been achieved when he left office. His work substantially contributed to promoting a mindset that perceived the state as the provider of national goods and welfare. The private practice system had been substantially challenged for the first time in Spanish health history. Furthermore, the reorganisation of the national healthcare administration prevailed, the general budget remained higher, and, importantly, he left behind a concept that would serve as inspiration to the first female Minister of Health and Social Assistance, the anarchist Federica Montseny Mañé, 4 years later.

M. Pascua's resignation put all further elaboration and implementation of healthcare reforms on hold. The office was passed on three times, further complicating the progressively developing healthcare. The elections of November 1933 then put an end to the first biennium under socialist leadership. A. Lerroux (PRR) and his centre-right coalition, who took over the government and opened the window of opportunity for doctors of the Association of Sanitary Residents and their goals, initiated the second biennium (1933-1936). The development of a care-providing state ended, and the expansion of rural healthcare centres stopped. The funds reserved for the development of the countryside were transferred to other projects.<sup>67</sup> However, M. Pascua's policy of expanding research centres and training institutions continued, particularly focussing on preventive medicine and public health. Furthering knowledge production and training facilities once again became a common denominator, as it had already been the

64 Santiago Casares Quiroga became a member of the Republican Left (IR) 3 years later in 1934.

65 Bernabeu Mestre, »La utopía reformadora,« 1.

66 Graham, *Socialism and War*, 15-17; González Calleja et al., *La Segunda República española*, 388-519.

67 Bernabeu Mestre, »La utopía reformadora,« 11-12.

only feasible way of introducing change throughout the Restoration. This affected the capacities of women's vocational training in healthcare and medicine. For example, in 1934, the nurse and RF fellow, Mercedes Milá Nolla, was commissioned to build the first school for public health nurses.<sup>68</sup> This facility added to the increased variety of care jobs women could qualify for and contributed to the consolidation of the secular nurse as a female profession.<sup>69</sup>

At the same time, the conservative government answered to the dissatisfaction of physicians and surgeons by favouring a system that relied more strongly on private practice than on public care. This allowed for better wages for physicians and surgeons. Consequently, healthcare again shifted towards a class-based system that privileged everyone who could afford doctor's fees. The system of medical attention for people with little or insufficient income returned to the status quo ante, where it depended strongly on provincial and local administrations and their awareness of the benefits of public healthcare and their willingness to cut sufficient budget from the public funds to bolster. Another significant change introduced by the government of the second biennium was the creation of a dedicated ministry. In late September 1935, the lawyer Federico Salmón Amorín (CEDA) assumed office as the first Minister of the Ministry of Work, Health, and Justice (Ministerio de Trabajo, Sanidad y Justicia).<sup>70</sup> For the first time in Spanish history, healthcare as a governmental issue was separated from the Ministry of the Interior. These institutional shifts show that state tasks were under negotiation, and that responsibilities were now becoming more differentiated. Therefore, we should not view the second biennium as a complete rollback of healthcare politics. The government continued to expand research and educative projects in medicine and went ahead with one reform project M. Pascua's conception had already included. The political change from the first to the second government did not dismantle structures but did redistribute funds and budgets. The architecture of a welfare state concept of healthcare politics survived as a ›skeleton‹ in need of reanimation.

One reason M. Pascua's term stands out compared to all his successors is that he stayed in office comparatively long. The historian of health governance, Hedwig Herold-Schmidt, already diagnosed the Restoration period<sup>71</sup> with what also seems to be true for the Second Republic during peacetime: rapid changes in the responsibilities in health-related issues in the Ministry of the Interior. For liberal Spain, this generally meant little time to develop new law projects, pass them by the parliament, and implement them. Between the proclamation of the Second Republic in the spring of 1931 and the coup d'état in the summer of 1936,

68 Coni, »The Head of All the Nurses,« 80.

69 Ramió and Torres, eds., *Enfermeras de guerra*, 40-44.

70 José Manuel Cuenca Toribio, »Federico Salmón Amorín,« in *Real Academia de La Historia – Biografías*, <https://dbe.rah.es/biografias/25563/federico-salmon-amorin> [last access 23 August 2021].

71 Herold-Schmidt, *Gesundheit und Parlamentarismus*, 466-467.

the government changed 12 times, and the institutional architecture of ministries that coordinated healthcare shifted three times in 5 years. After M. Pascua's initial reform project, the constant shuffle of staff and decision-makers overshadowed healthcare politics. This was further aggravated as healthcare was constantly being benched over more pressing issues. For example, the effects of the agrarian reform, with its corresponding defiance of property rights and power distribution, quickly turned into a more pressing issue than claiming the right to healthcare. Thus, while the idea of healthcare as a civil right gained momentum during the initial stages of the Second Republic, its institutional interpretation lost importance and disappeared from the political agenda towards the end of the first biennium. Healthcare and access to healthcare as civil rights returned to the policy arena only when the Popular Front formed in early 1936. It resurfaced in the so-called pact (*Pacto*) all parties and trade unions signed who participated in the Popular Front.<sup>72</sup> This document was propagated as the basis of their cooperation and outlined the agenda for their government. It determined the nationalisation and unification of healthcare as well as the state again stepping in as guarantor for the right to healthcare and medical assistance. In other words, many features of the project launched by M. Pascua came back to the floor in 1936 and lost impact only in the spring of 1937, when F. Montseny stepped down as Minister for Health and Social Assistance, and her ministry was dissolved.

### *Bourgeois Continuities in Times of Change*

While healthcare politics became one field among many in which the foundations of the Second Republic were negotiated, other dimensions of medicine and health remained largely constant and stable, like its bourgeoisie image, its configuration of labour distribution, and the reciprocal interconnectedness of these two aspects. As the historians Darina Martykánová and Víctor Núñez-García show, in Spain, the liberal and elitist impregnation of the medical profession evolved during the 19th century and was already entrenched when the century turned.<sup>73</sup> As highly educated intellectuals, they were to contribute to building a sophisticated and modern society. Medical work was distributed hierarchically between doctors and their assistants, as in practitioners, midwives, and nurses. In Spain, the secularisation of bedside nursing started later than in other European countries. Therefore, until the late 19th century, medical care-taking was carried out predominantly by members of Catholic congregations.

72 For overviews, see Josep Fontana i Làzaro, »El Frente Popular,« in *En el combate por la historia: La República, la Guerra Civil, el Franquismo*, eds. Angel Viñas and Julio Aróstegui (Barcelona, Spain: Pasado & Presente, 2012), 87-100; Alexander and Graham, *The French and Spanish Popular Fronts*.

73 Martykánová and Núñez-García, »Ciencia, patria y honor,« 45-75. Worth mentioning is here also the work of Nerea Aresti, for instance, Aresti, *Médicos, Donjuanes y mujeres modernas*.

This tinged the bourgeois character of Spanish medicine with Catholicism and benevolence, which was not strange for the time if one looks at other countries with a strong Catholic tradition. This melange of liberal and Catholic traditions paradigmatically condensed in the conceptions of bedside nursing and found a powerful promoter in the Spanish Red Cross. According to their handbooks on bedside nursing,<sup>74</sup> the profession resembled more of a lifestyle, an attitude, and benevolent service than work. For instance, students learned that they had to be discreet, submissive, and educated with their patients as well as sweet, loving, and serene.<sup>75</sup> They were urged to care for their fitness, for example, by eating healthy food and taking long walks in the fresh air to keep their bodies strong and healthy. In the hospitals, they were to be the ›friendly ghosts,‹ the ›doctor's shadow‹ – they and their work were to be efficient but invisible.<sup>76</sup> The male-gendered professions – surgeon, physician, practitioner – were to be the makers, the doers; the female-gendered professions – bedside nurse, auxiliary – were to be the supporters and helpers who could not act without instruction.

Apart from this division based on supportive and treatment tasks, another gendered work distribution was at play: The male was linked to sober rationality, while female contributions to the medical labour division were further infused with notions of emotions and merged with Catholic conceptions of femininity and benevolence. This 1923 description of women's capacity to heal through love nicely captures what nursing schools still taught during the 1930s, something that would drag on into the dictatorship:<sup>77</sup>

They who were born to love, and to love purely, no matter how much man may fill their paths with lurks; they who as wives and as mothers sweeten the hours of life in the quiet home of the family, as mothers and sisters of all those who suffer; they sweeten and soften the misfortunes in the realm of the great family, in the bosom of society.<sup>78</sup>

This melange of conservatism, bourgeoisie, and Catholicism clashed with the growing worker's movement and both female and male worker identities. Thanks to the existing networks and stereotypes, a proletarian workers' identity of medical and healthcare workers never really evolved during the 1930s. This

74 In the beginning, the Spanish Red Cross offered two types of training: one for ›professional‹ bedside nurses and another for ›lady‹ nurses. The latter was a format for upper-class women who wanted to do charity work in hospitals. Their training was different and included tasks like organising fundraisers, etc. For more details, see Chapter III. 1. Legislation in Stagnation, Professions in Motion, and López Vallecillo, *Enfermeras*; Bernabeu Mestre and Gascón Pérez, *Historia de la enfermería de salud pública en España*.

75 López Vallecillo, ›Presencia social e imagen pública,‹ 71.

76 López Vallecillo, *Enfermeras*, 36-43.

77 López Vallecillo, ›Presencia social e imagen pública,‹ 149-158.

78 Mercedes Safont, *Manual de la Enfermera* (Barcelona: Editorial Cervantes, 1923), q. f. López Vallecillo, *Enfermeras*, 41.



would have been important not only to counter bourgeois and Catholic conceptions of the medical professions but also institutions that formed, like the Colleges of Physicians (Colegios de Médicos) or the Association of Sanitary Residents, which made M. Pascua's work difficult. Instead, throughout the Second Republic, the major left-wing trade unions – CNT and UGT – only reluctantly and very slowly agreed to form sections for medical workers. In this way, the social position of power occupied by longstanding medical associations remained largely uncontested – and with it the image of their profession they wanted to disseminate. As a consequence, the prejudice that all medical workers were anti-Republic prevailed and fed into the escalating violence against doctors and nurses in the Republican zones during the first weeks after the coup d'état. This subsided only once the insurrection had consolidated into a war.<sup>79</sup>

Apart from these general conceptions that pervaded the image of the medical professions, the medical labour market consolidated throughout the late 19th and early 20th centuries. Surgeons and physicians got aid from practitioners; midwives worked under obstetrician's orders, tended to pregnant women, and delivered babies, while monks and nuns did the caretaking. Although secular nurses were being trained from 1915 onwards, their access to regular jobs remained complicated until far into the 1930s. The reasons lay in the rigidity of power relations and in the scarcity of available jobs. The healthcare infrastructure had limited facilities until 1931, which confined the number of jobs. In addition, because of the longer tradition of cooperation between doctors and nun-nurses, there was also a disbalance along the Catholic fissure. According to Ramió et al., although the number of secular nurses grew, nun-nurses remained the preferred labour force. This gave them a gatekeeper position in the hospitals and sanatoria with the power to exclude particularly secular nurses from access to the labour market.<sup>80</sup> Hence, expanding the infrastructure of medical attention, as proposed by M. Pascua, would have quickly created new jobs and thus dynamised the labour market. However, after M. Pascua's reform efforts were benched, power relations remained largely stable.

Nonetheless, there were some structural changes, such as the rise of the public health nurse. Hygiene and epidemic control had gained more momentum after the end of World War I. As a profession, it quickly became feminised, not only because the training programmes predominantly targeted women, but also because themes revolving around mothers' and children's health, nutrition, or hygiene at home were central pieces of knowledge that public health nurses had to acquire. The fact that, in 1934, a woman was commissioned to build the first national public health school in Spain must, therefore, be understood as a paradigmatic reflection of the feminisation of this strand of medicine. To further de-

79 Coni, *Medicine and Warfare*, 19.

80 Ramió and Torres, *Enfermeras de guerra*, 33-39.

velop this profession, however, meant providing regular secular nurses with an additional career and labour market to the hospitals and doctors' dispensaries.

Nevertheless, before the civil war, this initiative was still in its infancy and was yet to mature into a stable institution. Perpetuating the elitist conception of the medical professions ensured that members of the corresponding social classes continued to dominate, particularly medical practice. Thus, not only did political controversy at the governmental level impair the introduction of a new healthcare infrastructure, it also found its opponents at the sickbeds, the operating tables, and doctor's practices.

Throughout the 1930s, the social order of medicine continued to be rooted in an unequal labour distribution, framed by hierarchical, complementary gender roles, Catholic notions of benevolence, and the privilege of male dominance based on their access to expert knowledge. Although the secularisation of the nursing professions showed some effect locally during peacetime, there was no substantial progress before the war – no proletarianisation of care and cure.<sup>81</sup> Concurrently, opportunities for professional training increased, as did the number of secular female graduates. Yet, their access to the labour market remained restricted.<sup>82</sup> While the proclamation of the Republic was a turning point for health policy, it was not (yet) a clear-cut caesura for the professional field.

## 1.2 *Peace During War, War During Peace*

The military coup d'état (17-19 July 1936), which eventually paved the way for Francisco Franco's ascent to power, is often discussed as the end of peace in Spain's Second Republic. However, in contrast to the rebellious military junta, the government did not immediately declare war. On the contrary, the transition from peace to war did not happen overnight but was rather an asynchronous and contingent process. While war became a reality, many actors continued to envision and work for a society in peacetimes. Historiography often explains the government's reaction to the military insurrection as paralysis: The rulers did little, the people reacted – they took to the streets and resisted the military uprising. Republican wartime propaganda glorified and exalted the popular response to the coup d'état, taking it as proof for the general legitimacy of the Republic as a political system. The militia fighters – men and women alike – in their blue overalls quickly turned into the icons of the Spanish people.<sup>83</sup>

81 Ibid.

82 Ramió and Torres, *Enfermeras de guerra*; Barona and Bernabeu Mestre, *La salud y el estado*; Barona Vilar, »Sanitary Reforms and Rural Health Policies,« 71-86; Carmen Chamizo Vega, »La perspectiva de género en enfermería. Comentarios y reflexiones,« *Index de enfermería: Información bibliográfica, investigación y humanidades*, vol. 13, no. 46 (2004), 40-44.

83 Among many, Martínez Rus, *Milicianas*; Lines, »Female Combatants,« 168-187; Mary

The insurgents instantly offered the opposite narration: They depreciated and villainised the spontaneously formed militia units and presented them as evidence for the Republic's decay and its need to be saved, reinterpreting the blue worker's overalls and using them as justification for their coup d'état.<sup>84</sup> Thus, the people who took to the streets became the subjects of continuous mystification by both their contemporaries and their subsequent posterity. Eventually, historians began deconstructing these icons and, in doing so, added more layers to the story, raising awareness of the complexity of the situation.<sup>85</sup> Although the popular response was in many ways crucial for the Republic to survive, one should not underestimate that from a military perspective, their contribution to fend off the insurrection lately underwent a recontextualisation. »[T]here is no need to continue feeding the myth. It was not the people, »the people in arms,« who alone defeated the rebels in the streets of the major cities of Spain,«<sup>86</sup> as the Spanish historian Julian Casanova emphasises. He suggests it is worthwhile to take a closer look at the different forces of public order, like the different police corps and dismissed soldiers. His interjection touches upon the efficiency of an untrained *levée en masse* and invites the ex-post-spectator to take the requirements for effective warfare seriously.

The shift in war strategies during the 20th century towards totalised warfare introduced an unprecedented labour division. The combatant units at the frontline certainly remained the key reference for wartime heroism, just as the battlefield continued to be the epicentre of war. However, to make war happen, complex logistics, task specialisation, and a top-performing wartime industry were just as necessary as masses of conscripts. Therefore, it is more precise and adequate to ask: Who was needed to wage (a total) war?

Even if the Republic's population's response has often been over- and underestimated in the past, the perspective of the gender historian and the historian of health and medicine confirms more recent claims for new approaches to societies in war. These overlapping lenses decentre the combatant strength, shifting the perspective to a different constellation of actors also involved in transforming the order of peace into the order of war. For the Republic, minis-

Nash, »Women in War. Milicianas and Armed Combat in Revolutionary Spain 1936-1939,« *The International History Review*, vol. 15, no. 2 (1993), 269-282.

84 Among many, Francisco Sevillano Calero, »La propaganda y la construcción de la cultura de guerra en España durante la Guerra Civil,« *Studia Historica. Historia Contemporánea*, vol. 32 (2014), 225-237; José Miguel Delgado Idarreta, ed., *Propaganda y medios de comunicación en el primer Franquismo (1936-1959)* (Logroño: Universidad de La Rioja, Servicio de Publicaciones, 2006).

85 Among many, González Calleja et al., *La Segunda República española*; Viñas, *El gran error de la República*; Casanova and Andrés, *Twentieth-Century Spain*; Helen Graham, »On Historicising the War in Spain,« *Contemporary European History*, vol. 29, no. 3 (August 2020), 268-271; Pérez Ledesma, »La guerra civil y la historiografía,« 51-75.

86 Casanova and Andrés, *Twentieth-Century Spain*, 166.

tries and their subsections come to the fore, as did organisations that engaged in humanitarian relief work, like the army's Health Service, the Red Cross, the International Red Aid, the libertarian *Mujeres Libres*, and the communist *Mujeres Antifascistas*. While the humanitarian actors experienced the physical destruction immediately through their own proximity to the actions, the administrators had to consider the bigger picture. Although they all engaged with healthcare, their experiences diverged greatly and so did their agenda setting and activities.

### *Hotels to Hospitals*

For members of worker's organisations, trade unions, and other left-wing and leftist groups, the civil war began between 17 and 19 July 1936. The fight began the moment they picked up arms, mobilised others to join the militia, or otherwise contributed to the defence of the Republic. The same holds true for the medical sphere. The coup had already created a humanitarian situation fundamentally different from that during peacetime – and one that would worsen throughout the war. It affected the medical infrastructure in two respects: First, it substantially changed the demand for treatment. Combat-induced wounds and injuries quickly became a mass phenomenon, especially wherever open combat and battle zones started to consolidate and troops fought against each other, like around Madrid, Bilbao, or Navarre. Second, on top of these frontline casualties, local upsurges of violence between supporters of the Republic and the insurgents produced injured and dead. An adaptation and expansion of medical infrastructure was instantly needed to attend to these new needs. Knowledge of and strategies for how to do this were available. With the lessons learned from the First World War, Spanish military doctors had just published a new handbook with instructions on the functioning of a modern health service.<sup>87</sup> Yet, the transfer of this knowledge into medical practice, logistics, and infrastructure lagged. In fact, the medical attention for the fighting troops was particularly precarious during the initial stages of the war.

During the tumultuous days of the coup, the Spanish armed forces disintegrated into progovernment and proinsurgent units. However, this disintegration was asymmetrical and affected the government more than the rebels, especially regarding its medical infrastructure. According to the historian of medicine, Nicholas Coni, large parts of the medical branch instantly sided with the insurgents and abandoned the Republican Health Service.<sup>88</sup> There were many reasons why medical staff preferred to side with the rebels, some of which are related to the institution itself. The insurrection had furthermore discredited the armed forces, which were already considered a threat to the democratic project, particularly by left-wing parties and even more by anarchists. The coup therefore seemed to prove that the reforms of the first Minister of War, Manuel Azaña,

87 Martín Rocha, *Doctrina*.

88 Coni, *Medicine and Warfare*, 23.

had not been efficient. To contain the insurrection, the Prime Minister and Minister of War, Santiago Casares Quiroga, issued a decree dissolving the army entirely, reflecting the deep-seated distrust the government held towards this combatant institution. But this eventually backfired: It dismantled the troops and commanding structures that remained loyal to the Republic while leaving the secessionist units under the leadership of the insurgent generals intact.<sup>89</sup> Consequently, members of the medical branch who had declared their loyalty to the government were confronted with mistrust and often with open hostility at the beginning of the conflict. Other reasons for medical staff siding with the insurgents intersected with the continued prevalence of the bourgeois image of the professions. The failed insurrection only amplified these stereotypes. The image of the bourgeois doctor was therefore used as legitimation for individual self-justice against anyone identified as a member of the profession.

However, the violence unleashed in due course strongly depended on the local context. Especially wherever the paralysis of the government had enabled radicalised groups to seize power and initiate a social revolution,<sup>90</sup> repression spiralled against so-perceived enemies of 'the people' – which was also true in the Francoist zones. In Republican Spain, however, this was why doctors, nurses, and practitioners stopped feeling safe, and why they and members of the religious orders that had specialised in nursing and healthcare, like the Sisters of Charity, left the republican zone if they could or went into hiding for fear of persecution.<sup>91</sup> The coup initiated a complex landscape of inner and outer withdrawal of experienced medical professionals in the Republican territories.

With the Health Service largely disarticulated, the government's lack of initiative to confront this situation, and the number of casualties on the rise, immediate action was urgently needed. The Spanish Red Cross, the parties, trade unions, and women's organisations were the first actors to respond. Prominent among these actors were the libertarian *Mujeres Libres* (Free Women, ML), the communist *Asociación de Mujeres Antifascistas* (Association of Antifascist Women, AMA), and the Spanish section of the *International Red Aid* (*Socorro Rojo Internacional*, SRI). They all launched calls to mobilise medical staff and blood donors via newspaper, radio, and word-of-mouth and set up improvised sickbays and first-aid posts during the first weeks of the war.<sup>92</sup> The health historian María López Vallecillo interprets the initial stages as a situation in which

89 Gabriel Cardona, *Historia militar de una guerra civil: Estrategias y tácticas de la guerra de España* (Barcelona: Flor del Viento Ediciones, 2006), 32.

90 Fernando Jiménez Herrera, »El golpe fracasa, la revolución toma las calles. Los comités revolucionarios (verano-otoño de 1936),« in *Asedio: Historia de Madrid en el Guerra Civil (1936-1939)*, ed. Gutmaro Gómez Bravo (Madrid: Ediciones Complutense, 2018), 321-351.

91 López Vallecillo, »Presencia social e imagen pública,« 231-232.

92 Alía Miranda, *La otra cara de la guerra*, 131-169.

hospitals mushroomed, particularly in the embattled zones such as Madrid.<sup>93</sup> Hotels, monasteries, and schools were turned into infirmaries, sickbays, or first-aid posts.<sup>94</sup> Similar processes took place in Catalonia and Valencia.<sup>95</sup> However, this dynamic and development were enabled and bolstered by the absence of a centralised power monopoly because of the paralysis of the government<sup>96</sup> and its loss of the streets.<sup>97</sup> One consequence of this initial bottom-up dynamic was competition among the different political groups, which led to a deficient allocation of supplies, drugs, and medical needs, so the treatment of patients often functioned poorly.

This situation was further aggravated as the initial support of the Spanish section of the Red Cross (SRC) hung in the balance. Only one day after the coup was considered to have failed, on 20 July 1936, the anarchist doctor Juan Morata (CNT) and left-wing militia fighter Francisco Haro (IR) took control of the headquarters of the SRC in Madrid and dismissed their entire staff. They suspected the members of the SRC of being on the insurrectionists' side. The committee's dissolution was meant as a preventive action to avoid having subversive forces tending to the injured combatants. In the meantime, however, the SRC units were providing the rescue infrastructure for the combatants at the frontlines of Madrid, Asturias, Cantabria, Aragon, Andalusia, and Extremadura.<sup>98</sup> Discharging the members of the coordination and administration affected the performance of the deployed SRC units and caused a response by the ICRC headquarters in Geneva which sent the Swiss doctor Marcel Junod to negotiate with the Republican government. The ICRC feared a humanitarian catastrophe and negotiated the creation of two committees, one for each belligerent party. On the condition that both committees were restricted to the principles of humanitarianism and impartiality, meaning that they would not act as mere appendices of the armed forces, the government of Francisco Largo Caballero (PSOE) agreed to Geneva's suggestion. The consequence was that the SRC units were officially obliged to divide their efforts and resources among the vanguard and the rearguard, organise an information service, and serve as representatives of humanitarian law by monitoring the situation of the prisoners of war.<sup>99</sup>

93 López Vallecillo, «Presencia social e imagen pública,» 215-216.

94 Bingham de Urquidí, *Misericordia en Madrid*.

95 See among others, García Ferrandis, «La asistencia sanitaria en la Provincia de Valencia,» 13-38; Xavier García Ferrandis and Alvar Martínez Vidal, *Hospitals a la vanguardia republicana durant la Guerra Civil* (Catarroja: Editorial Afers, 2016).

96 González Calleja et al., *La Segunda República española*, 1175.

97 Gómez Bravo, *Geografía humana*; Gutmaro Gómez Bravo, ed., *Asedio: Historia de Madrid en la Guerra Civil (1936-1939)* (Madrid: Ediciones Complutense, 2018); Jiménez Herrera, «Los comités madrileños en 1936.»; González Calleja et al., *La Segunda República española*.

98 Alía Miranda, *La otra cara de la guerra*, 121-124.

99 Pretus, *La ayuda humanitaria*, 74-85.

However, as the reports and correspondence show, particularly on the level of the concrete Spanish actors, it was difficult to untangle networks and separate the spheres.<sup>100</sup>

Still, the SRC, the SRI, workers' committees, and especially *Mujeres Libres* and the *Asociación de Mujeres Antifascistas* played a crucial role in mobilising medical staff and taking control of hospitals, sickbays, and first-aid points.<sup>101</sup> Particularly Madrid, but also Valencia and Barcelona, turned into hotspots of this bottom-up mobilisation. These organisations eagerly filled the power vacuum governmental paralysis had created. As a consequence, the state also lost its control over supply lines after losing the control over the streets. Unfortunately, there is little evidence about how these workers' hospitals and first-aid posts functioned, only that they suffered from shortages of everything: drugs, dressing materials, surgical instruments, beds, and most of all staff, especially nursing personnel. The militia appropriated most of the buildings in which improvised hospitals or sickbays were installed. So, even though many medical centres were established during late July and August, their capacities and efficiency in attending to patients varied greatly.<sup>102</sup>

The studies of the historian Xavier García Ferrandis provide some insight to how political affiliation became important in combatant healthcare. He shows that, throughout July and August 1936 in Valencia, the anarchosindicalist trade union CNT quickly took up the challenge of setting up a medical infrastructure for their militia units. As a result, they appropriated medical material from private practices and took possession of a hospital. Their medical staff, however, preferentially treated members of their militia and sometimes refused to tend to patients of militia units with other political affiliations.<sup>103</sup> As a result, Valencia's medical infrastructure fragmented during the first months of the war. Thus, not necessarily the severity of injuries or the quickest way to a medical facility determined treatment but rather the militia or political affiliation of the casualty.

Besides setting up medical facilities, the workers' committees, SRI, ML, and AMA also rallied for politically reliable medical staff. They launched call-ups and organised specialised training as well as first-aid and war nursing crash courses. Civilian doctors answered their calls for support, as did volunteers without any previous medical training. In addition, the situation provided a window of opportunity for secular bedside nurses who, thanks to the rigid labour market, had failed to find a permanent job in a hospital or dispensary before the war. This

100 Ministerio de la Defensa Nacional, Inspección General de Sanidad: *Organizaciones – Varias*, AGMAV, C. 312, 4, 3-8; Ejército Nacional, *Brigadas Navarra*, AGMAV, C. 1534, 83; Ministerio de Defensa Nacional, Subsecretaría del Ejército, *Expedientes sobre Cruz Roja Española 1938-1939*, AGMAV, C. 34632, 3.

101 López Vallecillo, «Presencia social e imagen pública de las enfermeras en el siglo XX (1915-1940).»

102 *Ibid.*, 215.

103 García Ferrandis, «La asistencia sanitaria en la Provincia de Valencia,» 16-17.

group of volunteers, particularly the group of women who signed up for nursing duty, was heterogeneous. Many of them were young and eager to contribute to the war or seize the opportunity to leave home and do something meaningful. Recollections like those of the Catalan nurses Anna Pibernat Caner or Carme Barrull Torrella seem paradigmatic of the younger women who volunteered for the Republic. A. Pibernat had just finished her nursing degree when the war began and volunteered instantly. After a brief specialisation training for war medicine, she was deployed and quickly promoted to head nurse. C. Barrull was a trained butcher before becoming a nurse. She was immediately sent to a small hospital. She recalled that her superior was a woman who held her degree longer than she did but had never actually worked as a nurse. C. Barrull was apparently more skilled than her because, like A. Pibernat, she quickly ascended the career ladder.<sup>104</sup>

Somewhat different – but all the same paradigmatic – were the stories of women like Mary Bingham de Urquidi, a professional bedside nurse and the wife of the Mexican ambassador. Her memoirs suggest she was a model example for persons whose allegiance was importantly influenced by where they experienced the insurrection. M. Bingham was in Madrid and thus on Republican territory when the coup happened. She was acquainted with people who must be considered conservatives, aristocrats, or right-wing and who faced persecution in Madrid after the coup had failed. She recalled that militia units raided her house and her neighbour's husband and son were arrested, but that she managed to dodge this bullet.<sup>105</sup> Her own political consciousness seemed to have instead been governed by an ethos of humanism, like many other medical professionals. According to Alía, she eventually found her place in the ranks of the communist SRI, where she used her humanitarian conviction and professional expertise for a meaningful cause. She recalled her mobilisation in her memoirs: »All afternoon, I listened to the radio calls for nurses [...] and watched the hearses and ambulances go by. My conscience took over as I stood there alone, doing nothing, knowing how much need there was for nurses. [...] I thought I had a duty to do.«<sup>106</sup> She presented herself at the local branch office of PSOE Casa del Pueblo (House of the People) and later became one of the leaders of an SRI medical project, making important contributions to the organisation of the rearguard healthcare infrastructure.<sup>107</sup>

The social chasm between pro-Republicans and proinsurgents caused an aperture for nongovernmental actors to expand their range of activities and assume state duties. Their immediate response to the situation was crucial for establishing an infrastructure of medical assistance. However, these initia-

104 Hurtado Díaz, *Memorias del pueblo*; Ramió and Torres, *Enfermeras de guerra*.

105 Bingham de Urquidi, *Misericordia en Madrid*, 6-15.

106 *Ibid.*, 16-17.

107 Alía Miranda, *La otra cara de la guerra*, 134.



tives were biased by gender, political affiliation, and profession as they called up medical professionals and women – the latter not only for medical duties. Nevertheless, the coup and subsequent war created an unexpected window of opportunity for trained secular bedside nurses. Ultimately, all who wanted and met the political admission criteria got access to jobs in medical facilities. However, this bottom-up dynamic produced mixed results. Skilled staff were driven out of healthcare based on their presumed and actual political allegiance with the insurgents, in many cases being succeeded by personnel with less experience who had to learn on the spot. Additionally, the plurality of actors involved in the initial mobilisation efforts created a confusing situation. It would take almost a year for competences and responsibilities to be sorted out among the different stakeholders. Nevertheless, it empowered socio-political actors, like the AMA, ML, and IRA, to expand their activities and gain experience in organising medical infrastructure.

Yet, I must emphasise one aspect here: Regardless of different motivations and reasons, the actors of the political and humanitarian organisations responded immediately to the most pressing and urgent needs: medical assistance for the injured. Thus, while the government was busy collapsing and dismissing the army – and by extension its medical branch – it fell upon these nongovernmental actors to shape the present. They immediately understood what the government seemed to underestimate initially: the psychological importance of a functioning medical infrastructure during the war. Not only did the combatants' morale and readiness to fight depend on the hope for rescue, but the civilian population also needed it to be able to send their loved ones to the front while enduring enemy attacks. Although these actors' engagement ultimately produced questionable results, it nevertheless proved to be vital for the failure of the insurrection.

*The Future (Still) on the Horizon: Federica Montseny and Libertarian Healthcare*

Six weeks after the coup, on 4 September 1936, the government was reshuffled. The left-wing republican José Giral Pereira (IR) stepped down, and the socialist Francisco Largo Caballero (PSOE) succeeded him in office as Prime Minister. He initiated a phase of reorganisation and centralisation. To end the supposed governmental paralysis, he issued an extensive reform programme. Throughout the autumn of 1936, the ministries were reorganised, the anarchists were invited to participate in the government,<sup>108</sup> measures were taken to regain power over the streets,<sup>109</sup> and the Popular Army was founded, which put an official end to the militia warfare.<sup>110</sup> In other words, between September and December 1936, the gov-

108 Graham, *Socialism and War*, 53-106.

109 Jiménez Herrera, »Los comités madrileños en 1936,« 430-436.

110 See, Michael Alpert, *El ejército popular de la república: 1936-1939* (Barcelona: Crítica, 2007).

ernment started to reclaim the monopoly of power over its remaining territories. Concurrently, the second advance on Madrid, which began on 12 October 1936 and marked a milestone in the history of this conflict, occurred. The famous slogan of the communist leader, Dolores Ibárruri Gómez, »¡No pasarán!« (They shall not pass!) became a reality. Republican Madrid resisted, but by the time F. Franco finally ordered the ceasefire, the frontline had shifted. The northwestern and western parts of the city, Casa de Campo, were henceforth Francoist territory.<sup>111</sup>

The reform process initiated by F. Caballero was asynchronous; not all social spheres were addressed at the same time. Among them, the healthcare infrastructure was not a top priority. The Ministry of Health and Social Assistance's foundation happened only in November 1936, 2 months after the foundation of the Popular Army. This meant that nongovernmental health actors – Mujeres Libres, Asociación de Mujeres Antifascistas, SRI, etc. – had more time to consolidate their work and social position in humanitarian relief work. Changes in the medical infrastructure only started to gain momentum after the second advance on Madrid ceased fire on 23 November 1936 and a period of relative tranquillity began.<sup>112</sup> Apart from single battles, like the loss of Málaga and the battle of Jarama, both in February 1937, the intensity of the fighting decreased by comparison. This allowed for a regrouping process until the loss of the coastal territories in Asturias, Cantabria, and the Basque Country loomed during the summer and autumn. This feeble stability during late 1936 and spring of 1937 finally crumbled in the autumn of 1937/1938 and was definitively over after the defeat in Teruel in February 1938.

These months of relative peace in 1937 (still) allowed for imagining the future of the Republic, which is what Federica Montseny Mañé, as the first Minister of Health and Social Assistance, did, among other things. Born in 1905 in Madrid, she was the daughter of the anarchists Federico Urales and Soledad Gustavo (Juan Montseny and Teresa Mañé), who edited the journal *La Revista Blanca*, one of the most prominent periodicals on anarchist thought and theory of the time. F. Montseny engaged politically at a young age and became a member of the anarchist CNT as well as its militarised wing the FAI but also the Mujeres Libres. Her political career was strongly intertwined with her intellectual interests, which revolved around »the problem of the woman«<sup>113</sup> and emancipation.

111 Fernando Puell de la Villa and Justo A Huerta Barajas, *Atlas de la Guerra Civil española antecedentes, operaciones y secuelas militares (1931-1945)* (Madrid: Ed. Síntesis, 2007), 80-86.

112 Michael Seidman coined the term »silent frontlines« to refer to those sectors of the front where relatively little combatant activities were happening. Both armies, the Francoist and the Republican, did not have the means to fight at all frontlines at once, so while some battlefields were highly dynamic, others were temporarily stalled. Seidman, *Republic of Egos*.

113 Mary Nash, »Dos intelectuales anarquistas frente al problema de la mujer: Federica Montseny y Lucía Sánchez Saornil,« *Convivium*, vol. 44-45 (1975), 75.

In her opinion, women were the key to social change because of their influence on men. She argued that her contemporaries lacked too much consciousness, education, and culture to assume their roles in social change. According to her reflections of 1927, a woman was either »a beast of pleasure or a child-bearing machine,«<sup>114</sup> and the only way to overcome this was emancipation and total gender equality in the sense of libertarian humanism.<sup>115</sup> She published her reflections on the role of the sexes and on conceptions of a libertarian society in the journals *Mujeres Libres* and *La Revista Blanca*. She also translated them into political action inside and outside the government during her term of office as Minister of Health and Social Assistance. However, she gained more fame for her commitment to reform abortion rights and prostitution laws than for her work on the healthcare infrastructure. Nevertheless, a closer look at the latter provides valuable insight into the slow and reluctant transition from peace to war of the Second Republic.

F. Montseny was appointed Minister of Health and Service in November 1936. She described the beginning of her term of office as overshadowed by the fighting for Madrid and the difficulties of finding collaborators and coworkers. Eventually, she gathered a team that included members of different parties, medical professionals, and nonmedical staff. This was, in some way, remarkable, as staffing a ministry was a political issue. However, she could not find enough staff among the ranks of CNT. In addition, it was apparently important to her to have medical experts on her team, so she created a team that cut across party divisions. Looking back at this period, she highlighted that the common cause – working for Spain – provided the bond they needed to work together.<sup>116</sup>

F. Montseny was presumably the last Republican minister working in health-related fields who prioritised the civilian medical infrastructure over the military one during the ongoing war. In this way, she followed the government's ambiguous course regarding the ongoing conflict and complicated relationship with the army. Although F. Largo sought to reassert his authority as Prime Minister, he had not declared a state of war. According to the historians Eduardo González Calleja et al., the reasons behind this reluctance to

114 Federica Montseny, »La mujer, problema del hombre,« II. *La Revista Blanca*, 89, 1, February 1927, c. f. Nash, 75.

115 Federica Montseny's feminism has been subject to substantial scholarly debate and research. I find the reflections of Mary Nash and Nuria Cruz-Cámara particularly helpful to approaching these debates. See Nash, »Dos intelectuales anarquistas,« Nuria Cruz-Cámara, *La mujer moderna en los escritos de Federica Montseny* (Woodbridge: Tamesis, 2015).

116 Federica Montseny, Mi experiencia en el Ministerio de Sanidad y Asistencia Social. Conferencia pronunciada el 6 de Junio de 1937, en el Teatro Apolo – Valencia, in Juan López, García Oliver, Juan Peiro, Federica Montseny, *Discursos Históricos. La C. N. T. en le Gobierno de la República*, Ediciones de la Comisión de Propaganda y Prensa del Comité Nacional de la C. N. T. Valencia, 12 June 1937, 9-11.

declare the state of war and thus put the army in charge of large parts of the territory can be found in a deep mistrust of the left-wing and leftist politicians of the armed forces. A declaration of war would have entailed a significant transferral of power to that institution, which F. Largo wanted to avoid at all costs.<sup>117</sup> However, this tiptoeing around the inevitable created insecurities about responsibilities and tasks. F. Montseny's work as Health Minister illustrates this inconsistency quite well. There was no general understanding that healthcare was to be organised according to war-related needs. In fact, there seemed to have been no understanding of the ministry's general mission at all. Instead, F. Montseny was on her own and set her priorities according to her own interests and political beliefs. For example, the medical branch of the recently founded Popular Army hardly played a role in her legislative projects. Instead, she conceptualised a healthcare system to predominantly benefit the civilian population. To this end, she roughly followed the path already paved by Marcelino Pascua, the first head of the Directorate-General for Health of the Second Republic, in 1931/1932. She picked up where he had left off and fostered, first and foremost, the expansion of the close-knit network of medical facilities throughout the Republican territory. Furthermore, she encouraged an intensification of international cooperation in medicine and healthcare and created new institutions for medical research and teachings, like the foundation of a paediatric nursing school.<sup>118</sup>

However, the ongoing war did play a role in her work. She targeted predominantly vulnerable civilian groups in the rearguard, like mothers, children, refugees, invalids, and people with disabilities. Therefore, she and her team worked on proposals for new orphanages, institutions for recovery, and women's healthcare. These projects touched upon two issues that constantly gained more importance throughout the war, as more and more children lost their parents, were being evacuated without their families and men and women suffered from physical and psychological war injuries. The underlying conceptualisations of these projects reflected F. Montseny's interpretation of libertarian humanism, which promoted visions of how to include everyone in the war-struck Spanish society. She critiqued that the current state of the medical and social infrastructure was designed to foster delinquency and intensify marginalisation rather than social integration. She thought it was feasible to transform war invalids into productive members of society through education and professional training.<sup>119</sup> By her logic, the war was just another social challenge comparable to poverty and other factors that created social inequality. To her, it represented an opportunity for fundamental social change. Because of the fighting and mobilisation of society, many children were either orphaned or had nobody to look

117 González Calleja et al., *La Segunda República española*, 1175-1197.

118 Montseny, *Mi experiencia*, 9-16.

119 *Ibid.*, 14, and 17-19.

after them. She proposed the creation of homes for children (*hogares infantiles*) as a solution to this problem.

[T]wenty-five, thirty children at the most. And these twenty-five or thirty children in a house, [...] with a dining hall, a radio, a swimming pool, a garden. A house with two or three women with a maternal sense who love children, who have inculcated a certain culture of feeling and thinking, who would care for them. [...] Then, later, we could think bigger. Build cities for children with as many homes for children as necessary. We could multiply these homes to infinity.<sup>120</sup>

This proposition paradigmatically reflects how she separated motherhood from the biology of reproduction and transformed it into a political project. Another issue she confronted was the constantly worsening problem of the refugee movements in the Republican zone, where she laid the fundamental groundwork: A registration system, distribution pattern for displaced people, and delousing centres formed part of her measures.<sup>121</sup> She designed an infrastructure to attend to the needs of refugees and thus complemented the SRC's search and information system. At the end of 1936, around 1 million people were already refugees on the move in the Republican zone – and the situation was worsening constantly.<sup>122</sup>

Yet, turning these ventures into reality proved to be difficult, as her budget was extremely slim, and many of her ideas were met with scepticism and resistance by other stakeholders in the field.<sup>123</sup> Further, her term in office was too short to elaborate on these ideas further and search for the means to put them into practice, as she resigned almost 6 months later. Therefore, the war as an event inspired her to rethink social injustice and to refine her conceptions of motherhood. The post as Minister of Health and Social Assistance provided her with a position of power to initiate translating these ideas into realities, although most of them never really got past the stage of conceptualisation.

While we can locate these projects in the realm of ›social assistance,‹ she also paid attention to issues that would instead belong more in the sphere of ›health,‹ like epidemic control or the creation of a provisional infrastructure for medical supplies. To that end, she intensified hygiene programmes and educational campaigns regarding venereal diseases.<sup>124</sup> These campaigns carried political messages. But F. Montseny was not the only one to use the field of medicine and the healthcare infrastructure as an arena for imagining society. Different concepts of how to organise healthcare in times of war circulated during her term

120 Ibid., 18.

121 Ibid., 20-28.

122 Barona and Bernabeu Mestre, *La salud y el estado*, 272-273.

123 Montseny, *Mi experiencia*, 17.

124 Ibid., 25-26.

of office, many of which intersected with more general ideological and political ideas of statehood, society, and the future of the Second Republic.<sup>125</sup> The socialist and founding member of the medical branch of the socialist trade-union UGT, José Estellés Salarich, for example, propagated a gradual collectivisation of medical care, based on a conception of health and medicine rooted in Social Medicine.<sup>126</sup> F. Montseny's concepts were thus just one voice in a larger process of negotiating visions for the future health of the Republic. However, these discussions were never satisfactorily resolved because present events became too pressing. The lifespan of the Ministry for Health and Social Assistance was limited. After the May Days<sup>127</sup> in Barcelona in 1937, F. Montseny and her fellow anarchists left the government, and the ministry was once again split up: Health was integrated into the Ministry of Education and Social Assistance (*Instrucción Pública y Sanidad*), which was combined with the Ministry of Labour and Social Welfare (*Trabajo y Previsión Social*). This *de novo* institutional reshuffle reflected a finding, F. Montseny asserted in one of her speeches:

[I]n Health and Social Assistance, there were never any political interferences or influences. What kind of politics can be made in health? What kind of politics can and should be made in social assistance? Absolutely none. We were in charge of caring for Spain's health and ensuring that there would be no epidemic – or if there was one, that it would not spread. We were in charge of caring for the victims of the war, the victims of social injustice, and the victims of economic imbalances. We had to ensure that all of them were compensated and found some warmth and support. In that, we all agreed.<sup>128</sup>

This account is quite revealing for its self-perception. Using the collective ›we‹ insinuates that health and medical attention had *de facto* transformed into a state responsibility during the Second Republic but had not yet reached the rank of a relevant area of policymaking in the eyes of its actors. The claim that ›no politics‹ could be made in the field of health, turning healthcare into a presumably ›apolitical‹ duty of human kindness, had far-reaching consequences. It disguised that health and care served as an arena for negotiating the relationship between the state, its citizens, and war. In addition, it had allowed for cross-party and cross-trade-union cooperation. This conception of health and social

125 Barona and Bernabeu Mestre, *La salud y el estado*, 250-252.

126 More on José Estellés Salarich, see for instance, Josep Bernabeu Mestre, *La salud pública que no va a poder ser. José Estellés Salarich (1896-1990), una aportació valenciana a la sanitat espanyola contemporània* (Valencia: Consell Valencià de Cultura, 2007); Barona and Bernabeu Mestre, *La salud y el estado*, 252.

127 During the days 3-8 May 1937, clashes between anarchists and Trotskyists against the Catalan government and the Republican government (predominantly socialists and communists) happened in Barcelona.

128 Montseny, *Mi experiencia*, 11.

assistance overlooked therefore that what F. Montseny and her successors did was obviously a politics of health. After F. Montseny left office in May 1937, she continued her work in the humanitarian organisation Solidaridad Internacional Antifascista (SIA, International Antifascist Solidarity).<sup>129</sup> According to historian Francisco Alía, the work of SIA »was very varied and aimed mainly at the most vulnerable social sectors, such as the inhabitants of besieged towns, the families of bombed victims and combatants killed in action, refugees and evacuees, and, above all, children.«<sup>130</sup> He further mentions that the SIA initiated model projects for children's colonies, so her childcare ideas were briefly tested. At the end of the war, she left Spain. Persecuted by the Nazis, she spent the Second World War in hiding in France.

### *600 Doctors Are Enough!*

One key institution of the wartime medical infrastructure, the Health Service of the Army, remained largely absent in F. Montseny's work. Her activities that affected the military medical branch were limited mainly to building a storage infrastructure and concentrating material, provisions, and sanitary products.<sup>131</sup> Other than that, combatants were not on her list of priorities. One reason for this might have been that she did not get along very well with the Minister of War, F. Largo,<sup>132</sup> who coordinated the reorganisation of the combatant forces by creating the Popular Army. We must assume that, since the Health Service was an army corps, she avoided interference and, thus, conflict with F. Largo. According to the historians of medicine, Josep Lluís Barona Vilar and Josep Bernabeu Mestre, another reason was at play that contributed to the government's passivity regarding the overall humanitarian situation: F. Largo and his staff of the Ministry of War assessed the situation of the military medical branch based on number counts and agreed that their resources of staff and material sufficed to meet the needs of the war.

Around 600 military doctors were at the disposal of the fighting units in the winter of 1936/1937. On paper, this number provided all relevant organisational levels of the army – troops, battalions, and companies – with enough medical staff. A closer look at the situation in the troops and army units provides a different picture.<sup>133</sup> Of these 600 militarised doctors who worked for the Health Service, only 100 were military doctors by training, with 60 returning from retirement to active service.<sup>134</sup> This means that only one-sixth of the available surgeons and physicians had been trained to treat war injuries and care for the

129 Alía Miranda, *La otra cara de la guerra*, 144-146.

130 Ibid., 146.

131 Montseny, *Mi experiencia*, 12.

132 Ibid., 12-13.

133 Barona and Bernabeu Mestre, *La salud y el estado*, 254-255.

134 Ibid., 253-254.

health of the fighting units, while the majority of over 500 doctors had worked in civilian medicine before the war.<sup>135</sup> The background of the mobilised and deployed doctors mattered significantly, because working in the spaces of war, like on battlefields, required special knowledge and skills regarding surgical techniques, disease treatments, and epidemics and hygiene control to assist combatant units. Most of the militarised doctors were novices to the tasks they were asked to perform. While, by numbers, the overall situation of the medical infrastructure might have been tolerable at the beginning of the war, at the end of 1936, the outlook for the fighting units was rather gloomy – a fact the government severely underestimated.

Some actors criticised the government for that policy and attempted to raise awareness of the precarious situation of the military medical infrastructure. Particularly international organisations like the League of Nations Health Organisation (LNHO) pointed insistently to the defects of the Republican medical infrastructure of war. In December 1936 and again in early 1937, delegations of the Hygiene Committee of the LNHO headed by the doctors Czesław Wroczyński and Jean Laigret visited both war zones of Spain to check on the overall humanitarian situation. The then Health Minister, F. Montseny, recalled positive memories of these visits, remembering the LNHO's most pressing concern was to review the country's capacities for epidemic control.<sup>136</sup> She proudly remembered that her course of action had come to fruition. Since she had further developed the key ideas of M. Pascua, a network of medical centres and the infrastructure for collecting statistical data were in place, which allowed for the control of infectious diseases.

The system allowed the potential foci of diseases and epidemics in the rear-guard to be kept at bay. F. Montseny did not publicly remember the critique the international health experts voiced regarding the military health service; according to Barona Vilar and Bernabeu Mestre, it appeared only in the reports of the LNHO delegation. They thought the human resources of the militia and combatant units were too little and feared that, in addition to the insufficient surgical capacities, the circulation and expansion of prospective epidemics would overwhelm the army resources for medical assistance. This assessment of the overall situation happened before the first major losses of territories. The more significant number of wounded combatants was yet to come, as were the first waves of mass evacuations of civilians. Still, C. Wrozyński and J. Laigret already qualified the capacities as deficient. Hence, from an outsider's perspective, the healthcare infrastructure was not depicted as positively as the Minister of Health remembered. Unfortunately, there is no concrete evidence of how the LNHO's admonition affected the military health policy of the Popular Front government.

135 *Ibid.*, 254.

136 Montseny, *Mi experiencia*, 15-16.



Until the spring of 1937, the government did little to mobilise more civilian medical professionals or set up special training for civilian doctors to better prepare them for their deployment. This task was left to organisations like the International Red Aid, Asociación de Mujeres Antifascistas, and the Spanish Red Cross. Rather than enhancing human resources, the initial legislative action chose to concentrate on medical materials, supplies of food and provisions, and medicine. Efficiency was thought to be best achieved through accessibility to supplies and likely echoed the demands coming in from the fighting units. Change regarding the human resources in military medicine came only after F. Montseny had stepped down. Under the aegis of the Subsecretary to the Minister of Education and Health, Juan Planelles Ripoll (PCE), several decrees were issued to confront the precarious situation of available medical staff in the armed forces. For example, civilian physicians, surgeons, and practitioners were called to register with their local authorities. Later, the conscription of doctors was decreed, and civilian hospitals were militarised.<sup>137</sup> Even though the LNHO delegations had warned the Republican authorities early on in the war, it took until the spring of 1937 for this message to sink in at the governmental level. In other words, while the government was still planning for the Republic and its future, the actors on the street were already busy responding to the immediate needs for medical attention.

## 2 Towards a Social Order of War

According to the French author Alexis Jenni, law enforcement does not serve to maintain order but to establish it. He adds there was nothing more orderly than war.<sup>138</sup> 'Order' was also the catchword of the moment in Spain. Anarchosyndicalists called for the revolution and building a new social order;<sup>139</sup> Francoists declared the Second Republic to be 'chaos' and presented themselves as the 'noble saviours' who were on their conquest to restore order and by doing that legitimise their claim to power.<sup>140</sup> 'Chaos' and 'order' must, therefore, be understood as discursive vessels the political actors of the moment filled differently. After

137 Among others, on the militarisation of civilian hospitals, *Gaceta de la República*, 26 January 1937, no. 26, 015; on the registration of all medical professionals, *Gaceta de la República*, 18 June 1937, no. 173, 1264; on the conscription of civilian medical staff, *Gaceta de la República*, 14 November 1937, no. 313, 538.

138 Alexis Jenni, *The French Art of War*, trans. Frank Wynne (London: Atlantic Books, 2017).

139 Casanova, »Anarchism, Revolution and Civil War in Spain.«

140 The following provide exhaustive and in-depth assessments: Saz Campos, *Las caras del Franquismo*; Ismael Saz Campos, *Fascismo y franquismo* (Valencia: Universitat de València, 2004); Ismael Saz Campos, »Fascism, Fascistization and Developmentalism in Franco's Dictatorship,« *Social History*, vol. 29, no. 3 (August 2004), 342-357.

Francisco Largo Caballero assumed the office of Prime Minister and Minister of War on 4 September 1936, he formed a government that attempted to include all left-wing forces, even the anarchists. Consequently, three anarchists were appointed as ministers. F. Largo immediately set out to end what historiographers have repeatedly described as the collapse of the state monopoly of power.<sup>141</sup> Although, in September 1936, no one could deny anymore that the coup d'état had precipitated a civil war, F. Largo forewent declaring war like the insurgent generals had immediately done on 30 July 1936. Thus, in the Republican zone, there was no official division of the state territory into a militarised and a civilian one. Instead, to restore – or rather build – order, F. Largo targeted certain institutions and spaces with decrees and reforms.

In the autumn of 1936, the second Francoist advance on Madrid began, which meant the government had to leave the capital and move to Valencia. The first half of 1937 was comparatively tranquil. Francoist troops took Malaga, and other isolated battles happened. The so-called May Days in Barcelona (3-8 May 1937), when Republicans clashed with anarchists in Catalonia and particularly Barcelona, became the earthquake that caused the next governmental shuffle. F. Largo left office, as did most of his ministers. He was succeeded by Juan Negrín López (PSOE), who strengthened bonds with the communists, something many of his party comrades viewed with scepticism. This policy shift meant that, together, they stood for the principle of single command and prioritized winning the war. Thus, J. Negrín's rule was designed to privilege the army and the war, although even he did not declare war until after the fall of Catalonia in February 1939. Therefore, while F. Largo governed during a period that allowed for reforms and issuing change, J. Negrín's term of office saw the continuous loss of battles and territory.<sup>142</sup> One can describe the general arch of the years 1937 and 1938 as a brief window of opportunity that was used to (re)-establish power as »regularised relations of autonomy and dependence between actors or col-

141 Among so many: González Calleja et al., *La Segunda República española*, 1175-1197; Helen Graham, *The Spanish Republic at War, 1936-1939* (Cambridge; New York: Cambridge University Press, 2002); Bernecker, *Krieg in Spanien*; Francisco J. Romero Salvadó, »La guerra civil europea. El laberinto español, 1914-1939,« in *Coetánea. Actas del III Congreso Internacional de Historia de Nuestro Tiempo*, eds. Carlos Navajas Zubeldia and Diego Iturriaga Barco (Logroño, 2012), 55-70; Preston, *The Coming of the Spanish Civil War*; Viñas, *El gran error de la República*; Casanova, *The Spanish Republic and Civil War*.

142 The last months of the Second Republic are often assessed via the final battles or told in simplistic explanations that reduce the political developments to Juan Negrín's policy of resistance, which was ended by a military coup. Helen Graham's succinct reflection from the perspective of the internal struggles of PSOE provides more insight about the implosion of the political system. See Helen Graham, »Casado's Ghosts: Demythologizing the End of the Spanish Republic,« *Bulletin of Spanish Studies*, vol. 89, no. 7-8 (November 2012), 255-278.

lectivities in contexts of social interaction,«<sup>143</sup> which meant a shift from a social order of peace to a social order of war. This phase was short and superseded by the war's progression, which severely afflicted the Republic and eventually led to its demise.

The government used decrees and reform projects to redefine the relationship between state and society, which were supposed to restore the state monopoly of power. And citizens, workers' organisations, militia fighters, and army officials responded to these measures by obeying, avoiding, or rejecting them.<sup>144</sup> This interplay between top-down rule and bottom-up dealing that appropriated and subverted these rules thus constituted the system of ›domination.‹<sup>145</sup> The initial collapse of the government after the coup d'état had created a situation where actors from ›below‹ had accumulated more power. Among these top-down decrees especially relevant for the social space of war medicine was the foundation of the Popular Army in October 1936 and a sample of decrees issued throughout the autumn of 1936 that put hospitals, medical supplies, and provisions under governmental administration and pushed civilian humanitarian projects more towards the rearguard. These reforms provided an opportunity to reorganise the medical branch, which officials of the Health Service eagerly seized upon. Both restructuring projects – governmental and military – were driven by centralisation, the establishment of hierarchies, and gendering the social spaces of war. Concrete actors – doctors, practitioners, war nurses, auxiliaries, administrators, etc. – met these top-down attempts to build a war society at the sickbed by reluctance, relief, and resistance.

The spatial reconfiguration was first tested in Madrid before being extended to the national territory. The capital thus served as a testing ground where particularly the concept ›centralisation‹ obtained meaning. It was translated mostly into the concentration of goods, infrastructure, and responsibilities. Concurrently, the foundation of the Popular Army started to gain momentum and not only provided the Health Service officials with opportunities for change but also initiated the remasculinisation of war and the army as an institution. The architects of the new Health Service picked up this dynamic and designed a service enacted and set to practice predominantly by men. Yet, as the real needs of labour force demonstrate, it was an illusion to segregate men and women.

The empirical basis of this section consists of laws and decrees, military regulations and circular orders as well as reports, correspondence, and testimonies of survivors. This corpus confronts the tension between rule-setting and individual

143 Giddens, *The Constitution of Society*, 16.

144 I understand the relationship between rulers and ruled as a dialectic with unequal distribution of resources and, therefore, different possibilities to act and react. See, among others, Lüdtke, ed., *Herrschaft als Soziale Praxis*; Welskopp, »Die Dualität von Struktur und Handeln,« 99-119; de Certeau, *The Practice of Everyday Life*.

145 Giddens, *The Constitution of Society*, 33.

tactics for responding to them. Zooming in on this force field between governmental, military, and ›ordinary‹ actors allows us to question the power of these decrees and contrast it with the agency of individuals. Unfortunately, the corpus of available sources is lopsided in several ways. ›Ordinary‹ doctors, nurses, or ambulance drivers typically left a paper trail only at the military administration if they committed any punishable transgression. In addition, they seldom produced accounts directly; instead, their superiors usually told their stories, which were thus embedded into their superiors' narratives and framed by their perspectives. The corpus furthermore contains several geographic biases. Whether, what, and where correspondence, reports, or other leftovers of Health Service officials and their subordinates survived depended on the frontline developments and the course of the war. While there is a relatively extensive corpus regarding the Northern Front, the situation in the South and the Catalan-speaking territories is much poorer.

### 2.1 *Madrid – The Laboratory for the Medical Order of War*

In many ways, Madrid was the beating heart of the civil war. The resistance of the Madrilenians who fought off the insurrection in July 1936 was key to the failure of the coup d'état. Workers' organisations, trade unions, and political parties all mobilised against the military insurrection and formed an alliance with the police forces, which was crucial for keeping the rebellious garrisons at bay.<sup>146</sup> They quickly organised committees and militia units that would not only fight the insurgents but also take control of the streets. The capital thus instantly became the symbol of the people, of resistance, and, for socialists and anarchists, a blank canvas on which they could project their hopes for a social revolution. The insurgent Junta and F. Franco immediately understood that Madrid was the backbone of the Republic. They calculated that the whole resistance would fall apart once it was under their command. Therefore, they launched two advances on the capital in 1936, both of which failed: The first was during the actual coup and the second during the offensive in October and November 1936, although the second advance resulted in significant territorial gains. Although they did not take the city, the Francoist troops successfully moved the frontline from the Sierra of Madrid to the city.<sup>147</sup> During the ongoing fight for the city, the government transferred to Valencia on 6 November 1936 and left the capital to the so-called Junta for the Defence of Madrid (Junta de Defensa de Madrid) under the leadership of Prime Minister and Minister of War, F. Largo. Working in a besieged city became too difficult, so the government left, though their leader

<sup>146</sup> Puell de la Villa and Huerta Barajas, *Atlas de la Guerra Civil*, 52-53.

<sup>147</sup> *Ibid.*, 81-82.

stayed on. This move also meant Madrid ceased being the capital and thus a strategic target, but it remained a prime priority.

The Francoists continued to push hard to take the city for more than another 2 weeks until they finally ceased fire on 23 November 1936 and retreated. The fact that the fight for the capital continued for almost 3 weeks after the government left highlights the symbolic value both the Francoists and the left-wing/leftist forces ascribed to it. For the defenders of the Republic, Madrid represented the centre of modern cultural and intellectual life: It was where the Second Republic had been proclaimed, symbolising the promise of a better future and being of considerable propagandistic value. In other words, as long as Madrid resisted, the Republic was still alive. In turn, for the Francoists, it represented the manifestation of Sodom and Gomorrah, the epicentre of 'red terror,' the gateway for international communism, meaning it had to be taken.<sup>148</sup> In their logic, the workers' committees that had taken control over Madrid's streets were living proof of the chaos and insecurity that the Second Republic had instilled, and that a revolution like the Soviet one was imminent.

Madrid was, however, also important in another way, transcending domestic polarisation. The fight for Madrid served a purpose in the arena of international politics. The government of the socialist F. Largo repeatedly appealed to the governments of the two key European democracies, Great Britain and France, for support. He needed Madrid to remain under his control to disseminate the certainty that he would solve the 'domestic crisis,' and that the Republic still represented the future of Spain. At the same time, F. Franco needed Madrid to fall to present himself as the legitimate new ruler of Spain and diffuse a fascist future.<sup>149</sup> Therefore, not without reason, F. Franco swung round after the second advance had failed and declared he would conquer every inch of the country and, in doing so, eradicate the Second Republic.

However, after the second ceasefire on 23 November 1936, the overall situation in the (former) capital was devastating. Air raids had seriously damaged the city and its facilities, and living conditions had deteriorated significantly. Because of the new course of the frontline, vital connections to the cities' supply lines had been destroyed or come under enemy control. There was a shortage

148 Daniel Oviedo Silva and Alejandro Pérez Olivares, «Introducción. Madrid en guerra, 1936-1948,» in *Madrid, una ciudad en guerra (1936-1948)*, ed. Daniel Oviedo Silva (Madrid: Los Libros de la Catarata, 2016), 27-72; Gómez Bravo, *Asedio*; Gutmaro Gómez Bravo and Ainhoa Campos Posada, «Nuevas tendencias en el estudio de la guerra civil. La violencia y los estudios urbanos: El caso específico de Madrid,» *Cuadernos de Historia Contemporánea* vol. 38, no. Especial (2016), 115.

149 David Jorge Miguel I. Campos, «La internacionlización del conflicto y la batalla diplomática por Madrid,» in *Asedio: Historia de Madrid en la guerra civil (1936-1939)*, ed. Gutmaro Gómez Bravo (Madrid: Ediciones Complutense, 2018), 91-137; Puell de la Villa and Huerta Barajas, *Atlas de la Guerra Civil*, 83.

of all kinds of provisions.<sup>150</sup> The overall miserable situation was further exacerbated when the insurgents stationed heavy artillery at Casa de Campo<sup>151</sup> and continued to bombard the city over the following 2.5 years. Madrid was thus turned into a messy warzone, where the limits between vanguard and rearguard effectively ceased to exist. The Junta for the Defence started to reorganise the defence and life in Madrid. The restructuring of the medical infrastructure formed part of these measures, particularly the provision of medical assistance to the fighting units. This is noteworthy because, as an issue, the healthcare of the armed forces did otherwise not matter to F. Largo at that moment, and his Health Minister, F. Montseny, was still busy setting up her ministry. Further, she only rarely engaged with army-related medical services,<sup>152</sup> as mentioned earlier. Yet, in Madrid, the medical system for the fighting units mattered more than anywhere else. Many of the measures launched for the Madrilenian healthcare infrastructure were eventually expanded to the rest of the Republican territories, leading to a general militarisation of medical assistance and a (re-)masculinisation of medicine.

On 15 December 1936, as head of the Junta for the Defence of Madrid F. Largo published two extensive decrees in the law gazette *Gaceta de la República*, which introduced a new medical order and aimed to establish a centralised administration of healthcare.<sup>153</sup> F. Largo's approach to regaining power over the fragmented medical infrastructure rested mainly on three strategies: expanding the control over the territory of Madrid by integrating all medical facilities into the military medical branch; establishing a new balance between the different actors who engaged in medical assistance; and concentrating the existing supplies. These new rules were based on a report issued by the Health Board (Jefatura de Sanidad) at the Health Department of the Junta for the Defence of Madrid. The key paragraphs that organised the centralisation of resources read as follows:

First. Only those hospitals [are] authorised to operate that are listed in the Health Board Headquarters of the Madrid Defence Forces. Consequently, from now on, all these facilities shall depend economically and technically on said Health Board.

150 Ainhoa Campos Posada, »Resistir es fácil con la tripa llena.« Escasez y derrotismo en el Madrid de la Guerra Civil,« in *Madrid, una ciudad en guerra (1936-1948)*, ed. Daniel Oviedo Silva (Madrid: Los Libros de la Catarata, 2016), 97-132.

151 Today, Casa de Campo is still the largest park in Madrid. The estate had been part of the royal hunting grounds and was given to the city administration after the proclamation of the Second Republic in 1931.

152 In fact, she predominantly focussed on improving the health infrastructure in the rural zones of the Republican territories as well as among vulnerable groups like children, elderly, and expectant mothers. For more details, see the previous subsection, The Future (still) on the Horizon.

153 *Gaceta de la República*, 15 October 1936, no. 290, 354-355.

Second. Hospitals not included in this list shall not receive any subsidy from the Ministry of War starting 31 December 1936. [...]

Third. Staff who cannot be transferred to a Health Board facility shall be considered surplus [...]. They are entitled to the corresponding salaries, wages, or compensation [...].

Fourth. The material and other surplus effects of the Hospitals that are closed down shall be seized by the Health Board Headquarters of the Madrid Defence Forces [...].

Fifth. The authorised Hospitals shall operate subject to the legal regulations and provisions issued by the Ministry of War. [...] <sup>154</sup>

This decree was remarkable because it decidedly cut across the power of the local committees, SRI, communist, and libertarian women's organisations that had taken over the public order and healthcare during the coup d'état. It not only meant concentrating resources and reducing the number of medical facilities but also passing that control over the medical infrastructure of Madrid to the Health Board, backed up by the highest authority in the Republic at the time. This degraded the members of workers' committees and women's organisations, who no longer made decisions but had to subordinate directly to the command of the Junta for the Defence of Madrid or the Health Board. In addition, the Health Board was entitled to take over power, dispossess medical centres, and decide which facilities would close. This deprived nongovernmental actors of the opportunity to continue coordinating their own facilities or setting up new ones. Thus, the window of opportunity to expand their own range of action – which the women's organisations had eagerly seized – closed for them again. We can assume that many of them, especially those trained in first aid or war nursing, were allowed to continue in these professions but no longer under their own management. Instead, this decree relegated them to secondary positions in the organisational infrastructure of war and war medicine. However, the decree did contain one conciliatory aspect that strongly resembled the strategy M. Azaña had used to reduce the bloated body of military officials 5 years earlier in his military reform: He included the option of continuing payments for everyone who voluntarily stepped down into reserve, which this decree also offered. This was thus a diplomatic move towards nongovernmental actors who had taken over the coordination of the medical infrastructure. Because of the desperate need for staff, however, it is unlikely that many people would not have been placed in a medical unit or facility.

The second decree on the matter, also published on 15 October 1936, once again confirmed the militarisation of the medical-assistance infrastructure in Madrid. Gender and skills started to become more important factors, while political affiliation was gradually marginalised by comparison. During the

154 Gaceta de la República, 15 December 1936, no. 350, 988.

so-called collapse of the government (17 July to 4 September 1936), alternative medical assistance providers had come to the fore, among them organisations with political agendas like the International Red Aid, the communist *Asociación de Mujeres Antifascistas*, the libertarian *Mujeres Libres*, the anarchist trade union CNT, or the socialist trade union UGT as well as parties like the socialist PSOE. However, instead of launching a coordinated and collective health initiative, these actors set up their own facilities. The system they created was often marked by competition, inefficiency, and preferential treatment based on the political affiliation of the casualties.<sup>155</sup> To cut across these features, the decree re-defined responsibilities, for instance, institutionalising the cooperation between the military medical branch with »all technical and auxiliary staff of civilian institutions, trade unions of professionals and political parties.«<sup>156</sup> In doing so, the Health Board became the highest authority for organising health and medical assistance in the besieged capital. All groups contributing to the medical infrastructure were relegated to lower positions in the hierarchy. The militarisation of medical assistance translated to several characteristics: The command and decision-making power was transferred to the Health Board, an entity directly subordinated to the Junta for the Defence of Madrid and the Ministry of War; resources and capacities were centralised; and casualties were to be treated in facilities in the closest distance – regardless of their political affiliation. This severely limited the power of leftist and left-wing organisations.

The reorganisation of the Madrilenian medical infrastructure particularly affected women's organisations and significantly reduced their scope of action. At the same time, women were officially excluded from combatant participation, and all *milicianas* were officially demobilised – another piece in the structural masculinisation of the Republican warfare. The formation of the Popular Army and the systematic relegation of women to secondary positions established patriarchal warfare, with womanhood being discursively linked to peace.<sup>157</sup> The reform of Madrid's healthcare infrastructure was one of many steps that contributed to gendering the war.

Especially the measures of the second decree, which included some aspects F. Montseny had also pushed for, like the centralisation of supplies and provisions, were later extended beyond Madrid to the entirety of the Republican zone.<sup>158</sup> It also centralised the provision infrastructure and allowed only the units Health Service Storage (*Parque de Sanidad Militar*), Laboratory (*Laboratorio*), and Central Storage for Pharmaceutic Products (*Parque Central de Farmacia*)

155 García Ferrandis, »Anarcosindicalismo y sanidad en la retaguardia y en el frente. Los casos de Valencia y de la Columna de Hierro durante la Guerra Civil española,« 1-16.

156 Gaceta de la República, 26 January 1937, no. 26, 510-511.

157 Moreno Seco, »Republicanas y República en la Guerra Civil: Encuentros y desencuentros,« 171.

158 Gaceta de la República, 26 January 1937, no. 26, 510.



to supply medical material and drugs and to conduct serological analysis.<sup>159</sup> F. Montseny's efforts to extend the medical infrastructure turned out to be quite helpful, as these facilities, once militarised, provided a solid network for medical assistance to the fighting troops. Militarisation also entailed shifting attention regarding the patients: Combatant victims now received more attention than civilian casualties. The decree furthermore defined a hierarchical order of facilities according to their capacities. 'Hospitals,' for example, were deemed only facilities with 300 beds or more; smaller centres could not be called 'hospitals' but 'evacuation infirmaries' or 'evacuation hospitals' and could be equipped only for first-aid and emergency treatment. These changes attributed significant influence to the armed forces as an institution, although the debate still raged in parliament on whether a declaration of war was desirable or not. Paradoxical as this may seem, these decrees represent an important step towards militarising Republican society as a whole and towards anchoring the authority of the army despite the fact that the government hesitated to declare war.

## 2.2 *Men's Health – The People's Army*<sup>160</sup>

In the autumn of 1936, the conflict had settled into a 'war.' F. Franco had taken the Alcázar of Toledo, which became a symbol and key event for Francoist propaganda. After that, his troops were at the threshold of Madrid. The second advance began on 12 October 1936. This advance produced so much physical damage and casualties that the Minister of War saw the need to restructure the Madrilénian health infrastructure. Concurrently, from late September onwards and throughout October 1936, the Republican combatant forces began reorganising.<sup>161</sup> Prime Minister and Minister of War, F. Largo, exchanged the General Staff and commissioned them with a military reform. Once the battlefields and frontlines had stabilised, the civil war resembled a regular international war rather than a

<sup>159</sup> Ibid.

<sup>160</sup> There are two possible translations for »Ejército Popular:« People's Army and Popular Army. The overall conception of this army carried strong connotations on how to imagine »the people.« Of course, there was no such thing as »the people.« To avoid this tension, I decided – apart from this headline – to use »Popular Army« for the rest of the text and thus follow James Matthews' terminology.

<sup>161</sup> Fernando Puell and Justo Huertas date the beginning of this transformation to 29 September 1936, when a decree was published in the Official Bulletin of the Ministry of War (*Diario Oficial del Ministerio de la Guerra*) that a new army had to be founded. Michael Alpert argues for a later date, namely, instead of 5 October 1936, when José Asensio Torrado, who significantly influenced the configuration of the Popular Army, was promoted to General in Chief of the Army of the Centre. 16 October 1936 marks in this way the date when the decision-taking process came to an end and the creation of the Popular Army was finally published in the law gazette. See Puell de la Villa and Huerta Barajas, *Atlas de la Guerra Civil*, 67-91.

domestic one.<sup>162</sup> The anarchist »discipline of the indiscipline«<sup>163</sup> was no longer considered a match for the Francoist forces. A group of generals known for their experience and military »conservatism« spearheaded the restructuring efforts; F. Largo assigned this task to officials who stood for military values like discipline and hierarchical command structures.<sup>164</sup> However, the task was delicate because the overall sentiments towards the army in the Republican zone were complicated. As an institution, it carried the stigma of being part of the so-called traditional elites and, therefore, was suspected of being a hotbed for opponents of the Republic and democracy in general. The coup d'état had propelled these prejudices.

Nonetheless, militia-based warfare had reached its limits, and the hope that the insurrection would fall apart had died. The government of F. Largo was ready to face the fact that the coup had turned into a war with consolidating frontlines. Thus, the authors of the military reform had to come up with a configuration different enough from the stereotypical, conventional militarism of the time to fit the highly politicised militia – but sufficiently compatible with the contemporary military standards to withstand the Francoist troops.

The result was the Popular Army. The militia units were to be integrated into so-called »mixed brigades« (*brigadas mixtas*)<sup>165</sup> instead of continuing as independent units. The military historian Michael Alpert calls the process of building the Popular Army »militarisation«<sup>166</sup> and uses the term to describe how the political differences among the militia units were subordinated to a centralised organisation and hierarchical chains of command. Combatants and officials were thus supposed to subordinate to a culture of discipline that contradicted left-wing and leftist ideologies of basis-democratic decision-making. The Popular Army was also imagined as a homogeneous combatant force, which spawned symbolical measures, for instance, dressing all soldiers in the same uniforms and urging them to salute. Troop strength, chains of command as well as draft and deployment were standardised and centralised. The ranks defined the scopes of action and the distribution of decision-making power, including who was obliged to obey to whom. Militarisation meant the subordination of the plurality of combatant and militia units to a hierarchy headed by the General Staff and, by extension, the Ministry of War.

162 José Luis Ledesma, »Den eigenen Nachbarn töten,« in *Eine Geschichte des Kriegs. Vom 19. Jahrhundert bis in die Gegenwart*, ed. Bruno Cabanes (Hamburg, 2020), 674-675.

163 Alpert, *El ejército republicano*, 67.

164 *Ibid.*, 68-70.

165 The term »mixed brigades« refers to an organisational structure. Army divisions were organised according to their branch of service – Navy, Artillery, Infantry, etc., until the Second World War. Mixing these branches promised innovation but was never fully put into practice because of armament shortages and organisational obstacles. However, the term was used, and the militia units were integrated, under the aegis of the Mixed Brigades; see *Ibid.*, 78.

166 *Ibid.*, 67-92.

While these measures cut across the power of the individual militia units, the Popular Army was still supposed to be different from a regular army. It was to be a combatant force with a political mission related to their fight and the army's self-image. Its conception of being a »school of masculinity and citizenship«<sup>167</sup> implied not only the military socialisation of men but also a concept of general education. All soldiers of the Popular Army should know how to read, write, and calculate, they were to know about society, or rather »culture,« the overarching term used to describe this educative aim. The entity responsible for carrying out this mission was the War Commissariat, founded in due course. Its political commissars were deployed at all levels of the military hierarchy and tasked with teaching the rank-and-file soldiers. Apart from literacy programmes and political indoctrination, they also disseminated first-aid skills and organised talks on wartime medicine.<sup>168</sup> The Popular Army's foundation also entailed reorganizing the Health Service and general gendering of the spaces of war. After the autumn of 1936, it was just as much true for the Second Republic as for the Francoist zone that the rear was femininised and the vanguard masculinised. However, the discursive justifications opposed each other in many aspects. This transition did not come without frictions: Especially women who had volunteered as *milicianas* paid the price for this new spatial order with their dignity.

#### *Controlling, Militarising, and Masculinising Spaces of Health and Spaces of War*

During the coup d'état and the weeks thereafter, a small yet significant number of women volunteered for combatant deployment and left with their militia units to the frontlines. Meanwhile, thousands were trained for combat but never left the rearguard.<sup>169</sup> Yet, during these first weeks of the war, they were celebrated as heroines. The tide turned on them only a few months later. After the formation of the Popular Army, a general order officially demobilised them. While their departure to the frontlines was glamorous making them quickly to war icons, their return was deplorable and accompanied by misogynist propaganda that associated female combatants with prostitution and the spreading of venereal diseases among soldiers.<sup>170</sup> In wartime propaganda a discourse gained mo-

167 Frevert, ed., *Militär und Gesellschaft*.

168 James Matthews, »Comisarios y capellanes en la Guerra Civil española, 1936-1939. Una mirada comparativa,« *Ayer* vol. 94, no. 2 (2014), 175-199; James Matthews, »The Vanguard of Sacrifice?: Political Commissars in the Republican Popular Army during the Spanish Civil War, 1936-1939,« *War in History*, vol. 21, no. 1 (January 2014), 82-101.

169 Lines, »Female Combatants,« 183.

170 The observation and analysis of the misogynist demobilisation campaigns against *milicianas* goes back to the works of Mary Nash, Marta Venceslao Pueyo, and Mar Trallero, who recently approached prostitution as a social and economic phenomenon during the 1930s and 1940s and provide valuable insights into the discrepancies between discourses on and the practice of sex work during the Civil War. See Marta Venceslao Pueyo and Mar Trallero, *Putas, República y Revolución* (Barcelona: Virus,

mentum that true womanhood was associated with peacefulness and caring for life, and that women's places were in the rearguard.<sup>171</sup> Remarkably, none of the left-wing and leftist women's organisations seriously questioned these discourses on the gendering of the war spaces.<sup>172</sup> Women who had taken discourses of equality seriously and taken up arms became the scapegoats for the losses of the Republican troops. Officially removing women from the troops as fighters restored the heteronormative patriarchal power relations that underlay the concept of war and the institution of a regular army at the time. At their drawing tables, the architects of the Popular Army were backed up by large parts of Republican society in their conceptualisation of the new army as a social space exclusively restricted to men. Because men were then systematically being drafted<sup>173</sup> and society had started to settle in for a longer war, women who had put on the blue overalls and taken up weapons became stigmatised and no longer tolerated.

However, it would fall short to blame only the Ministry of War for reinforcing gendered warfare. Instead, most political actors – communists, socialists, and to some degree also anarchists – regardless of their sex, echoed the spatial segregation of men and women. One of the most renowned Catalan writers of the time, Mercè Rodoreda, for instance, became a spokesperson for the Barcelonese radio propaganda of the Generalitat, confirming that women's fight was at home and not at the frontlines.<sup>174</sup> Even the communist icon, Dolores Ibárruri Gómez, repeatedly called women to rearguard duty and embedded this call in a gendered complementary task division for Spain's war society. As the gender historian Mary Nash showed, the number of women who identified with the *milicianas* was small, even among the leftist women; instead, the consensus was that women were to contribute to the war efforts, albeit not with a weapon. During the foundation of the Popular Army, the rearguard was defined as women's battlefield and the vanguard as men's duty.<sup>175</sup>

The implementation of this military reform was a rocky process. Not all militia fighters subordinated willingly to the new rule,<sup>176</sup> nor did all *milicianas*

2021), 75-82; Mary Nash and Irene Cifuentes, *Rojas: Las mujeres republicanas en la Guerra Civil* (Barcelona: Penguin Random House Grupo Editorial, 2016), 168-169.

171 Further on this aspect, see: Katharina Seibert, »Zwischen-Räume(n). Franquistische Krankenpflegerinnen an den Fronten des Spanischen Bürgerkriegs,« in *Krieg und Geschlecht im 20. Jahrhundert: Interdisziplinäre Perspektiven zu Geschlechterfragen in der Kriegsforschung*, eds. Vincent Streichhahn and Riccardo Altieri (Bielefeld: transcript Verlag, 2021), 105-124.

172 Moreno Seco, »Republicanas y República,« 171.

173 It took the Republic longer than the insurgent Junta to launch the first official call-up. Until the autumn of 1936, when systematic drafting began, the mobilisation of combatants was, thus, organised predominantly by the parties and trade unions. Matthews, *Reluctant Warriors*, 17-19.

174 Venceslao Pueyo and Trallero, *Putas, República y Revolución*, 63-67.

175 Nash and Cifuentes, *Rojas*, 97-104.

176 Alpert, *El ejército republicano*, 76-77.

leave peacefully.<sup>177</sup> Yet, it was an important measure to reassert the government's monopoly of power both domestically and internationally. After several weeks of preparation, a few days into the second advance of Madrid, the decree on the formation of the Popular Army was eventually published on 16 October 1936. It showed its effects throughout the autumn and winter of 1936/1937. Despite the general disinterest in the military medical branch, creating the Popular Army offered military health experts an opportunity to draft reforms for the Health Service within the new army administration. Therefore, intended or not, the creation of the Popular Army enabled change in the realm of war medicine. These months of relative tranquillity between December 1936 and the fall of the northern front section in Asturias and Cantabria over the summer to late October 1937 served to disseminate and implement these changes.

Centralisation, militarisation, and masculinisation seemed to have been the guiding principles for the Health Service reform, too. An organisational chart<sup>178</sup> commissioned by the Health Service administration provides a quite graphical image of how the army envisioned the new medical service. Its unknown author(s) delivered a blueprint for the spatial order of military medicine and the division of labour between the different services responsible for providing medical assistance, which consisted of four sections: ›Armies‹ (*ejércitos*) was the zone of the enemy fire and the section of the chart with the most drawings of ambulances, paramedics, field hospitals, and dots referring to the chains of command and who was in charge. The second zone behind that of the troop deployment was called *etapa*,<sup>179</sup> home only to the evacuation centre and the so-called second-line hospitals. Third, the ›rearguard‹ (*retaguardia*) lined up behind the *etapa* and was populated with institutions, such as the rearguard hospitals, hospitals for specialised treatments, laboratories, vehicle storages, pharmaceutical products as well as the police and the headquarters of the Chief of the Health Service. The last zone on this chart referred to a space that already existed on an administrative level rather than physical one: the ›command‹ zone (*mandos*), which reflected the division of labour between the different services and the chain of command of the military services involved in the Health Service. The Directorate of the Health Services cooperated with the War Commissariat and Quartermasters in addition to the Statistics, Propaganda, Projects, and Cartography sections. Only the Ministry of War remained in the hierarchy above them.

The first impression of this blueprint of the spatial arrangement is one of a complex logistic needed to establish an efficient medical service. It mirrored the requirements of modern warfare and the lessons learned from the First World War. In fact, it resembled in many ways the logistic charts of the *Doctrina* of Juan Mar-

177 Lines, »Female Combatants,« 168-187.

178 AGMAV, C. 234, 6. See 150-151.

179 Hirschfeld, Krumeich, and Renz, eds., *Enzyklopädie Erster Weltkrieg*, 465-466.

tín Rocha.<sup>180</sup> New weapons technology and warfare strategies had fundamentally changed the frontline space. The actual treatment of casualties could no longer be organised near the firing lines. Because of the increased reach, the lines of combat had become zones of enemy fire. As the drawings on the map indicate, only first-aid treatments and stabilising measures could be done near the combat lines; more complex interventions had to wait until the patient had reached the *etapa*, the zone out of the reach of artillery. This meant that, the fighting armies needed a chain of rescue to save injured combatants. This map shows an inevitable overall configuration of the medical logistics of war. If the Health Service was to provide rescue for injured combatants, there would be no alternative to organising it thanks to the weaponry of the time. Francoists used an almost identical system.<sup>181</sup>

The cartographer worked with great attention to detail. He marked ambulances with red crosses, field hospitals with rank symbols, and colours indicated which facility or evacuation line was supervised by which superior entity. Dark blue lines united all services provided by the Hygiene Section (*Servicio de Higiene*), red lines linked facilities of the Hospital Service (*Servicio de Hospitales*), yellow lines connected storage facilities (*parque*), black lines the Evacuation Services (*Servicio de Evacuación*), and light blue lines visualised the intersection of the Health Service with the army units. Every troop had to have some medical staff to liaison between the Health Service and the combatant unit. Therefore, the Health Service appeared as an institution where the fighting troops – the first army – overlapped with the troops responsible for logistics and provision – the second army.<sup>182</sup> The militarisation and centralisation the war historian Michael Alpert identified as the key motivations driving the formation of the Popular Army appear on the lines of this map. They connected institutions<sup>183</sup> to people<sup>184</sup> and functionaries,<sup>185</sup> placing them in order of mutual but unequal dependency. The reference to rank symbols further indicated an internal hierarchy, but ultimately everyone was subordinated to the Directorate of the Health Service and the Ministry of War. Thus, they revealed the relationships between the different chain links within the service's hierarchy and their embeddedness in the larger army administration and organisation.

180 Martín Rocha, *Doctrina*.

181 Coni, *Medicine and Warfare*, 101-116.

182 The Health Service reformer Juan Martín Rocha differentiated between »first« and »second« army. Although they are contemporary terms, I find them useful because they carry the notion of the changed self-perception Health Service officials attributed to their service. Calling their units part of the »second army« also relates to the battle they fought for being recognised as relevant by the rest of the army administration. Martín Rocha, *Doctrina*, 38.

183 Hospitals, storage units, laboratories, workshops, etc.

184 Soldiers on any side of the stretcher or the ambulance.

185 Institutionalised functions like the heads of Health, Evacuation, Laboratories, Health Police, Hygiene, etc.







This chart also indicates how the frontline society was envisioned: hierarchical, ordered, and controlled. It thus testifies for the fundamental changes totalised warfare had created. Police forces were to ensure that medical facilities not turn into desertion hubs, that goods not be redistributed,<sup>186</sup> and that everyone obeyed orders. The subordination of all medical and related facilities under the chain of command of the Health Service cut across the rank growth of the militia-based first-aid posts, sickbays, and hospitals and thus eliminated duplicate structures. It also ensured that all casualties were treated equally, whether they considered themselves anarchists, socialists, communists, or apolitical. Like the overall reason that governed the foundation of the Popular Army in general, the reorganisation of the Health Service also sought to integrate the different militia units under one roof and a single command.

However, this organigram seems to have been a tool for the highest-ranking administrative officers in charge. Translating this system into practice found its brief form in the variety of rulesets and circular orders sent out to the actors on the ground – troop medics, division health officials, chiefs of field hospitals, and administrators of second-line hospitals. Some of these regulations went into great detail, like the *Handbook for the Vanguard Health Service*, which outlined even all minor tasks the troop paramedics, their auxiliaries, and stretcher-bearers had to do in combat and during rest. It provided comprehensive instructions for a series of typical types of injury, relevant material, and possible situations. It even contained information about how to care for the mules used for the transport of casualties as well as instructions on how to set up stretchers and how to transport casualties depending on the injury they had suffered. This handbook's author(s) mentioned in the text that its goal was to provide the »medical personnel the precise, fundamental, and elementary rules for the greatest success«<sup>187</sup> and, furthermore, to ensure »that no one is unaware of their duty.«<sup>188</sup> In contrast, the guidelines for military hospitals introduced a new order to the day-to-day routine of military hospitals, specifying, for example, that henceforth only soldiers and combatants of the Popular Army and not civilians were to be treated in militarised facilities. The militarisation of military hospitals therefore excluded civilians, while at the frontline, it meant standardising procedures and tasks. Simultaneously, this measure meant masculinising the group of treatable patients, since per official exclusion of women from combatant action, combatants were *per definitionem* only men.

186 Among the court files of medical staff, there appeared time and again cases of nurses or doctors who gave out medicine to the local population or treated them. After the militarisation of the Health Service, these acts of medical assistance to the so-called civilian population were punished as criminal offences. CDMH, PS Gijón, AGA, C. 002, Exp. 57, I-II.

187 Sanidad en Campaña, AGMAV, C. 286, 17, 22.

188 Ibid.

Furthermore, a new terminology referred to capacities and duties: ›First-line hospitals‹ (*hospitales de primera línea*) were exclusively responsible for emergency treatments and stabilising patients, while more complex interventions took place in ›second-line hospitals‹ (*hospitales de segunda línea*). This rebranding defined labour division, superseded the former incoherent terminology of the militia-based Health Service, and, by extension, cut across their influence. In fact, in this way, the Health Service administration took over their medical centres and their names and erased the former structures. ›Blood-hospital‹ (*hospital de sangre*) was probably one of the more famous terms substituted to refer to many things: a frontline sickbay where emergency treatments and triage happened or a facility where the wounded and sick were hospitalised for a few days. It also referred to improvised medical attention centres in cities that were particularly embattled at the beginning, like Madrid. As a category, the blood hospital was relevant as the militia administration officially ceased to exist after the spring of 1937,<sup>189</sup> although it never really disappeared from the reports and testimonies. The term itself was already rooted in the everyday war vocabulary.

The new handbooks and service guidelines served to circulate practical knowledge and standardise it. Henceforth, there was a ›precise‹ way of setting up a stretcher, carrying the wounded, or treating combatants with panic attacks. There was a proper order for rescuing casualties; patients had to be classified correctly using the correct terminology so that they could be evacuated to the right hospital. Following these »fundamental« guidelines promised »greatest success.«<sup>190</sup> Efficiency was a keyword that weaved through all these new rulebooks. Tasks were meticulously defined and divided among the different professions so work could flow inhibited.<sup>191</sup> As little as possible was left to chance. Establishing a regime of discipline in the Health Service therefore meant institutionalising the new architecture and standardising practices of medical assistance and treatment.

However, the Health Service differed significantly from the rest of the army in one aspect. The masculinisation of its ranks was not as easy to establish but was rather an ambivalent endeavour. The authors of regulations dedicated very little space – if at all – to female medical staff and their duties, which can be understood as a way of marginalising them. In fact, they were not mentioned at all in the rulebook of the Army of the North for military hospitals,<sup>192</sup> nor did

189 Cuestionarios de Temas para el cursillo de Oficiales Administradores de Hospitales Militares, AGMAV, C. 277, 6, 1.

190 Sanidad en Campaña, AGMAV, C. 286, 17.

191 Among others, Orden general no. 1 de la Jefatura de Sanidad sobre las instrucciones sanitarias de los nuevos reclutas e instauración de la Escuela de Jefes, AGMAV, C. 532, 16, 2; Sanidad en Campaña, AGMAV, C. 286, 17; Reglamento General de Hospitales de Guerra de C. de E. AGMAV, C. 286, 16; Reglamento para el funcionamiento de Hospitales dependientes de este Ejército, AGMAV, C. 532, 13.

192 Reglamento General de Hospitales de Guerra de C. de E. AGMAV, C. 286, 16.

they appear in the official guidelines of the Directorate on frontline service.<sup>193</sup> If they were referred to at all in the circular orders or sets of rules issued by the higher administrative levels of the Health Service, they appeared as nurses and not as practitioners, doctors, or auxiliaries – not even as regular members of the Popular Army, even though many of them had been militarised and climbed the military career ladder.<sup>194</sup> Their general absence from – or distorted representation in – the official regulations must, therefore, be understood as reflecting the general policy of (re)masculinisation and not as a reflection of reality. This created an image of the Health Service that treated women as an exception and relegated them to supportive roles, thus reproducing once again the bourgeoisie conception of the labour division and conception of medical professions. This is noteworthy because it shows that, even though the coup d'état had reshuffled the constellation of actors involved in the field of medicine, it had not yet broken with the stereotypes associated with the professions. Official discourses on gender equality stopped at the nurses' apron.

Yet, as accounts of former medical personnel suggest, the countless preserved staff lists of military hospitals show, and the vast correspondence on staff demands indicate, the urgent need for medically skilled personnel ultimately superseded gendered discriminations, and women were accepted to fill the ranks of the Popular Army's Health Service. That this fact did not appear in the new regulations must therefore be understood against the backdrop of gendering the Republican spaces of war. This devalued the female contribution to the war and the medical assistance alike.

*Planning Meets Reality: The Lack of Medical Knowledge and the Unresolved 'Female' Question*

The implementation of the new Health Service was an asynchronous and contingent process. It depended on various factors, such as the greater political panorama of the ongoing Civil War during F. Largo's government but also on the responses of the actors on the ground and their readiness to accept and follow the new rules. Although F. Largo in many ways successfully regained power over the streets – particularly in Madrid<sup>195</sup> – his term of office was marked by the ongoing debate among leftist and left-wing parties about the future of the Republic. Internal fissures among the anarchists surfaced once their delegation entered the government, the ever-ongoing conflict within the Socialist Party came to the fore again, and the continuous strengthening of the Communist Party (PCE) began adding to the general unease of both socialists and anarchists. Concurrently, while some sections of anarchism, anarchosindicalism, and socialism demanded

193 Sanidad en Campaña, AGMAV, C. 286, 17.

194 Cuestionarios de Temas para el cursillo de Oficiales Administradores de Hospitales Militares, AGMAV, C. 277, 6, 1.

195 Jiménez Herrera, «Los comités madrileños en 1936,» 430-437.

a social revolution, others prioritised winning the war and argued for the establishment of a ›single-command‹-principle (*mando único*), which subordinated all questions of a potential future society to the present situation.<sup>196</sup>

These various layers of the conflicts were reflected in the way the militarisation and centralisation of the healthcare infrastructure was carried out. Thus, they manifested differently everywhere and depended strongly on local power constellations. While in Madrid the reforms quickly gained momentum, in the case of Valencia, for example, translating the new Health Service norms into reality was significantly delayed because the anarchists successfully opposed the militarisation, as historian Xavier García Ferrandis shows. Only after they lost influence following the so-called May Days in Barcelona in May 1937 were the new rules put into practice.<sup>197</sup> On the other hand, more trivial aspects than substantial political conflict were also factored in. The planners of the new Health Service made mistakes, and the actors on the ground – doctors, commissars, and administrators – continued to make decisions according to their ideological convictions, sometimes putting the norms in contrast to the evaluation of concrete situations. Sometimes, the new rules never made it into reality.

As already discussed, one measure for re-establishing control over the supplies and resources was to centralise all kinds of provision in correspondent ›storage‹ units (*parques*). Medicine, ointments, and other pharmaceutical products were moved into the storage of the Pharmaceutical Service; beds, stretchers, linen, bed pans, etc., were stored in the storage of the Health Service and vehicles at the Central Vehicle Park. For Health Service officials of concrete hospitals or troops, the concentration of these goods meant cut them off from their budget, which they had used to fulfil certain needs of their services up until this point. Now, they were required to submit monthly plans and petition forms, whereupon the correspondent storage would deliver the goods based on their demand calculations. This new regulation precipitated an easily controllable but rigid and slow system of provisions that did not fit with a war with highly dynamic frontlines. Necessities could change in an instant, and situations ensued that could be solved only individually and locally.

A case that nicely illustrates this contradiction between centralisation to gain control and the needs for spontaneity in the periphery of the troop deployment was the military hospital of Chinchón near Madrid. On 22 April 1937, the Major and Head of Health sent a letter to his superior with the following extract:

I am facing the impossible task of economically resolving the problems becoming increasingly acute in the various health services dependent on this Division. [...] At the Hospital in Chinchón, construction works are carried out [...] The workers involved, however, constantly threaten to paralyse the

196 González Calleja et al., *La Segunda República española*, 1175-1198; Casanova, *The Spanish Republic and Civil War*, 236-275.

197 Xavier García Ferrandis, »Anarcosindicalismo y sanidad,« 1-16.

work because they have not yet received any payment. In addition, several women from the village work there [...] who are in the same conditions with regard to pay [...]. There are also unavoidable needs like soap, fresh milk for the sick, etc., which cannot be met for the same reason mentioned above.<sup>198</sup>

This incident revealed two aspects that the reformers of the Health Service had obviously not considered: Their renewed infrastructure did not cover acute and individual needs like the reconstruction works in Chinchón, and the storage system did not provide a reliable schedule. Consequently, the Heads of Health, like the nameless Major of the 16th Division of the III. Army Corps in this example, had to be resourceful and cover their needs by buying goods locally or hiring additional staff from the vicinity. Veterans often reported and remembered shortages and lack of supplies – Chinchón was no exception. However, changes in the organisation of supply distribution caused additional confusion and delays and further intensified the already precarious situation. Unfortunately, we do not know how the story ended and whether the male and female workers were eventually paid. The last letter on the subject, dated 5 May 1937, contained only an order from the General Staff that the Head of Health was not to occupy himself with these questions anymore. Instead, it was, henceforth, the responsibility of the delegate of the quartermaster's branch to calculate the needs and communicate them with the correspondent storage units.<sup>199</sup> The Staff's solution to this situation was thus to reattribute responsibilities and stick to their bureaucratic procedures.

This last piece of information intersects with another aspect the architects of the new Health Service had not considered: the lack of knowledge of the Health Service officials and their staff on the ground. The specialised labour division into medical tasks, logistical and administrative responsibilities, and political mission meant that officials who had never seen a hospital from the inside, let alone knew how medical procedures worked day-to-day, were often deployed as political commissars or administrators. This caused serious conflicts among the different status groups, circling back to the higher administrative levels. The reports of the political commissar, Ramón Ríos García, speak paradigmatically to this kind of conflict. Apart from his name, there is practically no further information about him, only that he was deployed in Asturias from May 1937 to October 1937, when the northern front collapsed. According to his reports from the months June and July, he dedicated a great deal of his time to purging the hospital staff, which means he visited the different first- and second-line hospitals in the territory of his jurisdiction, gathered information on all their staff, and sent it to his superior. »I have noticed that, in hospital no. 29, there is a 27-year-old male nurse and a 21-year-old statistical officer. These individuals are

198 Escrito referente a la falta de Junta Administrativa en el Hospital de Chinchón y problemas que crea, AGMAV, C. 907, 23.

199 Ibid.

useful soldiers,«<sup>200</sup> he reported back in June 1937, for example. Although there is no way of knowing for sure (because there are no staff files on the statistician and the nurse), they were likely hired for their professional skills. However, R. Ríos' assessment of them reveals he prioritised their age and bodily fitness and, thus, underestimated the value of skilled staff like these two. Instead of noticing them for how they worked, he saw them only as young, healthy, fit-for-service men who were not wearing uniforms and bearing rifles. However, the reports he sent with purge recommendations changed over time: While his first ones, like the one cited, were full of suggestions and suspect, they later became more standardised and less indicative. Apparently, over time he had learned that it was not up to him to decide who would be released from service and who would be drafted for frontline duty.

R. Ríos' lack of understanding of how medical care worked became even more apparent regarding women. In his reports, women predominantly appeared in one of three ways: Either they were suspected of subversion, involved with conflicts that usually revolved around accusations of sexual misdemeanours; or were former militia fighters. He enthusiastically took sides particularly regarding the *milicianas* and supported their claim for redeployment after their official demobilisation. On 12 June 1937, he therefore addressed the following letter to his superior:

I ask this Commissariat to give me orders [...] on how to deal with the female comrades who, demilitarised by the recent order of the General Staff, now apply for posts in the military hospitals. I consider their inquiries to be quite right since they [...] have been giving their valuable support to the antifascist cause from the beginning of the subversive movement. I think it is a fair thing to do [...] especially since there are nurses and cleaning personnel in the hospitals who can be considered disaffected with the regime.<sup>201</sup>

According to this letter, R. Ríos understood the caretaking done in military hospitals as something anyone could do. In his eyes, antifascism trumped medical skills, experience, and knowledge. Since the demobilised female militia fighters proved their support of the Republic more than any other women, he felt they deserved preferential treatment. Sickbays and military hospitals were institutions of the Popular Army, so working there was a privilege. However, the higher administrative levels of the Popular Army did not share his sentiments. The response to his request must have been negative because he sent another letter to the Commissariat of War only four days later, asking whether the Commissariat would »make the appropriate arrangements that those who meet the requirements can take the courses for nurses [...] and those who are not prepared to hold the position of a nurse to place them in auxiliary positions like cleaning or

200 CDMH, PS Gijón, J, C. 36, Exp. 4.

201 Ibid.

cooking in the military hospitals.«<sup>202</sup> He stuck to his point of view that it was an honour to nurse, cook, or clean in a military hospital, but he seems to have accepted that war nursing required specialised skills.

These two stories point to the limits of the envisioned militarisation and masculinisation of the Popular Army. Hierarchies, discipline, and men did not suffice for the Health Service to work efficiently. Although R. Ríos largely subordinated to the discipline appropriate to his position, he lacked the specialised knowledge to correctly assess the situation in the hospitals he was responsible for. Furthermore, as these examples suggest, considerable numbers of women were necessary for the military hospitals to function properly.

R. Ríos, however, was not the only one who had to learn how frontline medicine worked. Instructions like the following on stretcher-bearer duty show there was a widespread lack of awareness regarding the significance of certain qualities and skills relevant to the Health Service, and that the higher administrative levels of the Health Service repeatedly had to intervene with information campaigns. On 7 April 1937, a norm on the duties of auxiliary medical staff was circulated in the section of Madrid. It contained information on the number of stretchers to be provided per company as well as the stretcher-bearers and paramedics to attend them. Among these explanations were instructions on how to select auxiliary medical staff, which are quite revealing regarding the general appreciation towards medical personnel:

[T]hree men per stretcher (seven per company) must be recruited [...] Only the STRONGEST, HEALTHIEST, AND BRAVEST [sic!] men must be selected [...] and they must be instructed every day to do the transportations in rough territory with living freight [...]. It is important to insist on the correct selection of the stretcher-bearers. It happens frequently [...] that the priorities in the selection of the medical staff are set the other way around [...] The stretcher-bearer must be courageous because he must collect the wounded precisely from those places that are most embattled by the enemy. He must be strong because he will continuously carry wounded for hours over varying distances. He must not have any physical deficiencies because carrying a stretcher requires perfect fitness.

All of this is constantly forgotten. [...].

The first thing the doctor must do when he admits someone as stretcher-bearer is to warn him that this post is the most dangerous one in the unit, and that it is a position of honour because he must continuously expose his own life to save the wounded. It will be considered desertion if he leaves his post or even the stretcher and will be punished correspondingly.<sup>203</sup>

202 Ibid.

203 Instrucciones de la Jefatura de Sanidad de la Agrupación de Vallecas sobre misiones del personal auxiliar Sanitario de los Batallones, Abril 1.937, AGMAV, C. 869, 6.

The conception of who would be a good stretcher-bearer obviously clashed with the image of a good fighter and troop commanders' decisions in the face of combatant actions. Intended or not, the administration of the Health Service subverted the ideal of belligerent masculinity when they suggested that the »strongest« and »bravest« men were to be the ones to carry and care for the wounded. They effectively turned the gendered order of care and war heroism upside down. However, the new rules apparently needed constant reminding and instruction because information offensives like these continued either via circular orders or whole sets of instructions and regulations throughout 1937. Nevertheless, this drawing-board vision for a new Health Service, as created by the blueprint map and these instructions, filled the void of attention the Ministry of War and the Ministry of Health and Social Assistance had created through their lack of interest in the matter during the first months of the war.

### 2.3 *Inventing Masculinities, Ruling Medicine*

I [...] believe that, because of the special nature of the Health Service, it would be very useful if either the Commissar in Chief of the Hospital branch or the Commissar in Chief of the Health branch were a doctor, as I believe that it is impossible to achieve an ideal separation between the political and technical orientations, and that it would be advisable to have at least one technician in this body who could directly assess the incidents or abnormalities of the Service.<sup>204</sup>

On 30 July 1937, the director of the Health Service of the Army of the North, Juan Miguel Herrera Bollo,<sup>205</sup> enclosed this assessment of the overall situation in the Health Service in his report to the Commissar in Chief of his army corps. J. Herrera belonged to the leading authors who designed the reform of the Health Service. He had (co)written many regulations on how the medical branch was to operate in the Popular Army and on the battlefield. He was, therefore, among those responsible for reconfiguring the new Health Service. Together with other Health Service officials, he decided how hierarchies would

204 El Director de Sanidad del Ejército al Sr. Comisario General de Guerra del III C. de E. Gijón, 30 July 1937; CDMH, PS Gijón, J. C. 36, Exp. 4, 6-7.

205 Juan Herrera Bollo (\*1906–†1964) was a doctor who volunteered for the Health Service and who quickly climbed the career ladder. He had become a doctor and histologist before the war began. During the war, he was first deployed in the Army of the North as Health Service official and then quickly climbed the military career ladder to become Delegate of the Directorate of Health Service, the highest administrative and coordinative body in the medical branch of the Popular Army. He drafted most of the regulations for the new Health Service. His work made important contributions to reevaluating and resituating the Health Service within the Popular Army.



function, how responsibilities were distributed, and how chains of command would work. Since the vast majority of rules related to men, these regulations furthermore contributed to the further masculinisation of the Health Service. Yet, as head of the medical branch of an entire army, he was also an authority lower-ranking Health Service officials would turn to if they had problems that needed decisions or solutions from a superior. Therefore, he got first-hand information on where reforms needed readjustments, additional specifications, or reconceptualisations.

As the quote suggests, the relationship between the political commissars and the medical staff was conflict-laden, and the lack of expert knowledge on the part of the commissariat was often a source of rivalries and strife. Reports by commissars, administrators, and doctors revealed that the health administration's translation of the reforms into the medical day-to-day caused numerous problems. In particular, officials and political commissars without a medical background constantly underestimated the work of the Health Service. Many of them held prejudices against the medical professions, considering them snobbish, rich parvenues who disregarded the Republic. They often treated the medical staff with ignorance and bias. At the same time, the medical Health Service staff was also not a homogeneous group. Among them were individuals who confirmed these reservations of the nonmedical staff and others who had to fight not only for their patients' lives but against constant distrust. To tackle these challenges, the Directorate of the Health Service resorted to various measures, including the already mentioned guidelines as well as special crash courses and training for soldiers and officials of the Commissariat or the Quartermasters' branch. In addition, control mechanisms aimed to ensure the political reliability of the mobilised medical staff. Furthermore, solutions for individual conflicts and situations sometimes gained importance and were transformed into rules or guidelines circulated widely through circular orders. Thus, reforming the Health Service rested not only on new rulebooks issued from the top down but on a variety of initiatives that emerged as a mixture of bottom-up responses to the new regulations and problems that occurred only on the ground, which the administration had seemingly not considered, and which reached the higher levels of the Health Service administration.

Throughout the implementation of the reforms, roles were redefined and renegotiated. Given the overall effort to masculinise the Popular Army, predominantly roles for men came under scrutiny. A closer look at these concepts of masculinity offers valuable insight into how the Republican army was socially stratified and how the social positions available to men were, on the one hand, relational and, on the other, hierarchised. Hegemonic masculinity<sup>206</sup> was revisited on the drawing boards of these reformists, as well class, (expert) knowledge,

206 Connell, *Der gemachte Mann*; Connell and Messerschmidt, »Hegemonic Masculinity,« 829-859.

(professional) skills, and political ideology, key factors that determined social positions in the field of war medicine.

It must be stressed, however, that the window to reassess masculinities and reform military healthcare was only briefly open; it depended on the overall political and frontline developments. While F. Largo's term of office knew certain periods of relative peacefulness and raised hopes for the Republic to win the war, Juan Negrín López's term of office saw the balance tipping in favour of F. Franco both on the battlefields and on the stage of international diplomacy. After the fall of the front-section of the North – Cantabria, Asturias, and the Basque Country – the course of the war continuously favoured the Francoist troops. Establishing new rules and rooting new orders in command chains and social conduct were eventually superseded by the credo to resist and to evacuate.<sup>207</sup>

When approaching these negotiations and creations of the male roles in the Health Service, note that, unfortunately, the sources available are biased in many ways. There are, for instance, hardly any voices from lower-ranking medical staff. The guidelines and rulebooks that defined the duties, responsibilities, and sometimes even punishments were written by people like J. Herrera. Although they were in touch with the lower ranks, they confronted the task of deciding what they thought was best for the entire service. In contrast, the reports, orders, and correspondence were mostly written by actors in decision-making positions. If they reported on their subordinates, it was always via their perspective and their interpretation of events. Thus, stories about the men of the Health Service – how they were supposed to act as well as how they did act – generally come from the top down.

The perspectives the here used source collection contain, furthermore, imbalances regarding their regional origin. The regulations originated from this intangible social space of the Directorate of the Health Service. Although the office was in Albacete, the authors of the rulebooks and guidelines were not necessarily there. For instance, J. Herrera continued to work as Head of Health for the Northern Army while writing the guidelines for military hospitals. His own war experiences thus influenced his writings. The reports of the political commissars consulted here also arose in Asturias, Cantabria, and in the Basque Country. The paper trail from the other frontlines and their Health Service units is thinner, with few stories that might provide insight into everyday life. In fact, as the war progressed, what survived of the Health Service units must instead be understood as a random collection of incidents. A look at the implementation of the reforms, however, shows that the sources from the North provide us with comparably dense stories that allow us to develop a rough understanding of the

207 Among others, an overview of the final demise of the Second Republic is provided by González Calleja et al., *La Segunda República española, 1175-1197*; Graham, »Casado's Ghosts«; Casanova and Andrés, *Twentieth-Century Spain, 183-216*.

tensions and frictions that occurred between the administrative centre and the operational periphery. Even though the situation in the North was in many ways different from the one in the South, Madrid, or the Catalan-speaking areas.

The results of this chapter rest on this bundle of reports and guidelines, complemented by an analysis of the lecture notes of an anonymous colonel who trained soldiers and officials to be commissars or administrators. His notes contained a mixture of his own experience and explanations of the new rules, procedures, and responsibilities. They provide insight into how a Health Service official translated the theory outlined in orders and guidelines and his own experiences as a doctor into a language and into instruction for non-medical staff. Female stories and voices only appear mediated through men's perspectives.

### *How to Be a Good Patient*

War historian Thomas Kühne argues, that at the frontlines of a war, a special form of frontline society emerges. I argue, the same is true for military health-care. At the Spanish frontlines the military healthcare society evolved out of several social positions and the negotiation processes among involved, mainly male, individuals. Apart from the professions considered genuinely medical (doctor, practitioner, nurse) and their auxiliaries (driver, stretcher-bearer, security guards, etc.), another group of men played a key role in Health Service: patients. They were why the medical staff was in the armed forces in the first place, and why they were allowed to continue working in their regular professions instead of doing soldier's tasks like shooting weapons or digging trenches. The medical facilities were, furthermore, special places in the militarised zones of a war. There, soldiers became patients; and patients were the only version of combatant manhood,<sup>208</sup> that was officially allowed to be weak and fragile.<sup>209</sup> The Health Service was the only social space where soldiers were allowed to transgress from the imperative of bravery and the willingness to sacrifice themselves – as inscribed into the belligerent masculinity of the warrior and displayed everywhere on propaganda posters and mobilisation call-ups. Rather, once admitted to medical institutions, they were allowed to be fundamentally different: vulnerable, sick, and hurt. Nevertheless, hospitals and sickbays were not without rules and order for them: The Health Service administration repeatedly issued guidelines on appropriate behaviour and the rights of patients. The administration even implemented special sections of military courts to prosecute transgressions. In other words, there were rules on how to be a good patient, and there were

208 Kühne, *Kameradschaft*; Frevert, »Soldaten, Staatsbürger.«

209 Thomas Kühne assessed several dimensions of camaraderie and uncovered that gendering often coincided where relationships of care played a role as well as fragility or vulnerability. Kühne, *Kameradschaft*.

institutions that watched over them.<sup>210</sup> While such regulations provide insight into how a 'good' patient was expected to behave, and court records show what happened when combatants did not stick to the rules, the reports of political commissars add another layer to the picture.

A keyword that weaved through the regulations and court files was 'discipline' – or rather 'indiscipline.' The term itself gained momentum throughout the autumn of 1936 in the context of the creation of the Popular Army and was one important argument why the militia organisation was considered unsuccessful in its fight against the Francoist troops. The decentralised *modus operandi* of the militia army created a combatant force in which individual leaders acquired a significant amount of power on the battlefield, such that their troops would rather obey them than the central commanders. Thus, the militia construct provided an environment in which authority was constantly at risk of being questioned or ignored. The Ministry of War and the General Staff considered the so-perceived<sup>211</sup> unconditional obedience of the Francoist forces as superior to the army of militia units regarding their combatant efficiency. Their sometimes basis-democratic decision-making procedures often obstructed military combat strategies. After F. Largo assumed office, the promoters of the single-command principle, a centralised and hierarchised army (PCE and parts of PSOE) gained more influence. The term indiscipline became used to scapegoat irregular combat units for losses suffered on the battlefields and served not only to re-establish the government's power over the fighting forces but also to force the individual fighter into subordinating to the new chains of command and integrating into the new Popular Army. However, as a means of controlling indiscipline, it served a dual purpose: It allowed the sanctioning of militia fighters who resisted the integration of their combatant unit into the mixed brigades, and it was useful for putting pressure on recruits conscripted via call-up, who often had only unwillingly joined the ranks.<sup>212</sup> Although the Republican government had reservations about launching drafting decrees at the beginning of the conflict, no later than the autumn of 1936 they stopped relying on voluntaries and started to systematically call up reserves.<sup>213</sup>

210 Unfortunately, we have no documentation on the gender ratio in the military medical facilities. Prior to the official demobilisation of the *milicianas* and even afterwards, women must also have been admitted to the military hospitals, since not all of them obeyed the demobilisation order. In addition, according to the sources, civilian patients were also admitted to second-line hospitals. I refer to the patients here as men because the rules and rights issued were all directed towards male soldiers.

211 As Pedro Corral showed, desertion, self-mutilation, and other forms of disobedience also occurred in the Francoist army; but, contrary to the Republican combatant forces, the Francoist army enjoyed the reputation of being an army in which hierarchical chains of command and military discipline functioned. Corral, *Desertores*.

212 Context on this subject provide among others, Seidman, *Republic of Egos*; Michael Alpert, *The Republican Army in the Spanish Civil War, 1936-1939* (Cambridge: Cambridge Univ. Press, 2013); Corral, *Desertores*.

213 Matthews, *Reluctant Warriors*, 35-38.

However, the social space of first- and second-line hospitals provided the opportunity for various breaches of military discipline. It was not always the patients who violated the rules but also their visitors. A closer look at individual cases reveals that the concept of discipline and its deviant form were umbrella terms that were filled with meaning only in concrete situations. For example, there was the militia leader named Pepón de la Boza,<sup>214</sup> who disrespected the resting times of the field hospital in Sama but showed up in the middle of the night to visit a fellow militia fighter and refused to leave, even after the chief of hospital attempted to explain to him that there was no way he could visit his comrade.<sup>215</sup> An official complaint was filed against him and followed up with an investigation. Near Sama was the hospital of Mieres, where a group of combatants refused to be treated by an ophthalmologist from another hospital because they did not trust him for political reasons.<sup>216</sup> Common were cases like that of Sergeant Ismael Fernández Alonso, who caused a scene when the medical staff tried to take his gun away after being admitted to the hospital.<sup>217</sup> Some of these cases were brought before a military court, while others were resolved without juridical intervention. It is noteworthy that, in such individual cases, the rather vague category of ›indiscipline‹ was usually linked to more precise concepts, like ›indecenty,‹ ›seduction,‹ or ›scandal‹ (in cases of sexually charged transgressions)<sup>218</sup> or ›riot‹ and ›incitement‹ (for violent incidents). The vagueness of the term indiscipline allowed it to be adapted to the situation to mark any action or behaviour seen as transgressive which could (potentially) jeopardise the newly established order.

Indiscipline was a fluid concept that oscillated between bagatelles and borderline treason. As the war historians James Matthews and Pedro Corral showed in their meticulous studies on soldiers and deserters, the system of mass conscription, needed by both fighting parties to fill their troops, was not met with enthusiasm by the majority of the male population on both sides of the war. On the contrary, apart from a limited number of people who signed up voluntarily

214 According to the private Asturian initiative, he must have been José González González, see <https://buscar.combatientes.es/resultados/Jos%C3%A9%20GONZALEZ/Gonzalez> [last access: 29 December 2024].

215 Diligencias previas nº II, de 1936, en averiguación de las causas que se suponen hechas por Pepón de la Boza contra el Director del Hospital de Sangre de Sama, 4 December 1936, CDMH, PS Gijón, AGA, C. 1, Exp. 7, 1-9.

216 Partes de los días 18 y 19 del corriente. El Comisario de los Servicios de Sanidad Militar, Ramón Ríos al Comisariado de Guerra, 20 July 1937, CDMH, PS Gijón, J. C. 36, Exp. 4.

217 PS Gijón, J. C. 36, Exp. 4.

218 Among many, see as an example: Causa número 335-A (1937) instruida por el Juzgado Militar número 1 de Gijón contra Emilio Campillo Viejo y otros siete soldados hospitalizados en el Hospital número 1 de Gijón por sedición. Es la causa número 215 (1937) del Juzgado de Instrucción Especial número 3 inhibida en favor de la Jurisdicción Militar. CDMH, PS Gijón, AGA, C. 27, Exp. 210; CDMH, PS Gijón, J. C. 36, Exp. 4.

during the first weeks and months of the war, the vast majority were not eager to join the fight: They had to be forced by conscription.<sup>219</sup> Desertion and self-mutilation became a mass phenomenon and was considered treason by the authorities. Hospitals and sickbays turned into desired places for all combatants desperate to leave the army – but also for the medical staff.<sup>220</sup> Discipline – or the lack thereof – was a multilayered problem encompassing many motivations for disobedient acts towards military authorities. However, its persecution and sanction would ultimately contribute to integrating individual soldiers into the new armed forces.

Regarding sick and wounded soldiers, indiscipline included a whole range of specific transgressions as hospitals were special places in war. Quarrels between patients over ideological issues, resistance to educational speeches delivered by the political commissar, refusal of medical treatments because the attending doctor was considered right-wing, leaving the hospital unauthorised, self-mutilation, sexual harassment of female staff, etc., are some examples of the variety of potential transgressions. We can group these conflicts roughly into politically or ideologically motivated conflicts, violations of the internal regime of the medical facility, and individual quarrels, although there were always overlaps and intersections.

The many regulations and orders for the Health Service also included rules for patients, which provided not only a framework for adequate patient behaviour but also a set of tools for officials and supervisors to deal with transgressions. One of these sets of rules, for example, circulated in July 1937: the General Regulation of Military Hospitals of the Army Corps (*Reglamento General de Hospitales Militares de C. de E.*),<sup>221</sup> written once again by the above mentioned J. Herrera. Following the conception of the Popular Army being an army of the people, this regulation included not only the rules for appropriate behaviour of hospitalised but their rights as patients:

Art. 4. The following are the duties of wounded and sick patients:

1. They must get up to attend the meals in the dining hall during the indicated mealtimes. [...]
2. They must not smoke nor entertain themselves with any game that does not align with the institution's character.
3. During their stay [...], they must remain completely unarmed.

219 Matthews, *Reluctant Warriors*; Corral, *Desertores*.

220 Not only combatants fled the hospitals and sickbays; medical staff did, too, as the analysis of court records show. Because they were so close to the frontlines, the danger of enemy takeover was more present than in the rearguard. Especially male physicians, surgeons, and practitioners used the opportunities they saw for changing sides. Pedro Corral has done the groundwork regarding soldiers who deserted. Corral, *Desertores*.

221 Director de los Servicios de Sanidad, Juan Miguel Herrera Bollo, *Reglamento General de Hospitales Militares de C. de E.*, to. 6. 1937, AGMAV, C. 286, 16.

4. They must refrain from doing anything that would or could lead to material damage.
  5. They must at all times behave correctly towards both the medical, auxiliar, and subaltern staff as well as towards the other patients.
- Art. 5. All patients have the right to voice claims and complaints.<sup>222</sup>

While some of these rules were pretty concrete, others, like Subarticle 2 or 5, remained vague enough to allow for individual interpretations. The hospital staff had the privilege of deciding whether the activities of recovering soldiers were deemed tolerable or whether their behaviour was adequate. The only leeway patients had was to »voice claims and complaints« if their actions were considered transgressions. As patients they occupied the lowest position in the medical hierarchy. They were the objects of medical procedures and cures. Once they had entered the hospital or sickbay, only their military ranks decided in which ward a bed was assigned to them. Officials would be separated from rank-and-file soldiers, at least in bigger facilities like second-line hospitals. Apart from this differentiation, all combatant patients had to adhere to the doctors' orders, and by proxy to the orders of practitioners or nurses. The chain of command – and the distribution of power – was suspended and substituted by the internal regime of the medical facility. In the categories of Heinrich Popitz, the ratio of the »harming power of action«<sup>223</sup> and »vulnerability to harm«<sup>224</sup> was turned upside down. Soldiers who per definitionem were responsible for inflicting harm on the enemy switched roles and became subjects who needed protection. However, incidents like the one with Pepón de la Boza or Sargent I. Fernández show that integrating sick or injured combatants – and at times their visitors – could cause considerable friction.

Nevertheless, allowing hospitalised combatants to voice complaints about what happened to them during their stay at the hospital or sickbay granted them some leverage and a certain measure of individual (and collective) action. It also introduced a notion of democracy into the institutions' regimes and equality among those who constituted the facility's society. Giving patients the right to complain meant acknowledging that staff could make mistakes, that patients were allowed a voice, and that they had a right to be heard. So, while patients had to accept the general rules – which were not open for negotiation from below – participation through complaints was not suppressed but encouraged. The addressee of these demands was officially the head physician or head surgeon, although he could disregard any critique he considered out of place. Further, patients could direct their complaints to the Political Commissar, who could then become a potential advocate for their rights against the position of

222 AGMAV, C. 286, 16, II.

223 Popitz, *Phenomena of Power*, II.

224 Ibid.

the Director.<sup>225</sup> This right to complain, therefore, decentred the image of the infallible ›hero in white.‹

The reports by various political commissars of the frontline sectors in Asturias and the Basque Country recount various incidents where patients teamed up and asked the commissar for his support to improve their situation. Their claims mostly revolved around getting better food – or food at all.<sup>226</sup> The problem of obtaining sufficient and adequate alimentation popped up not only regarding the Health Service; it was an omnipresent issue. While rations were constantly scarce everywhere, providing sick and wounded soldiers with good food was considered particularly important. At the frontline sectors of Asturias and the Basque Country, accusations of failing to provide sufficient alimentation led to inquiries into hospital administrators and sometimes to their substitution, like in the case of Caborana, a first-line hospital in Asturias:

We have received allegations against the administrator of the Hospital of Caborana. The wounded and sick patients unanimously accuse the administrator of giving them only one dish per day with very little food in it, which is also so badly seasoned that they often have to throw it away. Since there is too little food, patients ask their families to provide them with eggs, milk, fruit, etc. However, that administrator also refuses to spice that food or use the milk before it spoils, so they often have to throw that away, too. In addition, his behaviour towards everyone is incorrect. The director of the hospital constantly has to intervene.<sup>227</sup>

This story was paradigmatic of the first year of the war.<sup>228</sup> At the beginning of the conflict, the troops were not yet being moved around the country that often. Instead, militias would often fight close to their homes. Consequently, the casualties were hospitalised close to where their families lived and could thus ask them for additional food should the provisions not suffice. After the Francoist troops took Asturias and the Basque Country in the autumn of 1937, the troop shuffling increased, and the provision shortages became increasingly difficult to remedy with family support.

However, this anecdote nicely reflects the patients' agency: Teaming up and voicing complaints could have repercussions. The patients of Caborana were

225 CDMH, PS Gijón, J, C. 36, Exp. 5, 1-3; CDMH, PS Gijón, J, C. 36, Exp. 4, 1-2; CDMH, PS Gijón, J, C. 36, Exp. 4, 42; Cuestionarios de Temas para el cursillo de Oficiales Administradores de Hospitales Militares, AGMAV, C. 277, 6, 1.

226 The tradition of such incidents is particularly dense in the following file compilations but can also be found in the even more torn and scanty records of other military sections. CDMH, PS Santander, C, C. 50; CDMH, PS Gijón, J, C. 36.

227 Parte del Comisario de Servicio al Comisario de los Servicios de Intendencia, 24 June 1937, CDMH, PS Gijón, J, C. 36, Exp. 4.

228 CDMH, PS Santander, C, C. 50; CDMH, PS Gijón, J, C. 36.



successful, and the administrator was replaced.<sup>229</sup> Not providing enough good food and moreover wasting food contributed by the soldiers' families became considered dishonourable<sup>230</sup> and had to be punished. Throwing away food meant depreciating what it had cost these families to procure it. So, these patients' demands were considered justified.

Nevertheless, this was not always the case. This right to voice claims constantly put commissars, administrators, and directors in the position of deciding between legitimate demands and indiscipline. The following example, also taken from the Asturian front section, illustrates this nicely. In his report of 24 August 1937, the Political Commissar, Luis Ontena, commented on an incident in the military hospital Ribadesella, where, during a large evacuation from the frontline, over 400 wounded and sick soldiers had arrived.

But, among the patients, there were some who would not let the doctors treat them, which caused several conflicts because some patients were spreading the idea among the others of resisting treatment. There were also other, more reasonable, patients who helped me to make them understand that they were under the supervision and protection of the Department of the Health Service of the XVII Army Corps, and that they, as wounded soldiers, were bound to the principle of discipline of the Popular Army and subordinated to the authority of the Health Service of Asturias. They helped me to make them understand that they, being sick and wounded soldiers, as well as the others, such as those in the technical staff, were all obliged to help each other instead of disrupting the organisation and operation of the Health Service.<sup>231</sup>

Several layers of conflict overlapped in this incident. Scepticism towards the medical staff intersected with a prevailing propensity for rejecting authorities, like the commissar. Apparently, the hospitalised combatants were not convinced they were treated well and, thus, mobilised against the hospital staff. While the motion created by the patients in the first example about the food was considered just, the resistance to being treated was marked as indiscipline. However, facing so many agitated soldiers put too much pressure on the commissar: He

229 Parte del Comisario de Servicio al Comisario de los Servicios de Intendencia, 24 June 1937, CDMH, PS Gijón, J, C. 36, Exp. 4.

230 The concepts honour and dishonour were very common during the civil war. Left-wing and leftist as well as right-wing and rightist actors used them, albeit with different meanings. While right-wing and rightists often linked honour to female chastity, noble manhood, and aristocratic ideals, left-wing and leftists associated honour more with workers' identities and class struggle. Since Communists dominated among the political commissars, their concept of honour included a positive relationship to statehood, whereas for many anarchists and anarchosindicalists, it was dishonourable to support the state instead of the social revolution.

231 Partes de los días 21, 22, 23 y 24, Luis Ontena al Comisario General del III Cuerpo de Ejército del Norte, CDMH, PS Gijón, J, C. 36, Exp. 4.

resorted to other patients who helped him to calm everyone down and to ensure that everyone got the treatment they needed. In this instance, being disciplined meant cooperating with the doctors and accepting them as being in charge of their healthcare. What is remarkable about this incident is that it reveals the fine line between justified complaint and indiscipline. What is marked here as indiscipline to be reprimanded was justified on other occasions when patients collectively critiqued doctors. For example, if they were suspected of having inappropriate relations, neglecting their work and their patients, corrupting the facility, etc.<sup>232</sup>

Besides the vague concept of indiscipline, violent behaviour and sexual transgressions were particularly penalised. The line between violence and indiscipline, however, was often blurry. Accusations of violence often went hand in hand with allegations of disrespect. Violence was usually associated with the infliction of harm against other people, although it could also target material goods. Both were punished by criminal charges.

Sexual violence and harassment as specific forms of interpersonal violence was treated as a trivial offence. The political commissars frequently reported inappropriate relationships that had caused problems. However, the investigations by the political commissars of accusations of violence against and/or a patient forcing himself on a female member of medical staff were often biased. In many cases, the women involved were held accountable or considered at least partially guilty. Male violence against women was often trivialised and understood as a consequence of a 'natural' female capability of seduction.<sup>233</sup> A common response and solution to such conflicts was to remove the woman in question from her position. Only if witnesses could confirm her victimhood were the perpetrators sanctioned. When backed up by large numbers of other women or by influential men – such as the head surgeon, for instance – would the tables turn in favour of the accused women. The punishment for perpetrators, however, was usually a few days of detention or confinement to the hospital bed or ward.

Apart from being patients, hospitalised soldiers were also targets of educative measures. Large literacy campaigns as well as political, social, and military education campaigns were launched, predominantly in second-line hospitals. Although all political commissars were initially instructed to carry out so-called political and educative work, the commissars' reports deployed from first-line hospitals show it was rather difficult to teach there: Neither the patients nor the medical staff were fit to learn in these environments of emergency treatments.<sup>234</sup> The workload changed rapidly in the first-line hospitals, so that regular routines involving literacy classes fit only seldomly. In addition, wounded or sick soldiers did not remain long enough in first-line hospitals, since these facilities were

232 CDMH, PS Gijón, J, C. 36; CDMH, PS Gijón, AGA, C. 20, Exp. 18.

233 CDMH, PS Gijón, J, C. 36, Exp. 4.

234 CDMH, PS Santander, C, C. 50; CDMH, PS Gijón, J, C. 36, Exp. 4.

supposed to either stabilise patients' health for transport or cure them quickly. Hence, second-line hospitals in the rearguard turned into the spaces where the most educative action happened. They were home to extensive educative programmes, as the daily reports of Joaquín Rodríguez, the political commissar of the Military Hospital of the 4th Division, show. During January and February 1938, they offered daily literacy training, geometry and geography classes as well as talks on political, military, and sanitary issues. His talks mostly revolved around explanations of the current international situation, the benefits of the Popular Army, and providing justifications for why continuing to fight for the Second Republic would ultimately bring peace and liberty. J. Rodríguez also invited guest speakers, such as doctors, especially for health-related talks, who taught their audience simple wound care, first-aid measures, and overall personal hygiene. J. Rodríguez and his adjutant even offered individual classes for patients who needed extra support in learning how to read and write, later expanding their efforts and founding a whole school for patients.<sup>235</sup> As Matthews showed for the commissars of regular fighting units,<sup>236</sup> in the Health Service, the success of educative programmes depended strongly on the commissar's individual ability to find support among the medical staff. Without such endorsement, patients' education was doomed to fail.

The role of the patient was conceived as peaceful, disciplined, and responsible; they were to entrust themselves to the care provided by the army, be eager to learn, read, and write, be interested in furthering their socialist education, and not cause problems because of sexual needs. In their hospital beds they would become the regular citizens of the future Second Republic, stripped of their belligerent imperative, their »harmful power to action,«<sup>237</sup> peaceful.

*Powerful Men at the Hospitals – The Diva, MacGyver,<sup>238</sup> and the Puppet Master*

According to what the Heads of Health Service of the Divisions and Brigades have informed me of, and as I have been able to verify personally [...], uniforms and footwear are being distributed to the Military Units, except for the Health Companies. [...] I [...] urge you to grant the Health Service the clothing and footwear it is entitled to and to eliminate this humiliating inequality

235 Partes de Novedades. Y trabajos políticos del Comisariado del Hospital Militar de esta División. Enero y Febrero de 1.938, AGMAV, C. 532, 14.

236 Matthews, »The Vanguard of Sacrifice?.«

237 Popitz, *Phenomena of Power*, 11.

238 MacGyver is the name of the protagonist of the 1985 TV series of the same name. He is portrayed as highly intelligent, well versed in physics, bomb-disposal techniques, and engineering skills. Above all, he is extremely resourceful. He constantly ends up in impossible situations that he solves with his Swiss pocketknife and any objects he happens to find around him. [https://www.imdb.com/title/tt0088559/?ref\\_=fn\\_al\\_tt\\_2](https://www.imdb.com/title/tt0088559/?ref_=fn_al_tt_2) [last access: 29 April 2022].

[...]. At the beginning of the war, it was inevitable in the irregular militia, but it must not persist within the Popular Army.<sup>239</sup>

Over 8 months after the foundation of the Popular Army, on 4 June 1937, Luis Martín, a troop commander, sent this complaint to his superior, J. Herrera. It paradigmatically reflected the asynchronous and equal prioritisation of implementing the reforms. While J. Herrera and his colleagues were busy drafting and circulating new regulations that distributed work differently and attempted to secure the Health Service a more prominent position within the different army branches, translating these reforms into practice was constantly obstructed. It was symptomatic that in June 1937 the Health Service rank-and-file did not have uniforms or boots. During the government of F. Largo, the Ministry of War and the General Staff prioritised transforming the militia units into mixed brigades, while the Ministry of Health and Social Assistance privileged the civilian medical infrastructure. After the shuffle and tenure of Juan Negrín López (17 May 1937 to 6 March 1939), the situation of the Health Service slowly started to improve. On 18 June 1937, the Ministry of War decreed the mandatory registration of all civilian doctors, which was a step towards systematically drafting civilian doctors for military service.<sup>240</sup> Why the medical branch was continuously being put at a disadvantage was complicated. In the example of the uniforms mentioned here, first providing combatants with uniforms may have been considered more important: Soldiers taken prisoner would be identified and treated as such.

Apart from rational reasons, like shortages, safety, etc., particularly the Health Service met with irrational discrimination based on the prejudices linked to the professions. The bourgeoisie perception of the medical professions resulted from decades of image creation and stereotyping, a process fostered by the liberal bourgeoisie elite, the Spanish Red Cross, and the Catholic nursing congregations.<sup>241</sup> The proclamation of the Second Republic did not lead to fundamental changes in that regard, despite the efforts of the first Director-General of Health, Marcelino Pascua, to reform the healthcare system. Conservative upper classes,

239 El Jefe de la Comandancia de Tropas, Luis Martín, al Sr. Jefe de Sanidad Militar del 3º C. de E., Gijón, 4. June 1937. CDMH, PS Gijón, J, C. 36, Exp. 4.

240 Gaceta de la República, 18 June 1937, no. 169, 1264.

241 For a brief summary, see Chapter III. 2. International Humanitarianism and the »Traditional« Elites. For more details, see, for example, López Vallecillo, *Enfermeras*; Bernabeu Mestre and Gascón Pérez, *Historia de la enfermería de salud pública en España*; Ana Yetano Laguna, »Con toca. Mujeres y trabajo hospitalario, avances en tiempos convulsos. Las Hermanas de la Caridad,« *Manuscripts*, vol. 27 (2009), 113-139; Arizabalaga, »The »Merciful and Loving Sex«, 41-60; Aresti, *Médicos, Donjuanes y mujeres modernas*; Martykánová and Núñez-García, »Ciencia, patria y honor;« Hannes Siegrist, »Bürgerliche Berufe: Die Professionen und das Bürgertum,« in *Bürgerliche Berufe*, ed. Hannes Siegrist (Göttingen: Vandenhoeck & Ruprecht, 1988), 11-48; Chamizo Vega, »La perspectiva de género en enfermería.«

the SRC, and the Catholic Church continued to be vital actors in the field. Thus, in 1936, for most in Spanish society, consulting a university-trained doctor was still associated with high prices and social privilege. Furthermore, the relations between the various left-wing parties and leftist trade unions with medicine and medical professionals were ambivalent. Although the scientific field of medicine offered aspects they could relate to (for all sorts of political and ideological reasons),<sup>242</sup> particularly the leftists continued to harbour prejudices against the profession. Initially, the civil war did not change this significantly; doctors continued to be collectively suspected of being enemies of the Republic or slackers. They were accused of hiding behind their profession and attempting to avoid being drafted and sent to the frontlines. During the summer of 1936 and beyond, the 'hero in white' image still had little traction in the Republican zone. Instead, this melange of prejudices became further complicated when most from the military medical branch declared themselves loyal to the insurgents and changed sides.<sup>243</sup> Thus, the already tarnished reputation of the remaining military doctors in the Republican zones worsened and rubbed off on the Health Service units. Many army administration members continued to be sceptical about their medically trained comrades. A certain reluctance to fully accept them as members of the Popular Army seems to have been present, obstructing the reform ambitions of J. Herrera and the Directorate of the Health Service. Efficiently establishing a new Health Service therefore required not only new labour division rules but also a strategy to counteract these prejudices.

One approach to confronting the problem of the bourgeoisie professional image was to launch substantial educational efforts to reframe the medical professions. To that end, the Health Service Directorate published the already mentioned handbooks, instructions, circular orders, and specialised trainings. They provided training for civilian doctors, practitioners, and nurses to prepare them for frontline duty and formal training for auxiliaries, including a 9-day special training for soldiers and officials who were to become political commissars or hospital administrators. The latter is particularly interesting because it was designed for an audience that usually had no medical knowledge before their training, but that would cover positions of power in the Health Service as administrators or commissars. They had to sort out conflicts, decide on cash and supply flows, etc.

242 Campos, »El deber de mejorar«; Esteban Rodríguez Ocaña, »La producción social de la novedad: El suero antidiftérico, »nuncio de la nueva medicina«, *Dynamis*, vol. 27 (2007), 33-44; Molero Mesa and Jiménez Lucena, »Brazo y cerebro«; Jorge Molero Mesa and Isabel Jiménez Lucena, »(Des)legitimando jerarquías sociales, profesionales y cognitivas. Conocimiento y prácticas científicas en los procesos de inclusión-exclusión«, *Dynamis*, vol. 33, no. 1 (2013), 13-17; Barona Vilar, »Sanitary Reforms and Rural Health Policies«; Bernabeu Mestre, *La salut pública*.

243 Coni, *Medicine and Warfare*, 23.

That the commissars received this training meant they would become multipliers of the reforms and mediators between the medical and nonmedical sphere. Since they were to work with patients, they would ideally translate between the medical work of the hospital staff and the insecurities of the hospitalised combatants and vice versa. Furthermore, it enabled them to better monitor the work of the hospital staff. The lecture script analysed here goes back to a course an anonymous colonel held during the late spring and early summer in Madrid,<sup>244</sup> whose lecture notes found their way into the archives. They provide valuable insight into how sensitivity for the peculiarities of war medicine was created and how the medical labour division and professions were envisioned and explained. In his lectures, the nameless colonel combined textbook knowledge with his own experiences. His notes provide a glimpse into the informal knowledge he passed on to his audience and his interpretations of the regulations.

The course consisted of 13 lessons, 9 ›theoretical‹ and 4 ›practical‹ ones, which meant taking four fieldtrips to a second-line and a first-line hospital and two administrative units. Three of the 9 theoretical classes dealt with labour distribution among the medical professions and the daily routines of hospitals. Thus, the nameless colonel dedicated a substantial amount of time to explaining the duties and responsibilities of the different status groups in hospitals. According to him, three different branches were to govern the Health Service, each responding to its own chain of command and hierarchy. The principle of preferring expert knowledge underlay this arrangement: Every member was to be an expert in their respective field. The medical staff belonged to the ›technical‹ (*técnico*) personnel, the commissar covered the politico-social mission, and the administrative workforce governed the provisions.<sup>245</sup> This was supposed to be a system of checks-and-balances, albeit linked with democratic decision-making principles. He put the ›head doctor‹ at the top of the medical hierarchy, who answered to the ›administrator‹ (*administrador*) and the ›administrative head‹ (*jefe administrativo*), that is, both held certain veto power. Labour was distributed and delineated between the three operating branches. The ›technical‹ staff was responsible for all medical decisions and the personnel that carried them out; the administrative staff controlled the vital flows of cash, materials, and facilities and the nonmedical staff. Throughout his lectures, the colonel created a discourse infused by his values and experiences. His interpretations of the different medical and nonmedical roles sheds some light on how the upper echelon of the medical branch imagined military healthcare, its codes of practice, and how they wanted nonmedical staff to understand the service. In his descriptions of the ideal scenario, he described four disparate male gendered roles that can roughly be labelled as ›the diva,‹ ›MacGyver,‹ ›the puppet master,‹ and ›the prophet of

<sup>244</sup> The notes date to 20 May 1937.

<sup>245</sup> To my knowledge, there were no female Chiefs of Medicine or Surgery, nor Administrators or Administrative Heads, but some women did serve as Political Commissars.

the future,<sup>246</sup> each of which represented a crucial power position within a medical facility.

The ›Technical Director‹ (*director técnico*), who could either be a surgeon or a physician depending on the specialisation of the facility, led the medical staff. He was responsible for coordinating and supervising the medical work in his military or frontline hospital or sickbay. The distance to the frontline determined the number of other doctors subordinated to him. Rearguard military hospitals were often bigger facilities with several specialisations and additional facilities, like laboratories, etc. Several teams of doctors worked there, and the Technical Director focussed less on treatment and more on coordinating the medical work. Meanwhile, the frontline hospitals and sickbays had fewer staff, so the position of Technical Director meant less administrative but more treatment work.<sup>246</sup>

Regardless of their facility of deployment, the Technical Director comes off as an omnipotent leader throughout the lecture: »He is responsible for the internal regime, and responsibility never comes without power, without the execution of rights. He can organise everything regarding the interior affairs of the house: He can decree it and translate it into actions.«<sup>247</sup> The Technical Director was free to influence and define the day-to-day work of his subordinates and patients' life. He was the addressee for any conflict, problem, or complaint regarding the organisation of workflow as well as the overall situation of patients and staff. He also had a proxy, the ›Chief of Service‹ (*jefe de servicios*), who would not only fill in if the Technical Director were unavailable but would be responsible for the cooperation between the administrative and medical staff. In bigger facilities, the Technical Director did not interact personally with the administration but had his proxy negotiate such cooperation.

According to the colonel's lecture, Technical Directors were often »conceited« and »egocentric« characters, whose »arrogance,« in many cases, meant a constant source of friction, especially with the administrative staff. Accordingly, Technical Directors – and by extension physicians and surgeons – often underestimated the work done by the administration and refused to accept their responsibilities within the hospitals. The colonel firmly recommended to his students that it was better to just accept this behaviour and avoid conflict. This advice represents a hint that he wanted his students to understand that administrators – in contrast to skilled surgeons or physicians – were interchangeable: »If you leave all thinking about [...] what is or is not mine behind, and with a bit of self-restraint and good will, it is not that difficult to coexist with the [...] [technical staff, K. S.], which carries out half of the hospital's service,«<sup>248</sup> he reassured his

246 Cuestionarios de Temas para el cursillo de Oficiales Administradores de Hospitales Militares, AGMAV, C. 277, 6, 1.

247 Ibid., 00034.

248 Ibid., 00035.

audience. He further argued that the medical staff was somewhat shortsighted because they viewed only the medical aspect of the hospital's work. Instead, he went on, the real power lay in controlling supplies, food, and provisions, a task ascribed to the administrative staff in addition to its responsibility for the overall budget. Without their support, healing was impossible – he made his audience understand. Nonetheless, the lecturer recommended that his disciples swallow their pride instead of fighting for respect because that would lead to a better working environment. The image he created of the higher-ranking doctors thus did not resemble that of ›heroes in white‹ but rather of ›divas:‹ arrogant and difficult to work with but largely good at what they do, and necessary for the whole system of healthcare.

To help his students reconcile their prejudices, the nameless colonel explained why military medical staff were not slackers but divas: true devotion to the Second Republic resided underneath their coat of arrogance. Because core qualities were proof of someone's true colours, he defined their willingness to sacrifice their own life and resources as dedication and antibourgeois behaviour. To that end, to underline this argument, he provided accounts of medical heroism and examples of individual doctors who had stood out for their support of the Republic.

These doctors are extremely valuable [...], not only those who bare their breasts with a rifle in their hands are heroes. They are no less heroes who must remain patient, without a rifle in their hands but who are just as exposed to the dangers of the war, like those in Madrid. Month after month, they stick to their studies, laboratories, clinics, and operation rooms, working without a break, without feeling the breeze on their heads. [...] These anonymous, humble, modest heroes also give their lives. Not suddenly or abruptly as they do on the parapet or in the trenches, but they give their lives in bits and pieces, [...], through their sacrifices, through sleepless nights, through no longer knowing the difference between night and day. They surrender all their efforts, insomnia, activities, and breaths to defend the cause by doing this excellent assistive work for the combatants.<sup>249</sup>

The nameless colonel compared the readiness of being constantly on-call to combat-ready troops awaiting their marching orders, thus turning the hospital ward, the operation theatre, and the laboratory into the battlefields of doctors. This conjured up an alternative image of medical staff, namely, one of a combat-ready community ready to contribute to the ›heroic‹ defence of the Republic. The doctors' white coats became uniforms. By highlighting character traits that marked loyal Republican physicians and surgeons, he presented doctors not only as soldiers but also as ›true‹ Republicans.

249 Ibid., 00060.



There were, of course, other obvious indicators, like longstanding party or trade-union memberships, good political reputation, and any evidence of socialist, anarchist, communist, democratic activities. However, since the prejudice of their being bourgeois weighed particularly heavily on the medical professions, he offered additional criteria to help the administrators assess the characters of doctors in their hospitals, one being thrift: True supporters of the Republic would be parsimonious and not waste scarce medical supplies. How medical staff treated resources repeatedly served as an indicator for distinguishing bourgeois doctors from trustworthy ones.<sup>250</sup> Yet, by providing his students with tools for separating ›good‹ from ›bad‹ physicians and surgeons, the nameless colonel did not entirely deconstruct the myth of the bourgeois, anti-republican doctor. Instead, he indirectly perpetuated this stereotype while adding a new image of medical professionals, thereby encouraging his students to be vigilant about the doctors they had to work with.

Keeping an eye on their thriftiness at work was not the only measure listed for monitoring the medical staff. The Ministry of War furthermore prohibited receiving a double income. The Health Service was one of the few branches affected by this decree, because staff recruited on the spot instead of via drafting bureaus worked there and this sometimes meant that medical staff would work in two places. Consequently, a circular order called all Health Service units to return their staff inventory lists with declarations by their members that they were not receiving any other salary or regular payment.<sup>251</sup> Earning more than one salary was not only considered greed but also criminal behaviour. However, both measures of the army administration and the lecture of the nameless colonel overlooked that the image of the bourgeois doctor was first and foremost a stereotype. Although the influence of bourgeois institutions like the Spanish Red Cross and networks of doctors like the Association of Sanitary Residents was strong, in reality the medical professionals were quite heterogeneous regarding income and social standing. Especially civilian doctors who worked in rural health centres were not well paid, either before or after the declaration of the Second Republic.<sup>252</sup>

The nameless colonel sketched two images of doctors, one with which he reconciled his students and another they should be distrustful of. If doctors were ›good,‹ they were heroes and not bourgeois but most likely divas. Conceptualising doctors as divas was particularly helpful in two ways: On the one hand, it

250 He mentions, for instance, the Catalan surgeon, Josep Trueta i Raspall, as a paragon for loyalty and medical excellency. Offering his audience references of real people that were considered as positive examples was probably helpful to inculcate the idea that there were ›good‹ doctors. Ibid., 00053-00072.

251 CDMH, PS Santander, C, C. 50, Exp. 7.

252 Barona Vilar, ›Sanitary Reforms and Rural Health Policies;‹ Bernabeu Mestre and Gascón Pérez, *Historia de la enfermería de salud pública en España*; Barona and Bernabeu Mestre, *La salud y el estado*.

enabled socially integrating physicians and surgeons who did not fit the image of the militarised worker, socialist, or anarchist militia fighter; the concept of the ›diva‹ thus broadened the panorama of acceptable masculinities. On the other hand, it served to prioritise special skills and experience above other things. Promoting the diva meant encouraging political commissars and administrators to be deliberately pragmatic about the available medical staff. The appeal of the nameless colonel towards his students to accept and overlook potentially arrogant behaviour of doctors resonated with that kind of pragmatism.

He was, however, not the only one who preached pragmatism: schedules and circular orders on preparatory crash courses for civilian doctors also reflected this finding. They reveal that political education was basically not covered at all in these courses. Rather, improving medical assistance through specialised skills training was more important.<sup>253</sup> These findings also chimed with results from microhistorical studies, which reconstruct surprising alliances between allegedly right-wing doctors and anarchosindicalists.<sup>254</sup> Therefore, one lesson the higher ranks of the Health Service administration had to quickly learn was that they could not be picky about their medical staff. Against the backdrop of the severe staff shortages, it was imperative to find a way of integrating medical professionals who were not openly rightist, anti-Republic, and ›subversive‹ but ready to do their job. And the diva was a helpful means for reframing the stereotype of the bourgeoisie doctor.

However, making the diva take root proved to be difficult. As was often the case, time was against the Republic. Only a few months later, the intensity of the fighting increased. Francoist troops took the northern front section over the summer and autumn of 1937, and by the spring of 1938, the offensive already begun, which brought the Francoist troops to the Mediterranean Sea in April 1938. The losses on the battlefields needed evacuation, as did troops in territories that had to be relinquished. In other words, after October 1937, the phase of relative tranquillity was over, and resistance became the dominant motto in the Republican territories. The Health Service became increasingly preoccupied with organising evacuations. Yet, not only did frontline developments complicate the promotion of the diva, the task itself proved huge. It meant substituting a stereotype that had grown and taken root over decades. Not only did nonmedical staff have to internalise the importance of experienced medical staff, it also implied that the limits of tolerable behaviour of doctors needed to be renegotiated.

The story of the doctors Eladio Eguren Álvarez, Francisco Cienfuegos y Coto, and Antonio Zulaica Muñoz paradigmatically reflect the intricate process

253 Estado Mayor, Instrucciones sobre la misión de la Academia de Sanidad Militar, AGMAV, C. 892, 1, 4; Ministerio de la Guerra/Ministerio de Defensa Nacional. Escuelas Populares de Guerra, AGMAV, C. 286, 16; Ministerio de la Guerra/Ministerio de Defensa Nacional. Escuelas Populares de Guerra, AGMAV, C. 286, 17.

254 García Ferrandis, «Anarcosindicalismo y sanidad,» 1-16.

of establishing trust in medical skills and experiences, and how ideologically motivated preconceptions clashed with medical judgement. They were accused and found guilty of negligence, causing the death of a militia fighter. According to their trial record, the wounded militia fighter had been hospitalised with a shrapnel wound in his left leg but was otherwise in »a general condition that did not allow assuming such a fatal outcome at any time.«<sup>255</sup> Three days later, the patient died of a gas gangrene, a bacterial infection contracted from his shrapnel wound. A thorough investigation was initiated, and the military court in Gijón brought charges. The trial record consisted of 79 pages of witness testimonies, accounts of the accused, character references on behalf of the defendants, and the autopsy report. According to the autopsy, little could have been done to save the wounded militia fighter. He seems to have had what Nicholas Coni defines as a typical shrapnel wound: »The entry wound may be deceptively small, but there is usually a great deal of tissue damage, haemorrhage, shock, and fractured bones [...] this required early intervention and wide excision, particularly in the pre-antibiotic era.«<sup>256</sup> The overall stable constitution of the militia fighter suggested his wound may have been small but had ruptured the femur and was located so far up the left leg that it was impossible to amputate the leg as the report acknowledged, the only measure for saving the patient.<sup>257</sup> Whether the attending doctors failed to diagnose correctly or whether they did and concluded there was nothing left to do remains unclear. Their testimonies in the trial record offer no answers to that question. However, gas gangrene was a widespread cause of death during the Spanish Civil War. As Coni assures, many died of it.<sup>258</sup>

Remarkable, however, is that the autopsy report did not contribute to exonerating the defendants. Instead, the pathologist's authority was superseded by the statements of the on-call nurse and practitioner, other patients, and other staff members, who described the personality and work ethos of the accused as not very »dedicated« or »enthusiastic.« Fellow patients repeatedly criticised the defendants that »they did not even know his name«<sup>259</sup> and had not responded immediately to the needs of their dying comrade. Even colleagues joined this choir. »Indifference and lack of interest in the care of the wounded entrusted to him, limiting himself to doing what is most essential for the care of an injured person« was one statement about E. Eguren's attitude.

Unfortunately, there is no other trace of this case apart from the trial record. Therefore, it is difficult to estimate what truly happened during March 1937

255 Causa no. 1 de 1.937. Instruida con motivo de expediente informativo tramitado por la Asesoría Jurídica de Sanidad Militar. CDMH, PS Gijón, AGA, C. 20, Exp. 18.

256 Coni, *Medicine and Warfare*, 47.

257 Causa no. 1 de 1.937. Instruida con motivo de expediente informativo tramitado por la Asesoría Jurídica de Sanidad Militar. CDMH, PS Gijón, AGA, C. 20, Exp. 18.

258 Coni, *Medicine and Warfare*, 47-68.

259 Causa no. 1 de 1.937. Instruida con motivo de expediente informativo tramitado por la Asesoría Jurídica de Sanidad Militar. CDMH, PS Gijón, AGA, C. 20, Exp. 18.

in the First Military Hospital of Gijón. The military jurisdiction of both the Popular Army and the Francoist Army were strongly biased in their work, and the ›justice‹ they procured was massively rooted in what was politically desirable. Consequently, there is no way of knowing for sure whether E. Eguren, F. Cienfuegos, and A. Zulaica neglected their patient. However, what these records do show is that they did not receive the benefit of the diva. Their professional judgement, backed up by the autopsy report, was subordinated to accusations of ›indifference,‹ reluctance to act quickly, and ›negligence,‹ which ultimately translated into resistance against the Republic – treason. Of course, March 1937 was still in the early days for the diva concept. The new guidelines were still in the making and on their way to entering broader circulation. However, this example drastically reflects a reality that probably persisted until the end of the war: how difficult it was to deconstruct the image of the untrustworthy bourgeois doctor. Yet, the emergence of the concept of the diva also shows that the officials at the higher administrative levels of the Health Service understood that the scarcity of skilled medical staff required compromise and pragmatism.

Surgeons and physicians were not the only status group the nameless colonel explained to his students. In contrast to the medical forefront heroes, administrators – the second status group – were to operate on the battlefield sidelines of medical assistance: They were responsible for the economic order of the facility. Two key functionaries shared the responsibility of keeping the hospitals running: the ›administrator‹ and the ›administrative head,‹ both of whom were institutionally subordinated to the Quartermaster Service. The administrative head was superior to the administrator, although their scope of duties was complementary. If the service ran smoothly, the administrator's and the administrative head's work would not overlap but complement each other.

The administrator was responsible for supply and provision storage, procuring food, keeping the books, overseeing the pharmacy, and coordinating the subaltern staff. Thus, administrators were responsible for many employees, especially locally recruited staff, like cleaning staff, seamstresses, laundry staff, cooks, and secretaries. Hence, more than anyone else's, their work took place where the civilian and the military spheres intersected. Furthermore, the distance to the firing line and the size of the facility had important effects: The bigger the institution, the more staff there were to be governed, and the closer the facility was to the firing lines, the more complicated the provision of alimentation and other supplies. Indeed, having enough to eat decisively influenced the spirit of staff and patients and the healing process of the wounded and sick. The lecturer kept reminding his audience that it had to be their top priority to guarantee sufficient food in their facilities.<sup>260</sup> So, while the doctors were allowed to act like

260 Cuestionarios de Temas para el cursillo de Oficiales Administradores de Hospitales Militares, AGMAV, C. 277, 6, 1, 00053-00072.

»divas« because they were scientific experts, the administrators were to be the food-providing »MacGyvers« of the frontlines, always ingenious and capable of finding solutions if replenishment logistics failed. Framing the ideal administrator in this way – and especially emphasising their responsibility for providing food – had repercussions regarding their actions in the militarised rearguard zones. It gave them a free pass to exploit the hinterland of the battlefields, seize goods, livestock, and crops wherever they could. This kind of empowerment of a functionary in the Popular Army therefore revealed that the troops' provision was prioritised towards the civilian society. While the political parties and trade unions controversially debated whether the war or the social revolution should be prioritised and advanced in the parliament and beyond, in the spring of 1937, the General Staff of the Popular Army acted and created facts on the ground.

The administrators' superior, the administrative head, was responsible for the buildings, for the budget, and the money safe (*caja de caudales*) – a position of significant power: »The master of the hospital, the master of the building is the administrative head. The Technical Director must ask him for rooms to set up his clinics, and the administrator must ask him for offices, storages, and space for the subaltern facilities,«<sup>261</sup> as the colonel explained his audience. Apart from being the guardian of the buildings and the safe, the administrative head had far-reaching supervision responsibilities. He was, for example, entitled to demand explanations from the medical staff if the service did not run well.<sup>262</sup> It was his privilege and responsibility to monitor the correct execution of the general rules of hospitalisation. If a patient was not discharged after a maximum of 60 days from a rearguard military hospital, for example, he could request a statement from the Technical Director and even order the discharge of the patient without consent from the attending physician. The legitimisation for these liberties lay in the economic aspects of medical attention. To avoid unnecessary costs, patients were only to stay a maximum number of days in each medical facility. If patients did not get better, medical tribunals assessed their fitness, declared invalidity if necessary, and sent them home instead of occupying expensive hospital beds. »We are the guardians, the savers, the supporters of the national economy in times of war,«<sup>263</sup> the lecturer summarised the professional conception of the administrative head. While the administrator had to be inventive and capable of dealing with scarcity and improvisation, the administrative head was the »puppet master,« acting in the background and only stepping onto the stage when the Service itself stagnated or failed.

According to the lecturer, the overall difference between medical professionals and administration lay in their varying senses of responsibility: »Administration is more formal, more serious, more responsible-minded. There is no room for

261 Ibid., 00069-00070.

262 Ibid., 00067.

263 Ibid.

radicalism or casualness.«<sup>264</sup> The worst transgression administrators could commit was failing to provide or abusing storage privileges, which seems to have been a common problem.<sup>265</sup> When administrators did not procure enough food or other medical provisions for the patients, the political commissar often had to deal with these issues. In the Hospital of Villamanín, for example, an administrator was accused that »the rationing, apart from being scarce, was very poorly seasoned,«<sup>266</sup> and that there had been »days when they [the patients, K. S.] had to go to bed without supper; the administrator blamed the Quartermasters« for this and said that they supplied little and that in a bad quality.<sup>267</sup> If mismanagement was extreme, administrators could even face a criminal investigation by a military tribunal, just like the doctors. More common was, however, their redeployment to other units.<sup>268</sup> In contrast to medically skilled staff, administrators were comparably easy to substitute.

In addition to the two administrative and medical functionaries, a fourth coordinative male figure was introduced to this set of power and labour distribution in the Health Service: the Political Commissar.<sup>269</sup> This function was created during the militarisation of the militia and the formation of the Popular Army.<sup>270</sup> »Its main mission was the politico-social control over the soldiers, militia fighters, and the rest of the armed forces at service to the Republic.«<sup>271</sup> This idea of control was translated into an extensive reporting obligation, staff inventory, educational work, and the elusive responsibility for troop morale.<sup>272</sup> Thus, control was employed as a double-edged sword: On the one hand, it meant creating a functionary to monitor and document the everyday life of the troop or unit they were assigned to; their duty to write down what they thought had happened was a tool for reinforcing discipline. On the other hand, this person had to make their subordinates want to submit to army discipline by providing them with a vision for a better future, to which end political indoctrination was the means. Thus, in the collection of the stereotyped masculinities, as discussed above, one

264 Ibid., 00070.

265 CDMH, PS Gijón, J, C. 36, Exp. 4.

266 Ibid.

267 Ibid.

268 Ibid.

269 To my knowledge, there were no female Directors or Administrative Heads, but there have been women confirmed as Political Commissars.

270 The figure of the Political Commissar resembled in part the Soviet example but must not be mistaken as its imitation. During the militia phase of the war, there already existed a functionary who acted as liaison between the different militia and army units. At the time, the figure of the Political Commissar included many of the tasks and responsibilities of these former officials but added political responsibility. Since the war was conceptualised as a political one, the work and fight had to be political, too. For more details, see Matthews, »The Vanguard of Sacrifice?«.

271 Gaceta de la República, 16 October 1936, no. 290, 355.

272 Matthews, »Comisarios y capellanes,« 181-183.

could perceive the Political Commissar as the ›prophet of the future.‹ He was responsible for selling the future and the truth, as authored by the General Staff and the Ministry of War. Since particularly F. Largo's successor, J. Negrín, tightened his bonds with the Communist Party, the sheer existence of a Political Commissar reminded combatants and officials of the growing influence of communists, which created anxieties particularly among socialists and anarchists.<sup>273</sup>

In the field of war medicine, the commissars' educational mission overlapped with and complemented the work of the frontline physicians. Commissars would also disseminate knowledge about hygiene, first-aid measures, venereal diseases, and disease prevention.<sup>274</sup> Further, when deployed in the Health Service, they had additional, more specific responsibilities derived from the environment of healthcare and medicine: They kept files on the hospital staff of their area of responsibility and watched over their (alleged) political loyalty. They were the third keybearer for the hospital's safe and thus held a certain veto power over its spending. Furthermore, they were responsible for taking care of patients' will and ensuring their personal belongings were sent to the person the patients had indicated or to their next of kin.<sup>275</sup> The nameless colonel described this function as follows:

There is a functionary in the Army who carries the public trust. He is the military notary and is called War Commissar or Public Auditor of War. [...] This War Commissar is usually a travelling soul because he is responsible for many duties at once. It is unlikely that he would be in the right place at the right time.<sup>276</sup>

One of the reasons the Commissars of the Health Service were described as ›travelling souls‹ was that they were always assigned to a certain front section and the facilities within that area. They had to constantly move between different locations to fulfil their duties, which obviously must have caused conflicts as they could not necessarily reach dying combatants on time to record their last will. The same was probably true for situations in which an administrator needed to pay provisions and the commissar was not there with his key.

Apart from these responsibilities, a key task of political commissars included political indoctrination. Medical facilities were especially suited for this political work. Having patients tied to their beds, many desperate for some distraction, and a staff that was not necessarily militarised, hospitals provided a social space where political indoctrination and educational missions could potentially reach

273 On the internal conflicts of the PSOE, the rivalries between socialists, anarchists and communists, and J. Negrín's delicate negotiation between all these parties and groups, see, among others, Graham, »Casado's Ghosts;« González Calleja et al., *La Segunda República española*, 1175-1197.

274 Matthews, »The Vanguard of Sacrifice?« 91.

275 Cuestionarios de Temas para el cursillo de Oficiales Administradores de Hospitales Militares, AGMAV, C. 277, 6, 1, 00063.

276 Ibid.

a large audience. In some, especially in the second-line hospitals, the commissars launched extensive alphabetisation and ideological indoctrination programmes that were relatively well received;<sup>277</sup> in others, staff and patients constantly boycotted their efforts.<sup>278</sup> When hospital staff and patients decided to evade political indoctrination, their environment provided the perfect excuse. Urgent medical procedures, the need for rest, interruption of routines, pain, or other activities were common pretexts for hospital personnel to shut out commissars. In one case, a hospital crew sent their political commissar, the above mentioned Ramón Ríos, under a pretext to a neighbouring hospital in the middle of a large influx of evacuated frontline casualties. Apparently, R. Ríos was eager to help but had no idea how and had none of the needed skills himself. In the end, he was in everyone's way and did more harm than good. The hospital staff thus sent him to get help from the surrounding hospitals. When he returned with additional doctors, the patients had already been admitted, treated, and routines restored. Frustrated about these exclusionary tactics, after 2 months of service, he asked his superior: »What is the mission and powers of the Health Service commissar?«<sup>279</sup> Based on the available sources, we can hardly generalise why hospital staff reacted with such reluctance towards the political commissars. In the example of R. Río, his helplessness, combined with his eagerness to do something, annoyed the medical staff during an influx of many patients. Since he had no useful medical skills, sending him away was their response to dealing with an unnecessary obstacle.

The commissars' general lack of medical knowledge was one of many reasons that constantly caused conflict in the Health Service, something the higher levels of the army administration eventually acknowledged. The seminar of the nameless colonel or the many guidelines and circular orders were examples of how they confronted this problem.<sup>280</sup> There were, however, more reasons why political commissars had to face resistance and aversion against their presence in the Health Service, as the following example shows:

We have the honour of informing you that, on the second of this month at 10 o'clock in the evening [...], there was a meeting [...] of the Communist Cell. A total [...] of approximately 30 people attended the meeting [...]. This was not the first meeting they had held. They talked about the internal regime of the barracks, about proposing to the General Staff the creation of a Sergeant Inspector for Hospitals; about the practitioners who were doing the training;

277 Partes de Novedades. Y trabajos políticos del Comisariado del Hospital Militar de esta División. Enero y Febrero de 1.938, AGMAV, C. 532, 14.

278 CDMH, PS Gijón, J, C. 36, Exp. 3; CDMH, PS Gijón, J, C. 36, Exp. 4.

279 Resumen de mi informe en cuanto a la impresión que saqué de los hospitales No. 25 y 26 de Avilés, en las últimas operaciones del día 1º de Agosto de 1.937, CDMH, PS Gijón, J, C. 36, Exp. 3.

280 Cuestionarios de Temas para el cursillo de Oficiales Administradores de Hospitales Militares, AGMAV, C. 277, 6, 1; CDMH, PS Gijón, J, C. 36, Exp. 4.



about creating a Communist Cell in each company. [...] We were neither consulted nor asked for authorisation for all this, which demonstrates the partisan zeal within the ranks of the Popular Army.<sup>281</sup>

R. Ríos sent this complaint to the War Commissariat. Unfortunately, we do not know whether the ›Communist Cell‹ had already existed before political commissars were deployed in Asturias. Thus, it remains unclear whether the creation of the War Commissariat cut across an initiative that had been operating for some time and then faced its forced dissolution. However, the report shows that the members of this group were sceptical towards the institutionalised version of communism, as personified by the political commissar. Instead of cooperating with the persons designated to carry out the political mission of the Popular Army, they deliberately excluded them. The group of Gijón, however, was not the only one: One month later, a similar report was sent to the War Commissariat regarding the military hospital in Ribadesella, east of Gijón. Although we do not know whether this second communist group arose in response to the change in political indoctrination or whether it had already existed for a longer period (like in Gijón), both examples confirm James Matthews' findings on political commissars in regular troops: The political commissars of the Popular Army were not always readily accepted by their comrades, nor were their political messages and attempts of indoctrination welcomed. Soldiers – and here the hospital staff – found ways around them.<sup>282</sup>

By keeping these communist groups and their work a secret, these Health Service members countered not only the indoctrination offensive of the army administration and the Ministry of War but also defended a certain autonomy in the face of the efforts to centralise and control resources. The success of the political work strongly depended on the individual commissar's ability to establish a cooperative relationship with the hospital staff. What defined or contributed to the success of that relationship often did not correlate with the missions of commissars but rather with their ability to improve the concrete situation they encountered locally.<sup>283</sup> Thus, transforming the militia-based warfare into a Popular Army was a slow process, and establishing new functionaries like the commissars was complicated. As one soldier from Matthew's sample put it: ›The work of a commissar can be considered good when there is sufficient tobacco. Otherwise, it is bad.«<sup>284</sup>

The *modus operandi* among these four leaders of the social space of the Health Service was based on democratic principles. Compared to the Technical Director, the administrative head and the commissar enjoyed a privileged status

281 CDMH, PS Gijón, J, C. 36, Exp. 4.

282 Matthews, »The Vanguard of Sacrifice?«.

283 Alpert, *The Republican*; Matthews, »Comisarios y capellanes;« Matthews, »The Vanguard of Sacrifice?«.

284 J. M. Grandela, *Balas de papel: anecdotario de propaganda subversiva en la Guerra Civil española* (Barcelona, 2002), 148, c. f. Matthews, »The Vanguard of Sacrifice?« 93.

regarding their veto power. Yet, no top-down hierarchy was in place; decisions were to be made collectively. Two boards, the ›Medical‹ or ›Technical Board‹ (*junta facultativa o técnica*) and the ›Economic Board‹ (*junta económica*), were responsible for discussing and taking all relevant questions in their respective field. While the former was staffed solely by the Technical Director, the administrative head, and the administrator, the second added the head pharmacist. The Technical Board – as the name already reveals – cared for medical issues. It »proposes purchases or modifications of material, hires and fires staff, takes care of the endowment of any type of provisions [...], reports and organises talks.«<sup>285</sup> The Economic Board would then »be the connection to the managing committee, which was constituted by members of the garrison and would acquire livestock through tendering.«<sup>286</sup>

This concept of the four ruling functionaries and the overall organisation of medical facilities meant the nameless colonel disseminated – intendedly or not – the message that, if politically trustworthy people filled half of the available and higher-ranking spots, some room for transgression could be accepted for the other half. However, the relationship between these four positions was unequal: The diva and the MacGyver were bound to subordination to the truly reliable Republicans, the prophet and the puppet-master. The nameless colonel disseminated this vision as an entirely male constellation, even though women were being recruited as political commissars<sup>287</sup> and doctors at the time.<sup>288</sup> Although it took 6 months for this whole reform effort – with all its information campaigns – to be disseminated and its implementation was rocky and deficient, it nevertheless initiated a change of perception of medicine as a profession in the Republican army. It succeeded in distributing more knowledge on modern (military) medicine among the soldiers, troops, and administrative officials than ever before.

285 Cuestionarios de Temas para el cursillo de Oficiales Administradores de Hospitales Militares, AGMAV, C. 277, 6, 1, 00071.

286 Ibid.

287 One of the most famous female commissars was Rosario Sánchez Mora see among others, Ingrid Strobl, *Partisanas: la mujer en la resistencia armada contra el fascismo y la ocupación alemana* (Barcelona: Virus, 2015), 69-74; Carlos Fonseca, *Rosario dinamitera: Una mujer en el frente* (Madrid: Temas de Hoy, 2008). Expediente personal, Rosario Sánchez Mora, AGM, Leg. 3400, Sum. 34378.

288 Cuestionarios de Temas para el cursillo de Oficiales Administradores de Hospitales Militares, AGMAV, C. 277, 6, 1.

2.4 *Blood-Red Mothers, Hidden Heroes, and (Gender) Equality Discourses Put to the Test*

On 16 June 1937, the interim commissar, a delegate of the government, forwarded the order that decreed the demobilisation of all female combatants to the commissars of the Health Service:

All women currently affiliated with battalions must leave them within a month after receiving the corresponding communiqué, and every battalion must submit a report with the information of the women previously affiliated to them.<sup>289</sup>

This order put an official end to female presence in the militia groups. It thus importantly contributed to officially turning the fighting units of the Popular Army into an all-male institution. The Health Service was the only institution where the presence of women was still allowed. As the gender historian Thomas Kühne observes for the German Wehrmacht,<sup>290</sup> in Spain, too, a specific society ensued in the realm of the Popular Army as well as in its healthcare units. Through its affiliation to the armed forces, its members were all set apart from the so-called civilian population. Most of the staff were militarised, but all of them were subordinated to military law and justice, even though their mission was noncombatant, as defined by the Hague Convention. Its members consisted of different categories of military and militarised medical staff and included civilian, nonmilitarised personnel, seeing that auxiliaries such as cooks, cleaning personnel, and seamstresses were often recruited locally. Therefore, people with medical training had to cooperate with soldiers and officials as well as with people who volunteered for duties such as cooking, cleaning, sewing, washing, etc. The society that arose within this service was stratified by gender, class, education, and ideology, and the army administration ensured that men generally governed this social context.

Accessing the lower strata of the Health Service society is a complicated endeavour because the empirical basis is in many ways lopsided. First, the sources available in the archives contain certain biases, as predominantly regulations, decrees, and orders have survived. Today, we must understand these sources more as imaginations of an ideal Health Service than as descriptions of past realities. Their translation into practice in concrete situations apparently created paper trails only if problems arose that needed further discussions, arrangements, or sanctions. In addition, structural changes in the armed forces further determined whose voices were heard and how. The chains of command, translated into chains of communication, also influenced what was recorded and how as

289 El Comisario interino Delegado del Gobierno al Comisario de los Servicios de Sanidad, 16 de Junio de 1.937, CDMH, PS Gijón, J, C. 36, Exp. 4.

290 Kühne, *Kameradschaft*.

well as who was allowed or obliged to write down what. Before the foundation of the Popular Army, however, there was an even greater variety of involved actors as healthcare was organised along the political militia lines. The chances of documents surviving from that period that allow us to take a bottom-up perspective depended on the actors involved, how individual militia units dealt with the integration into the Popular Army, and much more.

Second, the accessible perspectives are limited by selective authorship. Even though conceptions like the rights and duties of the patients in military hospitals prove that some participative – or democratic – channels were institutionalised for the rank-and-file to speak, the responsibility for reporting lay with the officials. The voices from below appear mostly mediated through narrations in reports of commissars and officials, which they had submitted to their superiors either for informative purposes or because problems had arisen. Hence, we must always understand these stories as intellectual digestions of the subaltern's respective superior. Nevertheless, by this means, a variety of individual incidents and stories have survived, which, despite their incompleteness, still allow for a deeper insight into the social fabric of the Health Service and add to the knowledge that can be extracted by analysing regulations, orders, and decrees – documents aimed to standardise the day-to-day operations of the service.

The protagonists of the stories ›from below‹ were women or men without coordinative responsibility or higher rank. While the former provoked the need for new rules through their sheer presence, the latter – like stretcher-bearers, so-called ›servers‹<sup>291</sup> (*servidores*), drivers, and guards – are almost entirely absent in the sources. A closer look at these men in auxiliary positions and duty helps us, on the one hand, to better understand the vertical social structure of the Health Service and, by extension, of the Popular Army. On the other hand, a closer look at these women (and men) provides a more nuanced understanding of the Second Republic's rocky history of gender relations.

The Constitution of 1931 was an important milestone regarding women's rights and family law.<sup>292</sup> It aimed to profoundly modernise women's positions towards men by reforming laws on marriage, divorce, prostitution, and abortion. In addition, educational offensives were launched to equip women for better-paid jobs with more social prestige. However, these initiatives did not instantly change the overall situation for women in 1930s Spain, but they did make important contributions to changing the perception of women. They allowed for

291 *Servidores* translates as servers or servants. To avoid ambiguities, I go with servers. These men were regular soldiers recruited to assist paramedics by carrying medical kits and executing instructions. They had no medical training but rather learned to aid on the spot.

292 Of course, the struggle for women's rights in Spain is older than 1931. For more on the complexity of the matter, see Oliva María Rubio and Tejada, eds., *100 años en femenino: Una historia de las mujeres en España*; Ayuntamiento de Madrid, 2012); Capel Martínez, *Mujer y trabajo*; Aguado, »Ciudadanía,« 11-27.

a greater plurality in public discourse and what was ›sayable,‹ while day-to-day practices, gendered prejudices, and stereotypes proved persevering and pertinacious.<sup>293</sup> So, while women gradually occupied more space in the public spheres of parties and trade unions as well as educational and study associations, many prejudices, stereotypes, and concepts of femininity and masculinity remained rigid and seemingly irrevocable.<sup>294</sup> The constitution and subsequent laws set gender relations in motion without leading to an entirely new configuration of gender relations, resulting in renewed everyday practices. Or, in Goffman<sup>295</sup> terms, the gendered social code that guided everyday interaction and defined appropriate and inappropriate behaviour was challenged but not yet profoundly transformed.

One core struggle revolved around the tension between the claim for progressive women's rights and the persistence of ideas of complementary gender roles. This tension could manifest in any social space – medicine, public health, and, later, the Health Service were just some of them. For instance, even though training capacities for secular nurses were expanded after the proclamation of the Second Republic, the labour market did not adapt as quickly as nurses graduated. Nuns remained in positions of power in healthcare facilities and only reluctantly accepted women they had not trained themselves.<sup>296</sup> The same tension also manifested in the lecture notes of the nameless colonel who instructed future hospital administrators in 1937. How he spoke about the female medical staff positioned them vis-à-vis their male counterparts. Hence, the profession of the nurse would not exist without physicians, surgeons, and practitioners. His following comment nicely illustrates this:

The certified nurse originates by the hand of the doctor or by programmes like the ones we organise, which are taught at the military hospitals. Presently, formation programmes for certified war nurses are being offered in every hospital, or at least in most of them, as well as in the medical schools at the universities [...] They should not be confused with the certified nurses or the professional nurses. Military nurses – and some have already earned the rank of captain – have done their studies and allow the doctor to rest, just as the practitioners of medicine and surgery do.<sup>297</sup>

293 Among others, Mary Nash, »Un/Contested Identities: Motherhood, Sex Reform and the Modernization of Gender Identity in Early Twentieth-Century Spain,« in *Constructing Spanish Womanhood: Female Identity in Modern Spain*, eds. Victoria Lorée Enders and Pamela Beth Radcliff (Albany, NY: State University of New York Press, 1999), 25-49; López de Castro, »La imagen;« Morcillo Gómez, »Españolas.«

294 Among others, Martínez Rus, *Milicianas*; Nash and Cifuentes, *Rojas*.

295 Goffman, »The Interaction Order,« 1-17; Goffman, »The Arrangement Between the Sexes,« 301-331.

296 Ramió and Torres, *Enfermeras de guerra*.

297 Cuestionarios de Temas para el cursillo de Oficiales Administradores de Hospitales Militares, AGMAV, C. 277, 6, 1, 00064.

Setting aside the biblical analogy of the nurse being created by the doctor, like Eve was created by Adam,<sup>298</sup> there are several interesting aspects in this quote. Since this colonel was a representative of the higher levels of the norm-setting authorities in the Health Service, we can view his explanations as reflecting how the Staff and the higher administrative levels conceptualised wartime nursing. According to them, the war nurse was not equivalent to the professional nurse; it required certain qualifications to become a frontline nurse which could be provided only by the army or a limited number of reliable institutions. The efforts of civilian institutions and actors to offer special training for medical assistance and nurse formations were rejected. The army and university medical schools became gatekeepers controlling the access to war nurse positions in the army. Only institutions that hosted experts on the theory and practice of medical care and assistance in war were considered fit to train frontline nurses. Consequently, this resulted in a concentration of the power to train and select a female labour force, the goal being to establish control over the highest-ranking female medical profession in military medicine, and a more general centralisation of efforts based on the creation of the Popular Army, once again cutting across bottom-up civilian initiatives like the nursing crash courses organised and offered by AMA, SRI, ML, etc.

Besides war nurses, other women were officially allowed in the service: auxiliaries, who assisted war nurses and practitioners. The Health Service hierarchy also maintained a vertical stratification among its women members, with frontline nurses at the top of the care-work pyramid, as the nameless colonel assured:

This surgical unit consisted of [...] one medical auxiliary, one practitioner, two paramedics, and two military nurses. [...] There are Pleiades of these nurses, [...] quiet and humble heroines who give their all through their blood because they donate it in transfusions very frequently, to give life, to provide the life's essence to so many who have fallen on the field of honour.<sup>299</sup>

Like the Francoist conception of the vanguard, in the Popular Army, the space of enemy fire was imagined as the centre and the beating heart of the war. Working in that area was associated with honourable heroism. However, his highlighting

298 Throughout my research, I encountered many surprising examples of how Catholicism left traces in left-wing cultures. Even though the governments of the first biennium of the Second Republic and the Popular Front confronted the issue of secularisation proactively and rallied for a strict separation of Church and State, in their day-to-day practices and manners of speaking, traces of Catholicism manifested continuously. For that matter, I find it vital to always understand Spanish left-wing movements, such as anarchism, anarchosindicalism, socialism, and communism, in relation to Catholicism, which remained a fundamental part of a more general social code.

299 Cuestionarios de Temas para el cursillo de Oficiales Administradores de Hospitales Militares, AGMAV, C. 277, 6, 1, 00059.

the nurses' readiness to donate blood even during emergency surgical interventions in vanguard deployment associated their work with the work of the combatants. A phrase like »life's essence« also correlates with biological conceptions of women as the bearers or donators of life, evoking associations with motherhood and reproduction.<sup>300</sup> This is how the military nurses came to be framed as the »blood-red mothers« of the soldiers.<sup>301</sup>

Associating female heroism to motherhood was neither new nor particularly Republican or left-wing. On the contrary, the mother as a social figure was particularly contested because, basically, all political and ideological groups somehow related to her and renegotiated her significance for Spanish society during the peaceful years of the Republic – and even more so during the war. Anarchists used it, for instance, to question the concept of the nuclear family and lobbied for the idea of »social motherhood.« Even though Federica Montseny Mañé compared childbearing to advanced artwork,<sup>302</sup> she and her fellow anarchists advocated against biological determinism that automatically linked womanhood with motherhood. Instead, only women who wanted to be mothers were supposed to follow their vocation.<sup>303</sup> Socialist feminism also drew from maternalistic discourses as the concept of motherhood proved helpful for linking womanhood and femininity with antimilitarism, anticlericalism, and secularism.<sup>304</sup> The mobilisation of women to contribute to the war efforts was widely framed as a duty of peace. Communists joined the socialist song and particularly targeted mothers and wives in their propaganda, most prominently displayed by the communist leader, Dolores Ibárruri Gómez. In one of her most famous speeches, she drew on these stereotypes to mobilise women, publicly demanding it was »better to be the widows of heroes than the wives of cowards.«<sup>305</sup> While gender equality for anarchists included the idea of detaching motherhood from the biological reproduction process, socialist – and later communist – conceptions of equality linked motherhood with structural changes on different scales, like gainful employment and labour, which would then require reforms of family structures. Nonetheless, representatives of all these political strands agreed that it was the mother's duty to sacrifice something of herself to the war efforts. Against this backdrop, it makes sense that mothers of the rearguard were called

300 Aguado, »Citizenship and Gender Equality in the Second Spanish Republic,« 109.

301 Nash, »Women in War. Milicianas and Armed Combat in Revolutionary Spain 1936-1939,« 270.

302 Federica Montseny, »La sanidad y la asistencia social durante la Guerra Civil,« in *Los médicos y la medicina en la Guerra Civil española. Monografías Beecham*, published by SANED. Sanidad Ediciones, Madrid 1986.

303 Vera Bianchi, *Feministinnen in der Revolution: die Gruppe Mujeres Libres im Spanischen Bürgerkrieg*. (Münster: Unrast, 2020), 67-69.

304 Aguado, »Citizenship and Gender Equality in the Second Spanish Republic,« 100-102.

305 C. f. Nash, »Women in War,« 270.

on to send off their sons, and that mothers of the vanguard – the nurses – to sacrifice their blood.

At the other end of the political spectrum, however, motherhood and the figure of the mother also served as a mobilisation icon. (Ultra)-Catholic organisations as well as female fascists used the idea of social motherhood, too. However, their interpretation did not question conceptions of the nuclear family set around one household. Instead, they expanded the idea of the family to the nation: Only motherly care would cure the Spanish nation of its ›red sickness.‹ In this case, the trope of the caring mother served first and foremost to legitimise female mobilisation for activities outside the home and the family. Equality as a social value not only played a role for these ideological strands; mobilising the mother to extend her love to the nation restored an alleged right and the natural order, allowing women to fulfil their role, designed as complementary to men's. These diverging interpretations, however, did not emerge only after the war had started, but date back to the (late) 19th century.<sup>306</sup> Nevertheless, the war intensified this conflict and brought it to the surface because all political strata used the mother and motherhood for their propaganda.

Invoking the trope of the caring mother to justify women's work at the front-line hospitals in the Republican zones, as the colonel did during his lectures to the military hospital administrators, therefore chimed well with the complex mixture of contemporary discourses on femininity and motherhood. Nonetheless, he also reminded his audience that the women the soldiers would encounter at military hospitals were much more than creatures with motherly instincts: They were war heroines, held military ranks, and were medical professionals. The colonel positioned them within the social hierarchy of the Health Service, thereby defining the relationship between female and male medical workers as complementary. According to him, the social pyramid that governed the social space of military medicine was spearheaded – at least in the technical-medical sphere – by men. The only profession expressly permitted to be female was the nurse, their auxiliaries, and subaltern staff. During his explanations about their roles and responsibilities, the colonel used ›he‹ as well as the masculine versions of nouns and professional titles, leaving little doubt that he imagined all posts apart from the nurse to be occupied by and distributed to men while disregarding that women also worked as doctors, practitioners, and commissars among the ranks of the Popular Army.<sup>307</sup> For example, the anarchosyndicalist Aurora Arnáiz Amigo worked as a political commissar in the region of Valencia and as

306 Blasco Herranz, »Citizenship and Female Catholic Militancy,« 441-466; Cenarro Lagunas, »La Falange es un modo de ser (mujer),« 91-120.

307 While the existence of female doctors, practitioners, and Political Commissars has been confirmed, I did not come across any female administrators, but because of the scattered and fragmented source corpus, there is no definitive way of knowing whether there were no women deployed as Health Service administrators or whether there is no record thereof. The lecture notes suggest that the audience was exclusively male.



a medical doctor and cofounder of the anarchosindicalist women's organisation, *Mujeres Libres*. Amparo Poch y Gascón enrolled in the militia in July 1936 as a 'militia medic' (*miliciana médica*) and later worked in a frontline hospital at the front of Madrid.<sup>308</sup>

By describing these professions as male to prospective administrators, the instructor systematically belied female doctors and commissars. In this way, he created a discourse that made women deployed as commissars, surgeons, physicians, or practitioners the exceptions. This process of making women invisible not only happened on the discursive level and within the classroom of the administration aspirants but also continued in regulations and circular orders. The evidence from the administration of the Popular Army's Health Service reveals there was little gender sensitivity in their data collection. Only staff files and lists provide the necessary information on where women were deployed in which position. Even though many lists are preserved, they have not yet been systematically assessed. Random analyses suggest there were definitively more women deployed as doctors and practitioners than there might appear to be, but to this day, we have no way of knowing exact numbers. Nevertheless, the hierarchy this colonel presented to his audience included a complementary conception of gender roles that allocated women to inferior positions.

It may seem peculiar that, even though a patriarchal hierarchy governed the Health Service, women were still eligible for military ranks. »And there are already some who have earned the rank of captain,«<sup>309</sup> the instructor of the future administrators reminded his audience. Female medical staff who held the ranks ensign<sup>310</sup> and captain constantly appeared on many staff lists the commissars regularly sent to their superiors. This may appear puzzling since the transformation of the militia combat force into the Popular Army included measures to masculinise the war and the armed forces. Yet the official demobilisation of the *milicianas* was just one step in this process. At the same time, a propaganda offensive commenced, that defamed women who had served at the frontlines. They were framed as promiscuous, guilty of transmitting venereal diseases, and blamed for the military losses.<sup>311</sup> This stigmatisation of female presence at the frontlines served to portray the spatial setting of vanguard and rearguard as gendered: Men were to fight in the vanguard, women in the rearguard. This gendered division resonated with the prevailing conceptions of vanguard and

308 Martínez Rus, *Milicianas*, 109-113; García Ferrandis, »Anarcosindicalismo y sanidad,« 9.

309 Cuestionarios de Temas para el cursillo de Oficiales Administradores de Hospitales Militares, AGMAV, C. 277, 6, 1, 00064.

310 This is a junior officer rank. The official Spanish term was *alférez* and designated a rank that has no equivalent in the Anglo-Saxon armed forces, hence the absence of an unequivocal translation. Besides »ensign,« sometimes »sublieutenant« is used.

311 Venceslao Pueyo and Trallero, *Putas, República y Revolución*, 73-74.

rearguard in most industrialised countries of the era.<sup>312</sup> Yet, as the sources suggest, war nurses, female practitioners, and doctors were systematically militarised and allowed to have a military career – at least in the sense that they were eligible for ranks and promotions. This finding contrasts the above-mentioned efforts to segregate women and men. Reserving ranks for and militarising women was apparently not considered an intolerable invasion of women into the world of men. What may seem like a contradiction can also be an example of the hypothesis that the Second Republic was caught between gender-related social transformations and the persistence of complementary conceptions of gender and social roles.

The professional equation of war nurse and practitioner, the nameless colonel made in his speech, also supports this finding. The practitioner was a medical profession who had transformed from a medical charlatan to a technical auxiliary to the surgeon or physician throughout the 19th century.<sup>313</sup> Their duties comprised the administering cures, simple surgical procedures or medical treatments, monitoring patients, and performing any supportive tasks their superiors assigned. The rise of the secular nurse after WWI was already causing friction among the medical professions before the Civil War, and practitioners saw their profession particularly threatened by them.<sup>314</sup> However, the war brought the shift necessary to finally equate these two professions in the Republican zone. »Today, the practitioner [...] is nothing more than the technical auxiliary to the doctor. He fulfils similar duties to the nurse. In fact, the nurse and the practitioner even alternate interchangeably in their service.«<sup>315</sup> They should even be equally able to relieve the surgeon or physician – as the colonel explained. Considering that, before the war, practitioners insistently defended their preferential position in the system of medical labour distribution, now assigning nurses and practitioners the same tasks at the military hospitals must be understood as a de facto upgrade and appreciation of the female labour force – and a downgrade of the male counterpart. However, the process remained incomplete: The continued existence of the war nurse and the practitioner as two separate professional titles with separate vocational trainings meant the door was left open for future renegotiations of labour division. Still, this upgrade of the war nurse helped to further root the secular nurse into the ensemble of medical professions.

What is interesting about these two examples is that the Popular Army, though promoted as a stronghold of heterosexual masculinity, was not reluctant at all to offer their female Health Service members at least symbolic recognition

312 See, among others, Hagemann, »Die Heimatfront,« 181-202; Bösling, *Männer. Frauen. Krieg*; Apelt, »Militär und Krieg.«

313 López Vallecillo, »Presencia social e imagen pública,« 35-40.

314 López Vallecillo sheds some light on the quarrels between secular nurses and practitioners. López Vallecillo, »Presencia social e imagen pública.«

315 Cuestionarios de Temas para el cursillo de Oficiales Administradores de Hospitales Militares, AGMAV, C. 277, 6, 1, 00064.

of their work by assigning them military ranks and opening up paths of upward professional and social mobility. As doctors, practitioners, or war nurses they became eligible for militarisation and a military career. In contrast to the *miliciana*, the war nurses were a welcomed form of belligerent femininity and thus provided a counterimage of the weapon-carrying, shooting militia woman. The war nurse would be ›tame‹ and integrated into the hierarchies and structures of the Popular Army, taking on duties only »suitable for her sex.«<sup>316</sup> In contrast, the *miliciana* was perceived as uncontrollable and disruptive. Nonetheless, awarding war nurses with military ranks and offering them a military career must still be understood as an attempt to put the theoretical discourses on gender equality into practice. It also demonstrated a certain appreciation for female war contributions, although it clearly rested on a conception that there was a right and a wrong way for women to engage in the war efforts.

However, as disseminated by the administration, these normative conceptions of a gendered labour division and social hierarchy in the Health Service were just one side to this story. On the other side were the women and men who effectively organised the infrastructure of medical attention and first aid in the first- and second-line facilities. Their stories shed some light on the conflicts that arose because of the restructuring ambitions of the central administration of the Health Service. The de facto distribution of power between the people who worked on the ground often mattered more than directives sent from the staff. Implementing the new system as designed by the Health Service administration depended heavily on the local constellation of actors and their abilities to form alliances as well as to exclude and include one another. Complementary labour distribution and abstract values such as gender equality also played a role in the day-to-day life of these mostly nameless protagonists, albeit in a different way than the regulations anticipated. For example, gender would play a significant role when sexually charged conflicts arose, while it was all but irrelevant when worker's rights were at stake or when the ›medical class‹ felt threatened by military authorities. A closer look at this microlevel reveals the blank spots the administration did not consider when writing their circular orders or rulebooks but which were important for the day-to-day workings of the Health Service. The sources analysed in the following all relate to incidents that occurred between the winter of 1936 and the autumn of 1937 and are mostly reports by commissars, technical directors, and administrators. They were all created by men and relate to the period during which the administration was publishing new regulations and deploying political commissars in Health Service units and regions.

On 18 August 1937, the commissar of the XVII Army Corps forwarded the report of an incident to his superior that involved two nurses, Blanca Esteban Díaz and María Mier Fernández, whose behaviour he condemned as »loose,« »immoral,« and therefore punishable. According to him, the district commis-

316 As stated in the demobilisation decree, CDMH, PS Gijón, J, C. 36, Exp. 4.

sar and the hospital director fired these two describing their transgressions as »recurring inadequate moral conduct.«<sup>317</sup> Apparently, their behaviour had disturbed their colleagues enough for them to send a letter of complaint to the commissar, which led to an official investigation that eventually confirmed these accusations. As a consequence, B. Esteban and M. Mier were berated and admonished to change their behaviour. The author of the report emphasised the accusers' gender. Apparently, it referred to a letter collectively signed by most of the female staff of the hospital. That even their female colleagues rejected B. Esteban and M. Mier for their misconduct added legitimacy to dismissal as an adequate punishment. However, the last straw in condemning their behaviour was the following incident:

Finally, during the penultimate night, their behaviour caused the justified protest of a patient. Without caring for the late hour of the night, one of these nurses left her room dressed tartily and invited a hospitalised soldier to her room. He refused to go with her because the administrator of the hospital and other patients were already there and were drinking bottles of a liquor [...]. Later, they left that room completely drunk and went down to the patient's ward. Drunken and almost naked, they excited the patients with lustful gestures and postures.<sup>318</sup>

The commissar who reported the incident thus emphasised that they were guilty of breaking the hospital's curfew not once, but twice. Following the official distribution of power as explained by the nameless colonel, this meant that the Technical Director had also failed because he had not kept order in his hospital. Nonetheless, the women were accused of not acting appropriately for nurses: Drinking alcohol, dressing against moral codes of adequacy, and taking sexual initiative were neither honourable behaviours nor did they correspond to the image of the nurse as the »mother of the soldiers.« Nurses were not to show lust (or even skin) or lose control of themselves. Instead of sticking to what was considered appropriate, they had behaved like rebellious young women, seizing the opportunity to be away from their homes and the control of their families to experiment with their sexuality and alcohol. Another aspect might have also played a role in this story: The report was dated 18 August 1937, and the hospital where this incident took place was in Asturias, which means this party occurred in a place where the advance of the Francoist troops was imminent. The prospect of soon having to evacuate their posts may have affected these men and women.

Remarkable about this report, however, is not the narration, which reflects the author's deep-seated misogyny, who as a political commissar was supposed to be familiar with the government's official stance on gender relations. Instead,

317 El Comisario del XVII Cuerpo de Ejército del Norte als Comisario de los Servicios de Intendencia, Gijón 18 de agosto de 1.937, CDMH, PS Gijón, J, C 36, Exp. 4.

318 Ibid.

only B. Esteban and M. Mier were blamed and fired for the events, even though the hospital's administrator and other (male) patients were also involved. Where the alcohol came from, for example, did not play a role for the commissar, although the administrator could have been an obvious culprit since he was responsible for the hospital's supplies and provisions. None of the men involved in this incident were reported by the commissar, nor, it seems, were they ever sanctioned. This example pinpoints how sexualised transgressions were blamed on the women involved and how male behaviour in such incidents was trivialised and overlooked.

Many stories circulated about the allegedly morally questionable behaviour of nurses<sup>319</sup> related to women's sexuality. They were often framed as seductresses and called responsible if men engaged with them sexually. This resonated with contemporary propaganda, which blamed women for spreading venereal diseases and undermining the army's combatant strength. And yet, the hospitals provided a social space where young men and women could meet. For some, these encounters turned into opportunities to explore homosexual or heterosexual intimacy, sexual relationships, flirtations, or to discover cross-gender friendships without lingering chaperons and parental control. In contrast to the sources accessible for the Francoist side, the Republican sources provide only vague and blurry images of these interactions between women and men within the hospital walls or sickbay tents. Unfortunately, no stories appear about same-sex experiences, and even consensual heterosexual arrangements often survived only in little snippets like »he lived like he was married with comrade María Luisa Pedrayes,«<sup>320</sup> or they appear in reports or memories hinting at relationships that started in the realm of the Health Service and continued beyond. There seems to have been a barrier or blockade for the actors speaking about relationships beyond platonic comradeship.

The few oral history projects in which nurses told their stories left the whole issue of intimacy and relationships either very vague or avoided the topic at all. If the issue appeared, it was often embedded in stories of innocence, like that of Alegría Royo Grañena, who worked in a frontline hospital in Lleida and received presents from former patients even long after they had been discharged. She said she never encouraged anyone but was loved by everyone because of her jolly character and nature.<sup>321</sup> Another way these relationships were told was as a narrative of shaming somebody else. For example, the head nurse of a Barcelonese Hospital, Ramona Gurnés i Costa, remembered a fellow nurse, whom she described as »unreliable,« »lazy,« and »inappropriately close« to men: »Eventually

319 Among others the extensive collection regarding the so-called Northern Front, CDMH, PS Gijón, J, C. 36, Exp. 4, and memory projects like Ramió and Torres, *Enfermeras de guerra*; Hurtado Díaz, *Memorias del pueblo*.

320 CDMH, PS Gijón, J, C. 36, Exp. 4.

321 Ramió and Torres, *Enfermeras de guerra*, 97-105.

they fired [...] the nurse who later, we heard, married that guard.«<sup>322</sup> R. Gurnés told this story as one of transgression and morally repugnance. In this way, she reproduced the stereotype of the immorality of female sexuality and the honour and virginity of women as their only pledge of social value. Consequently, even though gender relations and values were in flux, tropes of female virtues and shame still prevailed in the moral compass of many women who worked as war nurses for the Popular Army, many of whom considered themselves socialists or communists and propagated gender equality. We find a similar resistance to talking about cross-gender relationships in the accounts of *milicianas*.<sup>323</sup>

Maybe it was this melange of prejudices, shame, morale codes of honour and virginity, youthful lust for experimentation and desire, as well as experiences of sexual violence that contributed to the survival of only a few positive stories of intimacy. In that, the Spanish case was again quite similar to the war experiences women of the neighbouring countries made during the world wars, for instance, as Red Cross nurses or auxiliaries in the military administration or logistics.<sup>324</sup>

There was a fine line between consensual explorations of mutual or even romantic relationships and sexual assault, and it is noteworthy that incidents of sexual(ised) violence were usually described in a biased manner. While the female share of such occurrences was usually depicted as a moral transgression deserving punishment, the male share was – as mentioned earlier – often classified as a trifle. We find examples of how the Popular Army dealt with such violence again in the reports of political commissars. On 20 July 1937, the commissar R. Ríos reported that he had investigated the accusations of a war nurse whom a patient had sexually assaulted. She claimed the hospitalised lieutenant had forced himself on her, whereas the lieutenant asserted he had been seduced. The chief of medicine examined her and looked for signs of violence, which he found in form of semen on her clothes and her overall condition. She appeared to have been quite shaken by the events. In the end, the chief of medicine's statement tipped the scales in favour of the nurse when he described her as a loyal and good worker who had never stuck out for anything; hence, he saw no need for punishment. Nevertheless, she was transferred to another ward, and the

322 Ibid., 91.

323 Only very few of them confidently told stories of love or flirtatious encounters. The stories about their equal capacities to fight, equal suffering and endurance at the frontlines, and justifications that they did not want to be perceived as women but as comrades dominate the oral history accounts. Fernández, *Derrotados*; Strobl, *Partisanas*; Mangini González, *Memories of Resistance*; Nash and Cifuentes, *Rojas*.

324 See, among others, Cabanes, ed., *Eine Geschichte des Krieges*; Vincent Streichhahn and Riccardo Altieri, eds., *Krieg und Geschlecht im 20. Jahrhundert: Interdisziplinäre Perspektiven zu Geschlechterfragen in der Kriegsforschung* (Bielefeld: transcript Verlag, 2021); Bösling, *Männer. Frauen. Krieg*; Latzel, Maubach, and Satjukow, *Soldatinnen*; Franka Maubach, *Die Stellung halten: Kriegserfahrungen und Lebensgeschichten von Wehrmachtshelferinnen* (Göttingen: Vandenhoeck & Ruprecht, 2009); Aleksievič, *Der Krieg hat kein weibliches Gesicht*; Hagemann and Schüler-Springorum, *Heimat-Front*.

lieutenant was confined to his room.<sup>325</sup> The remarkable thing is that a higher-ranking official was punished for this assault. The nurse's story, backed up by her superior, obviously weighed more than military rank. This is one example of the complex changes Republican gender relations were undergoing at the time. Indeed, there was a rising consciousness of limits to male desire and of the necessity to punish those transgressions.<sup>326</sup>

Although fewer in numbers than the ones that blamed women for sexual misconduct, the reports on incidents in which men were considered perpetrators and in which their actions were not trivialised but punished have several features in common. It is noteworthy that, especially when women denounced men – or were themselves falsely accused and successfully rejected the accusations – they received support from alliances with other nurses and/or subaltern staff – seamstresses, cooks, cleaning, and laundry personnel. Joining forces appears to have been a good strategy for confronting systemic injustices. This resonated with practices from grassroots democracy, trade unions, and worker's organisations many volunteers were familiar with from their work experiences before the war. Male support also helped. The doctor who backed the story of the assaulted nurse, for example, supported her cause by providing her with an unblemished reputation and scientific proof for her accusation through his examination. If necessary, these alliances even cut across all hierarchies and status groups within the Health Service, as medical staff of both sexes teamed up or joined forces with subaltern and/or administrative staff and patients. As a consequence, sexual offences and how the historical actors dealt with them did not necessarily follow a patriarchal, heteronormative pattern that always finds women guilty and men innocent. Every now and then, a certain sense of justice and community transcended the patriarchal power relations that governed the society of the Health Service.

These tendencies surfaced even more in conflicts not labelled as sexual but revolving around day-to-day issues, where gender as a category defined interpersonal relations, power distribution faded into the background, and values like worker's solidarity, grassroots democracy, and equality gained momentum. One

325 El Comisario de los Servicios de Sanidad Militar al Comisariado de Guerra, 20. Julio de 1937, CDMH, PS Gijón, J, C. 36, Exp. 4.

326 Family and marital law had come to the fore in Spain throughout the first third of the 20th century. Lawyers like Clara Campoamor had contributed prominently to the fight for improvements of women's situation. Prior to that, all marital possessions were property of the husband – like everything else. Married women were by law left to the absolute mercy of their husbands, which provided a legal framework for extremely abusive relationships and the inevitable dependency of women. This changed after the proclamation of the Second Republic, at least within the constitutional and legislative framework. Although not excessive, the numbers of divorces do indicate that a slow process of transformation was set in motion. Josebe Martínez, *Las santas rojas: Exceso y pasión de Clara Campoamor, Victoria Kent y Margarita Nelken* (Barcelona: Flor del Viento, 2008).

example nicely illustrates the social cohesion that transcends gender biases: the canteen incident, which provoked discomfort throughout Republican territory.

On 26 and 31 December 1936, the Ministry of War issued two decrees that settled the question of pay for militarised personnel: All members of the Popular Army were to receive 10 pesetas per day.<sup>327</sup> A second decree declared that army members were to accept pay cuts to cover the daily food and provisions rations:

These 2.25 pesetas shall be used by the divisions to feed the troops. [...] Quartermasters' Service shall be paid 2 pesetas each by the respective corps, and the remaining 25 céntimos shall be reserved for condiments and adding some variety to the food.<sup>328</sup>

Throughout January 1937, such decrees went out to all medical facilities. One of these circular orders reached the first-line hospital of Lanestosa in Cantabria and read as follows: »All staff members who want to continue receiving food shall have the price of 2 PESETAS [sic] subtracted from their pay. For the male staff, this reduces their pay to 8 pesetas and for the female staff to 4 pesetas.«<sup>329</sup> On 17 February 1937, the administrator sent a long reply to the General Administration of Frontline Hospitals (*Administración General de Hospitales de Campaña*) as well as the chief of medicine, who mailed his letter to his superior, the Head of the Health Service (*Jefe de Sanidad*) in Santander. Both letters witness the resistance of their subordinates, who had joined forces to fight this new rule. The administrator reported on »a multitude of complaints and objections,«<sup>330</sup> the chief of medicine referred to »the complaints of the staff of several hospitals.«<sup>331</sup> Their three strongest arguments were that, first, working in a front-line hospital meant being deployed far away from one's family, meaning the Health Service staff had no opportunity to be supported – or rather fed – by their families. Second, the workload of a front-line hospital strongly depended on the influx of patients, making it impossible to establish a regulated shift system allowing for lunch or dinner breaks. It was essential for front-line medical attention to function at permanent availability and staff presence, which would have been seriously hampered had they not been allowed to eat in the facilities. Third, they countered the concerns about infringements of hygiene standards if patients' food was prepared in the same kitchen as staff meals by assuring that they would rather provide additional cooking facilities than have their staff leave the hospital in

327 Gaceta de la República, 26 December 1936, no. 361, 1112; Gaceta de la República, 31 December 1936, no. 366, 1171.

328 Gaceta de la República, 31 December 1936, no. 366, 1171.

329 El Administrador General al Administrador del Hospital de Lanestosa, 16 de Enero de 1937, CDMH, PS Santander, C, C. 50, Exp. 5.

330 Ibid.

331 El Director al Jefe de Sanidad, Santander, 17 Febrero 1937, CDMH, PS Santander, C, C. 50, Exp. 5.



search of food.<sup>332</sup> Resistance against this order was eventually successful: The subtraction of meal fees was eventually officially revoked.<sup>333</sup>

Incidents like these also invite us to take a closer look at the gender ratio at first-line hospitals. Cases like Lanestosa reveal that women played an important role in these kinds of negotiation, even though the category of gender did not appear as an argument throughout the conflict. In Lanestosa, the ratio between employed men and women was 7 men to 18 women, of whom 11 women and only 5 men were registered to eat daily in the field hospital. Effectively, only one surgical team worked on patients, with one surgeon as head and one dentist. Thus, the main share of the caretaking rested on the female staff, who also spearheaded the discussion and complaints about pay subtraction. The preponderance of women in first-line hospitals applied to large parts of frontline sections in Asturias, Cantabria, and the Basque Country during 1937. Being cut off from the Centre and Madrid only complicated the deployment of staff, so local recruitment rates must have been higher than, say, in Valencia and Catalonia, where the level of fighting was still lower in 1937. Nevertheless, first-line hospital staff in areas other than Asturias, Cantabria, and the Basque Country seems to have opposed the discount rule, too, since it was eventually revoked for the entire Republican zone. It had sparked a collective sense of injustice regarding working conditions. Whether one was a female or a male worker in the Health Service did not matter; the labour movement's concept of workers' solidarity became the common denominator.

This incident additionally reveals that the stratification and hierarchisation introduced after the creation of the Popular Army had produced a structure within the armed forces resembling capitalist society. At the bottom was a working class consisting of members discriminated against by class, education, and gender; an elite selected by technocratic and meritocratic criteria governed them. This resulted in many individuals with limited possibilities to speak up for themselves and assert their rights and needs who were largely dependent on their superiors and their support. In the Health Service, this system translated in the following pyramid: At the top was the forced cooperation between technical, administrative, and political functionaries; at the bottom were the medical auxiliaries, subaltern staff, servants, stretcher-bearers, and drivers. War nurses, practitioners, and administrative clerks in larger hospitals functioned as intermediaries between the two strata.

The lower strata of the medical society consisted of individuals with little specialised or rather socially undervalued education and training; cooking, cleaning,

332 El Administrador al Administrador General de Hospitales de Campaña, 17 de Febrero de 1.937; El Director al Jefe de Sanidad, Santander, 17 Febrero 1.937, CDMH, PS Santander, C, C. 50, Exp. 5.

333 El Administrador General al Administrador del Hospital de Lanestosa, CDMH, PS Santander, C, C. 50, Exp. 5.

and sewing, for instance, were considered important but not relevant enough to be formally militarised. A gender bias within this group disadvantaged men differently than women. Male auxiliary positions were particularly exposed to life-threatening dangers. Stretcher-bearers and servants operated in zones of intense enemy fire. Their duties included slow movement, turning them into sitting ducks for the enemy. The danger to their female counterparts manifested especially after an enemy takeover because the Francoist troops seldomly treated Republican women decently. And after the war, being identified and denounced as a woman who had worked for the Popular Army meant a life of repression, violence, and social exclusion.<sup>334</sup> Nonetheless, during the war, these hierarchies were somewhat permeable, and the alleged subaltern constantly found opportunities to extend their range of action, participating in the creation of frontline societies.

This look at individual stories of political commissars, doctors, nurses, and administrators has shown that the new rules and regulations only slowly gained momentum and influence. It took time for nonmedical rank-and-file to internalise the importance of medical assistance, reduce prejudices, and understand how medical day-to-day procedures worked. At the same time, the demand for medical staff thwarted the gendered social order, so women were deployed in positions with true responsibilities. Nonetheless, the medical staff was not a homogeneous social group, and the prevailing prejudices were translated into means to control their political reliability. We should understand these individual stories as examples of the many frictions caused by the transition from peace to war.

334 Francisco Hernández Holgado, «Cárceles de mujeres durante el primer Franquismo (1936-1945),» in *A vida o muerte: persecución a los republicanos españoles*, eds. Gutmaro Gómez Bravo and Aurelio Martín Nájera (Madrid: Fondo de Cultura Económica de España, 2018), 265-282; González Duro, *Las rapadas*.



## V. The Rebels' Insurrection – Franco's War

Francoism is a puzzle. Francisco Franco's early leadership and rule were not strictly fascist but it was not only authoritarian either. F. Franco was, first and foremost, a military general. We must understand his rule as that of an authoritarian and ultranationalist, with Catholic features and a »fascistised«<sup>1</sup> beginning. From its outset in 1936, it rested on discourses that promised black-and-white conceptions of order, safety, and prosperity. It seemed rigid in its unambiguous constructions of friend/foe dichotomies, its propaganda of »order,« and its single-leadership rule. Yet, from the outset, it was an »elastic«<sup>2</sup> dictatorship that could integrate a heterogeneous social basis and adapt to the changing political panorama of interwar Europe and World War II.

Gender-historical approaches to early Francoism often encounter a similar enigma. Superficially, the dictatorship seemed to have been governed by clear-cut patriarchal power relations: complementary gender roles that ascribed the role of women to the house and restricted their sexuality according to Catholic paradigms of virginity, chastity, and subservience, merged with the concept of honour. Women's duties and allegiance were first and foremost to the family and, by extension, to the *patria*,<sup>3</sup> something Morcillo calls »true Catholic womanhood.«<sup>4</sup> In contrast, the inventory of appropriate versions of manhood seems to have been less defined. Instead, transcendental figures were supposed to offer identification, like the historic Conquistadors as the epitome of militarist values, the young virile fascist as the embodiment of modernity and change, and, of course, the Caudillo as the omnipotent, militarised *pater familias* himself.<sup>5</sup>

1 I agree with Ismael Saz and all who emphasise that Francoism was marked by a capacity for change and development. At the beginning of the dictatorship, Francoism integrated and fostered key features of Italian fascism and German National Socialism, like single-leadership, vertical syndicalism, mass movement, etc. However, F. Franco himself never was a clear-cut fascist, nor did he continue the fascist pathway after 1945. Yet, many of these »fascistised« features prevailed on structural levels, like the configuration of the syndicates, youth, children, and women's organisation, etc. See, among others: Saz Campos, »Fascism, Fascitization and Developmentalism;« Saz Campos, *Fascismo y franquismo*; Enrique Moradiellos, *La España de Franco (1939-1975): Política y sociedad* (Madrid: Síntesis, 2000).

2 Box, »The Franco Dictatorship,« 293-310.

3 While the Spanish *patria* is unambiguous, the English holds more terms in stock: fatherland, motherland, homeland, country, nation, home. I suggest that »fatherland« is the best term that resonates with Francoism, so I shall use it hereinafter in italics to emphasise that it is a translation.

4 My emphasis added. For more details on the concept, see Morcillo Gómez, »Shaping True Catholic Womanhood,« 51-52.

5 Ángel Alcalde, »El descanso del guerrero: La transformación de la masculinidad combatiente franquista (1939-1965),« *Historia y Política. Ideas, Procesos y Movimientos*

These monolithic versions of masculinity all emphasised a segregated and hierarchical relationship with women. Consequently, like everywhere else in Europe, the male capacity for action was larger and less restricted by morally charged norms. However, a closer look at gender relations during the rise of Francoism reveals that they proved to be quite »elastic,« too. While state propaganda and the Falange circulated complementary images of masculinity and femininity of uneven power distribution,<sup>6</sup> a variety of appropriations, reinterpretations, and subversions were occurring beneath these discourses. The so-called »angel of the household« and »noble saviour« – and their medical equivalents, the »angel of the hospital« and »heroic surgeon« – must thus be understood as powerful *chiffres*, unfolding an integrative maelstrom during the war and early postwar times but never managing to encompass the entirety of social life. Hence, what from the outside may appear like an ordered and clearly defined patriarchy was messy and incomplete.

The dictatorship of F. Franco was not built in a day. Rather, it evolved in a panorama of violence, terror, enthusiasm, and compliance. It resulted from a combination of circumstances, tactics, coincidence, and time. It stemmed from the actions of military officials who rose against the Second Republic, the *cheering on* of their supporters, whose political affiliation ranged from ultra-Catholic, aristocratic-monarchist, conservative republican opposed to a social revolution, to fascist, and the contribution of the population through their sheer existence as well as their strategies to avoid, withstand, endure, and conform to the new situation. The 3 years of war allowed F. Franco to develop his persona as a dictator, create his cult, and assert his authority as a successful military commander and leader. These factors contributed to shaping what today is called Francoism. Yet, I should point out one important difference when studying Francoist state-building compared to the Republican state-building discussed in the previous chapters: Francoism began in a state of exception initiated by a declaration of war, with no body of laws to define the future »new« Spain. Continuously published decrees were first made by the Junta for the National Defence (Junta de Defensa Nacional) and then by F. Franco. Therefore, as the war progressed, Francoist statehood was gradually set up.

*Sociales*, vol. 37 (29 May 2017), 177-208; Toni Morant i Ariño, »Der Caudillo wird nur durch seinen eigenen Willen begrenzt«, 157-181; Iker González-Allende, *Hombres en movimiento: masculinidades españolas en los exilios y emigraciones, 1939-1999* (West Lafayette, IN: Purdue University Press, 2018), 35-47; Zira Box, »Masculinidad en línea recta. A propósito del pensamiento binario del fascismo,« in *La España invertebrada: Masculinidad y nación a comienzos del siglo XX*, eds. Nerea Aresti, Karin Peters, and Julia Brühne (Albolote, Granada: Editorial Comares, S.L., 2016), 223-240.

6 Mary Nash, »Un/Contested Identities: Motherhood, Sex Reform and the Modernization of Gender Identity in Early Twentieth-Century Spain,« in *Constructing Spanish Womanhood: Female Identity in Modern Spain*, eds. Victoria Lorée Enders and Pamela Beth Radcliff (Albany, NY: State University of New York Press, 1999), 25-49.

Comparative fascism research has discussed the nature of F. Franco's rule and dictatorship at length.<sup>7</sup> Roughly, it rested on the principle of single leadership, strict hierarchies, and a clearly defined friend/foe dichotomy that entailed corresponding social mechanisms of inclusion and exclusion. While we can characterise its beginning as ›fascistised‹ or ›fascistoid‹, the fascist elements were toned down after 1945 and transformed into ultranationalist, Catholic authoritarianism. Historiography distinguishes different phases of Francoism, which can be depicted as an authoritarian mode of rule bound to its namesake which was nonetheless sufficiently flexible for it to last almost 40 years. Francoism originated in a context in which democracies were crumbling and fascism and authoritarianism were on the rise throughout Europe and beyond. The foundations of Francoism took hold when fascism was considered modern<sup>8</sup> and a promising political option. Against the backdrop of the favourable international context, the compass of power relations found its North in this panorama. This development is important as it set the course for the subsequent years of dictatorship.<sup>9</sup>

To understand how early Francoism ›worked‹ and was ›produced‹ and ›enacted‹ in healthcare and medical assistance, we must analyse the reciprocal relationship between three different groups of actors: military officials, who assumed leadership and modelled the architecture of the so-called ›new‹<sup>10</sup> Spain; their power brokers, who occupied higher positions in institutions and organisations and who were responsible for disseminating the new rules but in turn also had to deal with the resistance and other reactions from their subordinates; and the ›normal‹ population, which consisted of fervent supporters of the in-

7 Juan José Linz, Ein autoritäres Regime: Der Fall Spanien, Raimund Krämer, and Christoph Sebastian Widdau eds. (Potsdam: WeltTrends, 2011); Stathis N. Kalyvas, »New‹ and »Old‹ Civil Wars: A Valid Distinction?« *World Politics*, vol. 54, no. 1 (October 2001), 99-118; Mann, *Fascists*; Box, »The Franco Dictatorship;« Julián Sanz, »A Fascism that Came to Stay? On Spanish Falange's Political Culture,« in *Reactionary Nationalists, Fascists and Dictatorships in the Twentieth Century: Against Democracy*, eds. Ismael Saz et al. (Leiden; Aarhus: Palgrave Macmillan, 2019), 183-201; Griffin and Feldman, eds., *Fascism*; Pinto, *Rethinking the Nature of Fascism*.

8 Esposito, *Mythische Moderne*.

9 Saz Campos, *Fascismo y franquismo*, 151.

10 The »new« Spain was an image Francoism created during the war. It represented the promise of a better future for all who had been negatively affected by the agrarian, economic, and other reforms issued by the first government of the Second Republic. The Francoist system provided little innovation regarding the distribution of power, as most of the ruling elites of the Restoration system found their way into the higher strata of authoritarian society. Complementary gender roles were not new either, nor were nepotistic relations or state-Catholicism. Like Francoism itself, the term »new« was flexible; it acquired new meanings over time and changed them when necessary. I argue that vagueness best characterises Francoist lingo, and that terms like these provided the ground for integrating or excluding supporters and opponents. To account for this ambiguity, I use »new« to refer to this practice of rule throughout my reflections.

surrection, supposedly indifferent people, and those who felt threatened by the rise of the armed forces. However, the means for contributing to the making of Francoism varied between the members of these three groups. While staff members – and above all F. Franco himself – assumed the role of ›state-builders‹ and could resort to (pseudo-)legal tools of governance and force, their power brokers were more limited in their scope of action; so-called regular people had to rely on their own tactics to modify their immediate environment and range of influence. The Francoist dictatorship gained a foothold simultaneously in many different social spaces, medical infrastructure being just one of them. Yet, one way or another, individuals from these three groups passed through military medical facilities – as patients, staff, civilian auxiliaries, or military officials. The military hospital and its smaller variants – the sickbays and surgical units – became arenas for designing, negotiating, learning, appropriating, and rejecting Francoism.

The making of the Francoist state occurred against the backdrop of a civil war. For the ›normal‹ military nurses, doctors, and other medical auxiliaries, the war manifested concretely in particular patients, situations, and experiences. To them, war meant, among other things, that they could sometimes cure the wounded and sick bodies, and sometimes they could not. The war produced an uncontrollable workload with continuous service for days when the combatant action was intense – and much boredom when the front had shifted elsewhere. But it also led to an experience of community, learning and improving skills, improvisation, care, and opportunities.

In contrast to this world of war, to the army officials who organised the logistics, troop movement, attack and defence strategies, the war was a game of numbers, their professional *raison d'être*, and the Health Service was just one pawn on their chessboard, another institution that enabled the divisions and units to fight. To that end, rules and functionaries were needed to monitor their implementation. The experiences of their subordinates mattered to the administrators and coordinators of the Health Service only when they turned into problems that needed solving. Health Service officials thus both translated norms and practices into structure and watched over their implementation. Asking how Francoism became established at the sickbed means delving into the tensions between structures in the making, individual agency, collective experience, and the leeway of concrete situations.

This chapter contains three sections that assess these questions on different levels. After briefly introducing the Francoist Armed Forces, and its supporters, I focus on the top-down construction of the Health Service and then analyse the individual responses to this state-building in military medical attention. The reactions of selected individual nurses, doctors, and other auxiliaries to the war and the dawning dictatorship paradigmatically reflect their scopes of action, agency, and common coping strategies.

A look at Francoist healthcare reveals certain parallels with the Republican healthcare agenda setting. Neither decidedly prioritised healthcare at the be-

ginning of the conflict, for both different and similar reasons. The timeline of healthcare politics of the Francoists also follows a similar periodisation as in the Republican zones. At the beginning of the civil war, the Francoist side also experienced a frenetic mobilisation of civilian actors for humanitarian relief work. As in the Republican zones, these actors were often motivated by their own political agendas. And just like in the Republican zones, this plurality caused friction. During the late winter of 1936/1937 and the spring of 1937, the key decrees were issued that defined responsibilities and ›ordered‹ the field. A male and a female Inspector General of the army's Health Service were appointed, and a decree subordinating and integrating all pro-Franco political forces and parties into the unified Falange<sup>11</sup> was issued. Conformity was enforced top to down. These moments marked important milestones in the Francoist history of healthcare. Through the lens of healthcare, we can divide the war years into two phases: pluralization (17 July 1936 to 20 April 1937) and clear responsibilities (21 April 1937 to August 1939). This periodisation did not end with the unconditional surrender of the Republican government on 1 April 1939 because demobilisation took longer and healthcare issues prevailed that required the attention of the army Health Service.

### *Who Speaks and How?*

In many ways, it is easier to approach Francoist medical attention than its Republican counterpart. Apart from the decrees published by the Secretariat of War under the leadership of G. Gil y Yuste, two key figures had the task of reforming and building the Health Service: Mercedes Milá Nolla and Melchor Camón Navarra. The latter assumed duties in October 1936, and the former in March 1937. They had the same rank of ›Inspector General‹ (*inspectora general*), although their tasks ran along gendered lines. M. Milá was limited to working with the women in the Female Services, which meant a significant difference in tasks. For example, M. Camón was not only responsible for deploying the male medical staff but was also deeply involved with coordinating medical, hygienist,

11 Throughout this dissertation I use ›Falange‹ as an umbrella term. I consider the different names and acronyms the party used rather as markers in its history of becoming the single party and political entity in the Francoist state. On Francoism and comparative fascism studies, see, among others, António Costa Pinto, Roger Griffin, Michael Mann, Ismael Saz, Zira Box, and for SF Toni Morant, Inmaculada Blasco, Ángela Cenarro. Among others, Sanz, ›A Fascism That Came to Stay?‹ Miguel Angel Ruiz Carnicer, *Falange: Las culturas políticas del fascismo en la España de Franco (1936-1975)*, ed. Institución ›Fernando el Católico‹ (Zaragoza: Institución ›Fernando el Católico,‹ 2013); Marco Claas, *Der Aufstieg der Falange Española: Faschistische Kultur und Gewalt im Nordwesten Spaniens 1933-1937* (Göttingen: V&R unipress, 2016); José Luis Rodríguez Jiménez, *Historia de Falange Española de las JONS* (Madrid: Alianza Editorial, 2000); Kössler, ›Gelegenheiten und Gewalt,‹ 109-125; Saz Campos, *Las caras del Franquismo*.



and evacuation infrastructure. While our access to M. Camón's correspondence is scattered and complicated, M. Milá left an extensive corpus of letters and staff files of her subordinates which are archived in collections. Her role as the main and highest-ranking coordinator grants us insight into the day-to-day workings of the female military Health Service. M. Milá built herself a quasiauthoritarian position in her nursing imperium by enforcing that she alone would make all relevant decisions. Consequently, she received notice of even minor quarrels and conflicts and, in many cases, solved them by herself. Voices of the nameless crowd of military nurses shine through in her letters, although her correspondence only very seldomly reflects the perceptions and interpretations of the affected nurses' situation. Hence, just like for the Republican side, we rarely enjoy unmediated access to the stories of the ›common‹ care workers on the Francoist side. Nonetheless, some later oral history projects provide additional layers to the stories found in M. Milá's correspondence, as do articles published in the journal *Y* of the Falangist Sección Femenina. Our access to documents regarding civilian medical infrastructure is more complicated. An analysis of the law gazette *Boletín Oficial del Estado* gives some insight into when the civilian population started to become a preoccupation for F. Franco and his improvised government.

Accessing the male side of the story is complicated in a different way, as looking for records of the Army unit's medical branches is somewhat like failing to see the forest for the trees. Whether documentation survived or not in the collections of the correspondent army corps seems to have depended on the importance the different units ascribed to documenting their work in the medical units. For the Army of the North (Ejército del Norte), we have a relatively compact collection of documents from the years 1936, 1937 and 1938, allowing for a deeper insight into the day-to-day work and responsibilities of the Health Service units. These documents reveal that medical interventions in sickbays and field hospitals were just one part of a complex combination of tasks the (male) Health Service had to fulfil.

Voices ›from below‹ are also scarce for the Francoist side. ›Regular‹ Health Service soldiers, particularly those in lower positions like stretcher-bearers or drivers, seldomly left records that made it into the archives. Instead, their voices only survived thanks to oral history projects.<sup>12</sup> Apart from that, the stories and sources of some actors survived in rich abundance, while for others we have only snippets. Hence, some stories we can tell from different angles, others only from monoperspectives. The same is true for war experiences: The documentation is better for some frontline sections or army units than others. Consequently, the following chapters are also based on many silences.

12 See, for instance, Larraz Andía and Sierra-Sesúmagu, *Requetés*; Aitor Fernández, *Derrotados*.

## 1 The Armed Forces<sup>13</sup> and Its Supporters

The starting point of Francoism was the military insurrection that began on 17 July 1936 in the Spanish Moroccan enclave of Melilla and the Canary Islands. It then spread like wildfire over the Peninsula until 19 July 1936. The overall outcome of 20 July 1936 was ambivalent. The head of the conspirator alliance, José Sanjurjo y Sacanell, had died in a plane crash on his way to take over as Chief of Staff; the army as an institution had disintegrated; the elite troops of the Africanist Army were stuck in Melilla with their commander, F. Franco, because the Navy did not side with the insurrection and refused to transport them to the mainland: They had to wait for the airlift, provided a day later by Nazi Germany Air Force units. In addition, the rebellion had been fought off in crucial cities, such as Barcelona, Valencia, San Sebastian, and Bilbao; people had taken there to the streets to successfully defend the Republic. Concurrently, Emilio Mola Vidal had missed the chance to send enough and successful reinforcement troops to Madrid in time and unintendedly contributed to the failure of the insurrection in the capital.<sup>14</sup> Nevertheless, Pamplona, Burgos, Valladolid, and Salamanca celebrated the coup. Therefore, instead of a unified insurrection, a situation Cardona describes as a patchwork of little military dictatorships<sup>15</sup> ensued, which rested on a fragile alliance of rightist, right-wing, and conservative political and social forces.

### *The Armed Forces and the Struggle for its Veto Power in Domestic Politics*

Why the Armed Forces would stage a coup in the first place is complex and commonly explained using arguments derived from Spanish military history of the late 19th and early 20th centuries, combined with the individual motifs of the ringleaders who were propelled by the political situation during the spring of 1936.

Up until the proclamation of the Republic, the armed forces had occupied a social position between an institution for external defence and domestic veto power. Throughout the late 19th and early 20th centuries, the Spanish army had earned a name for itself as an institution that was always ready to interfere in domestic politics by staging brief insurrections, thus forcing the government to respond. At the same time, the armed forces proved to be an institution that was unwilling to reform, decadent, and deeply entrenched in clientelist

13 I use capitalisation for Armed Forces whenever I refer to the Francoist army that formed following the coup d'état. Whenever armed forces appears without capitalisation I refer to the institution in general.

14 Fernando Puell de la Villa, »Military History« in *The Bloomsbury Handbook of the Spanish Civil War*, Antonio Cazorla Sánchez, Alison Ribeiro de Menezes, and Adrian Shubert eds. (London; New York; Oxford; New Delhi; Sydney: Bloomsbury, 2023) 36.

15 Cardona, *Historia militar de una Guerra Civil*, 34-44.

power relations.<sup>16</sup> It was considered backward in its organisation, equipment, and tactics. The enforcement of compulsory service was deficient; the corps of high-ranking officials grew continuously and burdened the state budget; and it evolved a social structure that Puell calls the »military class,« by which he means that certain families cultivated a military tradition. These family networks were often quite successful and influential in securing military careers for their offspring. The members of this class consistently attempted to secure and expand their political influence.<sup>17</sup> In this sense, they were successful: In the last government before the proclamation of the Second Republic, the king had blessed two military dictatorships. However, the institution had manoeuvred itself into a deadlock situation, rendering serious modernisation impossible.

The advent of the Second Republic provided a brief window of opportunity for change, which the first minister of war, Manuel Azaña Díaz, eagerly used. His strategy for cutting costs<sup>18</sup> was instantly met by resistance from higher-ranking officials, who founded the so-called Spanish Military Union (Unión Militar Española, UME), a human breeding ground for conspiracy and rebellion.<sup>19</sup> They sought allies and support, finding them among politicians from the right-wing, conservative spectrum, notably members of the Catholic Spanish Confederation of Autonomous Rights (Confederación Española de Derechas Autónomas, CEDA). Meanwhile, the so-called first biennium was marked by stark tensions between the government and the armed forces, particularly the ministers of war. In contrast, during the so-called conservative government period, the »second biennium« (1933-1936), UME became quite influential in domestic affairs.<sup>20</sup> This intersection between government and the armed forces intensified when the Catholic accidentalist,<sup>21</sup> José María Gil-Robles y Quiñones (CEDA), assumed office as Minister of War in May 1935. He opened the doors to his ministry for a group of reactionary generals one could roughly equate

16 Enric Ucelay-Da Cal, »Spain's ›Crisis of 1917‹«, in *Revolutions and Counter-Revolutions: 1917 and Its Aftermath from a Global Perspective*, ed. Stefan H. Rinke and Michael Wildt (Frankfurt: Campus Verlag, 2017), 235-260; Alpert, *La reforma militar de Azaña*; Bru Sánchez-Fortún, »Para repensar,« 189-215.

17 Puell de la Villa, *Historia del ejército*.

18 For more details on the reform needs and the actual reforms of M. Azaña, see Chapter III. 3 An Armed Hydrocephalus Striving for Innovation, and among others: Puell de la Villa, *Historia del ejército*; Alpert, *La reforma militar de Azaña*; Santos Juliá, *Manuel Azaña*.

19 González Calleja et al., *La Segunda República española*, 1149-1174.

20 Ibid., 1149-1168.

21 »Accidentalism« means that J. Gil Robles considered the position of the Catholic Church in society to be the dominant question, and by his logic the form of government was subordinated to that. He was not particularly anti-Republican but strongly against the secularisation politics of the first government of the Second Republic.

to the so-called »Africanist«<sup>22</sup> generals. Among them were F. Franco, whom J. Gil-Robles made Chief of Staff; E. Mola, whom he assigned command over the elite troops of the Africanist Army; and Joaquín Fanjul Goñi, a prominent member of UME. J. Fanjul was appointed Subsecretary to the Minister of War. During J. Gil Robles' brief period in office, many generals who would conspire the insurrection in 1936 gained access to key positions in the government and the armed forces.

However, the second biennium ended prematurely, and early elections were scheduled for February 1936, which the Popular Front electoral alliance won. M. Azaña – the »Grinder of the Armed Forces«<sup>23</sup> – became Prime Minister, and Carlos Masqualet Lacaci, a military general loyal to the Republic, was appointed Minister of War. Consequently, tensions between the Ministry of War and the armed forces resurfaced. To reduce the power of the Africanist generals, C. Masqualet reshuffled the deployment of division generals. F. Franco was sent to the Canary Islands as Chief of the Garrison and Military District, effectively a degradation that brought him the nickname »Miss Canary.«<sup>24</sup> Although he was supposed to continue as Chief of Staff, this physically removed F. Franco from Madrid, the centre of political and military power. According to Preston, this transferral was a major setback for F. Franco, and his memoirs indicate that he protested to the Prime Minister in vain.<sup>25</sup> Javier Rodrigo argues that the victory of the Popular Front electoral alliance propelled the fear of a communist revolution among right-wing military generals and officials, such as F. Franco. Rodrigo quotes him: »Where I am, there will be no communism,«<sup>26</sup> as F. Franco assured a traditionalist politician, Víctor Pradera. That the Prime Minister rejected his fears must have contributed to his later decision to join the conspiracy E. Mola was already preparing.<sup>27</sup> A similar thing happened to General E. Mola, whom C. Masqualet transferred to Pamplona, the centre of the military district in the North. Even though that meant E. Mola lost command over the elite

22 The term »Africanists« refers to the soldiers and their officials who had been deployed in the Spanish enclaves in Morocco and fought in the Rif wars. They became famous during the civil war for their ruthlessness and cruelty. The high-ranking officials – colonels and generals – were known to be most conservative. Among them were Francisco Franco, Emilio Mola, and others who participated in the conspiracy and coup d'état in 1936. Further on the topic, see the works of Ali Al Tuma and the recently published collective volume by Ángel Alcalde, Foster Chamberlin, and Francisco J. Leira Castiñeira, eds., *The Crucible of Francoism: Combat, Violence, and Ideology in the Spanish Civil*. (Chicago: Sussex Academic Press, 2021); Ali Al Tuma, »Franco's Moroccans,« *Contemporary European History*, vol. 29, no. 3 (August 2020), 282-284.

23 Juliá, *Manuel Azaña*, 94.

24 Javier Rodrigo, *Generalísimo: Las vidas de Francisco Franco, 1892-2020* (Barcelona: Galaxia Gutenberg, 2022), 153.

25 Paul Preston, *Franco: Caudillo de España* (Barcelona: Debolsillo, 2004), 150.

26 Rodrigo, *Generalísimo*, 151.

27 Ibid.

troops, his position was still better than F. Franco's because he at least remained on the Peninsula and was, more importantly, surrounded by Carlists eager to get rid of the Second Republic.

The idea of staging a coup d'état had circulated as far back as 1931 from the M. Azaña reforms onwards; a first attempt – the so-called Sanjurjada – was initiated in 1932 by General José Sanjurjo y Sacanell but failed.<sup>28</sup> He could not gather enough support from fellow officials or the public. 5 years later, after constant back-and-forth political controversy, the idea of overthrowing the Republic gained enough momentum among army generals and other right-wing groups in early 1936. In preparation for the early elections in February 1936, the left-wing forces called for an electoral alliance, which led to the formation of the Popular Front. Concurrently, anxieties among the right-wing, monarchist, and ultra-Catholic strata of Spanish society intensified, especially among army members. The electoral victory of the Popular Front became associated with a potential social revolution, more violence against the Catholic Church, and increased Soviet influence on the Peninsula. According to Cardona's assessment, these fears were unfounded because – apart from the armed forces – no militia or militarised organisation, regardless of their political affinity, had sufficient resources to actually initiate a revolution or rebellion. »Terrorism was possible and was practised everywhere. There was anarchist, Falangist, Carlist, and socialist pistolism.«<sup>29</sup> However, as the failed insurrections of 1932 and 1934<sup>30</sup> had exhibited, there was not (yet) enough popular support for overthrowing the Republic or for initiating a social revolution.<sup>31</sup> Yet, the insurgent generals used the fear of communism efficiently as their central justification for staging the coup. In doing so, they managed to secure support from some important local stakeholders, like the Falange and the Carlists, and formed an alliance with members of the affluent conservative social strata. Paradoxically, they initiated what they had promised to prevent: a situation that would allow social revolutions to occur. In other words, the counterrevolution initiated the revolution.<sup>32</sup>

28 On 10 August 1932, general José Sanjurjo y Sacanell attempted to stage a coup in Seville, known as »Sanjurjada.« However, the insurrection failed because of a general lack of support.

29 Cardona, *El poder militar*, 228.

30 Following the call for a general strike by the socialist syndicates on 5 October 1934, the »Revolution of Asturias« happened. While the strike was quickly broken everywhere else, in Asturias the miners successfully paralysed the forces of public order. Eventually, the government intervened by sending army divisions to dissolve the strike. This strike marked a watershed moment. Afterwards key figures of Spanish syndicalism and militant socialism and anarchism were imprisoned, but violence on the streets increased.

31 Viñas, *El gran error de la República*, 180-183.

32 González Calleja et al., *La Segunda República española*, 1176.

*Cheering on the Coup – The Complex Alliance of the Supporters of the Insurrection*

That the coup turned into a civil war was not just a military achievement; on the contrary, from a militarist point of view, the insurrection was a disaster while also a success because it provided an occasion for the social forces who opposed the politics of the newly elected government – Moradiellos calls them political »families»<sup>33</sup> – to unite. Thus, the insurrection paved the way to transform the discomfort among the right-wing, conservative, (ultra) Catholic, reactionary, nationalist, and fascist forces into action. In conservative hotspots like the Castilian regions surrounding Valladolid, Burgos, and Salamanca but also in Navarrese Pamplona, people took to the streets to celebrate the coup. What the Sanjurjada had failed to achieve was now a given: sufficient popular support. Hence, the rebels could now count on a social basis for their endeavour, consisting of the conservative and right-wing factions of Spanish society, the predominantly fascist Falange, reactionary-Catholic monarchist Carlists, the remains of the Catholic coalition CEDA as well as some conservative Republicans, big landowners, and other opponents to the government of the electoral alliance of the Popular Front. To these social groups, the Second Republic and, particularly, its republican government meant chaos, moral decay, and a threat to what they perceived as the »natural» order. After each of these parties and groups had failed to achieve their political goals during the peacetime Second Republic – which, according to Saz, for the Falange meant taking power over the streets and creating a mass movement; for the Carlists, it was (violently) enforcing the return of the monarchy; and for CEDA, it meant gaining the absolute majority in parliament and building an authoritarian system – there was no other promising option than siding with the rebels.<sup>34</sup> The coup provided public turmoil that invited these groups into the streets to manifest their support for the rebels. They united over the promise that the coup d'état would end this perceived pandemonium.

Nevertheless, this alliance was fragile. Overthrowing the government was their common denominator, but there was no consensus regarding Spain's political future. What would follow hung in the balance – something the conspirators were quite aware of. According to Preston, during their preparations, they had agreed that there would be no political label to the insurrection,<sup>35</sup> which proved sensible as it allowed for the many different groups to integrate under their command, even though they varied, in part, diametrically in their political preferences. Yet, integrating these different political aspirations and

33 I like using the term »family« to describe the different political currents that supported F. Franco and the insurrectionists because it implies the nature of the relationships that governed these groups internally. Further on that, see Moradiellos, *La España de Franco (1939-1975)*, 20-21.

34 Saz Campos, *Fascismo y franquismo*, 156.

35 Preston, *Franco*, 151.

pressure groups during the war under a single leadership proved challenging for F. Franco.

Grassroots mobilisation was crucial especially during the first weeks of the war. Regarding healthcare, two organisations stood out in this context because they played an important role during the first weeks when medical staff needed to be mobilised and an infrastructure of medical attention set up to meet the necessities of war: the ultra-Catholic monarchist Carlists and the fascist Falange. Both, but particularly the Carlists, already had militia units before the war, which they eagerly offered to the insurgents and which instantly turned into collectives for men who wanted to volunteer for combatant action. Their women's organisations were likewise a go-to for women who wanted to engage in war efforts. The same was true for Falange and their women's organisation, although fascist Sección Femenina quickly gained more momentum and traction by comparison.

Carlism was Spain's longest-serving political group in the constellation of powers during the 1930s. It had emerged over 100 years earlier than any of the other parties and factions that determined the political fate of Spain during the Second Republic. They were monarchist but decidedly anti-Alfonsinist<sup>36</sup> in their political aims, ultra-Catholic in their religious mindset, and well-versed in militia warfare and paramilitarisation, having already fought three (civil) wars.<sup>37</sup> These were probably the three most crucial traits that characterised this movement.<sup>38</sup> The so-called ›Requeté‹ was their armed wing that would gain importance during the initial stages of the civil war by providing the insurgents with combat-ready militia units in the Pamplona zone.<sup>39</sup> Their regional centres of gravitation were Navarre, parts of the Basque Country, and Catalonia. Many of the reasons why they eagerly sided with the putschists related to their experience

36 They opposed the Alfonsine line of the House of Bourbon and claimed the throne for the branch that descended from Carlos.

37 The so-called Carlist Wars were three civil wars (1833-1840, 1846-1849, 1872-1876) in the 19th century that originated in the conflict over the succession to the throne after King Ferdinand VII of Spain died in 1833. For an introduction to the topic provide, see, among others, Mark Lawrence, *Spain's First Carlist War, 1833-40* (New York, NY: Palgrave Macmillan, 2014); Antonio M. Moral Roncal, *Las Guerras Carlistas* (Madrid: Sílex, 2006).

38 Further on the history of Carlism and the Carlist Wars, Julio Aróstegui, *Combatientes Requetés en la Guerra Civil Española (1936-1939)* (Barcelona: La Esfera de los Libros, 2013); Larraz Andía and Sierra-Sesúmagá, *Requetés*; Francisco Javier Caspistegui, »Spain's Vendée: Carlist Identity in Navarre as a Mobilising Model,« in *The Splintering of Spain: Cultural History and the Spanish Civil War, 1936-1939*, eds. Chris Ealham and Michael Richards (Cambridge, 2005), 177-195; Collado Seidel, *Kleine Geschichte Kataloniens*.

39 Aróstegui, *Combatientes Requetés*; Caspistegui, »Spain's Vendée«.

as a marginalised group in the Second Republic.<sup>40</sup> Many Carlists remembered the time following the proclamation of the Republic as violent and existentially frightening. One key conflict emerged during the constitutional process, when the relationship between the state and the Catholic Church was being redefined: The architects of the new Republic sought to break the Church's power in society by secularising the state. Key social institutions such as education or marriage were no longer to be monopolised by the Church. These secularisation politics, enshrined into the constitution of 1931, had caused heated debates in the parliament, and violence on the streets.<sup>41</sup> Churches and monasteries turned into projection surfaces for laicists. Their modernisation aims intersected with pent-up anger against an institution which had monopolised the sphere of education, family, and care. It claimed to be the guardian and moral compass of society, while it entertained close entanglements with the ruling classes and hoarded substantial power, networks, and wealth.<sup>42</sup> In contrast, the secularisation politics threatened Carlist's day-to-day practices of Catholicism just as much as it menaced their hopes for a Catholic monarchist rule. To them, secularisation felt like an existential threat.

The Republic was proclaimed when I was 14 years old. I still vividly recall the removal of the national flag on the Plaza de los Fueros in Estella. An old man kneeled and kissed it. That really impressed me, and I remember crying ... I felt this flag was part of me. It did not take long until open hostilities against us and the Church began – which was eventually the same thing.<sup>43</sup>

This quote by the former Carlist nurse Pilar Díaz Iribarren suggests she did not differentiate between faith and institution. She felt all assaults against the Catholic Church to be attacks against her spiritual integrity. To her, the new Republican flag had turned into a symbol of repression. Experiences like these were widespread and created shared memories of the Republic imprinted by existential angst among the Carlists. Carlism was an all-encompassing ideology that merged everyday practices with politics and Catholicism. Celebrations, songs, shared traditions, and cultural practices integrated all age groups, men and women alike, and created a close-knit, locally bound society. Only the armed wing, the *Requetés*, was an all-male organisation.

40 It was the politics of the first government of the Second Republic and its secularisation politics that contributed to the Carlists' repolitisation of Carlism, which gave the Carlist parties an important upswing. Ironically, this was crushed after the war when F. Franco decided to suppress cultural practices and symbols of peripheral nationalisms.

41 Miguel Ángel del Arco Blanco, »Before the Altar of the Fatherland: Catholicism, the Politics of Modernization, and Nationalization during the Spanish Civil War,« *European History Quarterly*, vol. 48, no. 2 (April 2018): 232-255; Burrieza Sánchez, *El Nacionalcatolicismo*, 103-117.

42 Casanova, *The Spanish Republic and Civil War*, 64-93.

43 Larraz Andía and Sierra-Sesúмага, *Requetés*, 597.



The politics of secularisation initiated during the first government of the Second Republic had a twofold effect on the Carlists. It not only meant abolishing their preferred concept of statehood for good but also meant that democracy threatened the mere practice of their faith. Spontaneous upsurges of violence in 1931 and 1936, leading to burning churches and convents and the secularisation of education, seemed to prove that Spanish society was losing its moral foundation. When rumours about a military insurrection started to spread in Carlist regions, their leader, Manuel Fal Conde, quickly established contact with the head of the conspiracy, E. Mola. At the same time, particularly the Navarrese Requetés instantly intensified their preparations for militia warfare. According to José Semprún Bullón's estimation, some 15,000 Requetés volunteered within the first days of the war and joined the troops of E. Mola.<sup>44</sup>

The Carlist women shared the readiness for mobilisation, too. They had already repeatedly organised themselves to support the Requetés in the context of the Carlist wars.<sup>45</sup> However, as a response to the violence unleashed following the secularisation politics, the women began a more coordinated action. Calling themselves ›Margaritas‹ in honour of Princess Margherita of Bourbon-Parma (1847-1893), they united and set up local women's groups. Although institutionally separated, they cooperated closely with the Carlist men. They accompanied Requetés on their rallies and held their own speeches during such events. Initially, their activities included (underground) Catholic worship practices, recruiting more women for their cause, and doing propagandistic work, but they quickly expanded into organising charity events, collecting clothes, money, and food for families of imprisoned or dead Requetés.<sup>46</sup> When rumours about the pending insurrection started circulating in Navarre, their response was to organise crash courses in first aid and wartime nursing. So, when the coup began, not only around 15,000 men were ready to leave for the front, but also many women joined them in their nurses' uniforms.<sup>47</sup> During the spring of 1937, their engagement, experience and support would be transformed and institutionalised into the organisation Fronts and Hospitals (*Frentes y Hospitales, FFyHH*), which the famous Carlist propagandist, María Rosa Urraca Pastor, led.<sup>48</sup>

The second – and eventually more important – organisation that must be highlighted in this context was the fascist Falange Española (FE). Founded in 1933 in Madrid by the son of the former dictator, Miguel Primo de Rivera,

44 José Semprún Bullón, *Del hacho al Pirineo*, (Madrid 2004), 197, cf. Matthews, *Reluctant Warriors*., 28.

45 Arrizabalaga, »The ›Merciful and Loving Sex‹«, 41-60.

46 Moral Roncal, »Las Carlitas en los años 30,« 61-80.

47 María López Vallecillo, »Relevancia de la mujer en el bando nacional de la Guerra Civil española: Las enfermeras,« *Memoria y Civilización*, vol. 19 (2016): 419-439; Antonio Manuel Moral Roncal, »Auge y caída de un líder Carlita en el franquismo: María Rosa Urraca Pastor,« *Aportes. Revista de Historia Contemporánea*, vol. 28, no. 81 (2013): 63-96.

48 Moral Roncal, »Auge y caída de un líder Carlita,« 63-96.

José Antonio Primo de Rivera y Sáenz de Heredia (1903-1936), it led a niche existence until the civil war. Predominantly influential among students and only regionally limited, fascism gained momentum in the early 1930s. Concurrently, Ramiro Ledesma Ramos started another initiative that quickly merged with Onésimo Redondo Ortega's Castilian Junta of Hispanic Action (Juntas Castellanas de Actuación Hispánica) in Valladolid. The so-called Junta for the National-Sindicalist Offensive (Juntas de Ofensiva Nacional-Sindicalista, JONS) eventually united with the Falange. It turned into the Falange Española y de las Juntas de Ofensiva Nacional-Sindicalista, FE-JONS. Madrid and Old Castile became the first centres of Spanish fascism.<sup>49</sup> J. Primo de Rivera was quick to monopolise the leadership of the newly founded FE-JONS and ascended to being the key figure of Spanish fascism.

FE-JONS was not a homogeneous party but hosted groups with different interpretations of fascism and aims that would cause continuous internal friction. In general terms, FE-JONS proposed a radicalised ultranationalism and fascism that emphasised the unity of the fatherland, the celebration of the traditional Catholic spirit,<sup>50</sup> and the national revolution. This approach to state and society was intertwined with the idea of charismatic leadership. It shared many features with German Nazism and Italian Fascism, like squadron violence, unconditional comradeship, worship of martyrs, and a belief in the duty to enable national resurgence. Like the Austro-Fascist variant, it included Catholicism as an integral part of the spiritual mindset. Before the war, they had not attracted many members; the local groups were small, and their members were often arrested.<sup>51</sup> Nevertheless, we should view FE-JONS as part of the many fascist movements and parties on the rise throughout Europe and beyond during the interwar period.<sup>51</sup>

During the 3 years of its existence before the war, the Falange particularly targeted young people. To that end, they quickly founded the student's syndicate Spanish University Union (*Sindicato Español Universitario, SEU*), which turned into an important tool for recruiting members of its militia. Nonetheless, contrary to their German and Italian counterparts, they did not manage to build

49 More on the history of Falange see among others Sanz, »A Fascism That Came to Stay?«; Mann, *Fascists*; Claas, *Der Aufstieg der Falange Española*; Ruiz Carnicer, *Falange*.

50 Kössler, »Gelegenheiten und Gewalt,« 109-125.

51 More on Falange and Spanish fascism in a comparative perspective see the works of among others, Mann, *Fascists*; Sanz, »A Fascism that Came to Stay? On Spanish Falange's Political Culture«; Saz et al., *Reactionary Nationalists, Fascists and Dictatorships*; Manuel Pérez Ledesma and Ismael Saz, eds., *Historia de las culturas políticas en España y América Latina* (Madrid; Zaragoza: Marcial Pons Historia, 2014); Toni Morant i Ariño, »Spanish Fascist Women's Transnational Relations During the Second World War: Between Ideology and Realpolitik,« *Journal of Contemporary History*, vol. 54, no. 4 (October 2019), 834-57; Pinto, *Rethinking the Nature of Fascism*; António Costa Pinto and Federico Finchelstein, eds., *Authoritarianism and Corporatism in Europe and Latin America: Crossing Borders* (London; New York, NY: Routledge, 2019).

a mass movement. Until the spring of 1936, their main activities consisted of contributing to street violence and rallying for support, until, in March 1936, the organisation was prohibited and went underground. When the coup d'état happened in July 1936, the Falange counted around 35,000 members. In the following months, this number increased to over 200,000.<sup>52</sup> Only then did the Falange start to become a mass organisation.

However, the Falange development took an important twist following the coup. Because of local upsurges of violence, known Falangists were quickly identified as enemies of the Popular Front and fell victim to repression and vigilante justice in Republican territories. In addition, the leading figures died soon after the war had begun: On 24 July 1936, O. Redondo died in a battle, on 29 October 1936 R. Ledesma, and a month later J. Primo de Rivera died in prison. While membership numbers soared and the party transformed into a mass organisation, it lost its organisational structure and ideological leaders, leaving a power vacuum. By then, F. Franco had already risen to be Caudillo of Spain and Generalísimo of the Armed Forces and quickly claimed authority over the emerging mass organisation the Falange was becoming. In late April 1937, he issued a decree that unified all political forces under the umbrella of the Falange and gave it its new and complicated name and its acronym FET y de las JONS. F. Franco's appropriation of the fascist section sealed the Falange's ascent to power and F. Franco's claim to single leadership.

Like the Margaritas to the Requetés, there was also a women's section of the Falange. A key difference between the Falange and the Carlists, however, was that, while the Carlists encouraged their Margaritas to join them right from the beginning and take part in propagandistic rallies,<sup>53</sup> at the start of the movement, J. Primo de Rivera strictly opposed the idea of accepting women into the Falange – even though one of the fiercest demands for the integration of women came from his sister, Pilar Primo de Rivera y Sáenz de Heredia. Only 1 year after Falange's foundation in 1934, Pilar Primo de Rivera and her cousins started the Female Section (SF) of the Falange. The activities of SF resembled any political women's organization of the time. Like the Margaritas or the Catholic women's organisations, they resorted to fund-raising for Falangist families in need and organised prison visits for sentenced Falangists.<sup>54</sup> They understood their mission as assisting and supporting the male Falange members. However, members of the SF radicalised somewhat as well. There are accounts of women from the Sección Femenina who, for example, became involved in weapon contraband, an activity not considered suitable for women by contemporary Catholic and conservative

52 Sanz, »A Fascism that Came to Stay?« 194.

53 Moral Roncal, »Auge y caída de un líder Carlista,« 63-96; Larraz Andía and Sierra-Sesúмага, *Requetés*, 565-623.

54 Richmond, *Women and Spanish Fascism*; Ofer, »A ›New‹ Woman for a ›New‹ Spain,« 583-605; Cenarro Lagunas, »La Falange es un modo de ser (mujer),« 91-120.

standards.<sup>55</sup> SF members pushed the envelope in terms of what was adequate behaviour for honourable women. In their quest for new members and chapters, they travelled through the Republic – sometimes even all by themselves without male chaperones. However, these public appearances and activities stood in stark contrast to their propagated mindset. Their actions thus revealed an important gap between their discourse and practice: Even though they preached that a woman's place was in her home and family, and that she was supposed to subordinate to her husband or father, these women acted quite independently and built an institution that offered alternative, albeit few, career opportunities for their coordinators other than marriage and family and to a lesser degree for their members.<sup>56</sup>

However, this discrepancy between discourse and practice did not set the fascists apart from the Margaritas. Both women's organizations had a similar range of activities, and both had young and self-asserted leaders whose actions contrasted their own discourses on femininity. For both organisations, the trope of the ›patriotic mother‹ and a discourse that emphasised the exceptionality of the situation helped to reconcile these contradictions, as Cenarro observes for the women of Sección Femenina.<sup>57</sup> But that was also true for the Margaritas. In the ideological panorama of the SF and the Margaritas, motherhood was deeply nationalized: It was a woman's duty to the nation to reproduce and care for the nation, too. Since the nation, thanks to the Republic, was proverbially sick and decaying, it was the male duty to save it from the abyss; but motherly love and care would nurse it back to health. According to that logic, taking to the streets was women's last resort and duty, although this trope was far from original. The idea of ›patriotic‹ or ›social‹ motherhood had already driven Spanish Catholic women to mobilise during the Restoration,<sup>58</sup> and a glance at the broader European panorama shows that female mobilization in the name of the nation was a cross-border phenomenon that affected all political factions of interwar Europe.<sup>59</sup>

When the coup d'état began, Sección Femenina immediately seized the opportunity and threw itself into the war endeavours. They intensified activities like collecting donations for the fighting troops but also started to organise ad-

55 Toni Morant i Ariño, »Las mujeres que también fueron fascistas«, 18.

56 Ibid., 18-19.

57 Cenarro Lagunas, »La Falange es un modo de ser (mujer)«, 94.

58 Blasco Herranz, »Citizenship and Female Catholic Militancy,« 441-66; Blasco Herranz, »Identidad en movimiento,« 27-56.

59 Among many others, see the works of Raffael Scheck and Patrizia Albanese. For the Spanish case, see the exhaustive works of Morant i Ariño, »Spanish Fascist Women's Transnational Relations;« Morant i Ariño, »Mujeres para una ›Nueva Europa‹;« Raffael Scheck, *Mothers of the Nation: Right-Wing Women in Weimar Germany* (Oxford: Berg, 2004); Patrizia Albanese, *Mothers of the Nation: Women, Families, and Nationalism in Twentieth-Century Europe* (Toronto; Buffalo: University of Toronto Press, 2006).

hoc medical trainings for women who volunteered for medical duty.<sup>60</sup> Like the Margaritas, they wanted to assist the militia units of the Falange. To them the coup represented a window of opportunity for the hoped-for change.

Yet, a gendered disbalance remained: While men quickly and forcefully integrated into the war through measures like the draft, the situation in the summer of 1936 was quite different for women. Although the invitation for female mobilisation echoed everywhere, apart from propaganda there were no coordinated attempts by the army officials to actually integrate women into their war efforts. Hence, at the beginning of the war, there was less institutional pressure on women to participate. There were also more socially accepted excuses available for why women would (or should) avoid joining the wartime efforts. Being a mother, being responsible for a household, or caring for relatives were sufficient justifications for women to retreat into their private space and community. Women had to contact other women or organisations to get actively involved. Army officials' general neglect of the female population increased the influence of organisations like the SF and the Margaritas and expanded their scope of action and membership base. Since these women's organisations were so closely linked to the two major providers of militia units, they had direct access to a pool of eager recipients of the goods they collected through their fundraisers and the services they provided. This connection also opened the doors to the military sphere. Hence, on the one hand, organisations like the SF and the Margaritas turned into facilitators for women who wanted to actively contribute to winning the war against the Second Republic. We should, therefore, understand their efforts as the bottom-up contribution to manufacturing what Margaret Higonnet conceptualised as a war-induced shift in gendered social roles.<sup>61</sup> On the other hand, they engaged with humanitarian relief work and thus entered the field where organisations like the Spanish and the International Red Cross, Quakers, etc., were also active.<sup>62</sup>

What appears to be an asymmetric dynamic changed throughout the war. After the second advance on Madrid failed in November 1936, the belligerent parties began settling in for a long-lasting war. The possibility of eventually being drafted hung over the entire male population like the sword of Damocles. Female engagement in the war efforts was, in contrast, limited and depended largely on the women's own capability to organise themselves and set their own agendas. During the spring of 1937, F. Franco issued several decrees establishing a new social order and relegating women predominantly to homefront duties. Men's organisations, like the remaining political parties and their armed wings, were unified under the umbrella and supremacy of the Falange on 20 April

60 López Vallecillo, »Relevancia de la mujer.«

61 Higonnet et al., eds., *Behind the Lines*, 33.

62 Gabriel Pretus, *La ayuda humanitaria*.

1937.<sup>63</sup> The same happened to the women's organisations, which were integrated into the female section of the Falange. This unification was framed as a step towards the public order F. Franco had promised to restore. Putting an end to plurality meant taking a radically different approach to statehood than the Republic had imprinted.

*Francoist Nurses: With a Smile and a Pristine Uniform*

That something would happen was palpable. Only a few days before the coup d'état began, the Mexican-British nurse, Mary Bingham de Urquidi, recalled, she had heard from pharmacists that members of the armed forces' medical branch had gathered medical supplies and medicine.<sup>64</sup> So, not only the Requetés and the Margaritas were preparing for a conflict, the military Health Service was getting ready, too.

Despite these precautionary measures, as M. Bingham recalled, the army's medical branch was not prepared for a war occurring simultaneously at multiple fronts. The medical branch of the insurgents lacked human resources and materials for an enterprise of that scale. Medically trained staff and supplies were unevenly distributed between the Republic and the insurgents.<sup>65</sup> Albeit, according to Coni, most of the military medical personnel sided with the rebels, the crucial production sites of medical supplies and training and research institutions – Bilbao, Madrid, Santander, and Barcelona – were situated in the governmental zones.<sup>66</sup> Regardless, neither side had enough resources to quickly establish a functioning medical infrastructure for the fighting units or the civilian rearguard. On the insurgent side, this resulted in extensive efforts to also mobilise civilian medical staff, negotiate material supplies with international partners, and hastily build up facilities for medical attention. The call-up of civilian doctors meant withdrawing medical infrastructure from the civilian sphere, the rearguard. Competent medical staff was needed everywhere, though sought-after skills varied depending on their proximity to the frontline. The army units in combat lacked skilled surgeons to treat war injuries and physicians to care for troop hygiene and infectious diseases.

Here, too, a gendered bias dominated the scene: The army administration quickly targeted the male medical professionals via draft. The Health Service administration was, however, overwhelmed by the events and incapable of efficiently allocating materials, hiring auxiliary staff, and providing enough medical care workers to the fighting army and militia units. It had to rely on local solidarity and initiatives, leaving the mobilisation of the female medical labour force to nongovernmental organisations. The Spanish Red Cross quickly

63 Decreto 255, Boletín Oficial del Estado, 20 April 1937, no. 182.

64 Bingham de Urquidi, *Misericordia en Madrid*, 18-32.

65 Coni, *Medicine and Warfare*, 13.

66 *Ibid.*, 23.

offered help but got formally blocked following its dissolution and refoundation in July 1936.<sup>67</sup> In the meantime, the Margaritas and the SF eagerly engaged in medical training and supply organisation.<sup>68</sup> Whether self-mobilised or called to help by members of the local parishes, via local public administrations or drafting bureaus, women with and without nursing diplomas started to work in hastily established sickbays and frontline hospitals. The results of this situation, however, were ambivalent: Although the medical attention did not necessarily meet contemporary standards, it was a success for these women's organisations. The SF and the Margaritas significantly expanded their scope and portfolio of activities.

Both organisations became important actors in female mobilisation for medical purposes and the circumstances allowed them to imprint their conceptions of femininity on the nurse profession. Furthermore, engaging in activities that included the distribution of medicine, food, supplies, and medical attention provided a source of power. The SF would eventually specialise under the umbrella of Auxilio Social in public health programmes and become a key actor in exercising social control on the ground.<sup>69</sup> The Margarita project FFyHH operated in the army's retinue. Eventually, however, the General Staff would stop the deliberate interference of the SF and the Margaritas in military affairs and shield the Health Service from their influence. To that end, institutions were founded and equipped with rights, responsibilities, and protection of the General Staff. These measures were met with frustration by these women's organisations: The sickbed turned into an arena of conflicting interests and competition for power between the Armed Forces and the political organisations that had bolstered and supported the military insurrection.

## 2 Couping the Republic, Birthing the Dictatorship

After the plan to quickly overthrow the Republican government had failed, the insurgent generals decided it was essential to consolidate and legitimise the army's claim to power. To that end, they resorted to violence and repression<sup>70</sup>

67 Alfonso García López, *Entre el odio y la venganza: El Comité Internacional de la Cruz Roja en la Guerra Civil española* (La Coruña: Espacio Cultura Editores, 2016), 21-24.

68 López Vallecillo, *Enfermeras*.

69 Mónica Orduña Prada, »El Auxilio Social (1936-1940): La etapa fundacional y los primeros años« (Madrid, Escuela Libre Editorial, 1996); Cenarro Lagunas, *La sonrisa de Falange*; Ángela Cenarro Lagunas, »El Auxilio Social de Falange (1936-1940): Entre la guerra total y el »nuevo estado« franquista,« *Bulletin of Spanish Studies*, vol. 91, no. 1-2 (7 February 2014), 43-59.

70 The violence unleashed in the South of Spain – Cadiz and Seville – achieved sad notoriety and is discussed as genocide or genocidal violence. However, repression against the so-perceived »other« was omnipresent. Some insight provide Erik Zubiaga Arana,

as well as procedures and tools that provided them with a pseudolegal façade of statehood, like legislation issued by decree. The first step on that ladder was the foundation of the Junta for the National Defence (Junta de Defensa Nacional), which consisted of seven members and was presided over by General Miguel Cabanellas Ferrer. They laid the groundwork for subsequent Francoist state-building. By decree, they executed the transition from Republican ›chaos‹ to war. According to their legislative activities, the relationship between the new rulers and the ruled needed to be adapted to make the promised ›order‹ become a reality. This included disseminating new rules of social conduct that integrated all parts of the civilian population: fervent supporters, indifferent members, and silent endurers alike. The declaration of war was one crucial step in this process. This declaration of war not only delegitimised the Second Republic but also defined the boundary between friend and foe. In addition, the insurgents used more – and more subtle – tools to subordinate the population to their rule, like systematic drafting, intense propaganda, and an all-encompassing mobilisation campaign. Therefore, when F. Franco assumed power in late September 1936, measures to control society and mobilise it for war duty were already in place, as were concepts for distinguishing between so-called enemies of the insurrection and supporters – and how to exclude the former. F. Franco relied on these cornerstones to impose himself as head of an as-yet unlabelled political system. At the beginning, F. Franco prioritised monopolising his power and asserting his authority down the chains of command as Chief of Staff and Commander of the Armed Forces. Centralisation, clear hierarchies, and single-leadership structures were all part of his policy to achieve this goal. During the war, he subordinated decisions on configuring the future ›new‹ Spain to the primary goal of winning the war although he also used the war to refine these mechanisms and ›fascistise‹<sup>71</sup> them.

These processes affected all aspects of the medical infrastructure. Transitioning from the ›chaos‹ of the failed coup to the ›order of war‹ meant a spatially (re-)arranging society into a militarised vanguard and a civilian rearguard or homefront, defined by the dramaturgy of advance and retreat. This spatial reconfiguration affected the infrastructural configuration of care and cure. Civilian medical facilities were militarised if useful for the army and demilitarised again once frontlines had shifted. In all that, power was transferred to the Armed Forces, and the rules of social conduct changed which defined who could be forced to work for the army, who could be allowed in, and who was

»La represión franquista de guerra y posguerra en el País Vasco a debate: Entre el exterminio y el oasis,« *Historia y Política. Ideas, Procesos y Movimientos Sociales*, vol. 37 (29 May 2017), 357–384; Julio Aróstegui and Manuel Álvaro Dueñas, eds., *Franco: La represión como sistema* (Barcelona: Flor del Viento Ediciones, 2012); Preston, *The Spanish Holocaust*.

71 On the concept of ›fascistisation‹ see Saz Campos, ›Fascism, Fascitization and Developmentalism.‹



to be kept out at all costs. Concurrently, centralisation efforts were intensified, initiating an institutional reorganisation phase. New functions were created, new functionaries appointed. This process caused a shift in the constellation of actors that engaged with medical assistance, and civilian humanitarian organisations were formally excluded from the military Health Service. At the same time, the military branch of medical care gained importance compared to the civilian system, which had to take a back seat for the moment.

In this context, two new functionaries rose in the Armed Forces and became important mediators between the medical staff and the administrative army officials – intermediaries between top-down rule and bottom-up response. They held an intermediate position because they had to vouch for the implementation of Francoist rule as well as respond, at least to some extent, to the need for change coming from below. Their interpretation of Francoism and translation into rules that governed everyday life in military hospitals contributed significantly to the institutionalisation of military medical care. In other words, they defined the rules and structures that, in the sense of Lüdtke, were appropriated, reinterpreted, accepted, and avoided by the rank-and-file medical staff. From a top-down perspective, the Francoist sickbed emerged as a *lieu* for producing society at the intersection of state-building through decree and pseudo-laws, the reform of the army Health Service, and major transformation processes in medicine as a scientific field in early Francoism.

### 2.1 *After the Coup: Claiming the State, the Peninsula, and the Society*

Francisco Franco's ascent to power was not a given. In fact, he only joined Emilio Mola's conspiracy once everything had been set. He became a leading figure somewhat accidentally and reluctantly during the days of the coup d'état because the insurrection started prematurely in Melilla, and he was the closest general to take over command. According to Rodrigo, he ensured first the safety of his family and took some precautionary measures for himself before he assumed responsibility.<sup>72</sup> Once in command, his advances in southern Spain commanding the Moroccan troops and his successful negotiations with Nazi Germany regarding provisions and military support propelled his ascent. Nevertheless, until the very last moment, the rebellious generals were divided on whether he was the right person to head the Armed Forces and rule over the seditious territory. While for some generals he was the one who could unite the heterogeneous conservative, right-wing, Catholic, and fascist forces of society, others eyed his thirst for power with unease.<sup>73</sup> Miguel Cabanellas Ferrer, general

72 Rodrigo, *Generalísimo*, 168-169.

73 Franco's strongest opponents were – among others – the generals who had formed the Junta for the National Defence: Emilio Mola Vidal and Gonzalo Queipo de Llano y

and former superior of F. Franco, for example, warned his comrades after the decision on F. Franco's appointment:

You don't know what you have done because you don't know him like I do. He took orders from me in the *Africanist Army* [...]; if you hand Spain over to him in these times [...], he will think it is his, and he will allow no one to substitute him, neither during the war nor afterwards, until he dies.<sup>74</sup>

That M. Cabanellas was right became clear only after the Republican government surrendered unconditionally on 1 April 1939. Nonetheless, in September 1936, the insurgents agreed on one thing unanimously: To win the war and establish an efficient consolidation of power over the 'conquered' territories, they would need a single leader who could command the Armed Forces, wage the war against the Second Republic, and rule society. Competition among the leading generals for the high command was considered damaging to military discipline and efficiency. Yet, disagreement reigned among the insurgents, who took command after José Sanjurjo y Sacanell died in the plane crash on his way to assuming power as Chief of Staff on 20 July 1936. Eventually, the pro-Franco lobby asserted its preference, and the generals accepted F. Franco as their Chief of Staff – Generalísimo – and political leader – Caudillo – of Spain. On 29 September 1936, on behalf of the Junta for the National Defence, M. Cabanellas signed and proclaimed the decree that »appointed [the excellent Mr. General of Division Don Francisco Franco Bahamonde] head of the government of the Spanish state [...] who will assume all faculties of the new state«<sup>75</sup> and that made F. Franco »Generalísimo of the armed forces (land, marine and air) and the Chief of Staff of the operating armies.«<sup>76</sup>

The process of Francoist state-building began once F. Franco had assumed power. This entailed securing his position of power within the army as well as in the territory and among the population under his command. As a war strategy, he chose taking the peninsula inch by inch.<sup>77</sup> He considered socialism, anarchism, and communism as »diseases« that needed to be »eradicated.« By taking the territory bit by bit, he sought to break any potential resistance and establish an uncontested territorial order. His methods for integrating and transforming the civilian population into what became the Francoist society rested, among many things, on a panoply of inclusionary and exclusionary mechanisms, which

Sierra; among his supporters, Alfredo Kindelán y Duany and Juan Yagüe Blanco played an important role to convince undecided or opposing members of the Junta to vote for F. Franco. Preston, *Franco*, 213-217.

74 Quote taken from Guillermo Cabanellas' memoirs. He was the son of Miguel Cabanellas, head of the Junta for the National Defence. Guillermo Cabanellas, *La guerra de los mil días*, 2 vol., Grijalbo, Buenos Aires 1973, 652. Cf. Preston, *Franco*, 215.

75 Boletín Oficial de la Junta de Defensa Nacional de España, 30 September 1936, no. 32.

76 Ibid.

77 Preston, *Franco*, 248.

initially intersected with the prioritisation of fascist elements, a general hierarchisation of social relations of power, social atomisation, and an omnipresent friend-foe dichotomy.

Regarding the measures F. Franco took to build what he called the ›new Spain, his ascent to the commander of state and army should not be understood as an hour zero. The Junta for the National Defence had already initiated a process of insurgent state-building immediately after the coup d'état had fallen through. The starting point, however, was complicated: All generals whose insurrections had succeeded invested their energies in securing their sphere of influence. However, with J. Sanjurjo dead, there was no leading general and, thus, no coherent course of political action.<sup>78</sup> Consequently, not only was the state territory torn into a Republican and rebellious zones, the insurgent territory had also splintered into multiple centres of power. In an attempt to unify the rebellious armed forces and fill the power vacuum J. Sanjurjo's death had caused, the military generals M. Cabanellas and Luis Orgaz Yoldi took supreme command as leaders of the Junta for the National Defence but then transferred the command over the fighting troops to their fellow general, E. Mola, the author of the conspiracy plan. The primary goal of the Junta for the National Defence continued to be overthrowing the Second Republic, which meant winning the war. And sheer force and violence would not suffice to achieve this.

The Junta depended on the support of Spanish society and also needed to legitimise their actions to the international audience. The Junta needed to transcend their military status and establish themselves as a legitimate political entity. To that end, it assumed tasks that, until then, had been constitutionally strictly reserved for the government. The measures they took to that end ranged from conducting international diplomacy<sup>79</sup> to issuing decrees to define exactly how the ›new‹ state was to function during the war. To bolster the legitimacy of their actions against the Republican government, the Junta for the National Defence relied on international governance standards. They incorporated, among other things, the general infrastructure of public administration, performing the principles of transparency and quickly founding a new law gazette, *Boletín Oficial de la Junta de Defensa Nacional de España*.

Key to this transition was the declaration of war on 30 July 1936 by M. Cabanellas, which was supposed to justify the general concentration of power and a mode of state rule by exception. The military courts assumed judicial responsibilities and powers, high-ranking military officials took over crucial positions in the public administration, and the Armed Forces were tasked with maintaining public order. The Junta for the National Defence also instantly launched a propaganda offensive that legitimised their claim to power and delegitimised the rule of the Republican government. This turned the principle of democratic

78 Morant i Ariño, »Der Caudillo wird nur durch seinen eigenen Willen begrenzt«, 161.

79 Cardona, *Historia militar de una Guerra Civil*, 55-56.

legitimacy on its head, as they had not been elected by the people but used and subverted tools such as the declaration of war which were enshrined into the constitution of the Second Republic. The declaration of war paved the way for a rule of emergency legislation but also for the establishment of restricted rights for the civilian population, among others, limited freedom of movement, speech, and association.

The Junta for the National Defence of Spain and, in its name and on its behalf, I, the President of the Junta make the following known: Because of the current circumstances, every Spanish citizen is strictly required to follow the law. If anyone, blinded by unintelligible sectarianism, should commit actions or omissions that affect the aims of this liberation movement, the following decrees are enacted as a consequence of the ratification of the declaration of the state of war. [...] <sup>80</sup>

Declaring a state of war meant establishing a new political and social order. It entitled the Armed Forces to rule independently over all militarised territories of the state. Yet this declaration of war was fraudulent: A governmental declaration of war would have entailed dividing the state territory into a militarised vanguard and civilian rearguard. Legally, the consequence of such a declaration of war would have meant that the Minister of War was responsible to govern the rearguard, and that only militarised zones were under military rule. Hence, the declaration of war by M. Cabanellas meant creating an all-encompassing, global claim for power by the putschist army. By referring to a ›declaration‹ and the ›ratification‹ of the state of war, M. Cabanellas used the legal and established terminology of rightful governance, merging tools of democratic procedures with a violent takeover. The Junta de facto assumed legislative powers but overstepped the institutional limitations that previously located the army as an institution subordinated to and bound by loyalty to the democratic-republican system of government. Overthrowing the Second Republic comprised two disparate strategies: One rested on spiralling violence, the other on constructing a façade of statehood. Both set the course for a decree-based rule of feigned law.

The preamble that declared war was then followed by 12 sections that further defined how far the army's claim to power reached and how it was best set into practice. It specified the new rules for the civilian population, which basically meant renouncing all civilian and social rights. All 12 articles immediately defined who would be considered an enemy and subjected to persecution. For instance, acts like the mere possession of weapons and explosives as well as hoarding food or other items of basic necessity were considered acts of rebellion, as were deeds like missing at work.<sup>81</sup> »Insults and aggressions against all military, functionary of the public administration or individual who belongs to

80 Boletín de la Junta de Defensa Nacional de España, 30 July 1936, no. 3.

81 Boletín Oficial de la Junta de Defensa Nacional de España, 30 July 1936, no. 3.

the militia units [...] even if they are not on duty when the aggression or insult happen<sup>82</sup> were condemned to judgement by a military court. Members of the Armed Forces, militia units, and public administrations obtained the power to send anybody to court and jail whom they accused of having insulted them. Whatever the case, such behaviour was always understood as aggression against the state. In other words, soldiers, militia fighters, officials, and functionaries ceased to be just people but now had to be perceived as state representatives. No longer were they private *and* public personae; they became public personae. At the same time, the role of controlling for transgressions against the state was partly transferred to people who had never before exercised this responsibility. These 12 articles thus introduced a significant shift in social relations in the insurgent zones.

The third article aimed to control these new agents of insurgent statehood, decreeing that »functionaries, authorities, and corporations that did not immediately offer the support I or my subordinates demand [...] will be immediately discharged from their responsibilities without prejudice to the corresponding criminal offence, which will be required by the War Jurisdiction.«<sup>83</sup> Loyalty was therefore measured in time and obedience, while nonconformance was criminalised immediately. Although this paragraph opened the doors to large-scale purges of public administrations, it still consolidated the simple existence of these administrative infrastructures. Previously perceived ›red‹ staff was ›substituted;‹ this process allowed the Falange to expand their influence regionally and locally<sup>84</sup> and become indispensable tools for controlling the population. The local and provincial administrations and the Social Assistance Associations were key to disseminating and monitoring the compliance of local communities. They were also essential collaborators for military institutions as they provided recruits and volunteers with character references and letters of endorsement. They were also involved if criminal offences were raised.

In addition, the declaration of war contained new rules for behaviour and speech. Transmitting information contrary to the official discourse, tainting the image of the Armed Forces, the mere possession of weapons, violent acts of any kind, and unauthorised public gatherings were defined as acts of »rebellion«<sup>85</sup> that could be punished by death. This de facto abolition of civil rights paved the way for a new »grid of discipline«<sup>86</sup> and created a new matrix of appropriate social behaviour. To enforce it, the responsibility for sanctioning these transgressions was passed on to a jurisdiction of war carried out by military tribunals. In addition, a system of censorship and strictly controlled radio transmissions

82 Ibid.

83 Ibid.

84 Moradiellos, *La España de Franco (1939-1975)*, 71-72.

85 Boletín Oficial de la Junta de Defensa Nacional de España, 30 July 1936, no. 3.

86 De Certeau, *The Practice of Everyday Life*, xiv.

established measures to control information flows.<sup>87</sup> The Armed Forces quickly monopolised the public sphere, encouraging denouncement, persecuting functionaries who were considered Republican, and substituting them with loyal followers. The rule of law was superseded, and the remains of Republican ties of social cohesion eroded further. From now on, anyone had the power to harm the lives of others just by reporting them.

I would like to highlight two further aspects because they directly legitimised local upsurges of violence and crucially affected the mobilisation of society for the war efforts. The first article extended the state of war, »already declared in determined provinces, to the whole national territory.«<sup>88</sup> That generally delegitimised not only the rule of the Republican government but also justified the use of violence against the supporters of the Republic in the insurgent zones and beyond. Indeed, anyone supporting the rebels within the governmental zones was encouraged to resist Republican rule. The territorial claim of the insurgent generals was total right from the outset of the conflict.

On the one hand, these new laws allowed for little nonconformance, whereas, on the other hand, they contained the potential to mobilise the civilian population to act as denouncers and to employ measures of exclusion against acquaintances or neighbours whom they considered »red.« Rumours quickly became deadly weapons,<sup>89</sup> and instilling a friend-foe dichotomy gained momentum. These new rules and claims of their validity throughout the Iberian Peninsula were beacon of hope for all supporters of the insurgent generals who found themselves in Republican-governed territories and had no means of leaving these zones. Organisations like the Carlist White Help (*Socorro Blanco*) thus saw their efforts legitimised and encouraged. The discursive territorial claim for all of Spain promised rescue, redemption, and future recognition for all who could not openly support the military rebels. It provided a legal green light for a dynamic of bottom-up empowerment and Francoist society-building.

The declaration of war, however, was not the only intervention used to install a new order. The Junta for the National Defence's pretension to power was bolstered through frenetic legislation by decree. Especially those measures aimed at mobilising the population for war service were felt quickly and immediately in the insurgent territories. Recruitment and the call-up for war service were vehicles for the Armed Forces to reach the population and demonstrate their power. Large parts of the people in the insurgent territories – supporters of the rebels as well as those indifferent to politics or intimidated by the events – eventually succumbed to these decrees – if they did not leave or worse.

These efforts also addressed medically trained civilians. In contrast to the policy of the Republican government, the insurgents immediately recognized

87 Boletín Oficial de la Junta de Defensa Nacional de España, 30 July 1936, no. 3.

88 Ibid.

89 Gómez Bravo, *Geografía humana*, 51-84.

that their Health Service was understaffed. They acted quickly and published the so-called ›Decree 110‹ (*Decreto 110*) already on 17 September 1936<sup>90</sup> but modified it several times during the war. It was the call-up to military service for all civilian medical staff, which must be seen in the wider context of the drafting efforts. According to the civil war historian James Matthews, the insurgents were quicker in resorting to systematic recruitment than the government. Local call-ups had been published even amidst the days of the coup on 18 July 1936, and almost 3 weeks later, on 8 August 1936, they issued the next call-up mobilising all fit-for-service men of the reserve classes of 1933 to 1935 from the whole insurgent territory.<sup>91</sup> Although several thousand Falangists and Requetés eagerly volunteered at their local militia bureaus, army officials quickly realised that only systematic drafting would meet rank-and-file needs. Calling up and forcing recruits to take up arms and integrating them into troops and units became an efficient wartime governance tool reflecting how exerting power was what Lüdtke called a »social practice.« Following Lüdtke's reasoning, power always rests and relies on the governed's »acquiescence, avoidance, and exploitation«<sup>92</sup> of their being ruled. By showing up at the drafting bureaus as a response to the call-up of reserve classes, large sections of the population from the insurgent territories subordinated themselves to the army's claim to power, thus legitimising it. There was some resistance to these attempts by the Junta for the National Defence to control society, as Pedro Corral has shown; from the very beginning of the war, people in the insurgent zones also resorted to desertion and hiding from the call-up as strategies to avoid being drafted.<sup>93</sup> But all strategies of avoidance brought forth counterstrategies, as the neighbours, acquaintances, or relatives of deserters or hiders had to decide whether to denounce or support them.

By supporting the drafting efforts, local entities of public administrations demonstrated their loyalty towards the rebel Junta. This turned them into minions of social control and promoters of the new statehood, since they not only assisted in the mobilisation efforts but also in the persecution of deviants and deserters. The same mechanisms and logic was also applied to medical staff. Although most of the Health Service staff sided with the insurgents,<sup>94</sup> their capacities failed to meet the necessities of the war. Civilian medical staff, particularly surgeons, physicians, practitioners, and veterinaries, were also mobilised to remedy this. After a first call-up for doctors was launched at the end of August 1936,<sup>95</sup> the systematic militarisation of civilian medical staff for the Health

90 Boletín de la Junta de Defensa Nacional de España, 17 September 1936, no. 23.

91 Matthews, *Reluctant Warriors*, 29.

92 Alf Lüdtke, »Herrschaft als Soziale Praxis,« 14.

93 Corral, *Desertores*, 188-191.

94 Coni, *Medicine and Warfare*, 23.

95 Joan Serrallonga, »The Main Military Medical Organisations in the Rebel Army, 1936-1939,« *RUHM*, vol. 7, no. 4 (2015), 48.

Service started a month later, on 17 September 1936, employing the mentioned Decree 110:<sup>96</sup>

Moved by the courageous services provided by civilian doctors and practitioners who risk their lives [...] when working in surgical units, front hospitals, close to the frontlines, [...] this Junta for the National Defence considers that these selflessly and highly patriotic people deserve having their professional and economic situation taken care of.<sup>97</sup>

They offered civilian medical staff – all men, of course – their militarisation, which translated to their integration as regular Health Service staff into the army hierarchy for the duration of the war. Hence, they were eligible for military careers with the correspondent duties and privileges. »Following the militarisation, doctors are eligible to be assimilated to the correspondent positions of Captain, Lieutenant, and Ensign.«<sup>98</sup> Militarised doctors and practitioners were under the command of their superiors and could be deployed where needed, but their entitlement to military pay was also implied – apparently a generous offer since the decree provoked many applications from civilian doctors and practitioners.

Calling up civilian doctors and thinking they were capable of treating war-related injuries and diseases was a naïve fallacy. Many of the militarised doctors and practitioners were unfit for military medical service and were thus put in the reserve, that is, they stayed at home on-call. Consequently, the number of militarised medical staff and the budgetary burden rose quickly, but the actual number of medical personnel fit for deployment did not. Two weeks later, on 1 October 1936, when F. Franco had already assumed power, this decree was modified for the first time. Instead of assimilating all voluntary civilian doctors and practitioners, only those to be deployed in combatant units were to enjoy equal rights to combatants. All male medical staff who applied for military assimilation but who remained in stand-by at home were then only »honourably« assimilated. Offering military pay must have been a particularly attractive offer for rural doctors,<sup>99</sup> who were often poorly paid by the local administrations or their patients, if they had a private practice.

Decree 110 would eventually become an arena for negotiating the relationship between (male) civilian medical staff and the Armed Forces. It was modified 8 times throughout the winter of 1936 and the spring of 1937. After the first version of the decree, the following modifications mostly contributed to gradually restraining civilian physicians and surgeons' access to the Health Service and the

96 Boletín Oficial de la Junta de Defensa Nacional de España, 17 September 1936, no. 34.

97 Decreto número 110, Boletín Oficial de la Junta de Defensa Nacional de España, 17 September 1936, no. 23.

98 Practitioners were eligible for the ranks of Brigade Leader and Sergeant. See, *ibid.*

99 Serrallonga, »The Main Military Medical Organisations,« 41-66.



military budget. First, eligibility for military pay was limited;<sup>100</sup> second, multiple additional gatekeepers<sup>101</sup> were introduced. At the end of October, only the Secretary of War could appoint military assimilations after the prior recommendation of military officials.<sup>102</sup> Consequently, the influence of drafting bureaus and local public administrations was subordinated to a quasiministerial entity. Militarised and deployed Health Service officials were also ordered to regularly do needs assessments and communicate them to their superiors. Further appointments and deployments of civilian medical staff were then cross-checked with the staff demand.<sup>103</sup>

This transfer of decision-taking power to the Secretary of War demonstrates how the concentration of power progressed after the appointment of F. Franco as Caudillo. He quickly dissolved the Junta for the National Defence and substituted it with the Technical Junta (*Junta Técnica*), which was supported by a structure called Secretariats (*Secretarías*) – embryonic versions of ministries. As the title Technical Junta suggests, he institutionalised and distributed a certain power division according to so-called technical<sup>104</sup> criteria. The secretaries were to exert control over the vanguard and rearguard realms. The Secretary of War was responsible for checking on the army administration. This power distribution resembled the Republican configuration, as the Ministry of War was also responsible for controlling the Popular Army. Nevertheless, the appointment of the secretary members did not happen via democratic or participatory procedures but relied solely on F. Franco's assessment and will. The institutional governance structure he built must therefore be understood as a façade of a political system of checks and balances. Nonetheless, this pseudopower distribution may have helped project an image of legitimate statehood to the international audience.

This measure reflected not only a step towards the consolidation of Francoist institutions but also the stabilisation of the war and the process of establishing F. Franco's single leadership. The Secretary of War's control over the army and Health Service administration and the urging of Health Service units to communicate their staff needs meant establishing standardised procedures, hierar-

100 Boletín Oficial de la Junta de Defensa Nacional de España, 2 October 1936, no. 33.

101 I understand »gatekeepers« in the sociological sense as mechanisms/institutions/actors who contribute to social closure, i. e., Jürgen Mackert, ed., *Die Theorie sozialer Schließung: Tradition, Analysen, Perspektiven*, (Wiesbaden: VS Verlag für Sozialwissenschaften, 2004), 15-16.

102 Boletín Oficial del Estado, 29 October 1936, no. 15.

103 Ibid.

104 The term »technical« was widely used and referred to the preference of expert knowledge. The title of new Junta »technical« must not be mistaken for Franco establishing a quasigovernmental structure selected according to strictly technocratic categories. F. Franco relied strongly on allies, especially during the initial stages of his rule. Calling the new Junta »technical« refers rather to a discursive strategy to distance the institution from and discredit the former Junta.

chical responsibilities, and centralisation. The many modifications to Decree 110 can also be understood as reflecting how war medicine was gradually being standardised and adapted to the technical and logistic needs as well as the political ones. For instance, a circular order from mid-November 1936 reveals that it had become important to determine which kind of service a militarised doctor had provided and where he had been accepted for militarisation. The eligibility for military duty was based on medical performance and the ability to endure frontline hardship.

Stories like the one of the surgeon and paediatrician, Joaquín Santamaría Azáqueta,<sup>105</sup> paradigmatically demonstrate the problems the militarisation of civilian doctors and practitioners caused during the first weeks of the conflict. He had passed his final exams only a few weeks before the insurrection began, in May 1936. At the time, he preferred to work as a doctor rather than fight as a soldier, so he volunteered as a doctor in Pamplona immediately after the insurrection. He remembered that many of his fellow students had been drafted as infantrymen and never worked as physicians or surgeons during the war, which he considered a waste of their education. Yet J. Santamaría was an absolute beginner upon signing up as a military doctor. He learned the handicraft of a surgeon amidst the fighting in Navarre.<sup>106</sup> He was no isolated case. Like him, initially many had no clue how to deal with war injuries or the epidemics that evolved because of a lack of hygiene and medical attention among the rank-and-file. Their lack of knowledge and skills contributed to a large number of losses during the early stages of the war. Hence, against this backdrop, modifying Decree 110 so applicants had to prove their skills and suitability for frontline deployment seems a sensible and obvious choice for improving the military medical attention service.

A second interesting aspect of the modification of the decree relates to the issue of political reliability and loyalty. Screening the medical staff for their political affiliations revealed the importance ascribed to the social space of the frontline hospital and particularly the military medical branch. F. Franco and his Staff considered political loyalty a precondition not only for this process to happen relatively smoothly and sustainably, but also for society-building on a larger level. Hence, decrees that defined proofs of political reliability as a criterium for access to a particular social space became standard throughout the autumn of 1936 until the spring of 1937. It turned into a tool for social inclusion and exclusion. Local public administrations gained some influence, becoming key actors for providing character references alongside the party and the Catholic Church.

Simultaneously, the sick and wounded combatants would enter the Health Service and bring with them stories from the frontlines as well as sensitive

105 Larraz Andía and Sierra-Sesúmagá, *Requetés*, 431-441.

106 *Ibid.*, 432-437.

information about fighting strength and troop morale. The medical staff was constantly exposed to information that could be valuable to the enemy and soldiers who might be prone to desertion. Hence, the Health Service staff had to be fit to nurse bodies and spirits back to fighting strength while also being discrete about the stories they heard from their patients. Political affiliation was considered an indicator of someone's loyalty to the evolving Francoist system. Asking for proof of the political trustworthiness of all militarised civilian doctors and practitioners produced, on the one hand, a flood of paper and bureaucracy; on the other hand, it also allowed for purging the Health Service ranks. And it contributed to people seeking to join their local Falange group. The membership card became an important tool that not only affected whether medical staff could work for the military medical branch – it could also have life-and-death consequences. Decrees like Decree 110 proved to be useful instruments for controlling the Armed Forces' social base and forcing the population to officially and visibly take sides.

The popularity of the option to be militarised did not subside among civilian doctors and practitioners, nor did the lower levels of the military administration implement the new rules immediately. On 19 December 1936, the decree was republished in the law gazette because of the high demand for military admissions and the positive response from recruitment officials. The introduction to the republication included a brief reflection on the overall situation: »This secretary receives a huge number of applications of people who want to gain the benefits of Decree 110 [...], although the applicants do not meet the criteria [...]. We must insist [...] that the norms published in the circular order be followed.«<sup>107</sup> On 29 June 1937, the last modification was published, which further restricted access for civilian doctors and tightened the preconditions for potential militarisation. Only those who had already applied for the service during the first 3 months of the war were now eligible for the honour of militarisation; everyone else was admitted for work but did not receive military honours. Political trustworthiness was now tied to the idea that only those who had immediately sided with the insurgents would be a reliable Francoist, so getting a military rank and status transformed into an honour. Furthermore, a minimum of 6 months was the fixed period for compulsory duty.

While these measures resonated with the restrictions the previous modifications had already introduced and extended, one aspect was entirely new: »Civilian doctors who have fled the red zone are eligible for militarisation [...] if they have not worked for the Reds and if their professional reputation and the demand in the Health Service indicate that they deserve this distinction.«<sup>108</sup> This passage reveals how the development of the frontlines affected the staff situation. In the summer of 1937, the offensive at the front section of the Basque Country

107 Boletín Oficial del Estado, 19 December 1936, no. 61.

108 Boletín Oficial del Estado, 29 June 1937, no. 252.

and Cantabria began to intensify. Previously, Málaga, which had heretofore resisted the coup, had fallen to the Francoist troops. The battles of Pozoblanco and Jarama had been intense but did not turn into victories for F. Franco. The first substantial territorial gains would happen in the late summer of 1937 when the northern front fell.<sup>109</sup> Nevertheless, the fighting during the autumn and winter of 1936 as well as the first 3 months of 1937 had precipitated the first significant evacuations, with refugee movements and desertions. F. Franco was henceforth confronted with the appearance of qualified staff who needed occupation and who, through desertion, had shown their allegiance. However, promising a »new« Spain that would welcome anyone who supported him required tools to integrate the people from the so-called »liberated« zones.<sup>110</sup> F. Franco's reach for these parts of the Spanish population found their legal expression in decrees like Decree 110 and its manifold modifications. After the adaptation of 29 June 1937, the issue of the civilian medical staff in the army seemed to be resolved; no further adjustment appeared in the law gazette.

One noteworthy change regarding military medicine did happen a month later: On 30 July 1937, by decree, the Facultative Junta of the Health Service (*Junta Facultativa de Sanidad Militar*) was founded as a body within the Secretary of War.<sup>111</sup> This marked a milestone in reforming military medical care and a cornerstone in developing a more differentiated and sophisticated labour distribution of Francoist governance.

## 2.2 Power Broker: Building Medical Institutions, Building Single Leadership

March and April 1937 marked an important milestone in consolidating F. Franco's rule. During these weeks F. Franco and his Technical Junta issued a number of decrees to manufacture a vertically integrated society. Particularly the decree of 20 April 1937, which unified all political forces under the Falange, occurred at a moment that shaped the authoritative configuration of Francoist society for the months and years to come. »One measure of efficient rule, as the New Spanish State [...] pretends to be, must be the subordination of individuals and the collective of all Spaniards to serve the greater good,«<sup>112</sup> read the preamble of the already mentioned Decree 255. Henceforth, most actors who organised the day-to-day affairs of war in the rearguard and vanguard were channelled into two mass organisations: All male organisations, political parties, and conservative syndicates became part of the so-called Falange Española

109 Puell de la Villa, *Historia del ejército*, 129-158.

110 Franco relied heavily on a propaganda narrative that evoked associations of the »Reconquista« crusades. He drew, that way, an analogy between Republicanists and the muslim population of the Middle Ages.

111 Boletín Oficial del Estado, 30 July 1937, no. 283.

112 Decreto 255, Boletín Oficial del Estado, 20 April 1937, no. 182.

Tradicionalista y de las Juntas de Ofensiva Nacional Sindicalista<sup>113</sup> (FET y de las JONS); its female wing, the Sección Femenina, would host all women's organisations. This centralised and put under institutional control the whole variety and heterogeneity of the general social base of F. Franco's supporters and their competition for influence.

This decree represents only one culmination of a centralisation process initiated after F. Franco had assumed power. This all-encompassing measure was preceded by several interventions that addressed specific contexts but already set the tone for what would come. In the medical sphere, this process started with the decree of 23 October 1936<sup>114</sup> and the creation of a new office within the Health Service administration: the Inspector General. This functionary would coordinate and control all medical corps units of the Armed Forces. This step entailed making structural changes in the organisation of medical attention for the soldiers, on the one hand; on the other hand, it meant cutting the liberties of the divisionary Health Service officials and subordinating them to a new functionary who answered directly to F. Franco. This foresaw the new functionary as the single leader of the army Healthcare Service. Although the Armed Forces already followed clear hierarchies and vertical chains of command, adding a new official to the system further strengthened the pyramidal distribution of power.

A week later, a decree was issued that regulated the access of female army medical staff. Only nurses who held degrees from certain institutions, like University Medical Schools, the Red Cross, or the Valdecillas Foundation, were eligible for war service.<sup>115</sup> This regulation restricted the access of female volunteers to the Health Service, who, up to that point, had signed up regardless of their qualifications. It relegated women who had done crash courses or taken vocational training with other institutions to the rearguard medical facilities. This discrimination entailed two implications: First, this measure was a step towards a clearer division between vanguard and rearguard medicine; and second, female healthcare work was hierarchised. Only alumnae from the most prestigious training institutions of the time were eligible for the army, while everyone else was not. This prioritised combatants' health over civilians' health. The next step was the appointment of a female Inspector General to organise the women working for the medical corps. All these measures mirrored F. Franco's overall strategy to combat what he called the 'chaos' by installing clear responsibilities and single leadership.

Melchor Camón Navarra and Mercedes Milá Nolla were appointed as Inspectors General of the Health Service, M. Camón for the Armed Forces generally

113 Literal translation: Traditionalist Spanish Phalanx of the Councils of the National Syndicalist Offensive.

114 Boletín Oficial del Estado, 26 October 1936, no. 12.

115 Boletín Oficial del Estado, 2 November 1936, no. 19.

and M. Milá specifically for the female staff. Their work reorganising their respective area of responsibility laid the foundations for the service and its future. They were both standards-makers and recipients of any notes of resistance, requests for change, and messages of acceptance of their subordinates. Considering that the Francoist dictatorship rose out of a military insurrection and was headed by a military official to its very end, the actions of military officials like M. Camón and M. Milá were state-building activities. Nonetheless, M. Camón and M. Milá were medical professionals and not pronounced ideologists, although both were very loyal to F. Franco. By appointing two medical professionals rather than Falangists, F. Franco pragmatically privileged expert knowledge to the ideology that, at this moment, was fighting for hegemony. Negotiating Francoism at the sickbed meant, thus, navigating the expectations of Falangism, militarism, medical ethos, Catholicism, and – depending on the local situation – other ideologies as well, like Carlism, monarchism, etc., but also ensuring efficient health care.

I gender the arguments in this chapter by analysing the allegedly male sphere of military medical attention separately from the female one. The reason behind this segregated narrative is that M. Camón and M. Milá had quite different gendered tasks to master: While M. Camón was charged with centralising and reinforcing F. Franco's power within the Armed Forces as well as modifying existing bureaucratic procedures and chains of command in the already existing Health Service, M. Milá had to build the institution of the so-called Female Services from scratch.

*Securing F. Franco's Power over Sickbeds, Coffins, and Water Supplies:  
Melchor Camón Navarra.*

In mid-October 1936, the Central Carlist Junta of War of Pamplona issued a petition directly to F. Franco asking for permission to set up a sanatorium to exclusively tend to the rehabilitation of Carlist casualties. F. Franco allowed the installation of this facility on the condition that it would be open to casualties regardless of their political affiliation; the sanatorium was to be integrated into the network of medical facilities and put at the disposition of the Armed Forces Health Service. Because of the troop deployment and frontline developments, maintaining a separate medical infrastructure for the different political groups contradicted the territorial regime of the war. The Carlist Junta, however, insisted it was necessary to have a sanatorium where there were no other patients because it was important to Carlists to have an exclusive – and Catholic – space for their recovery. Apparently, the Carlists did not feel sufficiently attended to regarding their worship practices in the military hospitals. The Carlist Junta repeatedly voiced their concern, but the army administration repeatedly denied them. The following letter addressed to F. Franco indicates how the incident was eventually resolved:

Most excellent Sir,

On the second of this month, I forwarded your letter from 31 October, wherein you prohibited the installation of a hospital for Requetés in the new school of this city. But since the mentioned Junta had already set up that hospital without my knowledge, I ordered that, until further notice by Your Excellency, it will be at the orders of the Chief of the Health Service to dispose that any member of the army and militia who needs a hospital treatment can be hospitalised there.<sup>116</sup>

This incident showcases several problems Francoism faced at the beginning of the war. That the Carlist Junta ignored the repeated rejections and just went ahead and set up their sanatorium as they had wanted reflects the heterogeneity of F. Franco's social support base. The Requetés considered themselves different from regular soldiers and different from the militia units of the Falange. They thought themselves entitled to special treatment. Their contribution to the war efforts was particularly considerable in Navarre and the Basque Country regions during the first days and weeks following the coup. They prided themselves on having contributed significantly to stabilising the northern front.<sup>117</sup> Their loyalties lay first and foremost with Carlism and their leader, Manuel Fal Conde.<sup>118</sup> Their pushing the envelope to secure some privileges sharply contrasted F. Franco's goal to integrate all units into the regular army with its centralised hierarchies. Conflicts like these that appear to be of little importance, but happened regularly and mirrored the conflict-laden relationship between Carlism and F. Franco.

The Health Service administration had to continuously respond to such (local) initiatives, some of which were framed by ideology like Carlism or Falangism, others were carried out by medical professionals who got involved for their own reasons. Although such initiatives were important for transforming the peacetime healthcare system into a wartime healthcare system, integrating such initiatives into the military logic of war logistics often caused conflicts, which frequently brought ideological discrepancies and discord among the supporters of F. Franco to the surface. The so-called unification decree of April 1937 that integrated all political and social movements and groups under the roof of the Falange was therefore one step to dealing with heterogeneity in an authoritarian top-down manner.

One key actor in this process of centralising and subordinating the Health Service to F. Franco's domination was Melchor Camón Navarra. Following a petition by general Germán Gil y Yuste, he was appointed Inspector General of

116 Escritos diversos sobre Sanidad Militar del Ejército del Norte, Ejército del Norte, AGMAV, C. 1242, 14.

117 Aróstegui, *Combatientes Requetés*; Cardona, *Historia militar de una guerra civil*.

118 Preston, *Franco*, 240.

the Health Service of the Armed Forces.<sup>119</sup> On 19 October 1936, as Secretary of War, G. Gil sent a letter to his superior, the »excellent Mr. Don Francisco Frango Baamonde [sic!],«<sup>120</sup> in which he proposed the creation of a General Inspectorate for the Health Service:

My respected and dear General and friend:

Forgive me that I insist on the benefits of creating the Army's Inspection General of the Health Service. I guess explaining the value this means of centralisation would bring is unnecessary. And it would not mean increased staff in this secretariat like you assumed [...]. The Inspector General should be one from the third Inspection General of the Army, Don Juan del Río, because none is better suited for the position. He could continue to work from Valladolid with the same technical staff already at his disposition. [...] The benefit of this appointment would be that his authority [...] would be extended to the whole Armed Forces. This would establish a single command over this important service and, consequently, a better distribution of supplies and staff deployment as well as better-ordered statistics. In addition, this inspection would answer directly to you, like the General Quartermasters service does [...].<sup>121</sup>

G. Gil suggested controlling resources and staff deployment would help implement F. Franco's command and ensure efficiency. The military Health Service became a vehicle for exercising domination. We must assume that not only G. Gil's lobbying contributed to F. Franco's decision but also incidents like the one with the Carlist sanatorium. However, contrary to G. Gil's proposition to appoint General Juan del Río Balanguer, on 23 October 1936, the Colonel and military doctor M. Camón was made Inspector General of the Health Service. We have no concrete evidence why F. Franco ignored G. Gil's suggestion, but the fact that J. del Río had already been deployed as Chief of the Health Service of the so-called Army of the North<sup>122</sup> under the command of F. Franco's adversary Emilio Mola might have worked to his disadvantage.

Judging from his military biography, M. Camón was, in many ways, an obvious choice. Born on 19 December 1874 in Manila to a military medical doctor and subinspector of the Health Service, he entered the Medical Corps

119 Germán Gil y Yuste (\*30 May 1866 – †14 August 1948) was one of the generals who retired following the military reforms of Manuel Azaña in 1931 but quickly joined the conspiracy in 1936. On 4 October 1936, Franco named him Secretary of War. He had previously assumed power over the zone of Álava after the coup d'état and violently quelled the general strike the supporters of the Second Republic had called for. The repression of the Republican resistance in Álava made important contributions to securing the power of the insurgents in that zone.

120 Personnel file, Melchor Camón Navarra, AGMS, C. 262, Exp. 9.

121 Ibid.

122 AGMAV, C. 42067, 1.



in 1895 and commenced a straightforward career in military medicine. He was experienced in wartime military medical attention as he had been deployed during the wars of independence of the Philippines and later of Cuba. At age 57, he accepted the offer of retiring to the reserve offered by the military reforms initiated by the Second Republic's first Minister of War, Manuel Azaña, in 1931. When the Civil War began, he returned to active service. He was comparatively old but professionally experienced. After the Civil War was over, he was a highly decorated general, holding medals of honour from the Spanish and the Moroccan army as well as from the Fascist Italian army and Nazi Germany.<sup>123</sup> It is complicated to systematically assess his work since there is no collection of his correspondence. Traces of his work appear rather scattered among the records of the Health Service units of the army units – if they survived at all. Sometimes, traces appear only as transmissions of quoted orders passed down the chains of command. The following results, therefore, reflect a mere approximation based on an incomplete and distorted corpus. Yet, despite this bias, we can carve out some insight regarding how he interpreted his duties.

Creating the General Inspectorate of the Health Service meant adding a new post to the existing medical infrastructure that would fit into the highest position within the chain of command throughout the service. This meant subsequently downgrading the heads of the different armies' Health Service; they now had to respond to a new authority. Until then, they were free to solve healthcare issues within the correspondent corps without necessarily having a direct loop of feedback and control to the Staff level. Appointing an Inspector General as a Staff member not only cut across this internal power distribution, it also anchored medical assistance for soldiers at the highest administrative level. However, in one sense, M. Camón's new post may have been ill-starred: When he was appointed Inspector General, he only held the rank of Colonel, while J. del Río – the candidate proposed by G. Gil – was already a general, as were other comrades in command of the Health Service of the different armies. Hence, from the outset, he was under pressure to prove his ability to assert himself and his position.

We can roughly summarise M. Camón's responsibilities as a melange of representing and enforcing a centralised rule, designing a Health Service reform while coordinating the medical part of the logistics that enabled and supported the fighting units, and exercising power and control over his subordinates. Being the Health Service's Inspector General meant being a Staff member, answering directly to F. Franco, and having car privileges.<sup>124</sup> As he recalled in his annual reports, the latter was essential as he frequently inspected the front sections. Showing his presence and representing the new centre of power at the peripheries of

123 Personnel file, Melchor Camón Navarra, AGMS, C. 262, Exp. 9.

124 Escrito del Cuartel General del Generalísimo, Estado Mayor, AGMAV, C. 2713, 489, 12.

frontline hospitals was paramount to the efficient integration and subordination of the various Health Service units under F. Franco's orders. Apart from being a broker of F. Franco's claim to power, M. Camón contributed to adapting the Health Service to the necessities of war. To that end, he issued orders and instructions that changed the task portfolio of the Health Service units. Among the documentation gathered here, we find that two arenas of conflict emerged to which he devoted much attention: organising the healthcare logistics of a total war in an army and a society that had never waged total war; and navigating the interactions between the army and civilians.

Because the war was being conducted as a total war and the number of deployed units exceeded anything the Spanish armed forces had ever coordinated, the army officials' experiences needed updating. The duties of the Health Service no longer concerned only assisting the wounded and sick; there was also the matter of administering provisions, infrastructure, but also issues like the dead casualties, among others. The administration of these needs was no trivial task because it included gathering information about the dead for their next of kin but also organising their burials. In León, this had caused problems: »Almost all burials were not requested by military authority but by funeral homes, who must always apply for a burial licence with the medical certificate, issued by the municipal judge, so that the person in charge of the cemetery can bury the corpse.«<sup>125</sup> This procedure caused serious administrative problems because death certificates issued by doctors did not necessarily accompany the corpses of the casualties evacuated from the frontlines; in the militarised zones, often, nobody looked after this. The number of bodies that needed burial overwhelmed civilian capacities, especially because corpses needed to be buried as quickly as possible to avoid open-air decomposing. In addition, registering the dead was an important issue for the soldiers' relatives. The solution was to transfer the bureaucracy involved from civilian actors – funeral homes and municipal courts – to the Health Service. Eventually, the women's humanitarian relief organisation *Frentes y Hospitales* would assist the Health Service in ensuring proper communication between the army and relatives of the deceased.<sup>126</sup>

Yet, the management of casualties entailed more than bureaucracy; the selection of burial sites also caused problems. Depending on the intensity of combat, the number of casualties that had to be buried varied. In general, corpses were evacuated only to the closest village or city with a cemetery, though, in some cases, the sheer number of dead combatants exceeded the capacities of local cemeteries, so they were then buried wherever the funeral homes saw fit. This practice caused the pollution of groundwater, which in turn caused surges in lo-

125 AGMAV, C. 42067, 1.

126 Orden de la Presidencia de la Junta Técnica del Estado, *Boletín Oficial del Estado*, 10 November 1937, no. 395.

cal epidemics because of contaminated drinking water.<sup>127</sup> Such incidents, in turn, burdened the relationship between the Armed Forces and the civilian population in militarised zones, and affected the popular support of Francoism. That Health Service officials included the management of death into their planning was nothing new. The military doctor Juan Martín Rocha, who had extensively analysed the lessons learned from the First World War and written a new doctrine for the Health Service in 1936, included calculation schemes for dealing with the expected death tolls. His assessment went into such detail as to include the estimated number of coffins every unit and division would need.<sup>128</sup> Nevertheless, this knowledge had never been practised in Spain before the Civil War. M. Camón's duty, therefore, consisted of translating the effects of the total warfare into concrete orders and decrees that would then circulate as instructions between military officials and, whenever necessary, civilian administrations.

Just like the sheer number of casualties overwhelmed the civilian administrations, Health Service officials were often overwhelmed by the presence of militarised civilian staff, and especially women. There were no established procedures how to systematically recruit masses of (female) auxiliaries. Local mobilisation efforts for medical staff created an overall confusing situation. In some cases, army units hired nuns or monks as medical staff, even though the congregations in question had not specialised in medical assistance.<sup>129</sup> The general perception that, as a matter of course, nuns and monks would tend to anyone in need led to misunderstandings and medical malpractice. In other cases, secular women were accepted as healthcare staff in the Health Service, even though they were not professionally trained. Especially women's organisations such as Sección Femenina or Margaritas mobilised women to volunteer for health care duty and organised crash courses for them. This influx of poorly trained or untrained secular female staff to military medical facilities also caused so many local conflicts that it turned into a problem that rose up the military hierarchy, finally landing on M. Camón's desk.

The strategies for dealing with female presence varied greatly, as M. Camón eventually communicated to F. Franco. There were cases like the one regarding the heads of the Health Service of Medina del Campo, who sent a proposal for organising nursing training.<sup>130</sup> Auxiliaries who wanted to deepen their knowledge and skills had approached him: »I wish to contribute my share to this endeavour because I am myself a university professor of medicine and head of the surgical unit of this hospital,«<sup>131</sup> was the justification. He even proposed opening the classes to volunteers who wanted to qualify in nursing. While the auxiliaries

127 AGMAV, C. 42067, 1.

128 Martín Rocha, *Doctrina*.

129 Larraz Andía and Sierra-Sesúмага, *Requetés*, 747-750.

130 AGMAV, C. 1209, 12, 3-4.

131 *Ibid.*

who were already working in the hospital could attend this course for free, externals were to pay a 50 pesetas enrolment fee. Hence, he suggested a system that would even produce additional income for the facility.

The situation in Medina del Campo was favourable for initiatives like this one in many ways. Near the falangist hotspot Valladolid, Medina del Campo was in a zone that instantly sided with the insurgents and where no long-lasting combatant action actually happened. The overall situation was relatively peaceful. In addition, the Sección Femenina had already been very active and strong in that region. When the head of the military hospital sent his proposal, Mercedes Sanz Bachiller's fascist war relief project, *Auxilio Social*, for instance, had already had its first outing in Valladolid. It mainly targeted orphaned children – war orphans and children of persecuted Republic supporters – and pregnant women. They gave out food and clothes to needy people and quickly engaged in issues like maternal healthcare and paediatrics. Therefore, there was an audience susceptible to medical and nursing qualifications in the proximity to the military hospital and its heads of the Health Service.

However, not all doctors responded as constructively as the commander of Medina del Campo and organised courses. Many rejected untrained secular women on the spot because their presence caused more problems than relief. The intensity of combatant actions and the corresponding workload ensued by the wounded soldiers made important contributions to how the auxiliaries were welcomed and integrated. While the relatively peaceful situation in Medina del Campo allowed for such projects to train volunteers, the situation was different in other theatres, where capable staff was needed on the spot, like in the front section close to Bilbao:

[W]e set up a field hospital close to Mondragón. We had more than 10,000 casualties to treat in 11 days. Many troops had been concentrated to break through [the iron belt of Bilbao, K.S.], and it turned into a tremendous avalanche. The workload was horrible. We couldn't cope, and the only thing we could do was distribute the evacuated and administer some first aid to those who were worst off. I didn't sleep in 8 days but operated constantly on serious cases. Then I got a call from General Meléndez, then the head of the Northern Army's Health Service. He started to tell me off, that this couldn't be, that we were only making mistakes, that I deserved detention ... so, when he stopped blaming me, I fell asleep on the phone, just the way I was. I was so exhausted I couldn't even cry out with rage.<sup>132</sup>

The combatant intensity for Bilbao, as described here, hit not only the sick-bays hard but also the rearguard facilities, as every casualty fit for transport was immediately evacuated. Hence, battles like these burdened every link in the rescue chain, starting at the frontline and reaching into the rearguard

132 Larraz Andía and Sierra-Sesúмага, *Requetés*, 437.

zones.<sup>133</sup> These events pushed the medical staff to their limits. Additional challenges like incompetent personnel could not be tolerated and became a source of frustration. Even though there were many examples like Medina del Campo, there were many cases like Bilbao, too. The deployment of untrained (female) auxiliaries became a problem that needed a solution. Because no one had ever systematically dealt with female medical staff in the Health Service, this task fell upon M. Camón, who drafted general rules for the mobilisation and deployment of secular female staff according to the centralisation paradigm:

Regulations for the Nursing Service in Military Hospitals

Article 1. The Nursing Service in Military Hospitals is established for the duration of the campaign.

Article 2. The Boards of Directors of the Social Assistance Societies shall provide the Directors of the Hospitals with lists of the personnel who have volunteered to provide their service.

Article 3. The order of preference for admission shall be as follows: female practitioners with a university degree, nurses with a diploma from the Local Assemblies of the Red Cross, Medical Schools, and the Valdecilla Foundation. In the absence of personnel with the aforementioned characteristics, all other female nurses shall be considered for admission.

Article 4. Within the characteristics mentioned [...], the following shall be preferred in the following order: married women, widows, single women, in the order from oldest to youngest.

Article 5. The personnel admitted in numbers proportional to the needs of the service shall be distributed by the Director or Head of Services of the Hospital [...].

The morning shift is from 9.00 am until after lunch distribution.

The afternoon shift is from 4.00 pm until after dinner distribution.

The night shift. The night-duty staff shall be relieved of duty from the end of the shift until the following day.

In addition, a pool or group for contingencies, sick leave, etc., must be formed.

The Director shall also choose those in charge of supervising this personnel.

Article 6. The women designated for a particular service shall perform it precisely in the department of their designation, keeping a complete distance from the rest of the establishment.

133 Nicholas Coni, María López, Josep Barona, and Josep Bernabeu confirm that the spatial arrangement of the Francoist chain of rescue was basically identical to the Republican one. For a visualisation, see Subchapter IV. 2. Towards a Social Order of War. Further on the topic see Coni, *Medicine and Warfare*; María López Vallecillo, «Presencia social e imagen pública;» Barona and Bernabeu Mestre, *La salud y el estado*.

Article 7. The women and young women must provide a white blouse for themselves if there are none in the establishment of their designation, and they must place on it the badges corresponding to their quality and aptitude.

Article 8. Those serving outside their locality shall be entitled to board and lodging.

Article 9. The women [...] shall receive direct instructions from the Head of the Clinic regarding caring for the wounded and sick, and those of the Sisters of Charity, in all the Hospitals where they are present. The women shall prove their enthusiasm for the work and the depth of their feelings of love [...] in all those cares of their work.

Article 10. The women of the visiting service shall make their visits on the days and at the times indicated by the Director of the Hospital.

Article 11. Bearing in mind that there are surgical teams whose assistants include personnel without professional qualifications but who, because of the length of time they have been serving and the relationships already established between the Chief and his assistants, are exempt from the rules prescribed in Articles 3, 4, and 5.

Article 12. Upon termination of their services, the women [...] shall be provided with a certificate issued by the Director validating and listing the services rendered.

Additional article. It is absolutely indispensable that those admitted to the Service, and their families, demonstrate from the outset their alliance to the Movement of the glorious Saviour Army of Spain.<sup>134</sup>

This first regulation was refined and adapted when Mercedes Milá Nolla was appointed Inspector General of the Female Services almost 2 months later. Nevertheless, M. Camón had already set the tone: The female labour force was to be integrated into a patriarchal, complementary system. Women who wanted to enter the Health Service of the Armed Forces should be as least female and sexually desirable as possible since, according to the admission rules, older married women were preferred over younger single women. At the same time, they were not supposed to leave their wards or move freely in the facility but had to remain as invisible as possible. This reinforced the positions of army officials and the male staff, particularly surgeons and physicians. Their say ultimately overruled this draft regulation if they saw fit. Everyone else had to subordinate to their orders.

Not only do secular women surface as troublemakers in the correspondence of the Health Services, but civilian medical staff in general do as well. Field and military hospitals and sanatoria were perceived as sensitive spaces to be protected from enemy infiltration. Underlying this idea were predominantly two

<sup>134</sup> Reglamento para el Servicio de Enfermeras en los Hospitales Militares, 4 January 1937, AGMAV, C. 2802, L. 666, Cp. 5/6-7.

aspects: On the one hand, troop morale gained in importance during the war, and wounded or sick soldiers were suspected of being particularly prone to bad moods and depression. On the other hand, hospital wards were collective places for information from the frontlines – often sensitive – that was to be passed on to the enemy under no circumstances. One measure to avoid such unsolicited information flow was to view the sickbed as an apolitical space. There was to be no discussion of the war or politics among those working in field hospitals and sickbays. This turned this issue into a topic that predominantly affected the nursing and auxiliary staff, as doctors or practitioners spent only very limited time with the patients.<sup>135</sup> While the Francoist administration continuously created more bureaucratic barriers to prevent moles from entering the Health Service, it was eventually M. Camón's responsibility to implement efficient selection criteria to shield the service from infiltration – and to deal with the consequences if it nonetheless happened.

Patterns of behaviour were identified, and rules of what was sayable emerged that served to detect deviant behaviour. There were many ways someone could raise suspicion, for example, asking questions, saying positive things about the Republic, talking about politics and frontline action in general, having relatives who were considered ›red,‹ not having immediately joined the Falange, being considered liberal, but also habits such as wasting resources, not obeying the rules, hypochondria, and many more things. Once denounced, prosecution of the alleged culprit was initiated and – depending on the severity of the accusations – was passed by the Inspector General. Nobody was immune if accused of being disloyal to F. Franco, not even monks or nuns who qua their religion and institutional affiliation were outlaws in the Republican zones.

Cases like the following from Bilbao reflect the complexity of dealing with potential or actual subversion. On 30 June 1937, the Republican forces had to retreat definitively and give up the city while the Francoists took over. Six months later, on 8 February 1938, the denunciation of a nurse-monk by two nurses was forwarded through the Health Service hierarchies until it reached M. Camón.

The aforementioned nurses testify in their statements the following: The aforementioned friar entered into a conversation with the patients after finishing his religious practices, commenting on the differences between [...] Italians and Spaniards [...], saying because of our lack of schools, we envied them. He then commented on how our glorious army dressed, stating the

135 The rules of what could be said were particularly prominent in the nurses' training offered by the Health Service as well as among the women's organisations that arranged visiting services for the hospitalised. See the collections of Mercedes Milá (Correspondencia de la Inspector General de Servicios Femeninos) at the Archivo General Militar Ávila. Further on the other organisations see Mónica Orduña Prada, *El Auxilio Social (1936-1940)*; Cenarro Lagunas, *La sonrisa de Falange*; Moral Roncal, »Las Carlistas en los años 30.«

difference between the clothing of the Reds and the Nationalists, calling the former very well dressed. He said that this was the way to go to the front rather than the way we were doing it. Asked how he had fared during the Red-Separatist rule, he replied he had done very well [...] He then added that he could prove with a letter he had received from a soldier in the [republican, K. S.] Quartermaster's Office, which said they were still eating plenty of turron and drinks.<sup>136</sup>

If the allegations were correct, this monk was effectively criticising the Spanish people for being generally uneducated and envious. Calling Spaniards ignorant contradicted the image of a proud and grand Spanish nation as Francoist propaganda disseminated. In addition, he insulted the putschist army for not being able to dress their soldiers appropriately. Picking on something so superficial and meaningless as the uniforms of the Francoist soldiers and comparing them to the uniforms of the Republicans insinuated that the Francoist officials were unfit to fight a war. They were too cheap to dress their rank-and-file properly, and they were too stingy to feed their frontline staff decently. This was a serious affront, as he called the Francoist slogan a lie that there would be no hunger under F. Franco's rule but bread for everyone. It was also a transgression against the rules that there should be no political conversation with the patients, and that there should be no positive statements about the Republic. In talking that way about the current situation and the belligerent parties, he may have encouraged doubts the patients held against the Francoists. Further, he was a monk, a member of the Catholic Church, and Catholicism was particularly influential among F. Franco's supporters. By his affiliation, he was speaking from a position of relative power, which might have added more weight to his arguments.

This case sheds some light on a chapter of the civil war that particularly Francoists often tended to neglect: Representatives of the Church did not always side with the Francoist doctrine but acted waywardly – often enough in favour of the Second Republic. Yet, we must treat letters like these with extreme caution. The readiness to denounce neighbours, acquaintances, and even relatives had significantly increased following the coup and had turned into an important tool for individuals to improve or secure their own position in this general situation of mistrust, repression, and violence. Denunciations were a phenomenon that spread wildly not only among rearguard societies.<sup>137</sup> As Corral's analysis shows, the war of »anyone against everyone«<sup>138</sup> extended deeply into the fabric of every Armed Forces unit. Hence, we must consider the

<sup>136</sup> AGMAV, C. 42067, 1.

<sup>137</sup> Peter Anderson, *Friend or Foe? Occupation, Collaboration and Selective Violence in the Spanish Civil War* (Brighton; Chicago; Toronto: Sussex Academic Press, 2016); Gómez Bravo, *Geografía humana*.

<sup>138</sup> Corral, *Desertores*, 188-191.



possibility that the two nurses who denounced the monk had something to gain from their allegation.

Although F. Franco appointed M. Camón as Inspector General of the Health Service, among the army officials he had to establish himself as such. It was a process of negotiating, establishing, and defending the new position and power. For some problems his presence was welcomed; in other constellations he had to fight to assert his position. From the analysis of his scattered correspondence emerges that Health Service officials accepted M. Camón without any resistance regarding problems linked to or consequences of mass warfare. The enormous increase of auxiliary staff and negotiations with civilian and religious organisations providing infrastructure as well as the availability of woman- and man-power were situations in which Health Service officials appreciated M. Camón's intervention. The same was true for the complex task of enlarging the Health Service logistics and provision system. Whenever regular strategies and rules no longer applied, Health Service officials welcomed M. Camón's solutions. In this way, M. Camón contributed to the unification and integration of all units under F. Franco's sole command by modifying the architecture of the Health Service.

M. Camón's work included another project than finding solutions for pressing questions or problems. F. Franco commissioned him to design a Health Service reform. It took until 7 October 1938 for the first draft of the new organisational structure to be forwarded to F. Franco and the General Staff. The overall concept of the new Health Service was almost identical to the Quartermaster's organisation: a few storage centres, a centralised administration of staff and supplies, and a chain of command and responsibility separated from the army corps. This gave the Health Service a somewhat independent organisational structure that gave way to setting one's own agenda and modernisation, but also for centralisation and strengthening ties with the General Staff, while also limiting the power of the officials deployed in the periphery of the different armies. In his accompanying letter, M. Camón highlighted both the expected benefits and difficulties:

The greatest novelty is that, in the proposed organisation, Health Service units will no longer respond to the armies' commanders but to the heads of the Health Service. This allows for gathering all personnel and material at a given moment in the place of combatant action, or wherever it would be most necessary. The armies' generals will oppose this novelty, since they are very fond of the services they personally command, many of which they have created through their initiative and perseverance.<sup>139</sup>

This reform meant a significant cut across the army officials' power and M. Camón anticipated their resistance. Unfortunately, we have no record whether and how this transformation was implemented. By October 1938, the

139 AGMAV, C. 2384, 166, 35, 60.

battle of Ebro was almost won, and the advance on Catalonia was pending. The war was thus almost over, a fact commonly accepted as certainty, particularly at the commanding levels of the Francoist troops. It is difficult to classify why it took M. Camón 2 years to draw up this reform. Whether his belated reform project reflects the resistance of the Army Corps officials he mentioned in his letter, who operated on the ground, or whether he only further developed the project when pressing issues allowed for it must remain open for further research.

*Leading Francoist Nurses in War: Mercedes Milá Nolla*

Mercedes Milá Nolla was nominated as Inspector General of the Female Services 5 months after Melchor Camón was appointed Inspector General of the Health Service. More precisely, she was to head »all female hospital staff, both professional, auxiliary and voluntary«<sup>140</sup> and authorised to »propose transfers, admissions, and dismissals, with the Military Authorities and Heads of Military Health providing her with all the assistance she may require in carrying out her mission.«<sup>141</sup> Her appointment was an important milestone in Spanish military history, as she was not only the first woman called to join the Staff,<sup>142</sup> but it was also the first recognition of female labour in the armed forces. In previous conflicts, the army had relied on female support, for example, during the Rif Wars (1921-1926)<sup>143</sup> or during the miners' strike in Asturias 1934,<sup>144</sup> however, these incidents were merely situational and the female auxiliaries either were nuns or members of the Spanish Red Cross. Although a general practice had emerged during the 19th century that the army cooperated with the Spanish Red Cross and Catholic nursing orders like the Hospitaller Order or the Sisters of Charity, there was no institutionalisation of female labour force in military healthcare contexts, not even as an option. Spanish military officials observed carefully the Great War and how the belligerent countries organised mass warfare. Yet, no nurses' corps was included in the then-latest handbook on the Military Health Service.<sup>145</sup> Its author, Juan Martín Rocha, did factor nurses into his staff calculations; but women only appeared as numbers in labour force planning, even though he extensively elaborated any possible eventuality the Health Service could encounter in combatant action. There was no mention of their training, recruitment, deployment, and administration.

Like in the case of M. Camón, selecting M. Milá as »the head of all the nurses«<sup>146</sup> was an obvious choice. She was one of the best-trained and experi-

140 Boletín Oficial del Estado, 26 March 1937, no. 157, 811.

141 Ibid.

142 Fundación Nacional Francisco Franco, »Mercedes Milá Nolla, la abnegación.«

143 Martínez, »Estado de Necesidad,« 873.

144 Ministerio de la Guerra, AGMAV, C. 19, 14, 1.

145 Martín Rocha, *Doctrina*.

146 Coni, »The Head of All the Nurses,« 79-80.

enced nurses in the country. Born in 1895 to a wealthy Barcelonese family and a father who was a Health Service doctor in the Navy, she grew up in a social context in which military tradition and medicine overlapped. At age 22, she began her nursing career as a so-called ›Lady Nurse‹ (Dama Enfermera) with the Spanish Red Cross. She later gathered first-hand war experiences as a member of the delegation of nurses sent to a military hospital in Morocco during the Rif Wars.<sup>147</sup> She continued to study and train in bedside nursing and eventually became a Fellow of the Rockefeller Foundation and Bedford College in London, where she specialised in Public Health. In 1934, the Republican government commissioned her to set up the first Spanish school of Public Health in Madrid.<sup>148</sup> An impressive career for that time. She knew the Spanish medical system and the latest international state of the art of bedside nursing and public health. She was in Madrid during the insurrection but eventually left to join the Francoist forces. Apart from her engagement with interwar humanitarianism, we have no indication that M. Milá had actively engaged with politics before the war, for example, by joining the Sección Femenina or any other women's organisation. Instead, she enjoyed the privilege of building an independent career instead of marriage and staying at home. Yet, she was not a feminist but must instead be associated with the bourgeois, conservative, Catholic, F. Franco-supporting spectrum of Spanish society. Her being called to be Inspector General of the Female Services certainly marked a peak in her career.

Before her appointment, the suggestion that the Francoist Committee of the Spanish Red Cross should assume the coordination of female staff was widely spread among military officials. The SRC, however, was a complicated ally as it was sworn to impartiality. This provision dated back to the first days of the war, when the Madrid headquarters of the SRC was officially dissolved on 29 July 1936 by Republican militia units. They considered it a stronghold of antirepublicanist forces and thus suspected them of privileging the putschists and conspiring against the Republic.<sup>149</sup> Following its dissolution, both the Republican government and the putschists individually appointed new SRC presidents and created two separate committees.<sup>150</sup> Alarmed by this course of events,

147 As discussed in Chapter III. 2. International Humanitarianism and the ›Traditional‹ Elites, the Spanish Red Cross offered two formation programmes from the beginning: the so-called Lady Nurse formation, which addressed upper-class women who wanted to do charity work, and the so-called Professional Nurses (Enfermeras Profesionales) formation. The latter focussed exclusively on state-of-the-art bedside nursing, while the Lady Nurses received instruction in a broader portfolio that included organisational work for the Red Cross Section, fundraising, etc. Especially for bourgeois women, becoming a Lady Nurse was often the first step into practicing medicine. Many continued and extended the professional side of their training at the university medical schools.

148 Coni, *Medicine and Warfare*, 31-32.

149 Alía Miranda, *La otra cara de la guerra*, 121-123.

150 Pretus, *La ayuda humanitaria*, 45-47.

Geneva sent the Swiss field delegate of the ICRC, Marcel Junod, to negotiate with the belligerent parties. He achieved an agreement between the Republic and F. Franco, namely, that there were to be two committees, one for each side.<sup>151</sup> This step became a watershed moment for the International Committee of the Red Cross, as it meant breaking with its policy to only assist internationally recognised governments.<sup>152</sup> In summer 1936, however, Geneva anticipated a humanitarian catastrophe for Spain and chose to prioritise organising a relief mission. Part of negotiating this ›humanitarian truce‹ was the obligation that both committees were obliged to the ICRC's principle of impartiality. Their humanitarian missions, therefore, had to address civilians, to cooperate with the ICRC in monitoring the POW situation, to serve as an information provider for families searching for their relatives, to operate as intermediaries between the warring sides, and to see to it that the belligerent parties adhered to humanitarian international law. The two SRC committees were not expressly banned from supporting the fighting armies, and, in fact, a superficial analysis of SRC documentation suggests that they provided many forms of help to both armies.<sup>153</sup> Yet, the role of the SRC as a key actor in supporting the Army's healthcare logistics, as was the case during the Rif Wars,<sup>154</sup> for instance, was by then over.

This agreement meant that one fear of the Republican government became a reality: The creation of this second, Francoist committee of the SRC and its validation by the ICRC enabled an established network of economic power and social influence to continue their work under the umbrella of neutral humanitarianism. A well-functioning network of well-versed humanitarian actors could continue their work under the protection of the International Committee of the Red Cross. The committees of Lady Nurses were long-standing institutions that engaged many aristocratic and upper-class women who supported the insurrectionists, among others, the Marchioness of las Navas, the Marchioness of Valdecilla, the Duchess of la Victoria, and the Duchesses of Medinaceli.<sup>155</sup> These women were well-connected with the country's affluent aristocratic elite and beyond, often also with the Armed Forces, and very experienced in organising fundraisers, nursing and first-aid training, and managing

151 Clemente, *La Escuela Universitaria de Enfermeras*, 34-35.

152 David P. Forsythe and Barbara Ann J. Rieffer-Flanagan, *The International Committee of the Red Cross: A Neutral Humanitarian Actor* (Abingdon, Oxon; New York, NY: Routledge, Taylor & Francis Group, 2016).

153 Espagne 1936-1939, Organisation du Service Espagne au CICR, Notes – Instructions, CDMH, C. ESCI-001; Cuartel General del Generalísimo.- Estado Mayor, Enfermeras en Hospitales, AGMAV, C. 2802, L 666; Cuartel General del Generalísimo.- Estado Mayor, Enfermeras, AGMAV, C. 2744, L 522.

154 Arrizabalaga, ›The ›Merciful and Loving Sex‹, 446.

155 The close network of these women surfaces in the correspondence of Mercedes Milá; the collection of her correspondence is stored at Archivo General Militar in Ávila.

and operating supply logistics.<sup>156</sup> The Republican government continuously criticised the ICRC for offering Francoist access to the stage of international humanitarian diplomacy.<sup>157</sup> If and how this measure contributed to further legitimising F. Franco's claim to power internationally is a question open for debate – and one that intersects with more significant recent debates scrutinising the neutrality of humanitarianism.<sup>158</sup> Nevertheless, the appointment of a member of the newly founded Francoist Committee of the Spanish Red Cross to coordinate the female staff of the military Health Service would have been an open breach of the fragile humanitarian peace M. Junod had just attained. F. Franco apparently understood that. Naming M. Milá was the next best thing. Since she was a well-connected alumna of the Red Cross, she became a valuable broker between the new SRC and the Armed Forces. Her correspondence reveals that she kept close contact with other SRC Lady Nurses and recruited many of them to occupy coordinating positions in the administration of the new, military Female Services.<sup>159</sup>

Contrary to M. Camón, who reformed the chains of command and monopolised power, M. Milá was supposed to create a new institution and end the supposed chaos among the female volunteers. »I founded the Damas de Sanidad Militar, thanks to the studies I had done here in Spain and England through the Red Cross. [...] I had to organise everything,«<sup>160</sup> she later recalled in an interview. She adopted the regulation M. Camón had already elaborated, modifying it as she saw fit. Nurses and auxiliaries were to be admitted only if they had the right qualifications; they were to work in shifts and had to subordinate to their male and female superiors. However, M. Milá changed some aspects: She created a territorially organised administration of the female staff and resorted to certain practices to hegemonise power, affirming her authority. For example,

156 Arrizabalaga, »Humanitarismo, Guerra e Innovación Tecnológica,« 825-827.

157 Rebecca Gill, »The 1938 International Committee of the Red Cross Conference,« in *The Red Cross Movement*, ed. Neville Wylie, Melanie Oppenheimer, and James Crossland (Manchester: Manchester University Press, 2020); García López, *Entre el odio y la venganza*, 90-98.

158 See, among others, Joël Glasman, »Die Politik aus dem Nirgendwo. Humanitäre Hilfe und die Geschichte schwereloser Institutionen« in *Geschichte der Gegenwart*, 2023; Maximilian Klose, *Why They Gave: CARE and American Aid for Germany after 1945*, (Stuttgart: Franz Steiner Verlag, 2024); »To Help or Not to Help – Humanitarianism in the 20th Century« in *zeitgeschichte*, vol. 51, no. 3; Johannes Paulmann, ed., *Dilemmas of Humanitarian Aid in the Twentieth Century* (Oxford: Oxford University Press, 2016).

159 Correspondencia de la Inspectora General de los Servicios Femeninos, AGMAV, C. 42067; C. 42068; C. 42069; C. 46761.

160 Concha Gómez, »Mercedes Milá: »La enfermera más anciana de la Institución«, in *Cruz Roja*, vol. 856, no. September-October 1984, 44-47, cit. at Clemente, *La Escuela Universitaria de Enfermeras de Madrid. Historia de una iniciativa humanitaria de la Cruz Roja Española (1918-1997)*, 275.

briefly after her appointment, she issued a decree to inventory all deployed nurses and auxiliaries.<sup>161</sup> This ex-post imposed her right to appoint, transfer, and dismiss any female personnel, which the appointment decree had granted to her. Following this staff inventory, she recorded all subordinates in staff files and established an administrative practice that defined who would be part of the ›Female Services of the Health Service‹ – excluding everybody else. She also modified the emblems the nurses and auxiliaries of the Female Services wore on their uniforms, thereby distinguishing her subordinates from the medical staff working for other humanitarian relief organisations. Later, in 1938, a Health Service identity card was created<sup>162</sup> that was handed out only to members of the Female Services and that not only documented their affiliation but significantly affected these women's radius of movement. Having a Health Service ID meant, among many things, being allowed to enter and leave restricted areas, to move after curfew, and to travel any distance to new posts.

The administrative infrastructure rested on a hierarchical system of ›Delegate Inspectors‹ (Inspectoras Delegadas) who oversaw several ›Provincial Delegates‹ (Delegadas Provinciales), responsible for monitoring the nurses and auxiliaries deployed in various militarised zones and theatres. These delegates were intermediaries between M. Milá and the periphery. They were superior to all Mother Superiors and head nurses from the different facilities who organised and oversaw work locally in military hospitals and other military healthcare facilities. These Delegate Inspectors and Provincial Delegates served as gatekeepers who watched over women who wanted to work for the Health Service by controlling their political character references, professional skills, and work ethics. However, they were not allowed to act proactively and always needed permission from M. Milá. She reserved that privilege for herself and jealously watched over its compliance. It was her tool to assert her position as single leader of the care staff. Therefore, the power of Delegate Inspectors and Provincial Delegates rested officially on their privilege to correspond with M. Milá and to forward her decisions. They collected the applications of volunteers, accounts regarding quarrels, and staff demands forwarded to them by the military hospitals, sickbays, and surgical units. They represented the administration by frequently visiting the facilities of their area of responsibility, checking on them and then reporting back to M. Milá. If conflicts arose in medical facilities involving female staff, they were usually the first to be addressed. Although M. Milá ›remained fiercely jealous of her dominion over her workforce,‹<sup>163</sup> as Coni put it, during the war, certain standardised procedures evolved for handling

161 Correspondencia de la Inspectora General de los Servicios Femeninos, AGMAV, C. 42068, 2.

162 Correspondencia de la Inspectora General de los Servicios Femeninos, AGMAV, C. 46761, 1.

163 Coni, »The Head of All the Nurses,« 81-82.

problems that happened repeatedly, giving these delegates more independence from M. Milá's grip.

Transgressions against work ethic, for example, were a recurring issue these Provincial Delegates, and by extension M. Milá, had to deal with. Regarding how nurses and auxiliaries were to behave and work, M. Milá was strict: She stuck to the norms the Spanish Red Cross had already coined during the 1920s<sup>164</sup> and in which she had been trained. These early conceptions of secular nursing relied on rules encompassing not only the nurse's knowledge and skills but also her behaviour and bodily features. They were taught medical subjects and treatment practices but also had to internalise adequate conduct and care for their bodies. Their nails had to be short, the hair on their hands and forearms removed, their voices kept low, a smile on their faces. Nursing was not perceived as work but as a service to be done selflessly, devotedly, patiently, and affectionately.<sup>165</sup> What the SRC framed as ›humanitarian benevolence‹ during the 1920s, M. Milá reinterpreted as ›patriotism.‹ Working in Health Service units was considered a demonstration of love for the ›new‹ Spain and, therefore, was not to be paid. This put an end to an issue that had caused trouble during the first months of the war: In some military hospitals, the secular volunteers had been paid, in others they had not. The decree that there would generally be no payment for Health Service duty degraded the work of a frontline nurse from work to an activity women did to prove their selflessness and loyalty to Francoism. Military nurses only had a right to lodging and boarding when sent to posts far from their homes.

Furthermore, the Health Service nurses and auxiliaries were to know their place in the social space of the hospitals and sickbays in which they were deployed. They were to occupy a defined place within the hierarchy of women according to their skills and performance, but their position always stood in relation to their male environment: They were to be the quiet and attentive helping hand for the doctors and a caring angel for the patients – but not an autonomous and responsible actor in their own right. This concept of the nurse resonated well with the complementary gender roles<sup>166</sup> Francoism widely propagated as the solution to the gender trouble and disruption so-called ›red‹ women had stirred in the Second Republic.<sup>167</sup> Like bourgeois women were to be ›angels of the home,‹ nurses and auxiliaries were to be ›angels of the sickbed.‹

Yet, the requirements M. Milá defined were not necessarily internalised or met by the women who applied for frontline service; in fact, breaches of the codes of conduct were frequent. Nurses and auxiliaries were not always punctual,

164 López Vallecillo, *Enfermeras*, 21-43.

165 *Ibid.*, 39.

166 Morcillo Gómez, »Españolas,« 53-77; López de Castro, »La imagen,« 141-155.

167 See, among others, Martínez Rus, *Milicianas*; Nash and Cifuentes, *Rojas*.

they did not necessarily obey their superiors, and they caused turmoil among the staff or patients. The following example paradigmatically shows how Provincial Delegates dealt with such transgressions:

I am going to ask you for three discharges. It is a pity that inept and lazy personnel occupy posts on the staff. [...] I beg you to take the sisters García Patiño and Carmen Villegas from me. [...] The Director [...] sent them to get rid of them; he says both Patiño and Villegas are good for nothing. They also set a bad example for the local girls. [...] As they are from Segovia, they can go back and work in hospitals there, where they can get up at 11 o'clock and have a siesta – which is what they wanted to do to me in Puente de la Frontera in the middle of a mission.<sup>168</sup>

This complaint was sent to M. Milá by Rosario Bernaldo de Quirós y Luque, the Delegate Inspector of the Army of the Centre (*Ejército del Centro*). According to her, these women were not only poorly skilled but, most of all, lazy and reluctant to obey her, which made them poor role models. The solution, however, was not to fire them immediately but to return the responsibility to M. Milá.

She came up with a number of sanctions for deviant behaviour. Apart from discharging nurses, transferring women from one post to another was a frequent solution to dealing with inappropriate behaviour; another was taking away their ID, cutting their mobility privileges.<sup>169</sup> Like R. Bernaldo de Quirós did in her letter, the delegates would normally only propose sanctions. In such cases, M. Milá usually would give orders to remove or transfer a deviant nurse or auxiliary. M. Milá's functionaries had little independence to sanction proactively but were responsible for controlling and reporting what was happening in their assigned militarised section and communicating decisions. However, to the rank-and-file nurses and auxiliaries, they were authorities who represented the Health Service administration.

When M. Milá was appointed, she faced not only the task of reorganising the female staff, but she also had to assert her authority among the women who already worked for the Health Service and not all of them welcomed the presence of a new boss. Establishing her power position and her Delegate Inspectors and Provincial Delegates network caused friction. The overall situation of the female labour force, which M. Camón had described in a letter to the General Staff as chaotic and needing structure and assignment of responsibilities, had brought forth individual and creative solutions throughout the different army corps. Not every head of the Health Service was ready to wait for a general decision taken by the General Staff. In the Army of the Centre, for instance, matters were ad-

168 Correspondencia de la Inspectora General de Servicios Femeninos, AGMAV, C. 42067, 2.

169 This issue weaves like a red thread through all collections of the correspondence of Mercedes Milá.



dressed proactively. On 8 December 1936, R. Bernaldo de Quiros was appointed Inspector of the Female Services of the Army of the Centre (*Inspectora de los Servicios Femeninos del Ejército del Centro*).<sup>170</sup> She was the wife of the Military Governor and former Gentleman at the Royal Chamber of the exiled King Alfonso XIII, Ernesto Luque Maraver. Hence, she stemmed from an influential family and probably did not anticipate anyone questioning her authority. She created a system similar to the one M. Milá designed only months later and appointed delegates who would peripherally operate as her proxies, while she ran the service from Cáceres. Some 3 months later, M. Milá was made her superior, but R. Bernaldo de Quiros refused to accept it. Between April 1937 and June 1938, their relationship was tense:

[T]he smooth running of women's affairs are my sole responsibility because of my official position as Inspector of the Female Services of the Army of the Centre, a position made known to all the Military Hospitals of the Army Corps on 8 December 1936. And since I speak to you of official positions, [...] I have delegates in this Army, among them the wife of General Rodríguez Arias in Cáceres, who regularly receive telegrams from you addressed to me. Although they are addressed with this title, they cause confusion and thus delays. My position obliges me to be in constant contact with the Head of the Army Health Services to resolve each staff-related problem with the diligence and haste required. The circumstances sometimes require that I cannot wait for your prior approval [...]. This has happened now and has caused problems. I had to excuse myself to the General because I had to obey your rules. I have brought to the attention of the General that situations like these could be avoided if he relieved me from the honour he has conferred on me. But he replied, ›that my office, like all others, requires a certain independence of action, and that it could not be explained that there was not the necessary flexibility in our functions. For my part, I am glad that we are dealing with this because, given the prolongation of this tragedy, it is convenient we settle everything once and for all: [...] If, for any reason [...], you consider there is a duality of functions that could jeopardise your plans, do not hesitate to indicate it to me, and I will again submit the matter to the resolution of the General of the Army of the Centre, begging him to accept my resignation [...].<sup>171</sup>

Three days later, on 10 June 1938, M. Milá sent her response and insisted that there was no real problem if R. Bernaldo de Quiros would only stick to the new rules:

170 Correspondencia de la Inspectora General de Servicios Femeninos, AGMAV, C. 42067, 2.

171 Ibid.

First of all, I am surprised at all this talk of resignation to the General, and the whole account you give me of your appointment, your complaint about the limitation of your duties, etc. Your appointment before mine was made under different circumstances. I was given responsibility for all female staff. You were so kind as to continue to hold your post, naturally with a delegated seniority from me, so that, despite having your appointment in the form you reminded me of in your letter, you considered you should have another signed by me, which I was pleased to give to you. I have given you instructions lately and repeatedly [...] because you have issued certain appointments that I had to disavow. This was really unpleasant for me, just as it was inconvenient for you. I find this problem very easy to avoid: You just have to provide proposals for assignments before making the appointments, not vice versa. To me, this is the most natural order, since I am the one who is officially and subsequently responsible for the Female Service.<sup>172</sup>

Judging from their subsequent correspondence, the relationship between M. Milá and R. Bernaldo de Quirós eventually improved, although subliminally the conflict persisted and surfaced every now and then in hints and subtle reproaches. Nevertheless, R. Bernaldo de Quirós eventually subordinated and attended to her reporting duties. To assert her authority, M. Milá not only resorted to overruling R. Bernaldo de Quirós' decisions whenever she saw fit, she also dissolved her network of Delegates, and allies for that matter.<sup>173</sup> Hence, her right to appoint, fire, and transfer staff turned into M. Milá's most effective tool for asserting her authority vertically down the newly created hierarchies and chains of command.

Yet, there was also a need to enforce her position horizontally, as she also had opponents outside the Armed Forces context. Three of the most prominent were Mercedes Sanz Bachiller, María Rosa Urraca Pastor, and Pilar Primo de Rivera, all of whom, in one way or the other, had engaged with relief work and war medicine but, unlike M. Milá, had undertaken active political engagement. P. Primo de Rivera consolidated her position as the head of Sección Femenina and as spokesperson for her late brother and founder of the Falange,<sup>174</sup> M. Sanz acquired local influence in Valladolid as the widow of the fascist Onésimo Re-

172 Correspondencia de la Inspectora General de Servicios Femeninos, AGMAV, C. 42067, 2.

173 Ibid.

174 P. Primo de Rivera's influence already reached far and beyond Spanish soil. In June 1938, for instance, she had met A. Hitler during one of her visits to Nazi Germany. See more extensively on the international relations of Sección Femenina Morant i Ariño, «Spanish Fascist Women's Transnational Relations during the Second World War;» Morant i Ariño, «Mujeres para una »nueva Europa«; Toni Morant i Ariño, «Compañeras de allende las fronteras. Estereotipos de género y nación entre las mandos fascistas de España y Alemania,» *Annis*, vol. 2 (March 2018).

dondo Ortega, and R. Urraca gained fame as a Carlist propagandist.<sup>175</sup> M. Sanz started a humanitarian relief project in Valladolid (Auxilio Social) that was modelled after the Nazi-German ›Winterhilfe,<sup>176</sup> R. Urraca volunteered as a nurse in a Requetés unit and eventually engaged in similar activism to M. Sanz,<sup>177</sup> a project called Frentes y Hospitales. Finally, P. Primo de Rivera claimed sole leadership over Sección Femenina, all its projects, and all female extradomestic engagement,<sup>178</sup> for that matter. Since M. Milá had been appointed directly by F. Franco, the conflict between the four women never publicly escalated, although the friction never really ceased.<sup>179</sup> In fact, the decree of 20 April 1937 that unified all political entities<sup>180</sup> also sorted out the field of women's organisations. P. Primo de Rivera stabilised her position as the leader of Sección Femenina, while M. Sanz continued at the forefront of Auxilio Social, although subordinated to P. Primo de Rivera, and R. Urraca took over the organisation Frentes y Hospitales, which organised support for the Armed Forces in the form of food, replenishments, clothes, etc., and the soldiers' ›Christmas bonus.<sup>181</sup> Consequently, two female leaders per war zone were installed, each with different responsibilities: M. Milá and R. Urraca managed female engagement in the vanguard, while M. Sanz and P. Primo de Rivera were responsible for the rear-guard. Ushering these women to their places via decrees, as F. Franco attempted, did not keep them from fighting each other for power. An analysis of the extensive correspondence M. Milá left behind nicely mirrors how the relationship between these four women evolved. Their letters reveal how they negotiated and consolidated power, how they demanded respect, and how each of them used their alliances to improve their respective positions. Being Inspector General for the Female Services, however, put M. Milá at an advantage during the war

175 Antonio Manuel Moral Roncal, »María Rosa Urraca Pastor: De la militancia en Acción Católica a la palestra política Carlista (1900-1936),« *Historia y Política*, vol. 26 (July 2011), 199-226; Moral Roncal, »Auge y caída de un líder Carlista;« Paul Preston, *Doves of War: Four Women of Spain* (London: HarperCollins, 2003); Pérez Espí, *Mercedes Sanz-Bachiller*; Alfonso Sánchez and Sánchez Blanco, »Las mujeres del Nacional-Sindicalismo,« 433-455.

176 See, among others, Orduña Prada, *El Auxilio Social (1936-1940)*; Cenarro Lagunas, *La sonrisa de Falange*.

177 Moral Roncal, »Auge y caída de un líder Carlista;« Moral Roncal, »María Rosa Urraca Pastor.«

178 Orduña Prada, *El Auxilio Social (1936-1940)*, 44-47; Pérez Espí, *Mercedes Sanz-Bachiller*, 131-142.

179 Orduña Prada, *El Auxilio Social (1936-1940)*, 187-188, 206.

180 Decreto núm. 255 – Disponiendo que Falange Española y Requetés se integren, bajo la Jefatura de S. E. el Jefe del Estado, en una sola entidad política, de carácter nacional, que se denominará »Falange Española Tradicionalista de las JONS,« quedando disueltas las demás organizaciones y partidos políticos, Boletín Oficial del Estado, 20 April 1937, no. 182.

181 It was called »aguinaldo del soldado« and referred to parcels with Christmas presents.

because the institution of the Armed Forces was prioritised above anything. This gave her leverage.

Her cooperation with R. Urraca, for example, was initially rocky but improved over time. Since both worked for the Armed Forces, they shared an interest in getting on with one another. While the first letters they exchanged were still formal and distant in language, they would eventually shift to a more amicable tone by calling each other »My dear friend« and using phrases like »Affectionate regards and hugs«<sup>182</sup> as their goodbyes. Judging from M. Milá's correspondence, phrases like these did not necessarily mean she had become friends with her correspondents but rather pointed to the fact that the women who organised the war followed different linguistic standards in formal correspondence than their male counterparts. They were more distinguished and eager to reflect social status, in sharp contrast to the male writing patterns. The correspondence between male military officials was held an extremely standardised formal language. Among the women of the Female Services, *Frentes y Hospitales*, and even *Auxilio Social*, it seems to have been quite common to use friendly salutations and refrain from applying a fixed style and form, instead including personal information about their relatives, their well-being, and other private issues. Although sugar-coated, their conflicts still surfaced in these letters. Since M. Milá adapted to the male rules when exchanging letters with military officials, we can assume that she – and with her R. Urraca, M. Sanz, and other women – consciously chose a different and gendered mode of communication depending on the context. Examples like the following illustrate how friendliness had become a style convention in correspondence that did not reflect the correspondents' relationship. On the contrary, fierce battles were fought under the sugar-coating of courtesies and politeness.

My dear friend, I just received your letter and want to explain what we are doing so that you don't think I am invading your space. I am preparing nurses for different services requested by the Municipality of Madrid and other organisations. They have nothing to do with the Health Service, but of course, I will put them at your orders once in Madrid. [...] Affectionate regards and a hug, M<sup>a</sup> Rosa Urraca.<sup>183</sup>

This letter shows that, even after over a year of successful cooperation, M. Milá never ceased to defend her territory, and that R. Urraca still felt the need to justify her actions and reassure M. Milá that she did not want to challenge her authority. As head of an organisation supporting the Armed Forces, *Frentes y Hospitales*, R. Urraca was not only responsible for organising supplies and

182 Correspondencia de la Inspectora General de los Servicios Femeninos, AGMAV, C. 42069, 6.

183 Correspondencia de la Inspectora General de los Servicios Femeninos, AGMAV, C. 42069, 6, 8.

provisions for the combatant units, but they travelled in the retinue of the advancing army. Since they were not militarised, the institution stood between the army and the civilian sphere. Their activities consistently overlapped with the Health Service's duties. This letter was written between the Francoists winning the battle of Teruel, and their advance towards Lerida. After that, the Republican territory split in two, isolating Catalonia from the rest of the Republican zone. The war was drawing to its end, and the final advance on Madrid appeared imminent among Francoists. Preparations were underway. Many volunteers were eager and enthusiastic to get to Madrid as quickly as possible. M. Milá and R. Urraca both constantly received letters from nurses offering their service to be part of the vanguard units that entered the capital and former heart of the Second Republic. However, as the letter shows, R. Urraca formally subordinated herself to M. Milá's superiority.

M. Milá's relationship with M. Sanz and the Auxilio Social was more complicated. The Auxilio Social had begun as a humanitarian relief programme and was initiated by the Valladolidian Falangists, M. Sanz, and Javier Martínez de Bedoya y Martínez-Carande. Its radius was limited to the rearguard and predominantly aimed to care for orphaned children and people in need. The Sección Femenina quickly transferred and disseminated this concept to other regions. After the unification of all women's organisations, the initiative was subordinated to P. Primo de Rivera's rule, although M. Sanz and J. Martínez de Bedoya remained relatively independent in their work.<sup>184</sup> They also needed medically trained staff and provided the respective courses. The profession of the nurse thus turned into a contact zone between the Female Services and Auxilio Social.

The Auxilio Social was a roaring success and rapidly expanded, eventually becoming an important vehicle for social control once the war was declared over.<sup>185</sup> Before that, as the war progressed and the demand for relief work rose, the idea of a mandatory war service for women had emerged. M. Sanz and J. Martínez de Bedoya designed the project of Social Service (*Servicio Social*) and successfully lobbied for its implementation. In October 1937, Decree 378 was published, which ordered all women between 17 and 35 to mandatory social service.<sup>186</sup> Creating this mandatory war service for women meant transferring control over all young women to the Auxilio Social and by extension to the Sección Femenina. They immediately engaged with corresponding mobilisation activities and called all such women to sign up for their mandatory service.<sup>187</sup> Conflict quickly rose between the Auxilio Social and the military Female Services. On the one hand, women called-up to do Social Service started to reach

184 Pérez Espí, *Mercedes Sanz-Bachiller*, 106-111.

185 Cenarro Lagunas, *La sonrisa de Falange*, xiv.

186 Boletín Oficial del Estado, 11 October 1937, no. 356.

187 Cenarro Lagunas, *La sonrisa de Falange*; Orduña Prada, *El Auxilio Social (1936-1940)*.

out in large numbers to M. Milá and her proxies inquiring whether they could do their Social Service in military health care; and on the other hand, Female Services staff received the official call-up letters, too. While M. Sanz and J. Martínez de Bedoya argued using their responsibility for organising female war duty, M. Milá resorted to her exclusive privilege to admit, transfer, and dismiss female medical staff in the Armed Forces as granted to her via decree and rejected any interference from Auxilio Social into her Service.

The Auxilio Social was creative and ambitious in expanding its range of influence. They developed new norms for controlling the deployed women and how the Female Services could cooperate with them:

For the necessary control of the compulsory Social Service, the Female Services' Provincial Delegates or, failing this, the Mother Superior of the hospital, will report to the Provincial Delegate of Social Service on the nurses serving in hospitals throughout their jurisdiction who are between 17 and 35 years of age. Social Service Delegates, in agreement with Mother Superiors or Hospital Directors, may appoint from among the nurses assigned to the Hospitals one of them to control the attendance and punctuality of nurses in the aforementioned age group in proxy.<sup>188</sup>

Its claim to the right to be informed and reported to directly as well as its demand for the privilege of deciding who controlled the day-to-day performance of nurses in the concrete hospitals meant a severe infringement of M. Milá's authority. Auxilio Social used this mandatory female war service thus as a vehicle and means of leverage for entering the social space of the Armed Forces. But M. Milá was up for the fight. After fruitless negotiations and demands on her part to stop the interference, she eventually called in the cavalry: She turned to her counterpart M. Camón and the General Staff for help. On 10 June 1938, she received a letter from M. Camón by order of the General Staff, which confirmed her authority and position within the Health Service:

I have the honour to inform you that, on this date, I am sending a communiqué to the National Delegate of Auxilio Social in Valladolid, requesting her to stop intervening in matters relating to the hospital's nursing staff. I will request that she circulate the appropriate orders to the Provincial Delegations for this purpose.<sup>189</sup>

It was probably not a coincidence that the creation of the Health Service ID happened roughly at the same time.<sup>190</sup> Henceforth, only those with this ID were also allowed to wear the emblems of the Health Service and benefit from the privileges of being Armed Forces' associated members. To that end, a second

188 AGMAV, C. 4676, I, 27.

189 Ibid.

190 Correspondencia de la Inspectora General de Servicios Femeninos, AGMAV, C. 4676, I.

round of exclusion of began regarding anyone whom M. Milá had not officially appointed. Although this reaffirmed her position as the only female decision-maker at the epicentre of militarised masculinity – the Armed Forces – retaliation followed shortly after. The leaders of Auxilio Social, M. Sanz and J. Martínez de Bedoya, decided that, if military hospitals »were out of their orbit,«<sup>191</sup> they would not accept military Health Service duty as a substitute for Social Service. Since the service was mandatory for all women between 17 and 35, this refusal became another bureaucratic nightmare for all women working as nurses or auxiliaries for the Health Service. It would take M. Milá several months to obtain the official confirmation validating the service of her subordinates.<sup>192</sup>

Even though M. Milá put much effort into securing her authority, eventually she had to (somewhat) cooperate with the Sección Femenina. They continued to offer nurses' training and contributed to the pool of semiqualfied and qualified medical staff. On the level of the Provincial Delegates, the connection between the Sección Femenina and the Female Services was often quite close. Delegates of the Female Services repeatedly inquired for character references of volunteers, and Sección Femenina delegates constantly forwarded requests of members who wanted to be mobilised for Health Service duty. The profession of war nurse thus was both an arena for negotiating power and a field of constant cooperation. While the façade of separation between different spheres of influence was staked out and defended, cooperation and overlap were necessary beneath the surface to maintain the nursing side of medical infrastructure. This maintained a fragile balance between the women who aspired to leading positions in Francoism. Once the war was declared over, however, the wheel of power once again started to turn.

M. Milá's manner of dealing with women – whether her subordinates or her competitors – differed significantly from how she treated men. She stuck to what M. Camón had already proposed regarding regular Health Service officials: All men working in the medical corps were extended preferential treatment. M. Milá's approach for gaining the trust and support of Health Service officials was to demonstrate subservience in return for information. Her intent was to make sure they got whatever they needed as long as they let her know.<sup>193</sup> Hence, when communicating with men, M. Milá emphasised, again, her right to appoint, transfer, and dismiss staff but disguised this by offering it as service and support. Not all Health Service officials took her up on her proposition, and some simply ignored her existence and mission, which created conflict. In such cases, M. Milá would be persistent and eventually changed her tone in the

191 Correspondencia de la Inspectora General de Servicios Femeninos, AGMAV, C. 4676, 1, 27.

192 Correspondencia Inspectora General de Servicios Femeninos, AGMAV, C. 42067, 2.

193 Correspondencia de la Inspectora General de Servicios Femeninos, AGMAV, C. 42068, 2.

correspondence or even commission one of her delegates to personally deal with the matter:

Dear María. [...] Would you please go and see Colonel Parrilla for me, the head of Health in the Southern Army, and tell him that I would like for him to tell all the Hospital Directors and chiefs of the surgical teams that they cannot admit any nurse without her being previously assigned by this General Inspectorate. [...] We find ourselves confronted with the problem of having people among our ranks who are unsuitable, and we don't know how to get rid of them.<sup>194</sup>

While the argument that she was permitted to control the female staff turned into her most potent tool for establishing her authority, in cases like this one with the Southern Army, she apparently had to bolster it with additional reasoning, as otherwise the Health Officials would not conform to the rules she was trying to establish. She emphasised her argument that, without her control over the female staff, the facilities were bound to be infiltrated by unsuitable personnel. While her suitability left things open to interpretation, her contemporaries knew this included not only medical skills but, first and foremost, political reliability. Another argument she brought forth to justify her right of appointment concerned the idea of female honour: She implicitly presented herself as the proxy of the women's male relatives, who had to vouch for the integrity of their honour.<sup>195</sup> In the Francoist zones, sexual activity outside wedlock – and self-asserted sexuality in general – was strongly condemned and linked with the so-perceived chaos of the Second Republic.<sup>196</sup> Drawing on Catholic mores and long-standing tropes of female honour and chastity became essential markers of socially desired femininity. Calling women to war duty, however, meant inviting them to leave their homes and parental control, including requiring an official and public promise that these women would return untarnished. M. Milá appealed to values like moral integrity and honour, while repeatedly alluding to the alleged 'red danger.' Apparently, these arguments were useful argumentative strategies to assert her demands. This not only reinforced Francoist propaganda that targeted the supposed threat of a Soviet invasion but also echoed complementary gender roles that located family honour in the female body. But this argumentation lost traction towards the end of the war. Just as the decree of her appointment already stated, the integration of the female labour force was initially limited to the duration of the war, and the first demobilisation of the nurses and auxiliaries of the Female

194 Correspondencia de la Inspectora General de Servicios Femeninos, AGMAV, C. 42068, 2, 190.

195 See collection of the Correspondencia de la Inspectora General de Servicios Femeninos at AGMAV, particularly the collections of 1937 and 1938.

196 Venceslao Pueyo and Trallero, *Putas, República y Revolución*, 73.



Services began already at the end of 1938. This did not necessarily mean that the former Health Service nurses stopped working as nurses or auxiliaries, but their status ended.

Both M. Milá and M. Camón were key figures in shaping the military health-care system. M. Camón contributed to internally enforcing F. Franco's claim to single command and used new challenges posed by total warfare to strengthen his authority. The new complexity of tasks, logistics, and necessary infrastructure asserted his position as the bureaucratic head of all leaders in the Health Service; introducing substantial change proved more complicated. M. Camón had less immediate contact with medical staff on the ground than his female counterpart. M. Milá, however, mirrored the single-leader principle of rule, too, and therefore translated F. Franco's claim to power into the female space in the army. Her focus lay not only on building a new institution governed by morally charged codes of conduct but also on defending it against competition from other actors who aimed to control female Francoist society. When it came to excluding unwanted actors, M. Milá efficiently mobilised male hierarchies in the Armed Forces to ensure her course of action. This allowed them to strengthen their own positions while affirming the Armed Forces' hegemonic position in Francoist society.

Both institutions turned into efficient transmission belts for fostering Francoism as a social code down the chains of command in the professional context of medicine. This Francoism differed from the one the Falange and the Sección Femenina cultivated. It was a more technocratic approach on all levels: M. Milá and M. Camón were both experts in their fields, not ideologists or politicians; the systems they built focussed on serving the needs of the Armed Forces and being professional about it. But they supported F. Franco's thrive for authoritarian rule. M. Milá, M. Camón, and the Health Service stand for what Saz called the primacy of the ›technical‹ rather than the ›political.‹<sup>197</sup>

### 2.3 *The Health Service: A Laboratory of Modern Medicine?*

That war and changes in medical treatment practices and knowledge go hand in hand is nothing new. The Spanish Civil War was no exception. Just like the First and, later, the Second World War, it provided a laboratory for fundamental changes in the production of medical knowledge and the configuration of medical professions. Significant progress was made on the battlefields of the Spanish Civil War, for example, in the field of blood transfusion, injury management, and the treatment of specific diseases and infections like

197 Saz Campos, *Fascismo y franquismo*, 160.

gangrene.<sup>198</sup> At the same time, Spain's medicine as a social space was equally marked by the sociopolitical divide and repression that followed the failed coup d'état. To Francoists, it mattered whether a doctor had been a member of a left-wing party – and vice versa.<sup>199</sup> The intensity and thoroughness of their purges, which already began before the war was declared over, mirrored the importance the Francoists ascribed to the individual political affiliation of medical professionals.<sup>200</sup> At the same time, Francoism showed an interest in participating in the international competition for modern medicine<sup>201</sup> and offered representatives of medical disciplines that resonated with Francoism generous research and career opportunities. In other words, the demands of the war intersected with Francoism but were also embedded into larger international constellations.

The war was a crucial milestone for the Francoist medical infrastructure. Other than the mentioned progress in treatment techniques, it contributed to the consolidation and canonisation of medical knowledge, particularly in bedside nursing. Furthermore, the high demand for labour provided an important incentive for the secularisation of bedside nursing and finally broke the Catholic

198 Among many studies, I want to highlight the following: Josep Lluís Barona Vilar and Enrique Perdiguero-Gil, »Health and the War. Changing Schemes and Health Conditions during the Spanish Civil War,« *Dynamis*, vol. 28 (2008), 103-126; Nicholas Coni, »Medicine and the Spanish Civil War,« *Journal of the Royal Society of Medicine*, vol. 95 (2002), 147-150; Linda Palfreeman and Peter Pinkerton, »Transfusion in the Spanish Civil War: Supply and Demand, the Role of the Blood Transfusion Officer and British Planning for the Outbreak of the Second World War,« *Transfusion and Apheresis Science* vol. 58, no. 6 (December 2019), 1-10; David Lethbridge, »The Blood Fights on in Other Veins: Norman Bethune and the Transfusion of Cadaver Blood in the Spanish Civil War,« *CBMH/BCHM*, vol. 29, no. 1 (2012), 69-81; A. Franco et al., »The Development of Blood Transfusion. The Contributions of Norman Bethune in the Spanish Civil War (1936-1939),« *Canadian Journal of Anaesthesia*, vol. 43, no. 10 (1996), 1076-1078.

199 Coni, *Medicine and Warfare*, 19.

200 See, among others, Luis E. Otero Carvajal, ed., *La destrucción de la ciencia en España: Depuración universitaria en el Franquismo*, (Madrid: Editorial Complutense, 2006); Rubén Mirón González, »Depuración franquista del personal sanitario de la diputación provincial de Almería« (Master Thesis, University of Almería, 2010); Carmen Pérez Aguado, Eulàlia Bruguès, and Alejandra de Leiva, »Los expedientes de depuración del Franquismo en el Hospital de Sant Pau,« *Gimbernat*, vol. 58 (2012), 191-202; Dolores Ruiz-Berdún and Alberto Gomis, »La depuración de las matronas de Madrid tras la Guerra Civil,« *Dynamis*, vol. 32, no. 2 (2012), 439-467; Antonio Francisco Canales Serrano and Amparo Gómez Rodríguez, »La depuración franquista de la Junta para la Ampliación de Estudios e Investigaciones Científicas (JAE): Una aproximación cuantitativa,« *Dynamis*, vol. 37, no. 2 (2017), 459-488.

201 David Brydan, *Franco's Internationalists: Social Experts and Spain's Search for Legitimacy*, (Oxford: Oxford University Press, 2019), 20-56.

monopoly in monopoly in the field.<sup>202</sup> Around 12,307<sup>203</sup> to 15,308<sup>204</sup> secular women had been registered as Health Service nurses during the Civil War in the Francoist zone alone. There are no figures or estimates of how many women were mobilised as auxiliaries and for the rearguard, though we may assume that the actual number of women who had worked in nursing or medicine related fields was much higher. However, these numbers only give a rough impression of how much knowledge on first aid, nursing care, and simple medical treatments had been disseminated and how many secular women had gained experience in nursing or working in a hospital. This step was crucial to Francoist Spain. Because of its close ties with the Catholic Church, establishing secular bedside nursing outside the monasteries represented a serious paradigm shift.

María López Vallecillo describes the initial stages of the war as a moment of significant pluralisation. The women's organisations, local initiatives, and army doctors all contributed to expanding opportunities for secular women to receive some vocational training in war nursing, first aid, and/or public health. While the constellation of actors offering trainings pluralised and diversified, a comparison of the available syllabi of such programmes shows that a process of standardisation and homogenisation of knowledge and skills training had begun. A few months after this pluralisation began, army officials started to confront the complicated situation in the Health Service that had evolved thanks to the recruitment of ad hoc trained volunteers. One strategy army officials used to include and legitimise skilled staff and to exclude amateurs was to demand certain diplomas or certificates. In November 1936, the Secretary of War, G. Gil, issued a decree stating that »only persons holding the corresponding diploma issued by the University Medical Schools, the Spanish Red Cross, or the Valdecilla Foundation may serve as nurses in the military medical branch.«<sup>205</sup> In January 1937, as mentioned, the Inspector General of the Health Service, Melchor Camón Navarra, proposed a similar criterion for the admission of additional healthcare

202 López Vallecillo, »Presencia social e imagen pública,« 29-40; Germán Bes, »Historia de la institución de la enfermería universitaria,« 21-108.

203 This number is taken from Nicholas Coni. However, in 2020, 330 boxes with around 80 to 100 files each of staff files of military nurses were discovered in the Archivo Militar del Cuartel General. These files contain the stories of most of the women who worked for the Damas Auxiliares until M. Milá retired. The career of many of them started either during the Civil War or briefly after. The files of auxiliaries are not included in this collection, and if we take the factor »war« into the equation, we must assume that these files are not complete. Yet, a thorough assessment of these files would probably correct Coni's number. These files are stored today at the Archivo General Militar Guadalajara. Coni, *Medicine and Warfare*, 40.

204 Hernández and Prieto come to a different conclusion. Francisco Javier Hernández Navarro and Antonio Prieto Barrio, »Los distintivos y las medallas creadas para las enfermeras de los hospitales de Sanidad Militar y marroquíes del ejército franquista (1937-1940),« *Revista de Historia Militar*, vol. 128 (2020), 243.

205 Boletín Oficial del Estado, 2 November 1936, no. 19.

staff in the Health Service.<sup>206</sup> Mercedes Milá Nolla, the Inspector General of the Female Services, followed this path and defined that only women who had either been trained by the Health Service facilities or the official diploma providers, Medical Schools, Valdecilla Foundation, and the SRC, were eligible for military service. M. Milá laid, therefore, the last brick to consolidate the importance of nursing diplomas and the power of certain institutions to issue them. In Francoist Spain, the war and the army's interventions thus accelerated the standardisation of medical professions, careers, and the institutionalisation of medical professional training outside monastery walls.

Yet, the influence of the Catholic Church did not cease completely. Conceiving the profession of the war nurse carried traces of SRC 1920s Catholic Lady Nurse but merged with relevant knowledge for the treatment and care of war injuries and diseases. A closer look at the contemporary panorama reveals it was not unusual for the profession of the nurse to contain a code of conduct rooted in certain morals and values. In the Francoist case, it combined Catholic mores with conservative conceptions of modern medicine. Health Service nurses were to be pious, charitable, and devoted. In letters addressed to M. Milá, we commonly find remarks on an applicant's Catholic devotion and practice, which were used to assert their suitability for the service.<sup>207</sup> The war nurse turned into yet another surface for projecting a Catholic femininity that merged with contemporary conservatism, fascism, and traits of the profession. The image disseminated by the Health Service, the Sección Femenina, and the Margaritas was similar: »The nurse had to be beautiful, charming, and cheerful as well as well-behaved, self-sacrificing, and courageous,«<sup>208</sup> López Vallecilla summarises. While the various organisations that offered nursing training agreed about training standards and the code of conduct nurses had to commit to, political ideologies still mattered to them. M. Milá, for instance, repeatedly accentuated her subordinates' dedication to the Armed Forces and their professional skills;<sup>209</sup> the Margaritas emphasised their dedication to the king and altar, which they proved by imposing strict chastity on themselves and using their position as nurses to indoctrinate their patients in Catholicism;<sup>210</sup> the Falangists stressed

206 Cuartel General del Generalísimo.- Estado Mayor, Enfermeras en Hospitales, AGMAV, C. 2802, L666.

207 Correspondencia de la Inspectora General, AGMAV, C. 46761, 1; C. 42069; C. 42067, 2.

208 López Vallecillo, *Enfermeras*, 177-178.

209 M. Milá repeatedly fought for specific privileges for her subordinates during the war. On such occasions, she would emphasise the benefits of the Service as well as individual qualities of the military nurses. This created and reproduced an idealised image of the war nurse. Correspondencia de la Inspectora General, AGMAV, C. 46761, 1; C. 42069; C. 42067, 2.

210 Pablo Larraz Andía, *Entre el frente y la retaguardia: la sanidad en la Guerra Civil: El hospital »Alfonso Carlos,« Pamplona, 1936-1939* (Madrid: Editorial ACTAS, 2004), 109.

that nursing was a service to the Spanish nation and building the ›new‹ fascist Spain:

Our nurses, the Spanish nurses, have maintained their attitude at the height of their mission: self-sacrifice and skill in fulfilling their noble occupation. Their Spanish nature has been constant, and they have been able to carry out the task entrusted to them with a smile and without showing signs of fatigue. [...] Fulfilling their daily work, devoting their efforts to the homeland, constant in their duty without losing their healthy optimism or ceasing to be moved by pain as women with a Spanish soul and therefore truly feminine. The nurse is a great helper in rebuilding Spain, in the yearning for cordiality, in the desire for Homeland, Bread, and Justice.<sup>211</sup>

All in all, secular nurses did well if they subordinated unconditionally to the rule and orders of their superiors and doctors, did their job well, and demonstrated Catholicism and their enthusiasm for F. Franco. These work ethics became a valuable tool for disseminating and renegotiating ideas of Francoist femininity. For example, transgressions against the imperative of subordination normally entailed retribution for the deviant nurse.<sup>212</sup> Punishments should ensure respect for hierarchies. In the micro-society of the military hospital, nurses and auxiliaries internalised discourses on a woman's place in Francoism. Complementary gender roles were nothing new, but the context of war provided a setting in which conflicting concepts of femininity, as propagated by left-wing women's organisations, were shut out. The standardisation of nursing knowledge thus also contained the possibility of constant indoctrination.

The main conflict between Catholic nursing orders and organisations providing secular nursing training did not originate from a general conception of complementary femininity but rather from the relationship to the practice of medicine considered modern. Instead of providing care out of Catholic benevolence, which always saw God as the power deciding over death and life, modern medicine sought to cure patients and did not rely on God's goodwill. The secular nursing training included skills and treatment techniques that went beyond the care practices many of the deployed nun-nurses would be able to or refuse to perform. In addition, friction relating to hierarchies and responsibilities arose. One consequence of the demand for medical infrastructure was a lack of nun-nurses, so that secular women were at times deployed as head nurses and superiors to the nuns. Nun-nurses refusing to conform to the rule of secular head nurses seems to have been a regular occurrence.<sup>213</sup> »They were

211 Y. Revista de la mujer nacional sindicalista, no. September 1938.

212 Since M. Milá was consulted regularly about how to punish which kind of transgression, her correspondence provides a quite clear picture. For a condensed summary, see López Vallecillo, *Enfermeras*, 167-175.

213 Correspondencia de la Inspectora General, AGMAV, C. 46761, 1; C. 42069; C. 42067, 2.

unsuitable,« was a common phrase Provincial Delegates used as justification in their correspondence with M. Milá when they wanted her to take nuns off their service.

The relationship between the Catholic Church and the Health Service was not the only arena in which the modernisation of medicine *à la Franquista* was negotiated. With its different branches, the Health Service also enabled advancements in non-war-related medical disciplines and further international scientific entanglements. One key protagonist in that field was the psychiatrist Antonio Vallejo Nágera Lobón. Although he was a member of the Health Service, his research interests revolved around biopolitics and eugenics and were not directly linked to war medicine. He belonged to the group of Spanish eugenicists who contributed to disseminating these theories in Spain and, through their research, contributing to international debates. A. Vallejo Nágera was particularly interested in theories from Nazi Germany and their race-based approach, which he had studied during his stay in Berlin during World War I<sup>214</sup> and which he merged with Catholic doctrine.<sup>215</sup> The Civil War provided a springboard for his career which continued well into the 1950s.

In May 1938, a proposition to create a Health Service branch responsible for the concentration camps reached Inspector General M. Camón: »The extraordinary complexity and volume of the prisoners-of-war issue are gradually [...] having repercussions on the healthcare aspect of the army.«<sup>216</sup> According to the historian Javier Rodrigo, the Francoist system of concentration camps was genuinely overwhelmed during the war. After the end of the northern front alone, Francoist forces took on 106,000<sup>217</sup> prisoners, and the number did not drop thereafter.<sup>218</sup> When they launched a petition for their own Health Service, the Francoist troops had already won key battles, like Teruel, and were on their way to breaking through to the Mediterranean, preparing the disastrous battle of Ebro. Compared to Nazi concentration camps or Soviet gulags, the Spanish POW camps were a rather unstable institution.<sup>219</sup> Nevertheless, from 1937 onwards, a network of concentration camps was built for the internment of prisoners of war and political enemies. Improvisation, lack of supplies, and

214 Francisca Juárez González, »La eugenesia en España. Entre la ciencia y la doctrina socioplítica,« *Asclepio*, vol. LI 2 (1999), 124.

215 Morcillo, »Walls of Flesh,« 738-739.

216 Relativo a que informe sobre organización de servicios sanitarios en los campos de concentración de prisioneros, AGMAV, C. 2384, L 166, Carp. 34, 18.

217 Cazorla Sánchez, *Fear and Progress*, 34.

218 Only around 30% of these POWs remained in camps; the rest were mass conscripted by Francoist authorities and deployed in their own ranks. Nevertheless, before the captured Republican soldiers were enlisted on the Francoist side, they had to pass through a camp.

219 Javier Rodrigo, *Los campos de concentración franquistas: Entre la historia y la memoria* (Madrid: Siete Mares, 2003), 31-32.

poor hygienic conditions led to these camps becoming hotbeds for infectious diseases. Eventually, M. Camón, approved the request<sup>220</sup> and began organising this particular Health Service branch.

Against this backdrop, A. Vallejo Nágera proposed creating a research facility for studying the »biopsychological origins of Marxism«<sup>221</sup> and asked for access to prisoners of war. The Health Service's Head of Psychiatric Services emphasised it was »the best scientific use of human material that the vicissitudes of the war make available to science«<sup>222</sup> and strongly endorsed this petition. The Inspector General agreed and considered the approach »innovative and useful for future research, which undoubtedly will be followed up.«<sup>223</sup> It reached the desks of the General Staff, and A. Vallejo Nágera even had a personal meeting with F. Franco on the matter. F. Franco's endorsement of A. Vallejo Nágera's petition did not come as a surprise, given that he had been building his self-image as a fervent anti-Communist for a long time.<sup>224</sup> The research centre and A. Vallejo Nágera's human experiment were established. He worked on various groups of POWs, among them a group of Cubans, North Americans, soldiers of the Popular Army, and political enemies. By supporting A. Vallejo Nágera's research, Francoists joined the research trend of international and especially German eugenics. Looking for a pathology of Marxism intersected with theories on degeneracy.<sup>225</sup>

According to A. Vallejo Nágera, »Marxist fanaticism« predominantly correlated with low intelligence, low levels of culture, psychosis, and mental deficiency. As a result, A. Vallejo Nágera elaborated a systematisation to facilitate psychiatric diagnostics. He considered »liberal sexual morale« – a symptom predominantly diagnosed in women – as well as antimilitarist, materialist, and atheist attitudes as symptoms of Marxism, maintaining that none of his patients truly understood the ideology they were supposedly fighting for. This lack of comprehension added to the hypothesis that »fanatic Marxism« was a psychotic disease that could – but not necessarily did – correlate with general delinquen-

220 Relativo a que informe sobre organización de servicios sanitarios en los campos de concentración de prisioneros, AGMAV, C. 2384, L 166, Carp. 34, 18.

221 Relativo a un escrito formulado por el Jefe de los Servicios Psiquiátricos Militares, comandante Médico Don Antonio Vallejo Najera, sobre la creación de un Gabinete de investigaciones psicológicas para investigar las raíces biopsíquicas del marxismo. Desp. 14.733, AGMAV, C. 2384, L 166, Carp. 39.

222 Ibid.

223 Ibid.

224 Rodrigo, *Generalísimo*, 151.

225 Juárez González, »La eugenesia en España. Entre la ciencia y la doctrina socioplítica;« Claudio Francisco Capuano and Alberto J. Carli, »Antonio Vallejo Nágera (1889-1960) y la eugenesia en la España franquista: cuando la ciencia fue el argumento para la apropiación de la descendencia,« *Revista de Bioética y Derecho*, vol. 26, no. September (2012), 3-12; Gerhard Baader and Jürgen Peter, eds., *Public Health, Eugenik und Rassenhygiene in der Weimarer Republik und im Nationalsozialismus: Gesundheit und Krankheit als Vision der Volksgemeinschaft* (Frankfurt a. M.: Mabuse-Verlag, 2018).

cy.<sup>226</sup> According to him, Marxism was contagious as parents could pass it on to their offspring. The state carried great responsibility in countering the ›spread‹ of Marxism. People diagnosed with ›Marxism‹ were to be prevented from procreating or be separated from their offspring. The premature end of family care would also contribute to the development of ›pathological Marxism,‹ which could occur if children were forced to earn their own living at a young age.<sup>227</sup> A class system as brought forth by the ideologies of industrialisation and materialism should be abolished and avoided at all costs. The antidote was Catholicism and Catholic practice as well as systematic state-controlled propaganda and indoctrination.

Apart from collecting and interpreting data, A. Vallejo Nágera's project also included a therapeutical component whose outcome was hardly mentioned in any of the five articles he published. The internal report about experiments performed on North American prisoners forwarded to the General Inspector suggests, however, that his reeducation programme did not work as planned. After the end of his experiment, he concluded that 79.16 % of the tested prisoners continued to stick to their ideological convictions.<sup>228</sup> Nevertheless, through his research, A. Vallejo Nágera affirmed Francoist social politics and provided them with a scientific foundation. It also pathologised and criminalised behaviour patterns like the open rejection of Catholic practice and beliefs or extramarital sexual activities, laying the foundation for social exclusion, stigmatisation, and other forms of repression that predominantly affected supporters of the Second Republic.

Although A. Vallejo Nágera had to drop his eugenic research after 1945, his career did not end there. He was appointed Professor of Psychiatry at the University of Madrid in 1947 and made important contributions to further developments in the field in Spain. In offering people like A. Vallejo Nágera or M. Milá the opportunity to conduct their research and decide on the contents of nursing training, the Health Service provided an institutional framework for setting standards not only in medical and nursing practice but – more importantly – also in defining acceptable and unacceptable social roles with corresponding codes of conduct in medical and nursing professions.

226 Juárez González, »La eugenesia en España,« 129-130.

227 Relativo a un escrito formulado por el Jefe de los Servicios Psiquiátricos Militares, comandante Médico Don Antonio Vallejo Najera, sobre la creación de un Gabinete de investigaciones psicológicas para investigar las raíces biopsíquicas del marxismo. Desp. 14.733, AGMAV, C. 2384, L 166, Carp. 39.

228 Biopsiquismo del fanatismo marxista, AGMAV, C. 2384, 1666, 39, 30.



### 3 Society-Building at the Sickbed

The failed coup d'état produced a situation Giorgio Agamben called a no-man's land.<sup>229</sup> Once the army had assumed power, what happened no longer corresponded with any social or legal framework. This state of exception translated into a social situation deeply marked by arbitrariness and insecurity for the civilian population. The level of violence, intensity of fighting, and development of the first frontlines strongly depended on the varying constellations of power distribution among locally dominant political groups, militia, and army units. However, the pressure to take sides quickly rose everywhere and challenged people to find strategies for coping with this new necessity to fit into the emerging Civil War society. The spectrum of coping mechanisms was extensive: Some happily integrated into what would eventually turn into Francoist society, others turned to inner emigration or attempted to opportunistically – or pragmatically – negotiate the best possible position for themselves, while others instantly went underground. Yet, all these practices of »acquiescence, avoidance, and exploitation«<sup>230</sup> contributed to building a »field of force«<sup>231</sup> where the power and rule of insurgents was established, negotiated, and eventually transformed into Francoism.

The Health Service of the Francoist army was just one of many arenas in which we can observe this process. It was already hierarchically structured and consisted of the medical equivalent of rank-and-file soldiers, patients, and officials occupying positions of power. While the Health Service officials put an effort into structuring and governing the service, people who signed up to work in it envisioned a great variety of motifs and hopes for Spain's future. For many, it was a social space to begin their careers; others – sometimes mistakenly – conceived the Health Service as a suitable hiding place from frontline danger; others saw it as a chance to sanitise their Republican reputation; some sought the promised opportunity to participate in frontline activities and more. In other words, why people wanted to become members of the Health Service varied greatly, ranging from coercion to fierce conviction and war fever. Their work, experiences, and participation in building Francoist society at the sickbed depended strongly on their abilities to negotiate their needs with their fellow Health Service workers and their superiors in this satellite institution of the Armed Forces.

As in the Popular Army, apart from individual doctors and nurses, some officials administered Health Service logistics, deployed, supervised, and organised medical staff. Depending on the individual position within the military medical administration, actors had more or less power and leeway to decide how to translate Francoism to the concrete medical setting of their deployment. It thus

229 Agamben, *Sovereign Power and Bare Life*, 19.

230 Lüdtke, »Einleitung,« 14.

231 Ibid.

mattered if one was a woman or a man, a member of the Falange or not, old or young, militarily assimilated or mobilised, professionally trained, or a volunteer. The *Francoism of the sickbed* grew in a context in which medical practice intersected with military administration and ideologically framed belief systems. It did not, however, reduce the agency of individual Health Service members to their medical environment. Instead, it embedded them in larger social contexts, which changed throughout the war. During the initial stages of the war, individual actors preferred to orient themselves and their actions according to the concrete local military and social constellations in which they found themselves. For example, in the strongly Carlist northern areas, people would turn to the Requetés and the Margaritas rather than the Falange if they wanted to engage in the war. In contrast, in the surroundings of Valladolid or Burgos, there was practically no alternative to the Falange, while in Cadiz neither of the two organisations had noteworthy traction in July and August 1936.

After F. Franco was appointed ›Caudillo‹ and ›Generalísimo,‹ he took measures to assert and hegemonise his power. The birth of the Falange Española Tradicionalista y de las Juntas de Ofensiva Nacional Sindicalista (FET y de las JONS) as the unified organisation to integrate all political groups and organisations supporting the insurrectionists was one consequence of these centralisation efforts. The predominance of FET y de las JONS eventually affected everyone in the Francoist zones. Although the Falange already experienced a meteoric rise from the very beginning of the conflict, the spring of 1937 became an important milestone. After the unification decree, the constellation of social actors and power distribution was reshuffled and – more importantly – institutionalised. The individual taking of sides and statements of loyalty to F. Franco found their expression in the FET y de las JONS membership card. Although the Falange was not allowed to interfere with the work of the military medical branch, its influence extended well into the units of the Health Service and affected how Francoism reached the sickbed. The medical staff had to navigate their work and life within the Armed Forces and against the backdrop of the growing influence of FET y de las JONS, their female section Sección Femenina (SF), and their humanitarian projects. Strategies for coping with and individual actors' practices of expressing Francoism on different levels of the medical corps' hierarchy lie at the heart of the following sections.

### 3.1 *Becoming ›Noble Saviours‹: Coercion, Reluctance, Conformation*

The pressure to take sides varied locally and regionally. The level of violence that evolved locally during the coup d'état and the weeks thereafter contributed to that pressure, as did the locally varying constellations of political parties and their varying degrees of dominance. This included other factors, like economic and social inequality, all of which fed into how and when people felt the need

to demonstrate their loyalties. With all its consequences, the coup was most felt in the cities, the centres of public administration, political parties, and law enforcement agencies, which the rebels targeted. While the Military Code of Justice was instantly applied in some localities as a legal basis for persecuting anyone considered an 'adherent' to the Republic, local pressure groups or militia units resorted to vigilante justice in others.<sup>232</sup> In contrast, the conflict and violence reached some areas only as rumours, stirring discomfort or, at most, small disputes among their population.<sup>233</sup>

Yet, the pressure to show one's allegiance increased everywhere, fostered by propaganda. Especially in everyday life, demonstrations of side-taking quickly became gendered practices in the insurgent zone. Urging one's own husband, brothers, father, (male) cousins, and sons to sign up became female duty.<sup>234</sup> Men were supposed to volunteer to join the militia or the army. Not wanting to fight was quickly marked as cowardice and associated with treason. This politicised any attempts to avoid army service or even desertion. Everyone hesitant to join the militia or failing to respond to its drafting order was immediately suspected of supporting the Republic, putting enormous pressure on the male population between 18 and 45.

Both the Armed Forces and the Falange benefitted from this pressure, as people signed up voluntarily to avoid persecution. At the same time, the narrative of 'national liberation' and the 'glorious Army' that had come to 'save the nation' gained momentum. Framing the Armed Forces as an institution to bring 'salvation' to Spain also meant inviting conscripts to be part of something bigger than their own life – to become 'saviours.' However, only Falange and the Carlists members responded enthusiastically to the mobilisation campaigns. Although the contemporary propaganda and, later, Francoist chronicists suggested differently, most men fit for service were hesitant to volunteer for front-line combat.<sup>235</sup> This disbalance became instantly palpable. Already a few days after the coup was considered to have failed, the Armed Forces began targeting men systematically. They needed coercion to fill the ranks and reach combat-

232 Rúben Serém, *A Laboratory of Terror: Conspiracy, Coup d'état and Civil War in Seville, 1936-1939: History and Myth in Francoist Spain* (Brighton; Portland; Toronto: Sussex Academic Press, 2017); José Sanchis Sinisterra and Milagros Sánchez Arnosi, *Terror y miseria en el primer Franquismo* (Madrid: Cátedra, 2003); Anderson, *Friend or Foe?*

233 Leira Castiñeira, *Soldados de Franco*, 42-45.

234 Eventually a gendered segregation would also be propagated in the Republican zone which ascribed the rearguard as a female space. However, during the first months of the war there was more flexibility and leeway for women to participate in so-called male war activities, as the *milicianas* prominently displayed, as well as the propaganda discourses having a different tone. For more on this see, among others, Mary Nash, Ana Martínez Rus, Eulalia Vega, Shirley Mangini.

235 Michael Seidman, *The Victorious Counterrevolution: The Nationalist Effort in the Spanish Civil War* (Madison, Wisconsin: University of Wisconsin Press, 2011); Matthews, *Reluctant Warriors*; Leira Castiñeira, *Soldados de Franco*; Corral, *Desertores*.

ant strength the General Staff considered indispensable. The first draft call-ups were decreed in July and August 1936.<sup>236</sup> These mobilisation efforts reverberated in the municipalities, parishes, and local pressure groups. However, social pressure caused resistance, which manifested in many ways. The most drastic were desertion and self-mutilation. If deserters were caught, it usually meant their certain death, and self-mutilation bore the risk of being identified as such and consequently also being sanctioned for desertion.<sup>237</sup> However, not all desperate conscripts resorted to such drastic measures. There were a few other options to renegotiate one's place in the army. The so-called ›second army‹ units – units responsible for organising logistics, infrastructure, and provision, etc. – were sought-after positions.

In contrast, the mobilisation of women was diffuse, particularly in the summer of 1936 of the war. Coercion manifested differently for them. While the trajectory was unambiguous for men, women had more opportunities to choose how and if they wanted to engage with the war efforts. They were to support the rebels, but during the first year of the war, there were no systematic mechanisms for their integration. The Sección Femenina rallied intensively, as did the Margaritas and the Catholic women's organisations. This created a panoply of options for women who wanted to engage but had no clear-cut go-to like their male counterparts with the Armed Forces. But this would eventually change: In the autumn of 1937, mandatory war service for women – Social Service – was decreed, so all women between 17 and 35 were obliged to perform at least 6 months of war service.<sup>238</sup> One group of women was targeted to contribute to the war efforts from the outset of the conflict: nuns, particularly the nuns of the Sisters of Charity, an order specialising in medical attention.<sup>239</sup> However, they were not recruited via public call-ups but addressed directly. Cooperation between the Armed Forces and their congregation was already tried and tested.<sup>240</sup>

The pressure of coercion weighed unevenly on men and women during the first year of the war, so they perceived the military Health Service differently. While doctors, practitioners, and nurse-nuns were sought-after labour forces, the Health Service also offered occupations for nonmedical staff. Drivers, stretcher-bearers, administrators, guards, cooks, seamstresses, cleaning staff, etc., were also urgently needed. Since women had few opportunities to get close to the vanguard, working for the Health Service was one of the few accepted op-

236 Matthews, *Reluctant Warriors*, 14-17.

237 Corral, *Desertores*, 307-328.

238 Cenarro Lagunas, *La sonrisa de Falange*; Orduña Prada, *El Auxilio Social (1936-1940)*.

239 Yetano Laguna, »Con toca,« 113-139.

240 According to the files of the Ministry of War, delegations of *Sisters of Charity* were apparently requested as a matter of course whenever needed, for example, during the miner's strike in 1934 AGMAV, C. 19, 14, 1. Francisco Martínez also mentions the participation of delegations of *Sisters of Charity* in his works on the Red Cross during the Rif wars. However, this relationship still requires further investigation.

tions. For regular rank-and-file soldiers, the Health Service – like the Quartermasters, Veterinary Service, Logistics, etc. – offered an alternative to combatant deployment and thus an opportunity for confronting the compulsion to fight, which meant a chance to renegotiate their position and tasks within the army. This was less drastic and life-threatening than planning a desertion. To escape the pressure of showing colours, for some, the Health Service was a lesser evil, for some a hideout, and for others an obligation to care. By choosing one of these ways of dealing with their fate, these men and women contributed to shaping Francoism, much as the dawning dictatorship shaped their biographies.

### *The Lesser Evil and the Hideout*

To access the experiences of male rank-and-file Health Service staff is a particularly tricky endeavour. Their voices appear only scattered in the military administration files or in trial records when they had committed a punishable act or when there were problems. We should treat these stories with caution, though, because such testimonies were collected under the pressure of a criminal investigation. There are seldomly coherent or detailed narratives. Still, the surviving bits and pieces tell stories that allow for cautious generalisations. I chose the cases selected here to trace how male rank-and-file Health Service staff negotiated themselves into a position of 'lesser evil' within the war. Searching for a better position in the Armed Forces meant accepting the inevitability of being drafted but also getting an opportunity to make the best of a difficult situation. Their tactic was thus to acquiesce to the circumstances while looking for some leeway to make improvements and muddle through as best as possible. They did not question the authority of the insurgent forces and succumbed to the social pressure surrounding them. In their search for a better deployment position, they recognised and accepted the rules that governed the Armed Forces. They also used the career opportunities provided by the institution for rank-and-file members or officials. Some of them did use this situation to search for ways to maintain their individual integrity and prioritised own sets of values. The actions of men like them subverted the ruling Francoist order, however, never fundamentally challenged it.

The search for a 'lesser evil' led to mixed experiences. It depended strongly on whether the person in question was medically trained, where they had been deployed, when they had begun searching for a better place, what expectations had given them the impulse to look for an alternative post, and whether they had useful personal connections. In other words, time, place, knowledge/skills, motivations, and the individual's network determined the outcome of these searches for a 'lesser evil.' If their negotiations were successful and they managed to improve their situation, their experience of war changed.

In cases like Requetés Miguel Arbea Sola's, the new post in the Health Service contributed to maintaining his individual integrity, his readiness to remain a sol-

dier on duty for F. Franco, and, furthermore, his career. His path into the medical branch was not direct but casual. He presented himself at the military vehicle fleet, where he was asked: »You have spent many hours on the road, right?« M. Arbea confirmed. Cars were his passion. His father had a family business where he had learned to be a mechanic, a profession he enjoyed.<sup>241</sup> The lieutenant recognised this and made him an offer: »Finally, someone with experience. Lad, what would you prefer, driving munition, provisions, or an ambulance?«<sup>242</sup> There was such a shortage of capable drivers that M. Arbea was allowed to name his preference; he chose the ambulance. Thus began the better part of his war experience. Before his career as an ambulance driver, he had volunteered in a *Requetés* unit of the company 1<sup>a</sup> del Tercio de San Fermín, witnessing and surviving much violence in the Basque mountains. Eventually, because his unit had suffered so many losses, it was restructured and united with another. That was when M. Arbea made the decision to volunteer as a driver and change his fate. Although violence continued to determine and dominate his day-to-day life during the war, working as a driver made him feel better. As an army driver, he could operate some of the latest models, which he recalled with pride, and move on a territory he was familiar with – roads. In addition, whenever possible, he helped with treatment, which gave him a sense of usefulness. Then the war turned into a more or less positive experience for him. »Today, at 93 years old, I still cannot stop thinking about these adventures, all the people I met, all the places I have been ... I am still fit, I still drive, and I still go to the same garage every day [...] where I keep some of my war memories.«<sup>243</sup> Hence, the restructuring and expansion of military infrastructure during the first months of the war allowed him to escape the horrors of frontline battle, which he gladly seized.

M. Arbea's story carries traces of a ›time-of-my-life‹ narrative told by many young recruits and auxiliaries – especially when they were deployed in the calm frontline sections of the civil war, which combatants of the Second World War later echoed. ›War fever‹ drove many young men and women all over Europe to volunteer in the wars during the first half of the 20th century – a *zeitgeist* phenomenon. The wars offered an alternative to the preformed paths into adulthood and professional life, especially for young people. It meant leaving parental control during a time of their lives when they were still unmarried or without family obligations.<sup>244</sup> Nonetheless, certain lucky factors had to

241 Larraz Andía and Sierra-Sesúmagu, *Requetés*, 475-482.

242 *Ibid.*, 478-480.

243 *Ibid.*, 482.

244 Substantial research exists on war enthusiasm for World War I and World War II, often in combination with youths. Even more pronounced was the enthusiasm of women, who often experienced their call-up as nurses, secretaries, or auxiliaries as empowerment. On both sides of the Spanish Civil War, this kind of eagerness to contribute to the war effort was particularly widespread during the days of the coup and the first weeks after that among young, politically engaged people. Of course, war

come together for this fever to prevail, like being deployed in a warzone with little combatant action or at a post that included certain comforts – as was the case for M. Arbea. The experience of having had the ›time of my life‹ was shared across the gender divide. Some young female auxiliaries of the German Wehrmacht recalled their experiences of strolling through the occupied Paris as ›thrilling,‹ ›wonderful,‹ and ›free.‹<sup>245</sup> The war allowed them to travel to an exotic place instead of showing them the horrors of frontline violence, destruction, and despair. While M. Arbea had experienced some of the horrors the Spanish Civil War had in store for its combatants, being transferred to the ambulance drivers of the Health Service provided a profound change of scenery that allowed him to translate his painful war experiences into meaningful ›adventures.‹

A similar story, albeit with a diametral outcome, is the account of the surgeon Joaquín Santamaría Azáceta. His narrative opens with a gloomy confession: »I lived the war in the worst place where one can experience a war, a sickbay.«<sup>246</sup> He had just passed his final medical exams at the Medical School of the University of Madrid in May 1936 and returned to his family in Navarrese Pamplona to spend the summer when the war began. Neither he nor his parents considered themselves Carlists, although Carlism was strong in their area. The pressure on him must have been tremendous because Pamplona eagerly joined the insurrection. »I never engaged in politics or any of that stuff. I thought myself a liberal person like most people in my generation who had access to higher education,«<sup>247</sup> he recalled. When the rebellion occurred in Pamplona on 19 July 1936, he volunteered as a surgeon to forestall his conscription. Many of his colleagues from Medical School did the same thing, though not all were actually deployed as doctors but as regular rank-and-file infantrymen. J. Santamaría was listed as a surgeon for a Requetés militia unit and immediately left for the front. He was still a medical greenhorn when he was sent off and had to learn the business on the job. Especially for the first weeks and months, he recalled, everything was very improvised; sanitary and surgical material was hard to come by; and the working conditions were extremely precarious. Medical treatment depended on every single person, their creativity, their capacity to work with the

enthusiasm quickly transformed into disillusionment and trauma, which depended strongly on where one was deployed and how intense the fighting was there. For the world wars, see, among others: Marcel van der Linden, Gottfried Mergner, and Herman De Lange, *Kriegsbegeisterung und mentale Kriegsvorbereitung: interdisziplinäre Studien* (Berlin: Duncker & Humblot, 1991); Maubach, *Die Stellung halten*; Franka Maubach and Silke Satjukow, »Zwischen Emanzipation und Trauma: Soldatinnen im Zweiten Weltkrieg (Deutschland, Sowjetunion, USA). Ein Vergleich,« *Historische Zeitschrift*, vol. 288, no. 2 (2009), 347-384.

245 Maubach, *Die Stellung halten*, 111-127.

246 Larraz Andía and Sierra-Sesúmagá, *Requetés*, 431.

247 Ibid.

little they had, and their ability to mobilise support from the local population. During his service, he attended war theatres in the northern provinces Navarre, the Basque Country, and Cantabria but was later transferred to Aragon and then to Catalonia. He not only experienced some crucial battles of the war but also saw how differently the war affected the different regions. He remembered the suffering of the ill-equipped troops he tended to, upsurges of violence against enemy combatants and civilians, but also actions of humanity that cut across ideological division. Although his recollection reveals his pride in having developed considerable surgical skills during and because of the war, it also shows his profound frustration with the military administration, which failed to provide them with the resources they needed to do their job well. Once he was threatened with sanctions for not running his service according to the manuals, he remembered sourly. This sheds light on the immense psychological burden of constantly operating on dying combatants. After the unconditional surrender of the Republic, he was released from duty.

Unlike M. Arbea, who thrived because of his duty as a driver and managed to create fond memories of the war, J. Santamaría's tale is marked by painful and frustrating experiences. M. Arbea was not responsible for the lives of casualties in the same way as J. Santamaría. In both cases, however, the war accelerated their careers. In 1940, J. Santamaría was already the youngest board member of the Navarrese College of Physicians (*Junta del Colegio de Médicos de Navarra*)<sup>248</sup> though his ascent did not mean that the war had turned him into a Francoist. His experiences at the front did not change his personal attitude and political affiliation. To him, individual action was based on humanist ideals, which continued to matter more than any contemporary ideologies. His motivation to voluntarily sign up for war duty originated in the context of pressure and was born out of the idea that – at least – he would be practicing medicine instead of being drafted as an infantryman. Like M. Arbea, he accepted there was no way around war duty. His leeway for negotiating a position that he hoped would be better than frontline service originated from his profession. Yet, he was unprepared for the experiences that awaited him. His experiences at the fronts confirmed his belief system. He strongly identified with liberal humanism and the ethos of his profession as a doctor. The Hippocratic oath formed the basis for his loyalty to his patients and to the fellow medical staff. After the war was declared over in April 1939, J. Santamaría and some of his colleagues attempted to aid fellow doctors who had worked for the Republic to continue their careers. »We doctors are all innocent as lambs. Nobody did anything against the Movement. We are all most addicted to it,«<sup>249</sup> he and his colleagues used to say used to say ironically whenever they signed endorsement letters for colleagues who had been with the Republican forces.

248 Ibid., 439.

249 Ibid., 440.



We should understand his story as ambivalent. By volunteering early in the war, he had some say in his deployment, namely to being deployed as a surgeon. The war offered him a springboard to kick-start his medical career. His profession allowed him to stay out of the ideological battlefield to the best of his abilities. His political indifference did not matter. His narrative ends with the remark that the only satisfaction the war gave him was at least being able to help »those poor guys who I never asked – nor cared about – how they thought.«<sup>250</sup> J. Santamaría's story differed from M. Arbea's as he had less leeway to negotiate a better position for himself. He had to choose between becoming an infantryman or working in the profession he had trained in, while for M. Arbea it was a lucky coincidence that brought him to the Health Service. J. Santamaría had hoped that working for the Health Service would keep his life from danger, but, as a troop doctor, he was actually sent right into it. To him, the Health Service was not a social space that saved him from the cruelties of war; on the contrary, witnessing all the suffering and death had made him cynical. The only positive things he took away from this experience were his skills, the opportunities to save comrades, and the moments when he helped men and colleagues suspected of belonging to the enemy. J. Santamaría was forced to integrate into the Francoist system, which he answered with little acts of resistance and by acting according to humanist values that cut across the ideological divide and the imperative to conceive ›the others‹ as enemies. In his case, the ›lesser evil‹ was not having to kill or shoot a gun but – in his words – to tend to those who had received a bullet.<sup>251</sup>

Both ›lesser‹ and ›evil‹ could mean many things. Attempts to negotiate a better position within the dawning dictatorship and the war originated not only from the perspective that drafting was unavoidable. As the story of writer and politician Pedro Icardi Blanca from Cadiz shows, the Health Service was also conceived and used to enter Francoism undetected. The story of P. Icardi showcases how individuals used the war to cleanse their reputation. In his case, the military hospital became a hideout where he hoped to find his place in Francoism.

In Cadiz, the insurrection succeeded on 18 July 1936. Unlike in Asturias, Cantabria, and the Basque Country, where J. Santamaría and M. Arbea had been deployed, in the city of Cadiz and its immediate proximity, no war theatre had stabilised. The battlefield closest to the southern Andalusian cities was the front at Málaga roughly 200 kilometres away, where in January and February 1937 the fighting intensified. In other words, Andalusian cities like Cadiz and Seville did not experience the Civil War at all like the regions of Santander, Gijón, Reinosa, Bilbao, and Pamplona. Even though Cadiz functioned as an important rearguard base for military hospitals and a passageway for the Moroccan troops, the Civil War first and foremost meant repression and violence against anyone

250 Ibid., 441.

251 Ibid., 432.

suspected of cooperating with or being loyal to the Republican government. There, the Civil War took the asymmetric shape of terrorism, leaving the civilian population at the mercy of their neighbours, acquaintances, and the police forces and militias. In fact, the insurrection caused there an upsurge of violence that cost several thousand lives, which today is discussed as genocidal.<sup>252</sup>

One day after the rebellion began, P. Icardi offered his service to the head of the Military Hospitals in Cadiz and Seville. During his mandatory military service in 1902 and 1903, he had qualified as a paramedic with the rank of sergeant. When the Civil War began, he was already 55 years old when he presented himself to the heads of medicine and thus already too old to be drafted, he not only insisted on wanting to serve voluntarily but also refused to accept pay. Alejandro Rodríguez Solís, the chief of medicine and the Military Hospital of Cadiz, employed him on 27 July 1936 and gave him a post in the hospital administration, where he stayed until his demobilisation on 7 July 1939. During his 3 years of service, P. Icardi was promoted various times. When he quit his service, he held the rank of honorary lieutenant. Getting these promotions was, however, not an easy road. Over 100 letters, requests, and applications survived in his staff file, evidence of his determination to make it happen – and that he had found an ambitious advocate for his cause in A. Rodríguez.<sup>253</sup> »Because I would like to see him leave the service with the star of an ensign when the movement ends,«<sup>254</sup> A. Rodríguez added to the justification for his urgent request to his superior in February 1937.

P. Icardi's cause captured the attention of the highest levels in the military administration. The general in charge of the Army of the South (Ejército del Sur), Gonzalo Queipo de Llano y Sierra, permitted P. Icardi to wear the emblems of an honorary lieutenant on his uniform on 27 December 1938. Only 2 months later, P. Icardi sent the request to be promoted to honorary captain to F. Franco himself. We do not know whether F. Franco answered because no such letter survived in the staff file, but since he still held the rank of honorary lieutenant at demobilisation, it is very likely that F. Franco's answer was negative. Still, climbing the ranks from sergeant to honorary lieutenant – and doing so in such a proactive fashion – is impressive, considering that all this happened during the 3 war years and for someone who was not even regularly militarised. P. Icardi thus used the war and his service at the military hospital in Cadiz to build a military career for himself at the age of 55.

252 Preston, *The Spanish Holocaust*; Anderson, *Friend or Foe?*; Laia Balcels, *Rivalry and Revenge: The Politics of Violence during Civil War* (Cambridge: Cambridge University Press, 2017).

253 Icardi Blanca, Pedro, AGMG, UCOS, Hospital Militar, Cádiz, 3/91.

254 22 February 1937, Alejandro Rodríguez Solís to Juan Altube Fernández, Comandante Médico, Jefe del Grupo Divisionario de la Segunda División, AGMG, UCOS, Hospital Militar, Cádiz, 3/91.

We may find some explanation for P. Icardi's urge towards military honours in what we do know about his biography before the war. After the proclamation of the Second Republic, he was named a member of the first Republican city council in Cadiz from 1931 to 1934 and again from February to May 1936. He represented the Radical Republican Party (PRR) of Alejandro Lerroux García, which eventually strongly sympathised with the insurrection. Hence, he was a member of a party that, during the Restoration, one could still characterise as politically left-wing but which ventured towards right-wing positions throughout the Second Republic. Since he remained a member of PRR, we can assume, that the insurgents' aims and positions were probably closer to his own than those of the Popular Front government during the summer of 1936, which might explain his readiness to support the rebels. Nonetheless, in 1935, he was a member of a committee that worked on an Andalusian autonomy charter, even accompanying the correspondent delegation to Madrid.<sup>255</sup> However, regionalism and regional autonomy claims did not correspond with F. Franco's vision of the 'new, united, and grand' Spain. While, on the national level, members of the PRR were not necessarily targeted by Francoist repression, on the local level, things were often different. Since he was associated with regional autonomy claims, he may have been a *persona non grata* for Francoists and Falangists from Cadiz. We can thus understand his volunteering for the Health Service as a tactic for seeking institutional protection, using the military hospital as a hideout and a Health Service uniform as cover.

P. Icardi was not the only one who attempted to disappear among the field grey masses. A plethora of inquiries from Health Service officials of all coordinative positions survived regarding the political reliability of their subordinates.<sup>256</sup> Although the Health Service was targeted by enemy intelligence, these documents reflect the profound mistrust that reigned and suggest that there were many more like P. Icardi who wanted to survive the war and thought they could find shelter in the Health Service.

Why A. Rodríguez acted from the beginning as a determined supporter of P. Icardi cannot be solved conclusively. He sent the first letter asking for P. Icardi's promotion on 3 September 1936 – only a week after P. Icardi had started his service. The letters that survived in P. Icardi's staff file reveal that their

255 Santiago Moreno Tello, *Periodistas represaliados en Cádiz*, (Pontevedra: Pai Edicions, S.L., 2008); José Luis Gutiérrez Molina, *La justicia del terror. Los consejos de guerra sumarísimos de urgencia de 1937 en Cádiz*, (Cádiz: Ediciones Mayí, 2014); Jesús Narciso Núñez Calvo, «La Comandancia de la Guardia Civil de Cádiz en la Guerra Civil de España,» (PhD Thesis, Universidad Nacional de Educación a Distancia, Madrid, 2015).

256 There was a difference between inquiries regarding the political reliability of a Health Service member when they were deployed for the first time or transferred, which was a standard procedure, and inquiries after something supposedly suspicious had happened. However, the latter was just as common as the former.

relationship grew closer over the 3 years they worked together. While P. Icardi still addressed him with very formalised language in late 1936, in 1939, they had definitively reached the cordial level formal Spanish letter writing had to offer.<sup>257</sup> They likely crossed paths before P. Icardi's voluntary service. They were roughly of the same age, and both had political ambitions, though A. Rodríguez was predominantly interested in healthcare issues, whereas P. Icardi engaged with many other political issues. In 1920, A. Rodríguez had proposed a sanitary reform in Cadiz.<sup>258</sup> He had designed a reorganisation of the Andalusian sanitary and healthcare infrastructure and presented it to the city council. A. Rodríguez proposed a healthcare system that, fundamentally, followed conceptions of the League of Nations Health Organisation. It included more state responsibility for the population's medical attention, which must have resonated with the early goals of PRR.<sup>259</sup> Hence, P. Icardi and A. Rodríguez may have shared some common political ground. Whether they developed a real friendship or whether A. Rodríguez acted out of solidarity must remain open for further investigation.

Another aspect that calls attention to P. Icardi's file was his late association with the Falange. He only joined the party, one and a half years after the unification decree, on 21 October 1938, at which time the authority of the Falange was no longer questioned. Yet, P. Icardi – who feverishly worked on his collection of military honours – did not use the opportunity to become a member sooner, like so many others did.<sup>260</sup> Instead, he apparently stuck with the idea that the Armed Forces were the safer bet. In his applications for military honours – echoed by A. Rodríguez' many letters of recommendation – he emphasised his altruism, abnegation, and dedication to the insurrection and the »glorious movement.« According to his patron, he had worked »free of charge 10 hours a day, never had asked for leave, never had been sick or off duty for other reasons, only had Sunday's afternoon off, and had spent 3 months at the frontlines.«<sup>261</sup> This fulfilled all the prerequisites for his formal militarisation as defined by Decree 110 and all its modifications. That he joined the Falange only in late 1938 may be because, at this point, the end of the war was already on the Francoist horizon: The International Brigades had been sent off, the battle of Ebro was wrapping up, and the offensive on Catalonia was in the making. The certainty had grown that the Falange's foreseeable influence would not decrease, whereas his days in the Health Service appeared numbered. Becoming a member meant anticipating a shift in political power. If he sought protection by gathering military honours, becoming a Falangist was another logical step.

257 Icardi Blanca, Pedro, AGMG, UCOS, Hospital Militar, Cádiz, 3/91.

258 Telegramas, oficios, informes y relaciones entre el Subsecretario de la Gobernación y los Gobernadores Civiles sobre sanidad. AHN, FC-M°\_Interior\_A, 54, Exp. 15, 1920-1923.

259 González Calleja et al., *La Segunda República española*, 477-488.

260 Kössler, »Gelegenheiten und Gewalt,« 120.

261 Icardi Blanca, Pedro, AGMG, UCOS, Hospital Militar, Cádiz, 3/91.

That he took so long to do it raises the question of how much importance and attention was attributed to the mass single party by P. Icardi and his immediate social environment.

After the war was officially over, in 1940, he was accused of freemasonry,<sup>262</sup> which by then often meant a death sentence. By seeking military honours, he may have backed the wrong horse. According to his trial record, he disappeared and could not be brought in for questioning. His case never reached court, but it does contain his death certificate, which gives no indication of the circumstances of his death in 1951. Santiago Moreno Tello, author of the publication *Periodistas represaliados en Cádiz* from the Cádiz Press Association,<sup>263</sup> lists him as a victim of the Francoist repression. The protection of the Armed Forces only reached so far after the war.

A closer look at P. Icardi's superior, A. Rodríguez, reveals he may not have been the only one to underestimate Falange. Like J. Santamaría, he was a medical professional, but unlike any of the other cases discussed, he was a military doctor and radiologist who had started his career in the army in 1908. According to his staff file, he spent most of his professional life in Andalusian military hospitals – Cadiz and Seville. During the civil war, he ascended to Chief of the Health Service of the military region of Cadiz and was responsible for adapting its medical infrastructure to support the war. All information, logistics, and medical tasks of that military region converged on his desk, but what remains of his work is scattered in the files of his staff and the files the army administration kept on him. These documents, however, suggest, that he seems to have been a superior who was truly interested in supporting the careers of his subordinates.<sup>264</sup> Not only P. Icardi repeatedly received his endorsement, but anyone who asked for it.<sup>265</sup> For example, in the military hospitals he controlled, several nurses wanted to further their studies. He repeatedly encouraged their ambition and lobbied for the nursing diploma awarded by the Health Service to be considered equal to a university degree.<sup>266</sup> He used his position of power to improve the situation of others by vouching for them, supporting their claims and applications to the army administration, and, in the case of P. Icardi, by giving him a job and thus security in a situation in which he most likely faced persecution.

That A. Rodríguez was probably sceptical of the rise of the Falange and their increasing influence surfaces only in little details. However, when pieced together, these suggest that he was a bourgeois conservative-liberal military doc-

262 Sumario 112-45 contra Pedro Icardi Blanco por delito de Masonería TERMC-Masonería 12080, CDMH, AAGC. B 761 762, Leg. 762, Exp. 12.

263 <https://www.prensacadiz.org>, last access 11 December 2021.

264 Correspondencia de la Inspectora General, AGMAV, 42068, 2, AGMG. UCOS. 4.2.185 Hospital Militar. Cádiz, cajas 1-7.

265 See for example the files of the military hospital of Cadiz, AGMG. UCOS. Hospital Militar, Cádiz, cajas 1-7.

266 Correspondencia de la Inspectora General, AGMAV, C. 42068, 2.

tor who justified his support for the aspirations of his nurses who wanted to continue their medical careers after the war by arguing that times had changed, and that women had to be considered part of the future of medicine.<sup>267</sup> Another, more subtle detail was that he never used typical falangist greetings or phrasings in his official correspondence. Because of his position, it is unlikely he wrote all his correspondence himself but probably had a secretary. Yet, the fact that A. Rodríguez did not resort to the new language gradually taking over discourses everywhere suggests he was neither keen to instantly join the movement nor required this from his subordinates. His institution and frame of reference was the army, and his manner of navigating himself and his subordinates through the war responded to the military tradition rather than evolving Falangist standards.

The outcome of negotiating a ›lesser evil‹ or a ›hideout‹ for oneself depended on different intersecting variables – and timing mattered. Initially, while logistics were still being transformed and expanded, it was easier to access positions outside one's combatant unit, particularly if one had special skills like driving, rudimentary sanitary knowledge, experience in administration, etc. Because of this initial mess, M. Arbea and P. Icardi simply presented themselves to the officials and were accepted. But, once the basic needs of staff had been covered, recruitment of nonmedical personnel for the Health Service became better structured and more goal-oriented. As we will see for the military nurses, institutions also tightened their policies, and people like Mercedes Milá Nolla or Melchor Camón Navarra became gatekeepers who significantly influenced who was accepted to change career lanes and who was not.

The chances of finding a better position in the army also depended crucially on geography and combat intensity. The stories of J. Santamaría and M. Arbea took place in the northern parts of Spain, where combat intensity was high following the insurrection. Irún, San Sebastián, and the rest of Guipúzcoa were that zone's first fiercely contested arenas. The territory of this war theatre was mountainous, the climate humid, and the winters cold. The landscape made furnishing provisions, communication, rescue efforts, and establishing an army infrastructure and logistics difficult. Especially in the beginning, because of the deplorable state of the roads, it sometimes took more than 8–12 hours for wounded combatants to reach the nearest sickbay<sup>268</sup> – and sometimes rescue was possible only on mules or stretchers.<sup>269</sup> The overall setting was more suitable for guerrilla or partisan warfare than regular frontline combat, which supremely affected how J. Santamaría and M. Arbea could move and what dangers they were exposed to. The same was true for A. Rodríguez and P. Icardi, though the urban context of Cadiz posed different challenges and threats. J. Santamaría and M. Arbea also fought the weather and mountainous terrain, whereas A. Rodrí-

267 Ibid.

268 Larraz Andía and Sierra-Sesúmagá, *Requetés*, 748.

269 AGMAV, C. 1242, 14.

gues and P. Icardi found themselves in their day-to-day life in Cadiz's military hospital in an urban setting characterised by terror, persecution, and violence against alleged enemies instead of a vanguard. Since P. Icardi was eventually denounced as a freemason, for him it was potentially more life-threatening to leave the hospital and go to the street than for M. Arbea to drive on the mountain roads of Cantabria. The territory determined not only the dangers but also the options of building and maintaining stable networks. Sites like Cadiz, which formed part of the distant rearguard, allowed for a more stable day-to-day life and thus for developing bigger networks than vanguard deployment.

These incidents show how individual actors oriented themselves and navigated through local contexts of military mobilisation. Their opportunities for negotiating a better place in the war strongly depended on local power constellations. While in some regions, they had to position themselves not only in relation to the army as the new power but also in relation to local stakeholders, like the Falange and the Requetés; in other constellations, the Falange was not yet sufficiently consolidated, so individuals could instead focus on the Armed Forces as the relevant institution. However, seeking to improve one's own situation served as a way to make sense of the war situation, muddling through, and finding a way to fit in. Finding an occupation that was relatively enjoyable, something M. Arbea successfully managed to do, was one means of coping; accepting the circumstances but sticking to one's values as often as possible and performing small acts of solidarity that cut across the ideological divide, which J. Santamaría and A. Rodríguez did, was another option – and one that helped to maintain personal integrity. Leaning into opportunism and diligently exploiting the rules of the game was yet another approach as we have seen from Antonio Vallejo Nágera. All these strategies allowed these men to uphold the image of Francoist soldiers while negotiating their discomfort with the situation to make it bearable.

### 3.2 *Submissive ›Angels of the Hospital?‹*

For men<sup>270</sup> in the Francoist zones, the Armed Forces were either the institution they eagerly joined because its mission aligned with their ideas and convictions (Falangists or Requetés and their sympathisers); or it was a sword of Damocles, since the call-up order would eventually force them to leave their homes, jobs, and loved ones.<sup>271</sup> Only very few women – and among them mostly nuns – were not voluntarily sucked into the war as nurses. In general, if women wanted to get close to the firing lines, donning a nurse's uniform was the way in. As mentioned

270 This was also true for men in the Republican zones.

271 James Matthews provides a thorough assessment regarding the numbers, see Matthews, *Reluctant Warriors*, 2-3.

earlier, between 12,307<sup>272</sup> and 15,308<sup>273</sup> women eventually offered their work in the Armed Forces as nurses and auxiliaries and were accepted. While the first weeks of the war provided a window of opportunity for spontaneous self-mobilisation and access to the nearest military medical facility, administrative and institutional barriers grew following the appointment of Mercedes Milá Nolla as Inspector General of the Female Services in March 1937. Accessing a post in a military hospital became more complicated and restricted. After M. Milá's rise, the code of conduct became stricter, as did labour division and control. The role of the ›angel of the hospital‹ – the abnegated, self-less, quiet, diligent nurse who always remains in the background – was institutionalised through rules disseminated on paper, in nursing training, individual sanctions, and how superiors exercised control over the microcosms of their deployment site.<sup>274</sup>

The ›angel of the hospital‹ was an unattainable ideal, unfit for military service. Everyday experiences often stood in sharp contrast to these roles. Witnessing the hardships of war that had been inscribed into patients' bodies, experiencing enemy fire along with the boredom of a ›quiet‹<sup>275</sup> frontline, learning and improving professional skills – all these experiences – and many more – affected Francoist nurses and auxiliaries during their time in the army Health Service. Their sense of self, their perspectives on their own position in the army and the emerging Francoist society changed and did not always align with the role expectations entailed in M. Milá's rules. Conflict was unavoidable. While M. Milá's ›angels of the hospital‹ did the care work and the subordinate position they were supposed to take, they were also daring: For instance, they dared to demand respect and recognition for their efforts and achievements, and sometimes they transgressed against the role expectations of their profession and position. These women are the protagonists of the following reflections and their – often wayward – interpretations of their status and possibilities.

Accessing their stories is complicated. Most of them left few accounts behind. Their diaries – if they even kept one – or their letters never left the privacy of their own lives or their families' space. Only a few oral history collections caught some of their memories. However, they did leave traces in the archives, mostly in the correspondence of M. Milá and other Health Service administrators and coordinators. These ›ordinary‹ nurses left their mark in these reports and inquiries, especially when they caused conflicts or asked for something out of the ordinary. Although the stories told in these letters were usually related by their superiors and treated as issues that needed solving at the administrative level, these women's voices seep through when their statements were quoted or when

272 Coni, *Medicine and Warfare*, 40.

273 Hernández Navarro and Prieto Barrio, »Los distintivos y las medallas creadas para las enfermeras,« 243.

274 López Vallecillo, »Presencia social e imagen pública,« 356-382.

275 Seidman, *Republic of Egos*, 8.



the authors of the letters qualified their actions. Accessing these nurses' and auxiliaries' stories through this sample of administrative correspondence provides a different perspective than the stories of nurses told by media coverage, which often served to create accounts of courageous heroines,<sup>276</sup> or nursing journals, which often served educational purposes.<sup>277</sup> Of course, the correspondence of M. Milá, her delegates, and the army administration contains many biases, too. For instance, the authors of these sources all spoke from a superior's position of power. The decisions they made regarding individual cases determined the lives of others. Many of the letter exchanges that survived are scattered and incomplete, making it difficult to trace the outcome of individual cases. Some issues were apparently rather taboo and appear between the lines, noticeable only through certain keywords. But there are also stories told in great detail which we can use to complement other sources. In such cases, we can reconstruct rich and compact approximations, which, together with all the other snippets, allow for certain generalisations.

### *Daring to Claim Recognition and Redistribution*

Even though the civil war served as a catalyst for the secularisation of bedside nursing and contributed importantly to rooting this profession as a suitable option for women, it came at the price of social, economic and intellectual devaluation. The social and economic degradation of care work reinforced the structural dependence of the women doing such work from those doing remunerated work – usually their male relatives. This process was not a Spanish particularity but rather normal, as Angelika Wetterer showcases in her studies on the gendering of medical professions.<sup>278</sup> The systematic devaluation of caretaking created not only economic inequality but also an inequality that was related to Nancy Fraser's »redistribution-recognition dilemma.«<sup>279</sup> The relegation of female labour to secondary positions became palpable for everyone working in healthcare – and even more so in the social space of the Armed Forces. This did not happen without resistance but resulted in a process of constant back and forth. While officials sought to subordinate women, nurses repeatedly challenged their subordinated position. The recurring conflicts whether army nurses were to be paid or not, and whether they were eligible for military medals of honour, paradigmatically reflects this struggle.

The issue of payment emerged as early as the autumn of 1936 after Melchor Camón Navarra was appointed Inspector General of the Health Service. Complaints and questions reached him on how to deal with the female volunteers

276 Prominently, Y. *Revista para la Mujer Nacional-Sindicalista*.

277 Among others, *La Visitadora Sanitaria*.

278 Wetterer, *Arbeitsteilung und Geschlechterkonstruktion*.

279 Nancy Fraser, »From Redistribution to Recognition? Dilemmas of Justice in a ›Post-Socialist‹ Age,« *New Left Review*, vol. 1, no. 212 (August 1995), 69.

and whether they were to receive pay or not. M. Camón quickly understood that the question of payment had become a source of discord among the nursing staff. In some military hospitals, secular nurses and auxiliaries were paid, whereas nun-nurses were not.<sup>280</sup> While he only suggested that nursing should be a voluntary service done by women who wanted to prove their loyalty to the Francoist fight for a ›new‹ Spain, his counterpart, M. Milá, eliminated payments for secular female medical staff for that very reason.<sup>281</sup> Cutting payments devalued the work of nurses and auxiliaries to a mere ›activity,‹<sup>282</sup> to a demonstration of political loyalty. M. Milá resorted to a strategy that would become quite successful in early Francoism. As the gender historians Gloria Nielfa Cristóbal and Carme Molinero argue, reframing female work as ›service‹ was a common and successful strategy during Francoism to allow women to carry out responsible tasks outside their houses without undermining complementary gender roles and work regulations.

This measure had ambivalent effects. Particularly during the autumn of 1937, this issue constantly appeared in M. Milá's correspondence and apparently kept her and her office busy. Health Service officials wrote to get confirmation that they were to stop paying their nurses, delegates complained that this measure caused them additional work, and occasionally nurses wrote inquiring whether there was no way to get paid because they somehow had to earn their living.<sup>283</sup> Denying nurses and auxiliaries their work being valued as worthy of payment created a class effect: Only women whose families did not depend on their financial contribution to make ends meet could afford to become military nurses. However, as the war progressed, the economic situation of Health Service nurses often changed. Sometimes their breadwinners died or returned as invalids from the frontlines shifting the responsibility to earn a living to them. On such occasions, demonstrating political loyalty was clearly not enough to make ends meet.

On a propagandistic level, this measure served as a tool for creating a distance to the Republican zone, where women and men were equally entitled to payment if they worked for the Popular Army. Francoist propaganda strongly condemned the discourses on gender equality that had gained importance during the preceding years of peace in the Second Republic and used them as a narrative to delegitimise the government of the Second Republic. Unlike the government, F. Franco did not have to pay his people to support him, whereas the women serving in the army did so out of their sense of responsibility towards the nation.

280 Reglamento para el Servicio de Enfermeras en los Hospitales Militares, 1 April 1937, AGMAV, C. 2802, L. 666, Cp. 5/6-7.

281 Correspondencia de la Inspectora General, AGMAV, C. 42067, 2.

282 Gloria Nielfa Cristóbal, »Trabajo, salud y vida cotidiana de las mujeres en España durante el siglo XX,« in *100 años en femenino. Una historia de las mujeres en España*, eds. Oliva María Rubio and Isabel Tejada (Madrid: Acción Cultural Española [AC/E]; Ayuntamiento de Madrid, 2012), 130.

283 Correspondencia de la Inspectora General, AGMAV, C. 42067, 2.

In addition, it reinforced the notion that war was an exceptional situation, and that female mobilisation only a temporary state; afterwards, they would return to the peace of their homes. The money saved through not paying the female labour force became just another 'chiffre' for Francoist gender relations. Payment as economic redistribution and social recognition stopped at the gender divide.

Their presence in the surgical units, field, and military hospitals (unintendedly) affected the women themselves and the army as an institution. Many deployed women developed professional self-confidence and self-worth, and their male coworkers and patients learned to appreciate their presence and labour. Their experiences as army nurses changed their perceptions, their sense of self and entitlement. Towards the second half of 1938, requests started to appear more regularly in M. Milá's correspondence from nurses or their superiors asking her for certain privileges or tokens of recognition for their performance. These women and men defied the gendered foundations of the Armed Forces on a general level. Although most of the national armies that had participated in combatant action during World War I had already gotten accustomed to the presence of Red Cross nurses,<sup>284</sup> the regular integration of women was still unthinkable in all European armed forces. Female sexuality was commonly perceived as damaging to the army's combatant strength and the troops' social cohesion, as their presence would necessarily trigger jealousy, competition, and distraction.<sup>285</sup> The army's duty was to protect the country and provide a social setting where boys would become men.<sup>286</sup>

Against the larger European backdrop, the reluctance of the Francoist military administration to institutionalise the female presence was, therefore, normal at that time. Yet the experiences of the war for nurses, their patients, and the doctors led to new forms of solidarity in many individual microcontexts. Such bonds of solidarity eventually coalesced and translated into new relationships that determined medical labour distribution in the Health Service, including mutual respect and appreciation among its staff. In the periphery of individual

284 See, among others, Christine E. Hallett and Jane Brooks, *One Hundred Years of War-time Nursing Practices, 1854-1953* (Baltimore, MD: Project Muse, 2017); Astrid Stölzle, *Kriegsrankenpflege im Ersten Weltkrieg: Das Pflegepersonal der freiwilligen Krankenpflege in den Etappen des Deutschen Kaiserreichs* (Stuttgart: Franz Steiner Verlag, 2013); Christa Hämmerle, »Mentally Broken, Physically a Wreck ...: Violence in War Accounts of Nurses in Austro-Hungarian Service,« in *Gender and the First World War*, eds. Christa Hämmerle, Oswald Überegger, and Brigitta Bader-Zaar (Basingstoke: Palgrave Macmillan, 2014), 89-107; Linda J. Quiney, *This Small Army of Women: Canadian Volunteer Nurses and the First World War* (Vancouver Toronto: UBC Press, 2017).

285 Nowosadtko, *Krieg, Gewalt und Ordnung*; Bösling, ed., *Männer. Frauen. Krieg*.

286 Although Spain's transition to a conscript army was less conclusive and less sustainable because of its clientelist internal structures, the idea of forging manhood in service also existed. Among others, Ute Frevert laid the groundwork on the German case, see Frevert, ed., *Militär und Gesellschaft im 19. und 20. Jahrhundert*.

military hospitals or sickbays, women established themselves as valued members. This process subverted the pretext of being an epicentre of belligerent masculinity that the Armed Forces propagated.

One arena where this transformation surfaced was in negotiating the concession of military medals of honour to nurses. According to the military historians Francisco Hernández Navarro and Antonio Prieto Barrio, the demand for certain official gestures in recognition of the war merits of the Health Service nurses was first voiced in the summer of 1937. M. Milá's delegate of Zamora, Francisca Hernández, asked for a symbolic distinction for a group of her nurses. Her inquiry was initially declined.<sup>287</sup> Nevertheless, this idea persisted and circulated on different administrative levels. M. Milá, who had initially opposed F. Hernández's proposition, took it up and sought the support of M. Camón. His endorsement was finally heard by the General Staff, and on 20 May 1938, the project was approved. As her letter to her Delegate Inspector, Rosario Bernaldo de Quirós de Luque showed, M. Milá immediately defined rules for who was allowed to apply for one of these medals:

At last, I have been authorised to create a distinctive medal for nurses who work in military hospitals. It will be the same as the one you know, with white enamel and greenish gold branches, which I believe you wear, but with a border around it saying, 'Health Service – Female Auxiliary.' It can be given only to those with an ID, and the medal will have the number engraved. A pin will be entitled to be worn by all who have served more than 300 days with a minimum of 5 hours a day of service. It will be in red for those who served in frontline hospitals and in white for those who served in rearline hospitals.<sup>288</sup>

According to this set of rules, the sole presence of 300 days or more were enough to be considered a Francoist nurse-heroine, which made the rules for male war heroism absurd. While being a woman and nurse in the Health Service sufficed to be decorated, men had to endure particular war-related hardships to receive such a distinction. Eventually, the medals M. Milá created were even further devalued by being distributed *en masse* among the nurses. Instead of serving as an award, these medals became participation trophies that aimed at appeasing claims for recognition.

The Medal of the Female Service was not the only metallic bone of contention. Nurses were repeatedly nominated for regular military decorations honouring their outstanding performance: the Red Cross of Military Merit (Cruz Roja del Mérito Militar), the Medal of Sufferings for the Fatherland (Medalla de Suf-

287 Hernández Navarro and Prieto Barrio, «Los distintivos y las medallas creadas para las enfermeras,» 249-250.

288 Correspondencia de la Inspectora General, AGMAV, C. 42067, 2.

rimientos por la Patria), and the Campaign Medal (Medalla de la Campaña).<sup>289</sup> Contrary to the Health Service Medal, which segregated soldiers and female Health Service staff, the women awarded a regular medal attained the same level as decorated soldiers. Since there were no defined rules for measuring the war bravery of nurses, particularly at the beginning, this occurred in light of sufficient endorsement. Of course, the information that nurses had received medals of honour just like male soldiers travelled quickly, causing jealousy and friction among the nurses, as the following letters paradigmatically mirror.

The first went out on 9 December 1938, 4 months before the end of the war, to M. Milá by the Chief of the Health Service of the 22nd Division, Juan Llamas Larruga:

Dear Madam,

[...] I ask for your opinion on the following: A few days ago, the nurses of Cordoba were decorated with the Red Cross of Military Merit because they stayed at their posts during the bombardment of the Military Hospital of San Fernando on 1 April 1937. The nurses here know this, and they are hurt because they have endured not one but many artillery and air bombardments at their posts with a formidable spirit, including the attacks of the Reds against Peñarroya on different occasions. On one occasion (the night of the 2nd to the 3rd of September 1937),<sup>290</sup> they even reached the cemetery with their tanks, which is only 1 km from Hospital No. 1. That night, they all remained at their posts [...]

It seems to me an imperative of justice to award these women this decoration. It would also serve as a stimulus to those joining the service in the future. [...] As I consider it my duty to try to obtain the Military Merit Medal for the nurses of Peñarroya, I would like to point out that there will be many proposals, as so many of them have done enough to deserve it.

If you believe that such an extensive proposal is not likely to be successful, I would be grateful if you could tell me what criteria you usually follow when giving preference.<sup>291</sup>

In this letter, J. Llamas referred to the battle of Pozoblanco. For almost 2 months, from March to May 1937, the Francoist Army of the South attempted to advance in the direction of Pozoblanco, Hinojosa del Duque, and Linares. The Republican Army of Andalusia resisted, and the fighting turned into a constant back

289 Hernández Navarro and Prieto Barrio, «Los distintivos y las medallas creadas para las enfermeras,» 256.

290 The date seems wrong in the source. He must be referring to the battles at Pozoblanco which happened between 6 March and 1 May 1937, but since he had just transferred to that unit, he might not have taken part in it.

291 Correspondencia de la Inspectora General, AGMAV, C. 42068, 2, 125-126.

and forth before both sides ceased fire.<sup>292</sup> Peñarroya was located exactly on the frontline and served as a vanguard and rearline base. The staff deployed there endured enemy fire and treated the casualties.

This letter contains several remarkable aspects. Regarding the quest for recognition, the more interesting parts are the claims for equal treatment and the definition of medical war heroism. J. Llamas called it an »imperative of justice« that these women be treated equally to the nurses of the military hospital in Cordoba, who already had been awarded the medals. In asking for the Red Cross of Military Merit, J. Llamas claimed a regular medal of merit, which also implied equal treatment of the performance of the (female) nurses with the extraordinary and award-worthy service of soldiers. He translated their continuous work at the sickbed while under enemy fire into the military values of ›holding the fort‹ and the bravery of not surrendering. Interestingly, it was not the *quality* of their work that mattered here – nursing skills, tending to patients' needs, and fulfilling doctor's treatment orders – but their attitude and the fact that they remained at their posts despite their lives being in danger. This narrative resonates with a finding the historians Klaus Latzel, Franka Maubach, and Silke Satjukow confirmed for other European cases. They showed that, in times of war, the shared experience of mortal danger could become a source for shared identity-building. Women appropriated the idea of being part of the army, of being combatants – even if their work at the front never officially included shooting a gun.<sup>293</sup>

It is hard to tell from J. Llamas' letter how the nurses in question perceived themselves. Since he called it a question of »justice« and »fairness,« we can assume that these women were at least valued for their perseverance in the hospitals of their deployment. Although this shared identity may not be so tangible in the letter cited here, because the nurses did not speak for themselves, there are other letters written directly by Health Service nurses, who call themselves ›ex-combatants‹ and claim to be eligible for the same privileges male ex-combatants were granted after the war.<sup>294</sup> We can observe what here appears as a wayward appropriation and subversion of a male privilege and status in other wars and other constellations in vanguard zones, too. There has been a broad discussion about women in combatant contexts of the first half of the 20th century and the hypothesis of ›masculinisation‹ or ›becoming a soldier.‹<sup>295</sup> Historians of partisan warfare, the Red Army as well as the German Wehrmacht show that women used masculinisation strategies, for example, in adapting and copying masculin-

292 Puell de la Villa and Huerta Barajas, *Atlas de la Guerra Civil*, 108-111.

293 Klaus Latzel, Franka Maubach, and Silke Satjukow, »Soldatinnen in der Geschichte: Weibliche Verletzungsmacht als Herausforderung,« in *Soldatinnen: Gewalt und Geschlecht im Krieg vom Mittelalter bis heute*, eds. Klaus Latzel, Franka Maubach, and Silke Satjukow (Paderborn: Ferdinand Schöningh, 2011), 29-33.

294 Correspondencia de la Inspectoría General, AGMAV, C. 42068, 2; AGMAV, C. 46761, 2.

295 Maubach, *Die Stellung halten*, 21-23.

ised performances and behaviours, for dealing with the hardships of war as well as a means of adaptation for being integrated into the combatant unit.<sup>296</sup> For others, masculinisation meant emancipation.<sup>297</sup> Yet, we lack sources that could provide us with more details of whether Francoist nurses used such masculinised behaviour patterns to compensate for their fears and horrors. However, incidents like the medals of honour showcase that these nurses learned to appropriate the rules and semantics of being a soldier at the sickbed. Because the army soldiers were propagandistically celebrated as the saviours of Spain, and also in light of the fact that political women's organisations were officially excluded from vanguard zones, being a military nurse carried the glory of exclusivity. It seems plausible that Francoist nurses also experienced identity transformations and developed a sense of pride.

The Francoist nurses can be understood as yet another example of the discrepancy between discourse and practice. By claiming equal treatment and recognition of their heroic war performance in accordance with male codes of war heroism, they showed signs of having become, on some level, soldiers in their own right. At the same time, they were Francoists. They would likely have agreed to concepts like the home as the ›natural‹ and ›right‹ place for a woman. They found powerful advocates for their claims, like the mentioned Head of the Service, J. Llamas, furthermore demonstrating that their ›becoming soldiers‹ was supported and accepted by their male environment. We can understand such discussions as a symptom of the gender relations within the army institution being set in motion. While M. Milá's creation of a special nurses' medal can be understood as a reflection of the institutional desire to separate the female labour force from the ›real‹ Army (and devalue their performance), the call for already existing, regular medals demonstrates how war experiences changed these women's sense of self.

The image one gets of these nurses and how they navigated the war remains ambiguous. They successfully proved to the men in their Health Service environment that they were perfectly useful coworkers. They made important contributions to subverting the epicentre of belligerent masculinity the Armed Forces wanted to be. Working for the Health Service allowed many of them to cultivate a new identity that integrated militarist values and professional self-worth. Yet, when asked they would probably have asserted that gender relations were to be complementary – or at least we must assume that, as their political trustworthiness was tested and many of them were also Falangists, Carlists, or conservative bourgeois. Their contribution to the war effort became reclassi-

296 Latzel, Maubach, and Satjukow, eds., *Soldatinnen*; Barbara N. Wiesinger, *Partisaninnen: Widerstand in Jugoslawien 1941-1945* (Wien: Böhlau, 2008); Aleksievič, *Der Krieg hat kein weibliches Gesicht*; Hagemann and Schüler-Springorum, eds., *Heimat-Front: Militär und Geschlechterverhältnisse im Zeitalter der Weltkriege*.

297 Latzel, Maubach, and Satjukow, »Soldatinnen in der Geschichte,« 29-33.

fied against the backdrop of the war and their own experiences. In some cases, this led to self-assertedly voiced claims for recognition and a search for (male) allies to their quest. What may appear as wayward and demanding – and thus contrary to the submissive ›angel of the hospital‹ – should rather be understood as the behaviour women displayed who had learned to live with a discrepancy between what they wanted and the social restrictions linked to their sex.

A collective identity of the ›war nurse‹ did not evolve; instead, it became locally tied and rooted in the solidarity networks of a few women. We possess no accounts in which any nurse or their superior requested something for *all* nurses, and only M. Milá eventually succeeded in creating a medal to be collectively distributed.<sup>298</sup> Requests emanating from the periphery were always individual or limited to a particular group of nurses and a concrete situation. This strategy of looking out for oneself (or oneself and one's closest allies, such as friends, co-workers, and family) proved very useful and prominent during the years following the government's surrender to F. Franco on 1 April 1939.<sup>299</sup> During the war, this individualised procedure kept M. Milá busy, who tried to keep the nurses at bay who repeatedly pushed the envelope. Status and social hierarchisation, manifested in payment, medals, or excombatant certificates, were not supposed to be negotiated bottom-up but assigned top-down.

### *Daring to Care*

»This woman [...] wants to return to Sigüenza because she is in a relationship with the Lieutenant Pharmacist. But he has another girlfriend, so according to Sister Felisa, this is not suitable.«<sup>300</sup> The correspondence of M. Milá contains, amongst the plethora of demands and postings for nurses and auxiliaries, quarrels about nurses' training, and distribution of Health Service IDs, but also frequently comments like this one, albeit seldomly that explicit. Sometimes put in explicit words and phrases, sometimes written between the lines, (inappropriate) relationships female medical staff and their male coworkers or patients surface in M. Milá's letters:

Costi has already asked me by letter and telephone to assign Ms. Serrano, who is his girlfriend, to his team. As I don't think it is recommendable that they be deployed together because of her parental background and the fact that he already has enough staff on his team, I told him this could not happen.<sup>301</sup>

At a first glance, such stories of boy-meet-girl at the frontline seem stereotyped and feed into the misogynist discourses that reinforce the narrative that women would distract men from their combatant duty like sirens. This trope was widely

298 Hernández Navarro and Prieto Barrio, »Los distintivos y las medallas creadas para las enfermeras,« 239-320.

299 Cazorla Sánchez, *Fear and Progress*, 27-37.

300 Correspondencia de la Inspectora General, AGMAV, C. 42067, 2.

301 Correspondencia de la Inspectora General, AGMAV, C. 42067, 2.



spread among European army officials during the early 20th century. This translated into gender-segregated propaganda about femininising the rearguard and masculinising the vanguard.<sup>302</sup> Women who volunteered for war duty were often stigmatised as ›being on the hunt for a husband,‹ being a prostitute, etc. in such propagandistic discourses. We find such discourses in all war settings of the early 20th century<sup>303</sup> as well as, of course, in Francoist propaganda against the Second Republic. Linking female sexuality and voluntary war duty with moral decay was a powerful trope.<sup>304</sup> We must understand that the Francoists handled (potentially) sexualised transgressions with great discretion against this backdrop. However, a closer look at these relationships allows, on the one hand, a better understanding of the negotiation of power in the Health Service units and how the ›frontline societies‹<sup>305</sup> worked. On the other hand, analysing such encounters sheds light on the manufacturing of complementary gender roles in particular microsettings and how gender relations were negotiated at the frontlines in general.

Stories like the that of the ›not-recommendable‹ relations of the doctor Costi or the nameless surgical nurse of Sigüenza appear more often in reports from rearguard military hospitals or ›quiet frontlines‹<sup>306</sup> than from vanguard facilities. They came from settings in which the combatant intensity and workload were comparatively low and the general work routine was relatively tranquil – circumstances where the overall social control within the units should have been efficient. Since we know of these encounters only through the eyes of M. Milá, her delegates, and the heads of hospitals or surgical units, we have no way of knowing why the couples in question engaged with one another; whether it was love, affection, thirst for adventure, romance, exploration of own sexuality, pleasure, protection, material/social benefits, or coercion and abuse remains clouded because of the nature of the sources at hand. To relate to these forms of intimacy,<sup>307</sup> I propose

302 Karen Hagemann provides a synthesis of the debates on the subject, Hagemann, ›Die Heimatfront,« 181-202.

303 See, among others, the works of Maubach, *Die Stellung halten*; Wiesinger, *Partisaninnen*.

304 Venceslao Pueyo and Trallero, *Putas, república y revolución*, 73-76.

305 Studies on the everyday life of war suggest that societies with emotional, social, and work-related labour distribution evolved in the trenches. Kühne argues that this stratification goes even further in combat units and created family-like social relations. As Klaus Latzel, Silke Satjukow, and Franka Maubach emphasise, the 20th century saw the integration of the war nurse as the ›frontline sister.‹ Paradigmatically, see Kühne, *Kameradschaft*; Alf Lüdtko, Bernd Weisbrod, and Richard Bessel, eds., *No Man's Land of Violence: Extreme Wars in the 20th Century* (Göttingen: Wallstein Verlag, 2006); Latzel, Maubach, and Satjukow, *Soldatinnen*, 35-37.

306 Seidman, *Republic of Egos*, 8-13.

307 Viviana Zelizer's approach can be helpful in this context. She views the intersection between economy and intimacy and understands intimacy in a broad sense that allows different constellations of social relationships to be included into the analysis, like self-care, coupling, caring, household, love, same-sex and heterosexual constel-

using ›relationships of care<sup>308</sup> as an umbrella term to describe the various reasons and motifs behind these connections. The various motives range from consensual to unilateral, abusive to some form of self-care, care for someone else, or both – of course, always in a general context of androcentric power relations.

Especially stories that include coercion or abuse are hard to trace as they are only very seldomly referred to as such in the letters M. Milá exchanged with her delegates. In probably all cases in which the relationships were not consensual, we must assume it was the women<sup>309</sup> who experienced pressure and coercion. In addition to their individual pain, such constellations were also laden with shame, stigmatisation, and guilt. Among large parts of the Spanish society – and particularly among the social base of Francoism – the idea persisted that masculine sexual desires were natural and thus inevitable. According to this mindset, if a woman experienced unwanted sexual contact, it was her fault as she had ›led the man on.‹ The Francoist propaganda strongly linked extramarital sexuality with left-wing ideas<sup>310</sup> which added additional restraints on what was sayable. Sexual violence imposed a multilayered imperative of silence on the victims.<sup>311</sup> It should not be surprising that these stories either never came to the fore, were wrongly interpreted, or handled discreetly. Innuendos about incidents, collaborations that did not work out, and doctors or surgeons who repeatedly had conflicts with the nurses assigned to their service provide hints on the matter and reveal the limits to M. Milá's willingness to always satisfy the wishes of Health Service men. She did not deploy nurses if conflicts were to be expected. Furthermore, she considered their wishes when nurses refused to be sent to a certain team,

lations, married, unmarried, siblings, parent-children-relationships, etc. Viviana A. Rotman Zelizer, *The Purchase of Intimacy* (Princeton, NJ: Princeton University Press, 2005).

308 Katharina Seibert, »I Married Off a Paramedic.« *Negotiating Francoism in the Front-line Hospital*,« <https://alba-valb.org/education/essays/> [last access: 19 February 2022].

309 Although M. Milá's correspondence contains no explicit cases, when closely read there appear some feeble hints and indications one can interpret as same-sex ›relationships of care‹ between women (or men), too. However, the data basis is too weak at the moment and requires further sources to confirm these assumptions. I therefore refrain from presenting such concrete cases. There are even fewer traces of abusive same-sex ›relationships of care‹. The individual positions in the staff hierarchy must be considered in same-sex constellations, too, in contrast to heterosexual constellations, where men would always be in superior positions to women. I did not expressly investigate male same-sex experiences and troop sexuality, but I did not find any traces of homoeroticism, neither in M. Milá's correspondence nor in the Health Service records.

310 Morcillo Gómez, »Shaping True Catholic Womanhood,« 51-69.

311 I do not want to suggest that things were better in the Republican zone – or anywhere else in interwar Europe for that matter. Sexual violence against women was downplayed everywhere as a trivial offence. However, the rules regarding what could be talked about were different in Republican Spain since »true Catholic« femininity had lost some of its traction there.

location, or hospital. This fact indicates the leeway available to women who had experienced sexual violence – or knew about abusive coworkers – to be discreetly transferred.<sup>312</sup>

While our access to incidents of sexualised violence is complicated, seemingly consensual constellations are easier to track. M. Milá's correspondence contains letters by the delegates of the Health Service nurses with accounts of ›relationships of care‹ they considered inappropriate and to which they ascribed – at least to a certain degree – a quality of mutual benefit. Such ›relationships of care‹ were usually reasons compelling them to act. I consciously choose the term ›care‹ in defining these relations to allude to their inherent paradox. The concept of such ›relationship of care‹ implies agency and a wayward appropriation of the leeway that employment as a caregiver provided. These women, however, had little »competency to act«<sup>313</sup> in a setting governed by patriarchal power distribution and a strictly hierarchical organisation. We can assume that women in these unequal situations – or at least many of them – still tried to make the best of their lives, used their agency to improve a situation where their individual needs officially did not matter. By engaging in a ›relationship of care,‹ Francoist nurses transgressed against Catholic imperatives of chastity, and against the confines of their jobs, by choosing (at least to some extent) the subject of their care and caring for themselves. Their obstinacies destabilised and simultaneously stabilised the subordinate position these nurses and auxiliaries held in the Health Service and Francoist society. By caring for themselves and/or for someone other than their patients, they challenged their superiors to either enforce the rules that made nurses ›angels of the hospital‹ or to turn a blind eye. Allowing or inhibiting these deviances contributed to reinforcing and renegotiating the complementary practise of gender roles in concrete microsituations. ›Care‹ in the sense proposed here was thus multidirectional: It involved the actions and reactions of several actors and transgressions on several levels. It encompassed unequal power relations inscribed onto the profession, which these transgressions rendered even more complex, as it caused multiple conflicts between the deviant couple and the heads of the Health Service administration. If superiors did turn a blind eye, they failed to assert their authority, while at the same time asserting their position towards their immediate subordinates, who may have welcomed a forgiving attitude. The couple involved, on the other hand, defied the Catholic institution of marriage, and patriarchal family norms by engaging in fleeting forms of intimacy – platonic or romantic. Furthermore, the third layer of this idea included the relationship these women – and their male counterparts – had with themselves. Seeking intimacy must also be understood as a practice of self-care against the backdrop of war and the experience of loss, misery, and mortal danger.

312 Correspondencia de la Inspectora General, AGMAV, C. 42067, 2.

313 Hüchtler, »Deconstruction of Gender and Women's Agency.«

At some point, all of M. Milá's delegates grappled with such ›relationships of care.‹ Rosario Bernaldo de Quirós de Luque, delegate of the Female Services of the Army of the Centre, sent the following account on 6 August 1938. At the time, they were deployed at the front in Madrid and were waiting for the final advance on the capital. The fighting had shifted to Catalonia and Valencia, specifically to the Ebro, which meant a rather uneventful day-to-day life for the Health Service units at the Madrid frontline. R. Bernaldo de Quirós had visited the military hospitals and sickbays of her region and found the moral order in disarray, which she reported back to her superior, M. Milá:

Dear Mercedes:

[...] I arrived at La Jimena to see things on the ground [...] The front is now at a complete standstill. Five wounded. A romantic corner, young people without a single chaperon! I had a long chat with Captain Segarra, the head of the surgical team. [...] The first thing he told me was that he was engaged to Eloina Ocejá. [...] He answered my questions as follows:

Eloina [sic] is a native of Santander; her parents live in a village near Santoña. She holds a nursing diploma received in 1934 in Santander after the October events. She had worked as a nurse for the Reds, but when La Magdalena was evacuated, she managed to pass to Ribadesella, where she lived with her cousin, Angelines Delgado, on General Espartero 12. Angelines and her team transferred to Castellón, so now she lives with other relatives in Calle Concordia 40. [...]

In Griñón, I married a paramedic to a nurse. He was about to be a father with that woman whom they say is a nurse of the Falange, but there he had her scrubbing the operating theatre.<sup>314</sup>

Eloína Ocejá, the nameless nurse of the Falange, and the women of La Jimena had apparently all engaged with men one way or the other. In doing so, they had transgressed against the Catholic code and M. Milá's code of nurses' conduct. Values like honour, virginity, and subservience as well as the fear of being considered ›fallen‹ or of ›loose morale‹ mattered less to them than giving in to whatever these ›relationships of care‹ meant to them. R. Bernaldo de Quirós mentioned that La Jimena in particular was a ›romantic corner‹ for ›young people.‹ Although the Health Service formally preferred old(er), married, or widowed women as nurses or auxiliaries, a large proportion of the female Health Service staff was in fact young – another effect of cutting payment. During the war, with their husbands or sons in the army, married or widowed women often had to take over household responsibilities and thus the obligation of shouldering the family income. For them, working for the Health Service was impossible; consequently, a large proportion of the nurses was young and potentially

314 Correspondencia de la Inspectora General, AGMAV, C. 42067, 2.

well-off. Being a Health Service nurse often provided them with the opportunity to leave home and parental control, providing empowerment they considered meaningful. Being a war nurse – especially at a standstill frontline – offered them the liberty to experiment with their youth, sexuality, and identity on their own, without a chaperon around. Their experiences correlated with their contemporaries during World War I and World War II.<sup>315</sup>

Apart from prioritising their individual needs, these nurses had also defied the hierarchies and chains of command governing the Health Service. They meant not only opposing the tight moral corset of the profession but also challenging the authority of their superiors. It was, however, not only of their own doing: Their immediate superiors had also failed. In the case of the La Jimena hospital, R. Bernaldo de Quirós blamed the chief of medicine, Segarra, who had not maintained order in his unit and, by extension, subverted the authority and rules of the Female Service. And even worse, he had also fallen for a woman whom he even wanted to marry.

Apart from undermining the Service's rules, these ›relationships of care‹ also challenged the concept of honour and honourable femininity on a more abstract level. The deviant captain knew he was committing a crime against the principle of honour, and that he was undermining the authority of R. Bernaldo de Quirós by allowing his staff the liberty to engage with one another. However, once R. Bernaldo de Quirós reached the facility, he was eager to correct the situation. In answering all her questions, committing to his relationship by promising marriage, and thus a legitimate status for his girlfriend as wife, he succumbed to the rules of a society governed by Catholic mores and also to R. Bernaldo de Quirós' authority. She assumed the position of double authority in this setting, because she gathered information about Segarra's bride without interrogating her, which she then crosschecked with M. Milá and thus controlled whether E. Oceja was a potential political enemy. By asking about the relationship, she ensured it was ›suitable‹ for both. She proxied E. Oceja's parents and gave on a

315 Robert G. Waite, »Teenage Sexuality in Nazi Germany,« *Journal of the History of Sexuality*, vol. 8, no. 3 (January 1998), 434-476; Mary Jo Maynes, Birgitte Søland, and Christina Benninghaus, eds., *Secret Gardens, Satanic Mills: Placing Girls in European History, 1750-1960* (Bloomington, IN: Indiana University Press, 2005); Andrea Kleeb-berg-Niepage and Sandra Rademacher, eds., *Kindheits- und Jugendforschung in der Kritik: (Inter-)Disziplinäre Perspektiven auf zentrale Begriffe und Konzepte* (Wiesbaden: Springer Fachmedien Wiesbaden, 2018); Christine Riegel, Albert Scherr, and Barbara Stauber, eds., *Transdisziplinäre Jugendforschung: Grundlagen und Forschungskonzepte*, (Wiesbaden: VS Verlag für Sozialwissenschaften, 2010); Maubach, *Die Stellung halten*; Dietlind Hüchtker, »Gender, Youth, and Popular Culture. Telling Polish History during Socialism,« in *Imaginations and Configurations of Polish Society. From the Middle Ages through the Twentieth Century*, eds. Yvonne Kleinmann et al. (Göttingen: Wallstein, 2017), 313-334; Kristine Alexander, *Guiding Modern Girls: Girlhood, Empire, and Internationalism in the 1920s and 1930s* (Vancouver: UBC Press, 2017).

symbolical level her permission for the union. The couple accepted and reproduced familial hierarchies, and E. Oceja's honour was preserved.<sup>316</sup>

The question of honour was more complicated regarding the relationship between the paramedic and the Falange nurse in Griñón. When R. Bernaldo de Quirós arrived, the woman was pregnant, but apparently the couple had no intention to get married. »He was about to be a father,« she noted, but instead of making the relationship and the family legitimate, »he had her scrub the operating theatre.« While the unwed but engaged couple in La Jimena was tolerable, this situation was unacceptable for R. Bernaldo de Quirós. She took matters into her own hands and forced them to officialise their relationship through marriage. The fact that she had the power to force the paramedic – a man – to obey her authority suggests her influence transcended any gender line. The pregnancy supposed trespassing a limit, where rank trumped gender, and since she was the Delegate Inspector General of M. Milá, an associated member of the General Staff, she had the power to overrule his will. However, not only did she override a man's wish, she also assumed the role of her subordinate's guardian. In doing so, she reproduced the discriminatory norm that disregarded single motherhood and forced the villain, who had damaged the sexual integrity of his victim, to become her husband and protector. This restored the façade of complementary gender roles; the rules of honour regained respect, and R. Bernaldo de Quirós had intervened as the saviour of that particular nurse's honour – a task that usually would have fallen upon a male relative.

R. Bernaldo de Quirós' management of ›relationships of care‹ reveals that M. Milá and her delegates had gained positions of power within their area of competence, allowing them to act with a certain pragmatism. In cases that appeared more tolerable, they turned a blind eye, while in others, where serious harm had occurred or could be expected to occur, they took resolute action. In the case of the mentioned *menage aux trois*, M. Milá foresaw the conflict and avoided it by not deploying the woman in question. In the case of the doctor Costi, class barriers were respected. This pragmatism confirms that the moral code of conduct M. Milá had institutionalised in the Female Services was less rigid than it could have been. Instead, within a certain limit, it was more permeable and open for renegotiation, obstinacy, and individual appropriations. Consequently, discrepancies constantly occurred between discourses that had become norms and wayward everyday practice. In other words, translating gender roles and rules of honour into the Health Service code of conduct continuously clashed with individual actions. E. Oceja and her fiancé as well as all the other couples seized the opportunities presented to them in a context of loosened social control, a quiet frontline, and a desire to mingle.

These men and women, however, were Francoists, and their actions must not be mistaken for general acts of resistance against Francoism but rather as indica-

316 They married and had a child.

tors that Francoism had its limits. A dogmatic translation of Francoist values into one's everyday life collided with the desires of people working in the army's Health Service. ›Relationships of care‹ offered solutions to individual constellations of needs. However, this individualism did not necessarily make these women and men opportunists or opponents of Francoism. Rather, one should understand such relationships as tactics to reconcile the dissonance that arose when individual needs collided with the Francoist mindset. This finding echoes the results of studies on the women of the Sección Femenina, whose discourses persistently clashed with their actions.<sup>317</sup>

There was another layer to the pragmatic rule of M. Milá and her delegates. Turning a blind eye every now and then revealed an integrative power that bought them the support of their subordinates and made being part of the Health Service a privilege. It meant offering these women participation in Francoism and, by extension, the prospect of a safe and privileged future – while still allowing them to satisfy their needs. However, this strategy of *situational pragmatism* not only contributed to integrating nurses and auxiliaries under the rule of M. Milá and her delegates but also consolidated and asserted their authority. It was a carrot-and-stick approach to institutional rule.

Stories like the ones of the nurses who asked for medals of honour or the soldier who became an ambulance driver reveal that, by complying with the rules of war, one gained limited leeway for negotiating a better position and/or privileges. Whether individual medical workers understood how best to lobby for their interests depended on class, education, gender, and position within the Francoist hierarchy. Timing or finding powerful sponsors became increasingly more important lower down the social ladder. However, these bottom-up stories also reveal a dialectical power relationship between the rank-and-file and their superiors. In certain constellations, the rank-and-file could push the envelope far enough to make their chiefs compromise on their behalf. Cases like that of the Navarrese surgeon or the head of the military hospitals of Cadiz reflect that the only way of rejecting Francoism that did not lead to repression was linked with upholding a façade of loyalty to the insurrection. If that was ensured, individual networks and/or the authority would allow for little subversions. In contrast, the stories of the nurses who waywardly demanded recognition and retribution or the accounts of the medical staff who entered ›relationships of care‹ show how pushing the envelope sometimes led to changes that benefitted the rank-and-file rather than the ruling elites. Such incidents provide evidence for the ›elasticity‹<sup>318</sup> of Francoism as a practice of rule.

317 Among others, I want to highlight in this context the studies of Morant and Cenarro: Morant i Ariño, »Para influir en la vida del estado future«, 113-141; Cenarro Lagunas, »La Falange es un modo de ser (mujer)«, 91-120.

318 Box, »The Franco Dictatorship«, 297.

## VI. Nursing the ›Peace‹?

The Carlist war nurse and Margarita, María del Rosario Jaurrieta Baleztena, remembered having mixed feelings upon getting the news that Madrid had surrendered. »When we arrived at the town hall of Valdemoro, we saw that the Requetés flag was not displayed, only the national flag and that of the Falange. I burst into tears; I remembered my brothers who had died on their way to Madrid, and I thought that this was not fair.«<sup>1</sup> As a Carlist, R. Jaurrieta supposedly belonged to the victors of the Civil War, yet she cried. She felt the absence of the Requetés flag as defeat, her fight as lost. This example of a reaction by a member of the pro-Franco alliance underscores what particularly recent studies on the Civil War have emphasised: Contrary to what contemporary propaganda wanted the world to believe, Francoism was not a unified movement.<sup>2</sup> The political discrepancies between the supporters of the Second Republic had been more present in public discourse during the war and beyond. Disparities among the Francoists became more pressing once victory had been proclaimed. Flags *not* flown suddenly gained importance.

One reason why these frictions among Francisco Franco's supporters surfaced (again) towards the end of the war relates to what theorists on civil wars have long pointed out: the importance of how civil wars end. How peace is achieved determines the possibilities of future coexistence of the warring factions and how or whether the rift can be patched up that once tore neighbours apart. Since civil wars were (and are) characterised by the distinct closeness of the warring factions stemming from their shared history, culture, and values; the convulsion of the former social cohesion caused by such conflicts ran (and runs) deep, the cultural historians Sabina Ferhadbegović and Brigitte Weiffen maintain. Reconciliation after hostilities have ceased is normally a complicated process. Particularly scholars interested in the cultural implications of civil wars emphasise that the probability of a peace that enables multiple memories and truths correlates directly with the timing and the conditions of peace negotiations.<sup>3</sup> In the Spanish case, the so-called ›postwar‹ was built on a society that had lived through 6 years of political back and forth, 3 years of war, the displacement of large groups, shortages and deprivation, misery, and, most importantly, an unconditional surrender, as it was F. Franco's expressed goal from the very moment of his rise to power. Reconciliation was not on his agenda. The ›new‹ Spain was

1 Larraz Andía and Sierra-Sesúмага, *Requetés*, 612.

2 Juliá, *Historia de las dos Españas*, 275-316.

3 In this context, I want to particularly highlight the following studies, which provide insightful analysis on the dialectic between international environment, warring parties in a civil war, and politics of making peace. Ferhadbegović and Weiffen, »Zum Phänomen der Bürgerkriege,« 9-34; Ledesma, »Den eigenen Nachbarn töten,« 668-679; Wallis, »The Social Construction of Peace,« 76-90.



to be built based on his victory. Then, the remains of society were to be sorted into ›victors,‹<sup>4</sup> ›prodigal children‹ worthy of mercy and forgiveness, and the ›ir-recoverably forlorn‹ – people who would always be enemies of the ›new‹ Spain. On 1 April 1939, after the last troops of the Popular Army had surrendered in Alicante, F. Franco declared the war officially over. Announcing the beginning of ›victory,‹ he again asserted his position as Caudillo. Nevertheless, as the story of R. Jaurrieta already indicates, the end of the Spanish Civil War was more complex. Not all winners considered themselves victors, and the vanquished were not without agency. Although the war had long been lost, 1 April 1939 was both a turning point and a date that carried more symbolic baggage than the actual events.

If we are to understand against this backdrop how Spanish society transitioned from war to the ›peace of the victory,‹ I argue it is essential to assess processes of institution-building – as in ›formulated rules‹<sup>5</sup> – as well as the individual responses to these institutional changes. This argument agrees with desiderata from peace-and-war studies that emphasise that »peace is socially constructed [...], [that] it is the product of human agency, and ideas and practices relating to peace are constituted and instantiated within intersubjective social contexts.«<sup>6</sup> The Francoist state-builders' strategies met with the people's tactics, who navigated themselves through ›victory,‹ searching for their place in the ›new‹ society. This approach sheds some light on the parallel temporalities that underlie the end of the Civil War as well as the intricate ambiguity of what winning and losing the war meant for individuals and society as a whole. It allows us to better understand how Francoism was enacted as a practice as well as a political and social system.

Developments in healthcare reflected these overlapping continuities and ruptures. While the Health Service of the Popular Army ceased to exist once the last troops had surrendered, the remains of the Republican healthcare system in the guise of rural health centres, hospitals, and sanatoria continued to function. The Francoist army started to demobilise the Female Services of its Health Service, while the ›peacetime‹ healthcare infrastructure needed serious modification and adaptation to the new political environment. ›Political cleansing‹<sup>7</sup> of society continued following the proclamation of ›victory‹ but now issues gained momentum, too, that for the sake of winning the war had been benched. International networks and alternative stages of diplomacy were then to be revived, and medicine was one of them. However, the institutionalised persecution of the ›other‹ also strongly affected the development of medicine as

4 Francoist propaganda and Francoist Spanish called the period following the 1 April 1939 a »victory,« which was a term used by contemporaries, just like »postwar,« »peace,« and the »new« Spain.

5 Giddens, *The Constitution of Society*, 21.

6 Wallis, »The Social Construction of Peace,« 1.

7 Mann, *Fascists*, 342-344.

a scientific field, because the repression caused a brain drain in certain specialisations. Amidst these shifts and shuffles, physicians, surgeons, nurses, and all classes of auxiliaries were affected by these developments. Their integration into the ›postwar‹ healthcare infrastructure depended on various intersecting factors, like their gender, level of education, social status, individual networks, political affiliation, war experiences, and motivation. They are the key protagonists of the following chapters.

## 1 Winning and Losing: The Beginning of ›Victory‹?

1 April 1939, the day of ›victory,‹ was a symbolic date that obfuscated the fact that the war had long been over and not yet ended. A closer look at when the war actually ended reveals that, instead of a fixed date, it was a multilayered process that depended on the final disintegration of the Second Republic and the constant expansion of Francoist governance and state-building. Still, 1 April 1939 was a turning point; what had previously been framed as ›the fratricidal war‹ or the ›war of the two Spains‹ now officially became ›victory.‹ However, the Francoist semantics of ›peace‹ and the ›new‹ order of Spain were already in the making from early 1938, while the defeat of the Second Republic was effectively sealed during 1938. The crucial milestone was the momentous battles at the river Ebro. The struggles of the last Prime Minister, Juan Negrín López, to cut damages against the imminent advance of the Francoist troops and the final coup d'état by general Segismundo Casado López marked the official end. Once ›victory‹ had been declared, the violence shifted from the battlefields to the streets and neighbourhoods. The number of political prisoners spiralled.<sup>8</sup> For some people from certain social strata in Francoism, the war petered out in 1939; for others, it transformed into a miserable overall situation that did not end on 1 April 1939. To better understand how the victor's society worked and how the transition from an active Civil War with frontlines to a Civil War taking place in courts and neighbourhoods affected the science of medicine as well as the system of healthcare provision, it is worthwhile to take a look at this period in which the Republic drew its last breaths and the dictatorships lay the foundation for its subsequent rule. The period that marked the progressive crumble of the Second Republic and the rise of Francoism started in 1938 and ended in the late 1940s.

### *From Defending the Second Republic to Becoming the ›Reds‹*

The erosion of the political and social system of the Second Republic happened in various stages and on different levels: in war theatres, in the government, in

8 Antonio Cazorla counts some 280,000 inmates for 1941. Cazorla Sánchez, *Fear and Progress*, 8.

Madrid, and throughout Europe. Each of these spheres had its own chronology, which eventually overlapped and intersected. In other words, losses on the battlefields affected government politics, which in turn were influenced by developments on the international stage. And throughout, Madrid remained the bone of contention. On the ground, the war transformed into terror for the civilian population when Francoist troops took their village or town. Meanwhile, on the international level, fascism consolidated while the remaining democracies stuck to the politics of non-intervention. Against this backdrop, intense military defeats, a government that had lost touch with its army and its society, the accelerated deterioration of the humanitarian situation, and an overall desolate morale marked the final stages of the Republic. The Second Republic dissolved; its people remained.

Documentation for this period is extremely scarce. After the battle at the Ebro, the significantly decimated Popular Army was in organisational disarray,<sup>9</sup> which substantially affected its reporting system. In military healthcare, staff were busy organising evacuations, discharges, and retreats. What happened to their documentation is unknown. By then, Republicanists knew what they awaited once their posts were taken over by Francoist troops. We must assume that much of their documentation was destroyed in the process of evacuation.

Two military events were vital for the Republic's military defeat: the breach of the Mediterranean Sea in April 1938 and the monstrous battle at the river Ebro (July to November 1938).<sup>10</sup> From the perspective of military strategy, at this point, the defeat of the Second Republic was already looming – almost a year before the war was officially declared over. When the Francoist troops reached the sea, it again split the Republican territory in two, cutting off Catalonia from what was to be the core territory of the Second Republic. This cut off the flight routes of the centre's population over the Pyrenees, leaving only maritime escape routes. Shortly thereafter, in June, Prime Minister J. Negrín approved the strategy for the battle at the river Ebro. According to Helen Graham, it served to prove to international audiences that the Second Republic was still fit to fight fascism and thus deserved their support.<sup>11</sup> Gabriel Cardona adds that this battle also carried another political notion: It was supposed to assert the authority of J. Negrín as Prime Minister, who faced serious opposition from his own party.<sup>12</sup> Therefore, the battle was initiated for political reasons rather than military strategy. This failed. First it turned into an ›intentional carnage‹<sup>13</sup> and then into a war of attrition. It sealed the Republic's doom.<sup>14</sup> The costs of this military campaign

9 Cardona, *Historia Militar de una Guerra Civil*, 299.

10 Puell de la Villa and Huerta Barajas, *Atlas de la Guerra Civil*, 159-220.

11 Graham, ›Casado's Ghosts,‹ 263.

12 Cardona, *Historia Militar de una Guerra Civil*, 251-252.

13 *Ibid.*, 269.

14 On the battles see, among others, Puell de la Villa and Huerta Barajas, *Atlas de la Guerra Civil*, 182-185, 200-214.

were enormous. Final resources had been mobilised, including calling-up the ›last men standing‹ – including invalids<sup>15</sup> and the famous ›feeding-bottle reserve class‹<sup>16</sup> (*Leva del Biberón*), young men aged 17.<sup>17</sup> After the loss of Ebro, the government's reserves were overexhausted, the internal organisation of the Popular Army – communication, logistics, discipline, etc. – broken down, and the supply system for the civilian population collapsed. Thousands of people were fleeing, and vanguard and rearguard morale had reached a new, desperate low. What followed – the fall of Catalonia (December 1938 to February 1939), the taking of Valencia and Madrid – had symbolic value from a military more than from a strategic standpoint, though the psychological importance of the takeover of Madrid should not be underestimated. Militarily, however, the Second Republic had long suffered defeat.

The demise of the Second Republic closely connects to the international political panorama. The only constant supporters of the Second Republic providing material support were the Soviet Union and Mexico. Nevertheless arms deliveries were insufficient and a cause for constant trouble. In addition, the socialist left and anarchists alike were uneasy about the rising influence of communism in Spain, which caused discord and destabilised the government.<sup>18</sup> The Popular Army suffered an additional loss of combatant strength after the International Brigades left the country in September 1938. In the autumn of 1938, however, the scales on the international stage tipped further in favour of fascism. France and Britain had signed the Munich Agreement in September 1938, thus accepting Hitler's territorial claims on the Czech Sudetenland. In Spain, this development was interpreted as confirming that France and Britain would retain their ›nonintervention‹ policy, and that there was no longer hope for international support. In the winter of 1938/1939, Fascism had come to stay in Europe; and democracy was on its way out. After the battle of the river Ebro, on the level of international politics, the outlook of the Second Republic was abysmal.<sup>19</sup>

The domestic situation was further complicated as enormous pressure on the parties, syndicates, and their organisations caused old tensions to resurface. The internal discord of the socialist PSOE once again gained momentum and plunged the party into conflict.<sup>20</sup> Simultaneously, relations between the socialists and the communists (PCE) rapidly deteriorated. The anarchosyndicalist CNT and the anarchist FAI also mobilised against the PCE, which had supported J. Negrín's (PSOE) cause. The question of how to play the endgame turned into a catalyst that finally disintegrated the political system. While Prime Minister J. Negrín chose a policy of resistance to gain time for negotiations with

15 Gaceta de la República, 16 January 1939, no. 16, 262-263.

16 This translation is not mine but James Matthews', see Matthews, *Reluctant Warriors*, 26.

17 Ibid.

18 Casanova, *The Spanish Republic and Civil War*, 316-317.

19 Graham, *Der Spanische Bürgerkrieg*, 150-157.

20 Graham, *Socialism and War*, 223-244.

F. Franco, his opposition interpreted this course of action as a cruel and senseless prolongation of the inevitable, which would only cause more unnecessary casualties. That J. Negrín tried to negotiate guarantees of no retaliation against the civilian population<sup>21</sup> was drowned out in diverging propaganda and party-political discord. In January 1939, Catalonia fell. The evacuated President, Vice-President, and commander-in-Chief did not return to the Republican territories but stayed in exile. Only the Prime Minister returned.

Then, the Second Republic consisted only of the Popular Army, its inhabitants, a Prime Minister, and a split state territory. Since the Army Groups of the Centre (GERC) no longer had a leader with decision-making powers – the Chief-of-Staff was in France – J. Negrín finally declared the state of war and thus transferred on 26 January 1939 authority in the remaining territories to the army when Francoist troops occupied Barcelona.<sup>22</sup> After almost 3 years of war and a de facto state of emergency, it was finally declared. On a symbolic level, this step was important because all governments of the Republic had been reluctant to transfer far-reaching powers to the armed forces.<sup>23</sup> The next blow came from the stage of international politics. On 27 February 1939, France and Britain officially recognised F. Franco's claim to power. As a result, the president, Manuel Azaña Díaz, resigned.

The landscape of parties and political organisations disintegrated,<sup>24</sup> and a government<sup>25</sup> started to form in exile. The final blow came from within the Republic: The head of the opposition to J. Negrín's policy of resistance, the general S. Casado, staged a coup d'état on 5 and 6 March 1939. Using the pretext of wanting to prevent a communist insurrection to take command over the Popular Army, S. Casado rose against J. Negrín in Madrid. He was successful, and J. Negrín left the Republican territories the next day. Ironically, what had started in Madrid ended in Madrid. According to González et al., the outcome of the insurrection was crushing. S. Casado's motivation for the coup was fed by his conviction that J. Negrín's strategy of resistance was a senseless waste of human resources. He believed he would be able to negotiate an ›honourable peace‹<sup>26</sup> among military gentlemen. Apparently he underestimated the seriousness of F. Franco's reiterated statement that there would be no peace negotiation.<sup>27</sup> F. Franco kept his word and did not accept any offers. S. Casado eventually had to issue an unconditional surrender. This turn of events significantly aggravated the humanitarian catastrophe because it caused

21 Graham, »Casado's Ghosts,« 269.

22 Puell de la Villa and Huerta Barajas, *Atlas de la Guerra Civil*, 234.

23 González Calleja et al., *La Segunda República española*, 1175-1197.

24 Among others, Helen Graham provides a detailed and precise account on the last weeks of the Second Republic, see Graham, »Casado's Ghosts,« 255-278.

25 González Calleja et al., *La Segunda República española*, 1198-1204.

26 *Ibid.*, 1197.

27 Casanova, *The Spanish Republic and Civil War*, 316.

the last evacuation transports to fail. Ships that were to rescue refugees never reached the last free port, Alicante, where the Francoist troops took between 12,000 and 15,000 people prisoner. The end of the Second Republic was more a process than a date.

The developments in the Health Service of the Popular Army reflected this ever-accelerating erosion of the Second Republic. The administration experienced the constant reorganisation and mobilisation of the remaining resources. In May 1938, all physicians and surgeons of every recruitable age were drafted in preparation for the Ebro battles.<sup>28</sup> Civilian doctors and practitioners had already been called up to register and forced to work in civilian medical facilities<sup>29</sup> but not yet systematically drafted for army service. The fiasco at the river Ebro made reorganisation necessary once again. This time, however, not only were new recruits but a new administrative body was needed, the ›Directorate-General for the War Health Service‹ (*Dirección General de Sanidad de Guerra*),<sup>30</sup> created on 10 December 1938. Its task was to control everything left of the Popular Army's Health Service. Whether this Directorate-General ever really took up its work must remain open to further investigation. While political erosion unequivocally manifested at the administrative-coordinative level, on the ground, the actors stuck to the rules they knew or considered useful as well as they could. According to the few surviving reports, they attempted to continue their war efforts daily. The Health Service officials of the remaining troops of the Army of Andalusia (*Ejército de Andalucía*) and the Army of the Centre (*Ejército del Centro*) continued to inform their superiors about what was happening in their ranks.<sup>31</sup> The themes they reported on reflected their devastating situation but also everyday problems. In one report, for instance, a nameless medical official reported to his superior that one of his soldiers had lost his wallet.<sup>32</sup> In the same report, he complained about problems with rabies because there were many savage dogs and cats around that were biting soldiers. The first point seems absurd in the face of an immense battle, but it reflected that everyday life continued and caused problems that needed solving. The second account, however, reveals that at the front section nobody was left to control domestic animals like cats and dogs. Civilisation had crumbled, and these now half-wild animals represent a symptom of this process. Malnutrition-induced diseases were also increasingly reported as were urgent demands for healthier food and larger rations per combatant.<sup>33</sup> Complaints about

28 Gaceta de la República, 27 May, no. 147, 1938.

29 Gaceta de la República, 18 June 1937, no. 169, 1264; Gaceta de la República, 14 November 1937, no. 313, 538.

30 Gaceta de la República, 10 December 1938, no. 344, 1022-1023.

31 Partes mensuales de la Dirección de los Servicios Sanitarios del Ejército de Andalucía a través de los enlaces sanitarios, AGMAV, C. 604, 5, 2; AGMAV, C. 520, 7, 6.

32 AGMAV, C. 997, 2.

33 AGMAV, C. 520, 7, 6.

failed liaison connections and collapsed networks further reflected the general disintegration of the infrastructure.<sup>34</sup>

The available reports end there, in the autumn of 1938. A few memories of former war nurses and doctors nevertheless add fragments to this sketchy picture of the dissolution of the Popular Army Health Service. They suggest that the final months of the war were characterised by constant evacuation and retreat, which meant packing up materials, taking patients to the next functioning medical facility, and simultaneously discharging anyone who was considered fit enough to leave on their own. Various versions were communicated in this story, like the following two examples: The former auxiliary nurse Victoria Santamaría Palacios worked in a military hospital in Cambrils, a little town south of Reus and Tarragona in cut-off Catalonia. She met her husband there in late 1938, who was a patient evacuated from the battlefield of Ebro and recovering from his broken leg. They married on 5 January 1939 and left Cambrils 2 days later towards the French border. No convoy, train, or anything else could take them. So, they fled on their own and relied on people who had vehicles to give them a lift. The last part of their journey was by foot, which must have been horrendous since V. Santamaría's husband still had a broken and plastered leg.<sup>35</sup> The fact they could not benefit from an evacuation transport reflects the shortage of capacities in the Popular Army; their eagerness to flee despite the handicap reflects how fearful they were of a Francoist take-over. By then, in early January, the official discourse did not yet suggest the war was lost, although people on the ground knew the end was coming. Consequently, soldiers were released from the hospitals instead of being sent back to their units.

The story of war nurse Anna Pibernat Caner was somewhat similar. She worked in several military hospitals throughout the war as part of a group of Health Service staff that organised the evacuation of several Catalan base hospitals. When they had retreated as far as Girona – roughly 70 km from the French border – she asked for leave to say goodbye to her parents who lived nearby. As a member of the Popular Army, she knew she faced being taken prisoner of war and risked violence if she stayed. Leaving the country was her only option.<sup>36</sup> She was probably an exception in one sense, as not everybody could see their loved ones again before entering exile. However, her journey into exile was like that of V. Santamaría: She was on foot in the cold of Pyrenean February after her last post in the Figueres had been completely bombed. She left with a group of fellow nurses and a paramedic.<sup>37</sup> In contrast to V. Santamaría, who had become a civilian once again through marriage and flight, other nurses recall being

34 Partes mensuales de la Dirección de los Servicios Sanitarios del Ejército de Andalucía a través de los enlaces sanitarios, AGMAV, C. 604, 5, 2.

35 Ramió and Torres, *Enfermeras de guerra*, III-117.

36 Hurtado Díaz, *Memorias del Pueblo*, 48-49.

37 *Ibid.*, 50-52.

evacuated along with the rest of the Health Service staff, thus remaining army members. Some of them were lucky and were able to travel by train or truck.

As these examples show, in the microcosm of a military hospital, people had to make their own danger assessment and make their own decisions. In the case of A. Pibernat, there was no need to wait for new instructions. After Figueres had been turned into rubble, there was nothing left to do but leave. All dispensable facilities were evacuated and closed, and only large hospitals, like those in the major cities, remained open and staffed. The personnel that stayed prepared for the Francoist troops to arrive and take over the facility.<sup>38</sup> What followed were purges of both staff and patients.

After the political system had imploded, battles had consumed all thinkable resources, and the last remaining European democracies had turned their backs on the Second Republic, there remained only the people – Republicanists by choice or by fate. Wearing a nurse's or doctor's uniform meant being identified with the Popular Army, endangering one's life. Francoists did not hesitate to scan and mark everybody as «Red» they could associate with the Second Republic. Although the frontlines had collapsed and unconditional surrender had been declared on 1 April 1939, the supposed enemies remained. The Republic stopped being a conglomerate of space, people, and ruling practice; it shifted into the bodies of the survivors and turned all of them – regardless of whether they had been combatants or not – into the new battlefields of the second phase<sup>39</sup> of the Civil War.

### *The Dawn of ›Victory‹*

There is a consensus that what followed 1 April 1939 was a decade of misery, suffering, violence, and terror. Historiography has paid substantial attention to the violence unleashed against supposed former Republicanists,<sup>40</sup> as it is considered key to the construction of Francoist society. Legal and extralegal persecution ensured that the ›vanquished‹ were forcefully ushered to their roles in the ›new‹

38 The story of Maria Sans Moyà is in this sense quite telling. She worked in the hospital for International Brigadists in Mataró and stayed even after the Francoist troops arrived. Ramió and Torres, *Enfermeras de guerra*, 118-123.

39 Drawing from the desiderata of more recent studies on postwar violence, I object to calling the decade from 1939 to 1949 «postwar» but prefer conceptualising it as a second phase of the civil war. See Anderson, *The Francoist Military Trials*; Preston, *The Spanish Holocaust*; Antonio Cazorla Sánchez, «Franco: La violencia y la simplificación de España,» *Revista Universitaria de Historia Militar*, vol. 7 no. 13, (2018), 21-35; Eduardo González Calleja, *Política y violencia en la España contemporánea* (Tres Cantos; Madrid: Akal, 2020); Julio Prada Rodríguez, *The Plundering of the Vanquished: The Economic Repression during Early Francoism* (Berlin; Bern; Wien: Peter Lang, 2019).

40 Apart from Preston, *The Spanish Holocaust*; and Anderson, *The Francoist Military Trials*; see also, Sanchis Sinisterra and Sánchez Arnosí, *Terror y Miseria*; Cazorla Sánchez, «Franco;» González Calleja, *Política y violencia*.



society. Francoist society implemented various strategies to manufacture this environment of pain, ranging from regulations that established nationwide exclusion norms, to cultivating an overarching climate of empowerment that invited bottom-up participation. To that end, the category ›Red« or ›redness« served as a powerful tool. The pluralist culture and complex political and ideological melange of left-wing, leftist, and anarchist thought as well as unionism that had characterised the former political system and society was reduced to a single colour: ›red.« The category provided substantial room for interpretation and appropriation thanks to its vagueness. Consequently, people were accused not only of their (alleged) political activities but also for what they had said or done (e.g., romantic or sexual experiences outside wedlock, divorce, thirst for higher education, failing to practice Catholic worship, etc.). Behaviour and deeds were often understood as reflections of political convictions and/or loyalty to the former regime and society (e.g., standing in for worker's rights, redistribution of wealth, etc.). The ›new« Spain welcomed everybody who wanted to denounce anyone who in any way could be associated with the Second Republic. Motifs like the search for compensation for one's own losses, vengeance, and fear could turn anyone into anybody's enemy.

The war shifted from the battlefields to the streets and the neighbourhoods and spread within communities. Being marked ›red« usually entailed humiliation, violence, and existential threat. It meant being relegated to the alleged others – the vanquished – and pointing one's finger included being part of the ›victor's« camp. As Cazorla emphasises, this cultivated an atmosphere of general distrust that was the central ingredient for cementing the authoritarian dictatorship F. Franco was about to establish. Even though the end was propagated, violence continued to dominate the day-to-day life in large parts of Spanish society.

The violence and repression against the ›vanquished« did, however, not start on 1 April 1939, it had been a constant companion of the advancing troops and was also systematically institutionalised and integrated into Francoist state-building, which intensified throughout 1938. Corresponding decrees were passed from the spring of 1938 onwards that ultimately provided a pseudolegal framework for the systematic persecution of everyone considered a state enemy. While the last battles, party disputes, and the international nonintervention policy slowly ground the democratic project of the Second Republic to a halt, Francoists were already building their infrastructure of systematic social inclusion and exclusion.

Nevertheless, 1 April 1939 was an important date for Francoism. It symbolically marked the official transition from war to ›peace.« Institutions no longer needed – like the Female Services of the Health Service – were dismantled. The demobilisation of the rearguard intensified and propaganda shifted. The Civil War had been publicly framed as a ›movement of salvation,« analogous to the so-called Reconquista of the Spanish Middle Ages. Like medieval crusaders once ›liberated« the peninsula from the ›godless« Muslims, F. Franco and his

troops ›freed‹ Spain from the ›godless reds.‹<sup>41</sup> The Francoist calendar of ›victory‹ began on 1 April 1939.<sup>42</sup> And yet, this date did not bring peace, as already argued. Therefore, I suggest calling the immediate postwar years ›the second phase of the Civil War,‹ because not only was violence perpetuated, it was transformed into state doctrine and cornerstones of Francoist society-building.

Soon after F. Franco had ascended to head of state and army in the autumn of 1936, the question of legitimate rule became pressing. An embryonic government, the so-called Technical State Junta (*Junta Técnica del Estado*), was appointed and commissioned to govern the war. It was a provisional body consisting of seven secretariats. On 30 January 1938,<sup>43</sup> its successor governmental structure was decreed, mimicking a system of ministries that served to disseminate to the international audience an image of power division and legitimate statehood. Yet it was nonetheless the charade of a government.<sup>44</sup> At the same time, the Technical State Junta and its successor executive, the first government, reflected how the administration over the Francoist territories was becoming more complex and needed a more differentiated structure of rule. These ministries instantly took up work and started preparing for the vertical integration of society and economy as well as the repeal of Second Republic laws, such as the civilian marriage law or secularisation laws. Earlier authorities that had lost significant influence and power during the Republic, like the Catholic Church,<sup>45</sup> were restituted and reasserted. The military advances paralleled the legal destruction of the Second Republic.<sup>46</sup>

These ministries were largely responsible for the legal framework that would codify the pattern of structural social inequality defining the Francoist society. Among the many structural inequalities that characterised the authoritarian dictatorship of F. Franco, two in particular stood out: the legislation on labour and the ›political responsibility.‹ The former paved the way for a systematic exclusion of women from the labour market (and thus reinforced gender segregation and complementary gender roles), whereas the latter institutionalised the forceful exclusion of everyone who was perceived as an enemy of the Francoist regime. The labour legislation was then condensed into the infamous Labour

41 Juliá, *Historia de las dos Españas*, 275-316.

42 This calendar also introduced a new chronology. Henceforward, the Civil War years were counted as the ›first,‹ ›second,‹ and ›third triumphal year‹ until the ›year of the victory‹ began in 1939. F. Franco also quickly added a new festival calendar, which marked Catholic holidays as well as days that supposedly recalled Spain's greatness, like the discovery of the Americas, and, of course, the insurrection on 18 July 1936.

43 Boletín Oficial del Estado, 31 January 1938, no. 474, 5514-5515.

44 Elena Maza Zorrilla, *La España de Franco (1939-1975)* (San Sebastián de los Reyes, Madrid: Actas, 2002), 15.

45 In fact, the Catholic Church received a greater position of more power than it had held throughout the Restoration.

46 See, among others, Maza Zorrilla, *La España de Franco*, 17-18.

Charter (*Fuero del Trabajo*),<sup>47</sup> while the political exclusion legislation was more complex, consisting of several decrees and laws that expanded and refined what had already been established as the norms of social conduct through the declaration of war in July 1936. Phrases like »every Spanish citizen is required to strictly follow the law«<sup>48</sup> and opponents of the rebels were »blinded by an unintelligible sectarianism«<sup>49</sup> now found ascertainment in the legislative architecture the dictatorship started to build. The Labour Charter and the laws regarding political responsibilities determined the subsequent developments in the scientific field of medicine and the system of healthcare provision.

The Labour Charter, adopted on 9 March 1938, laid the foundation for a structural disempowerment of female labour. Framed as an act of humanity, »married women were freed from the workshop and the factory.«<sup>50</sup> The authors of the law conceptualised work as a burden for women, who had to be protected from such exploitation. This phrasing disregarded the reality of large parts of the Spanish society, which had suffered around 500,000 casualties, most of them men and often the heads of households. After the war, what had been propagated as the righteous female contribution to ›victory‹ during the war and doubly legitimised through the state of emergency was rapidly consolidated into a gendered and classist barrier. Laws like this structurally discriminated against women who depended on gainful employment. Considering work as a strain on womanhood reflects what Gloria Nielfa Cristóbal calls the falangist distinction between ›work‹ and ›service‹:<sup>51</sup> Work was the responsibility of the male breadwinner, while service was something else completely – service was the demonstration of loyalty to the nation, something that could never be done in exchange for money. A woman's ›true‹ work was to care for her family and thus ensure the reproduction and growth of the nation; so everything done on top of this was to be a selfless service to the nation.<sup>52</sup> The ›factory girl,‹ for example, officially disappeared as an option for female employment, which made women who continued – or tried to – work in factories suspicious of being ›red‹ or poor. Poverty was discursively often linked to immorality, and poor women were often suspected of transgressive sexuality and, thus, left-wing ideologies. Women who depended on industrial employment faced, therefore, many intersecting stigmata and risks.<sup>53</sup>

In contrast to the ›factory girl,‹ ›nurses‹ did not disappear as a suitable profession for women – only the power relations shifted. Nuns returned to positions of power, both in hospitals and nursing schools, but the Sección Femenina

47 Boletín Oficial del Estado, 10 March 1938, no. 505, 6178–6181.

48 Boletín Oficial de la Junta de Defensa Nacional de España, 30 July 1936, no. 3.

49 Ibid.

50 Boletín Oficial del Estado, 10 March 1938, no. 505, 6179.

51 Nielfa Cristóbal, »Trabajo, salud y vida cotidiana,« 130.

52 Ibid., 130–131.

53 Aurora G. Morcillo, »Walls of Flesh,« 751.

also continued their nurse training programmes. Auxilio Social successfully defended their humanitarian and social assistance project to the poor and the war-ridden parts of Spain. Their public health workers became important ›tools for social control‹<sup>54</sup> in the new dictatorship. Access to nursing jobs was further complicated for women who had worked in such positions in the Republican territories. Their diplomas lost their validity, and if they wanted to continue to work in healthcare, they had to retake the exams. Ramió et al. show that it was a common practice to fail former nurses of the Republican zone over and over again, arguing that this practice was a purge in disguise.<sup>55</sup> In addition, the completion certificates of Servicio Social became hurdles. After the war was declared over, access to certain vocational training programmes and jobs was granted only to women in possession of these certificates, as especially Republicanist women recalled.<sup>56</sup> The return of Catholic rule to healthcare changed the tone and work culture. Under the keen eye of representatives of the guardians of ›new‹ Spain's morale compass, working as a nurse was socially reconcilable.

These shifts in the labour market for women predominantly affected women of the lower social classes, landless women, and those whose families depended on their economic contribution. Women with nursing degrees or other sought-after skills usually had more opportunities to find employment – but not always in the official labour market. The worst off were women associated with the Second Republic who had no special skills or other social capital. As the wives, daughters, and mothers of former Popular Army soldiers or Republicanists, they faced repression, violence, and systematic humiliation, which further impaired their chances of employment. Most of these women and women with income obligations had little or no other option but to work in the black market.<sup>57</sup> The effects of the labour legislation hit Spain especially hard after the war was declared over. When it was first issued, the necessities of war still had society mobilised. The decree *Fuero de Trabajo* in March 1938 by F. Franco – over a year before the official end of the war and amidst the mobilisation of the female population for war duty – must be understood, above all, as an indicator of how Francoist society was to function in the future. The consequences were ultimately disastrous because the implementation pushed large parts of society to work and earn their living illegally.

Apart from relegating women to their places through labour legislation, three laws passed before the war was officially over which further defined political deviance; these applied equally to men and women. These regulations determined the integration or exclusion of Spaniards – from both sides – into Francoist

54 Cenarro Lagunas, *La sonrisa de Falange: Auxilio Social en la guerra civil y en la posguerra*, XIV.

55 Ramió and Torres, *Enfermeras de guerra*, 47.

56 *Ibid.*, 85, 107, 136.

57 González Duro, *Las rapadas*, 176.

society. They laid out interpretations and explanations for what the declaration of war had called »blinded by an unintelligible sectarianism,« and they served as a legal framework for what historiographers refer to as postwar Francoist repression. On 9 February 1939, the ›Law of Political Responsibilities‹ (*Ley de Responsabilidades Políticas*) passed, which intended to »serve to liquidate the faults [...] incurred by those who contributed through serious acts or omissions to forge the red subversion, to keep it alive for more than 2 years, and to hinder the triumph of [...] the National Movement.«<sup>58</sup> The text uses fuzzy categories like having »contributed [...] to forging the red subversion.« Such phrases provided for a vast margin of interpretation and arbitrariness in the law's implementation.

These regulations assumed meaning when activities were to be sanctioned, like having held a political or administrative office, having been a member of a left-wing party, having distributed information contrary to Francoist propaganda, having left the country after the insurrection and remained outside it for longer than 2 months, having testified against Francoists in court.<sup>59</sup> They criminalised and excluded entire entities. »[T]he parties, groupings, and organisations declared outside the law shall suffer the absolute loss of their rights and the total loss of their assets. These shall become the property of the State in their entirety.«<sup>60</sup> Activities and organisations that were entirely legal at their inception became punishable transgressions *ex post facto*. Much of the social and political practices of the past, particularly those linked to exercising democratic rights and responsibilities, like freedom of speech, gathering, association, etc., were now declared crimes.

This affected the accused's livelihood, rights, income, housing, and security. It encouraged social practices and behaviour that contributed to sow discord and mistrust, such as rumour spreading and denunciation.<sup>61</sup> As Cazorla calls it, this law was a legal brick in manufacturing a society of fear. According to him, »fear ran through people's veins because punishment for dissent was merciless. Everybody knew that there was a more or less secret world in which bad things happened and that a wrong turn could put you there.«<sup>62</sup> By providing

58 Boletín Oficial del Estado, 13 February 1939, no. 44, 824.

59 Ibid., 825-826.

60 Included in this section of expropriation were basically all left-wing parties and organisations: Acción Republicana, Izquierda Republicana, Unión Republicana, Partido Federal, Confederación Nacional del Trabajo, Unión General de Trabajadores, Partido Socialista Obrero, Partido Comunista, Partido Sindicalista, Sindicalista de Pestaña, Federación Anarquista Ibérica, Partido Nacionalista Vasco, Acción Nacionalista Vasca, Solidaridad de Obreros Vascos, Esquerra Catalana, Partido Galleguista, Partido Obrero de Unificación Marxista, Ateneo Libertario, Socorro Rojo Internacional, Partido Socialista Unificado de Cataluña, Unión de Rabassaires, Acción Catalana Republicana, Partido Catalanista Republicano, Unión Democrática de Cataluña, Estat Català, all Freemasonry Logias, and any organisation related to any of the above. Ibid., 825-826.

61 Gómez Bravo, *Geografía humana*, 51-84.

62 Cazorla Sánchez, *Fear and Progress*, 31.

a legal framework that allowed everyone to exercise the power to denounce others, individuals commenced settling outstanding accounts. Vengeance and retaliation affected all strata of society; distrust eventually reigned everywhere. The vagueness of the accusation ›red‹ ultimately caused the consolidation of a codified language of power. For example, calling someone a ›person of ideas,‹ as ›loose‹, or just making a diffuse insinuation that someone had collaborated with elements or authorities of the Second Republic, sufficed to initiate violence, discrimination, and social exclusion. The consequences of this practice and legal framework were pervasive. Denunciations caused not only violence and legal persecution but also expropriations, which in many cases destroyed the livelihoods of the accused and their relatives over the long term.<sup>63</sup>

The Law of Political Responsibilities was nothing new but codified an already established practice. Systematic purges, such as, among others, those in higher education,<sup>64</sup> medical practice, and assistance, had already targeted specific professional fields.<sup>65</sup> The difference was that the Law of Political Responsibilities had the potential to affect everyone and was flexible enough to target whole groups. It systematised the repression and exclusion that had already been developed and applied and offered a pseudolegal framework. It proved a useful tool during the reconstruction of the alleged postwar economy. People who wanted to resume their former professions, at least in fields of public interest, including the medical professions, had to pass a Tribunal of Purification (*Tribunal de Depuración*), which assessed one's role during the war. Only after having been found guiltless did one receive permission for work. Thus, this law functioned not only as an instrument for purging the ranks but also as an entrance barrier: People who feared being at risk of condemnation would not even dare to present themselves, looking rather for informal ways to return to work in their former professions<sup>66</sup> – or never working in their professions again. These tribunals efficiently forced people into inner emigration or exile.

63 On the economic effects of the plundering see, among others, Prada Rodríguez, *The Plundering of the Vanquished*.

64 For an overview on the research done in this field, see the following studies: Otero Carvajal, *La destrucción de la ciencia en España*; Jaime Claret Miranda, ›Cuando las cátedras eran trincheras. La depuración política e ideológica de la universidad española durante el primer Franquismo,‹ *HISPANIA NOVA. Revista de Historia Contemporánea*, vol. 6 (2006), 1-20; Erker, ›Die Universität Wien im Austrofaschismus,‹ M<sup>a</sup>. del Carmen Agulló-Díaz and Juan Manuel Fernández-Soria, ›La depuración franquista del profesorado de las Escuelas Normales de Alicante, Castellón y Valencia,‹ *Revista de Educación*, vol. 364 (2014), 197-221.

65 Ruiz-Berdún and Gomis, ›La depuración de las matronas,‹ 439-467; Pérez Aguado, Brugués, and de Leiva, ›Los expedientes de depuración del Franquismo,‹ 191-202.

66 Anna Pibernat, one of Hurtados interviewees, recalled that she could not present herself to the tribunal because she was considered ›red‹ and could not find any endorsement contrary to a friend of hers, who managed to mobilise enough people to vouch for her so she would pass the tribunal. Hurtado Díaz, *Memorias del Pueblo*, 62.

The Law Against Freemasonry and Communism, passed on 10 March 1940, later complemented the Law of Political Responsibilities. Supposedly, this law provided a precise definition of the meaning of ›Red;‹ however, like the political responsibilities, the definition remained vague and open to interpretation:

Freemasons are all those who have joined Freemasonry and have not been expelled or have not withdrawn from it or have not explicitly severed all connection with it. Those to whom the sect has given its authorisation, consent, or acquiescence, in whatever form or by whatever means, and who appear to have distanced themselves from it, do not cease to be Freemasons. For the purposes of this Act, those inducing, leading, and actively collaborating in Soviet, Trotskyist, anarchist, or similar work or propaganda are considered communists.<sup>67</sup>

This conceptualisation of Freemasonry equated Communism and Freemasonry and also criminalised it. It also meant a dilemma for the accused because institutional affiliation became an inescapable fate regardless of whether individuals had distanced themselves from their lodge, party, or group. The same was true for anyone considered Communist under this law. The criminalisation of activities such as ›inducing, leading, and actively collaborating‹<sup>68</sup> provided substantial room for interpretation. Freemasonry and Communism received the blame for the demise of the so-perceived ›Spanish grandeur,‹ ›the loss of the Spanish colonial empire,‹ ›the bloody war of Independence,‹ ›the Civil Wars that ravaged Spain during the last century,‹ ›the fall of the constitutional Monarchy,‹ etc.<sup>69</sup> Thus, Freemasons and Communists were turned into scapegoats for anything allegedly bad that had happened to Spain and the Spanish nation. While this law conceptualised communism as an exterior threat that attacked the ›new‹ Spain from the outside, Freemasonry was perceived as an enemy from within society, which clandestinely built networks to facilitate the communist attack.

The Freemasonry Law and Law of Political Responsibilities both functioned very similarly, serving as persecution tools and barriers. They predominantly had the task of persecuting members of the atheist and intellectual elite of the Second Republic. Accusations of freemasonry and communism were also raised in absentia; investigations were not actively dropped, so particularly people who had gone into exile found themselves trapped there. The sanctions these laws implied ranged from fines to expropriation, prison, even death sentences. Particularly during the 1940s, being found guilty of ›freemasonry‹ or ›communism‹ usually meant a death sentence. Further, both laws had a Catholic impregna-

67 Boletín Oficial del Estado, 2 March 1940, no. 62, 1537-1539.

68 Ibid.

69 Ibid.

tion<sup>70</sup> and thus contributed to reaffirming the National-Catholic doctrine with which F. Franco legitimised the order of the ›new‹ Spain.

The difference between the Law Against Freemasonry and Communism and the Law of Political Responsibilities lay in their temporal perspective. The Law of Political Responsibilities ordered the present based on the past; it persecuted people for their past actions or affiliations. The Law Against Freemasonry and Communism targeted the future, since Freemasons and Communists were perceived as threats that would continue to endanger the ›new‹ Spain. The fight against them was perceived as a long-term task for the Francoist society. These laws represented the codification of Francoist racism based not on ethnicity but on ideology. The effects of these laws led to what Michael Mann calls ›political cleansing‹ based on religious and quasiracial elements.<sup>71</sup>

Parallel to this legislative architecture of terror was an economic policy with a disastrous outcome. The consequences of the overall abysmal economic situation further intensified the environment of fear, which not only affected the so-called vanquished but induced additional class-bias into the matrix of suffering. ›We have everything we need to live, and our production is abundant enough to ensure our won subsistence. We have no need to import anything,‹<sup>72</sup> F. Franco had already proclaimed in August 1938. However, as the economic developments of the 1940s show, he was wrong. Nevertheless, this statement paradigmatically reflected the general economic course Francoism embarked on after ›victory‹ had been proclaimed, which historiography summarises under the label of autarky. The outcome of this strategy was cataclysmic: Between 1935<sup>73</sup> and 1940, agrarian production declined by over 22 %, industrial production by over 14 %, and over 250,000 living spaces were destroyed, another 250,000 partly destroyed; the infrastructure suffered substantial losses, and the government of the Second Republic depleted the state treasury on armament, provisions, and war support during the war.<sup>74</sup> Not until 1948 would the Spanish economy again

70 Juan José Morales Ruiz, ›La Ley de Represión de la Masonería y el Comunismo (1 de Marzo de 1940),‹ *Revista de Estudios Históricos de la Masonería Latinoamericana y Caribeña* 12, vol. 1-2 (2020), 173, 176-180.

71 Mann, *Fascists*, 344.

72 Palabras del Caudillo, 19 abril–31 diciembre 1938 (Barcelona: Ediciones FE MC-MXXXIX, 1939), 263.

73 Economic historians usually use the economic balance of 1935 as a reference for assessing the development of economic performance during and after the war. Relying on data like national rent rates and GDP, Catalan suggests that only in 1948 did Spain recover from the economic disaster that the war and subsequent politics of autarky had caused. According to him, rent rates and GDP surpassed the 1935 levels for the first time in 1948. See Jordi Catalan, ›Franquismo y autarquía 1939-1959: Enfoques de historia económica,‹ *Ayer*, vol. 46 (2002), 263-264.

74 For more details on the famous plundering of the state treasure, it is worth taking a look at its protagonist, Marcelino Pascua, who also was the architect of the first reconfiguration of the public health system of the Second Republic. Miguel Marco Igual,



reach prewar levels, with a real upswing beginning only after the autarky policy was finally dropped in 1956.<sup>75</sup>

Throughout the war, Francoist propaganda promised a ›new‹ Spain, a Spain of stability, independence, modernity, and prosperity. Once the war was declared over, it propagated autarky as the path forward. Against the backdrop of the beginning of the Second World War, rebuilding the Spanish economy proved a complicated endeavour. The successes of Nazi Germany and Fascist Italy at first provided F. Franco with a tailwind for his »fascistisation« of Spanish society.<sup>76</sup> He believed that international fascism had come to stay and welcomed the international trend towards authoritarian state concepts.<sup>77</sup> Nazi Germany and Italy, however, were too deeply engaged in war preparations to expect significant support for rebuilding the Spanish economy.<sup>78</sup> Only France and Great Britain were ready to provide what Spain lacked: wheat, fuel, and industrial products. But these provisions came at the price of F. Franco's declaration of neutrality once the Second War had begun.<sup>79</sup> Josep Fontana i Làzaro thus interprets the economic policy of autarky as a reaction to a deadlocked situation.<sup>80</sup> A closer look at the international panorama suggests that installing alternatives meant compromise at the expense of F. Franco's aspirations for total power. Instead, F. Franco framed and disseminated autarky as a system of autosufficiency and self-financing to support Spain's transition into an independent and strong ›new‹ state. However, the envisaged emancipation from the international constellation of powers quickly turned into a position of isolation, which, after 1945 and the end of fascism, was exacerbated by international boycotting.<sup>81</sup>

Michaela Dlugosch and Anna-Catharina Hofmann agree that autarky is a vague umbrella term that referred to an economic policy aiming to establish

*La injusticia de un olvido. El mundo de Marcelino Pascua (1897/1977) médico y político*, (PhD Thesis, Universidad Nacional de Educación a Distancia, Madrid, 2018), 115-160; Moradiellos, *La España de Franco (1939-1975)*, 81-82.

75 Anna Catharina Hofmann, *Franco's Moderne: Technokratie und Diktatur in Spanien 1956-1973* (Göttingen: Wallstein Verlag, 2019); Michaela Dlugosch, »Geordnetes Wirtschaften. Zur sozialen Ökonomie im Franquismus (1939-1959)«, in *Franquismus und Salazarismus: Legitimation durch Diktatur?*, eds. Federico Fernández-Crehuet López and António Manuel Hespanha (Frankfurt a. M.: Klostermann, 2008), 317-348; Josep Fontana i Làzaro, »La utopía franquista: La economía de Robinson Crusoe,« *Cuadernos de Historia del Derecho*, vol. Extraordinario (2004), 97-103.

76 Saz Campos, »Fascism, Fascistization and Developmentalism,« 342-357.

77 Saz et al., *Reactionary Nationalists, Fascists and Dictatorships*; Bauerkämper, *Der Faschismus in Europa*; Morant i Ariño, »Las mujeres que también fueron fascistas«, 11-26; Pinto and Kallis, eds., *Rethinking Fascism and Dictatorship* Ángel Alcalde, »The Transnational Consensus: Fascism and Nazism in Current Research,« *Contemporary European History* vol. 29, no. 2 (May 2020), 243-252.

78 Fontana i Làzaro, »La utopía franquista,« 81-82.

79 Moradiellos, *La España de Franco (1939-1975)*, 64-65.

80 Fontana i Làzaro, »La utopía franquista,« 81-82.

81 Julián Casanova, *Europa contra Europa, 1914-1945* (Barcelona: Crítica, 2014).

stability through control and state intervention. Its vagueness derived from the lack of a defined concept for reconstructing the war-torn economy. Thus, autarky functioned as a mechanism rather than a strategic economic policy. »Understood as an anticapitalist model, above all autarky meant promoting the national economy and protecting it from foreign competition [...] [by replacing competition] with a network of subjective and personal relations.«<sup>82</sup> Autarky, therefore, meant institutionalising case-by-case decisions, with F. Franco at the centre of all decision-making power. As a result, »the state integrated itself to the economy«<sup>83</sup> by constantly intervening and centralising, by building vertical syndicates designed according to national-syndicalist models, and by privileging existing hierarchies and economic power distribution.

Francoism relied on support from the country's financial aristocracy and large landowners, whose needs and ambitions were largely prioritised over the misery most parts of the population suffered. Economic policy contributed to restoring and perpetuating the specific social constellation of the economic elite and their clientelist networks that had not only supported F. Franco during the war but previously had resisted the economic and agrarian reform projects launched during the first government of the Second Republic. This resulted in an unequal distribution of wealth that favoured a small elite of Spanish society.

As a prominent metaphor illustrating this unequal development, historians refer to the food ration cards that existed up until 1952.<sup>84</sup> There was little ›new‹ or ›modern‹ about F. Franco's economic policy; it was a renewed perpetuation of the social and economic power relations and structural classist inequality that had evolved and been consolidated over time. The terms ›new‹ and ›modern‹ are rather buzzwords of Francoist propaganda that corresponded to a mindset striving to retrieve and continue conservative values and pre-Second Republic social power relations while propagating modern statehood.<sup>85</sup>

However, integral to the autarky discourse were the tropes of anticommunism and anticapitalism. As Dlugosch and also Hofmann show, Francoism did not abolish the capitalist structure that had developed before the Civil War but rather merged it with clientelist power politics. Possession rights and private enterprise persisted but were subjected to state interventionism and relationships of favouritism. As the persecution laws also confirmed, anticommunism became the most important bogeyman of Francoist rule, with liberalism, democracy, and freemasonry as its allies. Liberal, *laissez-faire* economy was reinterpreted as an important contributing factor and cause for Spain's deplorable situation in the 1940s.<sup>86</sup> Everything that inhibited Spain's ›greatness‹ and stood in the way of

82 Dlugosch, »Geordnetes Wirtschaften,« 327.

83 Ibid., 329.

84 Manuel Espín, *Vida cotidiana en la España de la posguerra* (Córdoba: Editorial Almuzara, 2022).

85 Dlugosch, »Geordnetes Wirtschaften,« 323.

86 Ibid., 324.

its imperialist potential was discursively villainised and coagulated with Bolshevism. This twisted liberalism and liberal capitalist economic politics and turned them into gateways to Communism which had to be prevented by state intervention. The consequences were catastrophic: Inflation escalated, the black market soared, wage levels remained extremely low while prices rose. This dynamic again favoured big landowners and industrialists, who received a cheap labour force that was at their mercy. Francoist centralisation politics included vertical syndicalism, which was used to suppress workers' participation in negotiating labour conditions. With roughly 50% of the population working as agrarian farmhands and around 25% as industrial workers, in 1950<sup>87</sup> over two-thirds of all Spaniards still suffered from miserable working and constantly deteriorating living conditions with all the adjunct consequences, such as spreading famine and diseases.<sup>88</sup> Throughout the first decade of Francoism, the politics of autarky intersected with the politics of repression and contributed to worsening the overall situation. However, they affected not only the so-called vanquished but disadvantaged people along the social fissure of class. Although this assimilated the fates of the many ›winners‹ and the ›vanquished,‹ the double discrimination suffered by the alleged ›reds‹ put them right at the bottom of Francoist society.

When F. Franco rose from his sickbed to announce ›Victory Day‹ on 1 April 1939, the transition from wartime to ›peacetime‹ had long been in the making. The pseudolegislative tools to enforce a victor's regime were in place, just the semantics had changed. 1 April 1939 therefore marked neither the beginning of ›peace‹ nor the end of the Spanish Civil War. In some way, though, it did mark a turning point: Spain's economy shifted from a war economy to autarky, exacerbating the existing misery.

## 2 The Return of the ›Prodigal Children‹

The history of the aftermath is one in which the experience of terror, persecution, and misery affected Spanish society according to political affiliation (ascribed ›redness‹), class, education, and gender. Returning home was an ambivalent act. The defenders of the Second Republic could – if at all – return to the houses, villages, or cities they had once lived in, but the society and the state they had fought for had ceased to exist. The ›return‹ of the medical and healthcare staff of the Popular Army and the rearguard healthcare infrastructure was complicated. As former defenders of the Second Republic, they were exposed to repression; as medical professionals, they were needed. The overall humanitarian situation was often precarious. The shifting frontlines had massively displaced people

87 Moradiellos, *La España de Franco (1939-1975)*, 81-82.

88 Cazorla Sánchez, *Fear and Progress*, 8-30; Moradiellos, *La España de Franco (1939-1975)*, 81-89.

during the war. Shortages in supplies, food, and potable water had affected the retreating Republican forces and population more than the Francoists, because the constant retreat quickly consumed resources and seriously limited provision lines. Hygiene and malnutrition related health issues were the consequence. Once the Francoists occupied these territories, however, they were also confronted with this situation.

The situation in the rebel territories was hardly any better, as Barona Vilar and Perdiguero Gil maintain. Nevertheless, the Francoists attempted to disseminate a different image in the halls of international medical diplomacy.<sup>89</sup> According to their representatives, precautionary measures were supposedly working, and the threat of war-related health issues did not pose a real challenge to Francoist healthcare infrastructure.<sup>90</sup> The data – though fractured and incomplete – that emerged from the Republican zone in 1938 provide a different image and allow an approximation of the overall situation in the Francoist zones. Diseases typically associated with catastrophic living conditions, like typhoid and spotted fever, bacillary dysentery, or smallpox, were increasing everywhere.<sup>91</sup> ›Victory Day‹ did not change anything in that regard. On the contrary, provisions remained short, malnutrition spread among large sectors of the population, as well as malnutrition related epidemic outbreaks. In addition, because the medical centres had suffered destruction, the physical infrastructure was also precarious.<sup>92</sup> »[T]he scale of the suffering caused by hunger [...] cannot be exaggerated. [...] It has been estimated that between 1939 and 1945 [...] 200,000 Spaniards starved to death.«<sup>93</sup> As the mortality rates show, children and the elderly were most affected by the consequences of these hunger years.

Hunger intersected with the effects of the spiralling repression of everyone associated with the Second Republic. It not only deprived families of their breadwinners but of the members who were fit to work. In 1941, F. Franco's jails held roughly 280,000 people on political charges, some 50,000 of whom were eventually killed, and the number of persons who suffered persecution and social exclusion is yet to be estimated.<sup>94</sup> Not only did the Laws of Political Responsibility and the Laws against Freemasonry and Communism claim their toll, but extralegal acts of revenge also raged throughout the war-torn society. Having the ›breadwinner‹ in jail, dead, or on the run substantially affected the families of the vanquished. As relatives of persons marked as ›enemies‹ of the ›new‹ Spain, their chances of finding employment were seriously impaired, which then impacted their means of providing food and housing for their families. The situation was even worse for families left without a male worker because the restrictions on

89 Brydan, ›Franco's Internationalists,‹ 57-87.

90 Barona Vilar and Perdiguero-Gil, ›Health and the War,‹ 119-121.

91 Ibid., 116.

92 Ibid., 123-25.

93 Cazorla Sánchez, *Fear and Progress*, 9.

94 Ibid., 8.

female labour severely limited the chances for a regular income.<sup>95</sup> So, while food shortages affected most Spaniards, particularly the lower classes, people associated with the Second Republic faced additional structural discrimination and thus were more likely to suffer from diseases linked to malnutrition and poor hygienic conditions. Moreover, there were still sick and injured excombatants who needed long-term treatments and rehabilitation as well as invalids who were also dependent on treatment, rehabilitation, and medical assistance.

The demand for medically trained staff and healthcare workers was high, but the healthcare infrastructure was in disarray in many parts of the country. Like that of other sectors, such as education, the reconstruction of the healthcare system was marked by purges and the establishment of institutional barriers to exclude people Francoism considered threats to the ›new‹ Spain. In medicine and healthcare, the question of how to deal with the supposed enemy clashed with the real needs of a war-weary society. The integration of medical and healthcare professionals into the ›new‹ Spain shows another side of Francoist society-building beyond repression, persecution, and the consequences of autarky politics: It tells a story of ambivalences and contingencies. Some cases represent the excessive violence against so-perceived enemies to the ›new‹ Spain, other cases reveal Francoist pragmatism, and yet other cases tell stories about the resourcefulness and creativity individual actors mobilised to find a place and a future in the authoritarian dictatorship. In other words, some former members of the Republican Army and rearguard healthcare system were admitted like prodigal children, others had no other option but to leave into inner or outer exile, and others blended in unnoticed. The following reflections assess some selected trajectories of former Republican medical personnel, their pathways into and exits from the Francoist society, to fathom authoritarianism's arbitrary and contingent interplay with society.

To understand how medical professionals found their place inside or outside Francoist society, I draw on oral-history collections gathered mostly in Catalonia and Valencia. These were the areas – apart from Madrid – where the war ended last, which meant that the population had lived under the government of the Second Republic for the longest time. The population of most other sectors were confronted with their ›integration‹ into Francoist society while the outcome of the war had not yet been decided. Catalans and Valencians, on the other hand, knew that they would be at the Francoists' mercy. Furthermore, Catalonia was a region with a long tradition of mobilisation for regional autonomy rights and had lived through intense revolutionary actions during the war<sup>96</sup> – both aspects the Francoists propagandistically villainised and condemned as proof for the morale decay of Spanish society they had come to ›save.‹ Catalans and Valencians who had engaged in any sort of activity supporting the Republican

95 Nielfa Cristóbal, ›Trabajo, salud y vida cotidiana,‹ 130-131.

96 Collado Seidel, *Kleine Geschichte Kataloniens*, 172-183.

war effort probably anticipated receiving little clemency from the Francoists. Because of the lack of other sources, the geographical focus of this chapter lies on the last territorial version of the Second Republic, the northern Mediterranean regions, which I counterbalance by some selected references to Madrid. In addition, I consulted the trial records of indicted nurses and doctors and other material, like mentions in law gazettes and newspapers, which help to further understand the individual trajectories of the protagonists in this chapter. Their stories, though tilted in the ways mentioned above, allow for an approximation of the messy side of integrating former Republicans into the process of building a Francoist healthcare system in ›victory‹ times.

### *The Return of the ›Prodigal Sons‹*

With the beginning of ›victory,‹ a significant shift occurred in the professional field of medicine. While all hands were needed during the war to tend to the sick and wounded, once the war was declared over and the (re)building of society had begun, so-called civilian issues regained momentum, one of which was the (re)construction of the scientific side of medicine. The biographies of the doctors and practitioners who worked on the Republican side disclosed the complex interwovenness of medical practice, medicine as science, and prewar politics. Before the war, Spanish medical practice and research were a heterogeneous field marked by multiple divisions: One was rooted in the question of how to design medical careers; liberal research institutions like the Board for the Expansion of Studies and Scientific Research (*Junta para la Ampliación de Estudios*, JAE) or the Free Institution for Education (*Institución Libre de Enseñanza*, ILE) promoted a scientific order that rested on meritocratic principles and open competition. They encountered fierce resistance from institutions like the Association of Sanitary Residents, which insisted on the principle of seniority instead of performance and output.

In Spain, the preference for the one or the other system overlapped with medical disciplines and political affiliation. Among others, bacteriology, serology, and histology turned into fields with which many bourgeois liberal aspiring doctors engaged. They claimed to be the avant-garde of modern medicine. In addition, many medical researchers from these fields supported democratic, left-wing, or socialist ideals. Thus, some physician networks had formed prior to the war that remained in the Republican zones after the uprising and chose to support the Second Republic. During the war, many of them stepped away from research and worked as practising doctors for the military Health Service or in civilian hospitals. Hence, when we look at the fate of these doctors, some medical disciplines become more pronounced. In fact, the postwar purges reflect to some degree the division between the various medical specialisations.

The postwar reconstruction of Spain's medicine as a scientific field appears gender-biased because it is missing female medical biographies. That may be

simply a problem related to the available sources but also to the fact that Francoism relegated women to auxiliary positions in the field of medicine, namely, to healthcare work. Sadly, the scientific careers of women did not play a major role in the immediate aftermath.<sup>97</sup>

However, the entanglement of politics and medical science was not free from arbitrariness. Before the Civil War, particularly socialists and anarchists harboured prejudices against the profession itself because they associated medicine with conservative, bourgeois liberalism. Socialists and anarchists struggled to accept it as a field suitable for negotiating workers' rights and needs.<sup>98</sup> At the same time, Spain's medical research experienced an upswing during the late Restoration and the Second Republic.<sup>99</sup> During the peaceful years of the Republic, the prejudices against these professions persisted even though many among the leading politicians were doctors, like Juan Negrín López, José Giral Pereira, or, among anarchists, Amparo Gascón y Poch. Doctors and practitioners were constantly suspected of opposing democracy and the Second Republic, which led to a profession-related upsurge of violence in the Republican territories during the initial stages of the war.<sup>100</sup> In the Popular Army, officials of the Health Service eventually lobbied in favour of doctors and practitioners, emphasising their heroic contribution and, in doing so, attempting to even out prejudices and hostilities among socialists, anarchists, and potential liberals.<sup>101</sup>

After the proclamation of ›victory,‹ however, Francoists in particular suspected doctors of being subversive and communists with a past as researchers in certain medical disciplines. The prejudice against medicine as a liberal profession, something left-wing activists had criticised, thus also existed among the Francoists, though there it was associated with atheism and freemasonry. Hence, if, when, and how doctors and practitioners were allowed to resume their posts after the official end of the war depended on several aspects, namely, on the position they had held before and during the war, whether they had been taken prisoners of war, whether they had managed to flee over any border, whether they had practiced medicine or conducted mostly research, and which discipline

97 Otero et al. briefly touch upon this issue and only point to women who were married to famous doctors and who continued their careers in exile next to their men. See Otero Carvajal, *La destrucción de la ciencia en España*, 89-133.

98 Further, see Section IV. La Niña Bonita – La Niña Sana? Some insight into the complex relationship between socialist and anarchist conceptions of health and medical assistance is also provided by Campos, »El deber de mejorar«, 497-526; Molero Mesa and Jiménez Lucena, »Brazo y cerebro«, 19-41.

99 Raúl Velasco Morgado, »Pensionados para una ciencia en crisis: La JAE como mecenas de la anatomía macroscópica (1912-1931)«, *Dynamis*, vol. 30 (2010), 261-280; Barona Vilar, »Sanitary Reforms and Rural Health Policies,« 71-86; Barona and Bernabeu Mestre, *La salud y el estado*, 89-133.

100 Coni, *Medicine and Warfare*, 19.

101 See Chapter IV. 2. 3. Inventing Masculinities, Ruling Medicine.

they were involved with, if they were embedded in liberal networks, etc. Some of these trajectories are discussed here.

According to Nicholas Coni, in the insurgent zone following the coup d'état, some 165 doctors were executed during spontaneous upsurges of violence, and another 103 died in imprisonment having been accused of being liberal, Republican, or leftist.<sup>102</sup> His calculations obviously did not include the number of doctors purged at the universities during the war. As already discussed in the section on the Laws of the Political Responsibility and against Freemasonry and Communism, these practices of exclusion already began during the war and continued beyond it both temporally and geographically.<sup>103</sup> For example, scientists and scholars of the University of Madrid had already been purged in 1938 – long before Francoist troops took the city. The scientists and scholars in question were tried in their absence, which meant that Francoist authorities assessed them and decided on the terms that later would be summarised as ›political responsibility.‹ Sentences ranged from minor punishments like fines or suspensions to complete exclusion from academia and criminal charges for treason.<sup>104</sup> For the period before 1 April 1939, these procedures were symbols of Francoism demonstrating its territorial claim over the whole national territory and its rejection of certain strands of medical research. Scholars of medicine and adjacent disciplines thus received the warning that, if F. Franco won the war, their existence in higher education was over. Parallel to the advancing troops, medical schools and their departments, laboratories, and medical research centres were targeted en bloc, as in the Barcelonese Hospital General de Catalunya: After Francoist troops had taken the city, the Francoist Health Service took over the facility, changed its name to Hospital de la Santa Cruz y San Pablo,<sup>105</sup> and ordered the entire staff to be investigated individually before being readmitted to service.<sup>106</sup> Umbrella organisations like the JAE were completely dismantled and substituted by Francoist versions.

This procedure was not random. Instead, Francoists deliberately targeted institutions, research facilities, networks, and approaches to science they linked to liberal and secular thinking.<sup>107</sup> In some disciplines, this led to the complete

102 Coni, *Medicine and Warfare*, 19.

103 Pérez Aguado, Bruguès, and de Leiva, »Los expedientes de depuración del Franquismo;« Otero Carvajal, *La destrucción de la ciencia en España*; Canales Serrano and Gómez Rodríguez, »La depuración franquista de la Junta Para la Ampliación de Estudios e Investigaciones Científicas,« 459-488.

104 Otero Carvajal, *La destrucción de la ciencia en España*, 9.

105 According to Pérez, Bruguès, and de Leiva, the hospital's original name had been »Hospital de la Santa Creu i Sant Pau« but had been re-named as a measure of secularisation after its militarisation in early 1937.

106 Pérez Aguado, Bruguès, and de Leiva, »Los expedientes de depuración del Franquismo,« 192.

107 Canales Serrano and Gómez Rodríguez, »La depuración franquista de la Junta Para la Ampliación de Estudios e Investigaciones Científicas,« 463-465.



elimination of key institutions of particular fields of research, like the laboratories of bacteriology and microscopic anatomy funded by the JAE.<sup>108</sup> In contrast, Francoism fostered medical research that chimed with Catholicism and Catholic-eugenic social engineering, like the eugenic psychology of Antonio Vallejo Nágera.<sup>109</sup> Since these purges had already started in 1938, many Spanish doctors, who had been tried in absentia, used the confusion of the war to leave the country. However, these legal persecutions inhibited their return. According to Luis Otero Carvajal, »the cream of the crop«<sup>110</sup> of Spanish scientists, scholars, and doctors departed into exile, while most of those who survived or managed to hide from the purges went into inner exile. With them also their approaches to medical research, treatment, and cure lost their importance. Spanish academia suffered a glaring brain drain thanks to »political cleansing.«<sup>111</sup>

The story of Juan Peset Aleixandre is a textbook example of these systematic purges of scholars with a liberal to left-wing mindset. Born in 1886 to a family with a longstanding medical tradition and network,<sup>112</sup> he had the perfect starting conditions to become a promising doctor. He was linked to the liberal research institutions JAE and ILE and benefitted from their international mobility programmes. Funded by the JAE, he spent research stays in France and Germany and continued his impressive career after returning to Spain. He held chairs at the Medical Schools of the University of Seville and then the University of Valencia, and he also became the Director of the Bacteriological Laboratory in Valencia. During the Restoration, he received several medals of honour, even a military one, although there is no record of his ever having joined the army. His university career led him to eventually become Rector of the University of Valencia in 1932.<sup>113</sup> Apart from his medical career, he also engaged politically in the Republican Left party (*Izquierda Republicana*, IR) during the Second Republic. Furthermore, he was well acquainted with Manuel Azaña; they likely bonded not only over shared political and moral values, but over scientific interests, too, as they both were interested in bacteriology. He was elected a member of Parliament in 1936.<sup>114</sup>

After the war had begun, he entered the Popular Army Health Service in a coordinative position. By then, he was 50 years old and thus could have avoided

108 Ibid., 477.

109 Morcillo, »Walls of Flesh«; Capuano and Carli, »Antonio Vallejo Nágera,« 3-12.

110 Otero Carvajal, *La destrucción de la ciencia en España*, 1.

111 Mann, *Fascists*, 342-344.

112 Centro de Información Documental de Archivos (CIDA), <https://www.cultura.gob.es/cultura/areas/archivos/mc/centros/cida/4-difusion-cooperacion/4-1-guias-de-lectura/homenaje-personal-sanitario/juan-peset.html> [last accessed: 5 November 2024].

113 Lucas Marco, »El fusilamiento del rector Juan Peset Aleixandre, 80 años de un crimen del franquismo contra la medicina,« *El Diario*, 23 May 2021.

114 A good overview about his multiple achievements is provided in the following collective volume: Pablo Rodríguez Cortés and Ricard C. Torres, eds., *Juan Peset Aleixandre: Médico, rector y político republicano* (Madrid: Editorial Eneida, 2011).

draft. Yet, he engaged with the organisation of the military hospitals in Valencia and Castellón de la Plana. When the war drew to an end, he stayed on and was denounced by three colleagues,<sup>115</sup> arrested, and sent to various concentration camps. His trial was eventually held in Valencia. J. Peset's defence appeared resourceful as they presented counterwitnesses, among them nuns, women, and Falangists, who all confirmed that J. Peset had helped them to escape or saved them from repression by Republican forces during the war, or who confirmed his Catholicism and conservative beliefs. The whole trial record is paragon to the lengths Francoist prosecutors went to uphold a charade of justice. At least seven doctors and members of faculty as well as students were questioned. The record also shows how well-connected J. Peset's family was. His wife repeatedly brought in new evidence and filed for appeal, which failed. Eventually, he was found guilty of ›adherence to the rebellion‹ and condemned to death. The doctor who confirmed his death stated that »I have examined the corpse of Juan Peset Alexandre, which presents symptoms of real death as a result of multiple gunshot wounds by virtue of judicial procedure.«<sup>116</sup> If anybody at the Medical School of the University of Valencia had doubts about the local Falange's power, they probably did not anymore after this trial.

Judging by his trial record and the accusations voiced by his denouncers from an ex-post perspective, J. Peset had no chance. Having been a well-known member of the Valencian society – university rector, doctor, medal of honour winner – his influence was considered too powerful and thus a potential disruptive force. That he had saved people who supported F. Franco did not counterbalance this threat. He was de facto condemned for having been a member of Parliament from the Popular Front government in 1936, a member of the IR party, an influential citizen of the city of Valencia, and for having close connections to M. Azaña. He was tied too tightly to the Second Republic. He belonged to the group »regarded as keeping alive Republican ideals throughout the war.«<sup>117</sup> The social and political network that had ensured him an impressive career during the Restoration and the Second Republic now became his downfall. He had been part of a faction of the Republican society that had questioned vertical, authoritarian power relations. Furthermore, he had belonged to a group of scientists who upheld a secular approach to science and expert knowledge. As a bacteriologist, the Catholic Church and its belief system did not affect his research, nor did his field of research chime with ideas of controlling the entire population but rather focussed on tiny bacteria organisms. Neither he nor his

115 Among his denouncers was the falangist psychiatrist Francisco Marco Merenciano, who, according to the newspaper *La Vanguardia*, followed similar approaches as the already discussed Antonio Vallejo Nágera. For example, he too considered Marxism a disease and supported eugenic theories by Nazi doctors. Raquel Andrés Durà, »El mejor homenaje a Peset Alexandre,« *La Vanguardia*, 12 May 2019.

116 AGHD Juan Peset Alexandre, Leg. 1100, no. 26354/19713, 005.

117 Preston, *The Spanish Holocaust*, 481.

scientific approach resonated with Francoist totalitarian aspirations. Delaying his trial for 18 months served the purpose of keeping his family busy, while, more importantly, sending a message to the Valencian medicine and society linked to J. Peset and his family.

Less lethal – but equally paradigmatic – was the fate of Juan Miguel Herrera Bollo. Born in 1906 to a Cuban father, he grew up in Madrid and studied medicine in the early 1920s.<sup>118</sup> In 1927, he was called up for compulsory military service and paid the ›quota‹ (*cuota*) for a service reduction to 9 months.<sup>119</sup> His career had evolved in the same intellectual context as J. Peset's. He too was linked to JAE and the network of M. Azaña.<sup>120</sup> However, J. Herrera was 20 years younger than J. Peset and thus had only half as much time to build his career. Shortly before the insurrection, he became Chair of Histology at the Medical School of the University of Cadiz and was officially purged in absence in 1937. Hence, as a member of the liberal medical circles, he had become a target for Francoist repression. During the Civil War, his career shifted from research and civilian medicine to military medicine, where he quickly ascended. He became the Delegate of the Inspector General of the Health Service of the Popular Army and, over the course of the summer of 1937, authored several new norms for the Health Service, among others, the regulations regarding military hospitals, staff guidelines, and rules for information flows and liaison.<sup>121</sup> At the end of the war, he was taken prisoner and condemned to death. The sentence was commuted to a prison sentence, which he spent in the forced labour camp, known until recently as the ›Valley of the Fallen‹<sup>122</sup> (*Valle de los Caídos*), now renamed as ›Valley of Cuelgamuros‹ (*Valle de Cuelgamuros*). Five years later, in 1945, he managed to leave the Peninsula and go into exile, first to Panama and then to Cuba.<sup>123</sup> Briefly before his departure, in May 1944, an investigation was initiated against him: The Francoist authorities accused him of joining the Masonic lodge *Gran Logia Regional del Centro* in 1932 and adopting the symbolic names ›Luz‹ and ›Espartaco.‹<sup>124</sup> However, there was no trial, and the record remained open, which

118 Expediente académico de Juan Miguel Herrera Bollo, AHN, UNIVERSIDADES, 5712, Exp. 17, 1922-1923.

119 AGMG, UNIDADES DISCIPLINARIAS, R/ 1927.

120 Otero Carvajal, *La destrucción de la ciencia en España*, 87.

121 Some of them are analysed in Chapters IV. 2. 2. Men's Health – People's Army, and IV. 2. 3. Inventing Masculinities, Ruling Medicine.

122 In this valley in the Sierra of Guadarrama near Madrid, prisoners were forced to build a basilica and monumental cross. It was supposed to honour the fallen heroes of the Francoist army and remind Spain of Francoist victory. It took over 18 years to build and was officially inaugurated on 1 April 1959, 20 years after the unconditional surrender. Today, the site is a memorial that is constantly and controversially debated. Until recently, F. Franco and Falangist leader José Antonio Primo de Rivera were buried there.

123 Otero Carvajal, *La destrucción de la ciencia en España*, 87.

124 Sumario 507-44 contra Juan Herrera Bollo por delito de masonería, CDMH, SE-Masonería B, C. 0415, Exp. 00011.

meant that, during the dictatorship, there was no legally safe way for him to return to Spain. According to Otero, his birthplace, Cuba, served as a safeguard because it ensured him Cuban citizenship. Because of his military graduation, his position within the Health Service, his proximity to the networks of liberal doctors, and his alleged condition as a freemason, he would have been another top candidate for a fate, like J. Peset's.

J. Peset and J. Herrera embodied features incompatible with Francoist manhood. As scientists close to the international environment minted by LNHO and Rockefeller Foundation, they stood for an academic culture of meritocracy and intellectual performance<sup>125</sup> that embraced plurality and open competition, whereas F. Franco's society was based on the principle of control and appointment. Although Francoism welcomed expertise, its validation was not to be granted by the scientific community but by F. Franco or the proxy he had delegated the task to – as the appointment of M. Milá and M. Camón shows. Furthermore, as bacteriologists and histologists, J. Peset and J. Herrera represented strands of medical research that saw the origin of disease and illness in germs. »A specific germ was responsible for causing and spreading a specific infectious disease.«<sup>126</sup> These approaches thus took higher entities like gods out of the equation and negated the effect of Catholic indoctrination on human health. In their research, a god was no longer responsible for sickness or for its cure. Their professional knowledge therefore opposed F. Franco's quest for a re-Catholicisation of Spanish society, which saw the nation's salvation in Catholic worship. Some medical fields resonated better with the doctrines of Catholicism, like the Catholic-influenced versions of contemporary eugenics, social medicine, and psychiatry as represented by doctors like A. Vallejo and F. Marco – one of J. Peset's denouncers. Furthermore, as liberal democrats, J. Peset and J. Herrera also stood for a social order that embraced differences, political participation, and self-initiative, while Francoism called for religious, loyal, and noble gentlemen who knew their place in society as leaders and protectors of their families<sup>127</sup> and who subordinated to the social authorities: F. Franco and the Church. Although J. Peset presented himself as a practising Catholic and claimed he had protected Catholics and Falangists during the war, his former social positions in politics and academia trumped his Catholicism and weighed against him. Neither J. Peset nor J. Herrera suited the role of the ›noble saviour‹ F. Franco stood for.

Unfortunately, we have no records to explain exactly why J. Herrera was lucky and J. Peset not. The overall panorama of 1944/1945 was definitively different and more favourable for J. Herrera than in 1939, when the trial against J. Peset began. With Benito Mussolini already coupé out of power, the Red

125 González-Allende, *Hombres en movimiento*, 213-214.

126 Kreuder-Sonnen, »History of Bacteriology«, 5.

127 González-Allende, *Hombres en movimiento*, 45-47.

Army advancing, the Blue Division back home,<sup>128</sup> the outlook for international fascism was crumbling and the pressure on F. Franco to finally declare war against Adolf Hitler increasing.<sup>129</sup> This international backdrop probably had some effect on F. Franco's readiness – or rather resistance – to authorise the execution of prisoners who could claim foreign citizenship. In addition, the ferocious intensity of violence against the alleged enemies of the first months after the proclamation of the ›victory‹ had eased slightly. As trial records of other prosecuted persons show, many death sentences of 1939 and 1940 were commuted as early as the end of 1941 and even more so over the course of 1942.

J. Herrera left the Peninsula in 1945 heading towards the Spanish exile community that had already settled in their different destinies. Many managed to rebuild their careers, particularly among the medical diaspora. The former Director General of Health, Marcelino Pascua Martínez, stood out in that regard. He worked for the newly founded World Health Organization in 1948 after he became chair of Biostatistics and Epidemiology at Johns Hopkins School of Medicine in Baltimore in 1947. He benefitted substantially from his Rockefeller Foundation networks and from the prestige he had built in his fields of expertise.<sup>130</sup> J. Herrera also rebuilt his career. According to Otero, during his first stop in Panama, he became a professor at the Medical School of the University of Panama, where he worked for some time before transferring to Cuba. While M. Pascua's career in exile may be considered the exception, J. Herrera's was more of the rule. His traces are lost after he reached and settled in Cuba. He likely just lived the life of a physician or surgeon. Many Republican doctors would settle in Latin American countries, like Mexico, Venezuela, Colombia, and Argentina, and continued their careers there, some quite successfully. Only a few of them joined international organisations, but all of them made important contributions to the global circulation of the then state-of-the-art ›Western‹ medical knowledge.<sup>131</sup> Many of these doctors benefitted from the networks they had built while participating in mobility programmes institutions like the JAE, RF, and LNHO offered them during the 1920s and 1930s. This finding is not without absurdity: While large parts of the Republican medical exile<sup>132</sup> more

128 Núñez Seixas, *Camarada invierno*, 188-192.

129 Moradiellos, *La España de Franco (1939-1975)*, 63-80.

130 Barona and Bernabeu Mestre, *La salud y el estado*, 295-301.

131 Some insight into these processes and the diaspora of Republican doctors is provided by Barona and Bernabeu Mestre, *La salud y el estado*, 293-311; Daniel Vicencio, ›Entre exiliados y nativos: La integración de saberes de Españoles y Mexicanos para el desarrollo de la neurología en México, 1935-1950,‹ *História, Ciências, Saúde-Manguinhos*, vol. 28, no. 3 (September 2021), 709-725; Juan José Martín Frechilla, ›El dispositivo venezolano de sanidad y la incorporación de los médicos exiliados de la Guerra Civil Española,‹ *História, Ciências, Saúde – Manguinhos*, vol. 15, no. 2 (June 2008), 519-541.

132 Some careers definitely ended because the exiled doctors were unable to find a suitable post. Unfortunately, there is very little research on such failed cases.

or less managed to pick up where they left off, F. Franco initiated what he called renovation and the beginning of the ›new‹ Spain. This erased his country through his politics of ›political cleansing‹ and autarky from the map of international medical research.

J. Peset and J. Herrera were the rule and the exception. They belonged to a certain network within Spanish medicine that Francoism particularly targeted, and because of this – and despite it – they left behind relatively extensive records, something regular rank-and-file doctors and practitioners who worked in minor positions for the Popular Army seldomly did. It is difficult to assess how their lives continued. The Francoist rules on how to deal with prisoners of war provide some insight into what they had to face. F. Franco had already issued regulations on the treatment of captive soldiers in 1937. Classification commissions were to gather information about the individual background of every prisoner and then decide whether to send them to a forced labour camp, integrate them into the Francoist army, further investigate them, or condemn them for being guilty of ›adherence to the rebellion.‹<sup>133</sup> As these early prisoners of war rules show, being found guilty of treason and sentenced to death was an option from the very beginning of the war. Courtesies based on codes of military honour and the Hague Convention were not necessarily extended to the combatants of the Popular Army; instead, from the early stages of the war, personal networks, social contexts (family, friends), and individual political engagement or affiliation already determined everything. The outcome of these processes defined whether they were just regular prisoners of war or whether – like J. Herrera or J. Peset – they became targets of further measures of retaliation.

Not all stories ended in death or exile. Many doctors found a way to continue their careers in Spain, but their stories are trickier to find. Examples are the cases of the surgeons Martín Sánchez Brezmes and Joaquín Cabot Boix who appeared in the documentation of the Popular Army Health Service. They worked – at least for a while during the war – for the Republican troops. Before the war, M. Sánchez had gained fame for assisting in the successful treatments of famous toreros with his mentor.<sup>134</sup> J. Cabot was younger and had just received his diploma from the Maragall Institute in 1933.<sup>135</sup> It seems that M. Sánchez was either taken prisoner during the war and reincorporated into the Francoist troops, or he deserted at some point; in 1940, he was at the deposition of the Francoist army.<sup>136</sup> How J. Cabot managed to continue his career under Francoism, whether he went through purge procedures or whether he (was) changed sides during the

133 Alpert, *El ejército popular de la República*, 328–331.

134 *El Heraldo de Madrid*, 25 August 1928.

135 *La Vanguardia*, 1 October 1933, 18.

136 *Boletín Oficial del Estado*, 15 March 1942, no. 74, 1884; *Boletín Oficial del Estado*, 17 April 1942, no. 107, 2716.

war, remains unclear. Both continued their careers in Francoist Spain. While M. Sánchez got a Chair of Anatomy in 1942, J. Cabot had an impressive career as a knee surgeon and became famous for his work for the national football and Barcelona teams.<sup>137</sup>

There must have been many stories like these. The fact that they have not been researched and documented may lie in the lack of sources but also because those trajectories neither fit into the Francoist master narrative nor the narrative of Republican victimhood. In changing sides or simply adapting to the ›new‹ Spain, these men were simultaneously all and nothing – perpetrators, victims, and opportunists. Such trajectories occurred thanks to their education and degree as well as their capability of fitting in with the privileged version of what Cazorla called ›ordinary‹ Spaniards, who eventually conformed with Francoism.<sup>138</sup> Their accounts – as fragmented as they might appear – once again reflect the ›elasticity‹ of Francoism. As a political system, it was malleable enough to welcome back repented ›prodigal sons‹ – or men who managed to create this façade. At the same time, such people either knew how to muddle themselves into Francoism and negotiate a place in the ›new‹ Spain for themselves – or were just lucky. There were, however, limits, as the examples of J. Peset and J. Herrera demonstrate. Since the Law of Political Responsibilities and the purges of professions notably continued during the 1940s, Otero and Canales/Gómez are right in saying that uncountable careers were interrupted or terminated, and many doctors were persecuted as ›reds‹ or driven into inner exile.<sup>139</sup> What happened to them is still open for investigation.

### *The Return of the ›Prodigal Daughters‹*

While the search for the ›ordinary‹ male medical staff is complicated, it is even more difficult to retrace the fates of the female medical staff of the Republic. If they appear at all in studies on the Francoist purges, there is often little less substance to them than their names. The reasons for this silence in historiography are manifold but are certainly rooted predominantly in the lack of sources. In the scarce documentation of the Popular Army, they appear on paylists and stafflists and only seldomly as actors with own stories.<sup>140</sup> These traces become even scarcer with the war's progress and disappear completely with its supposed end. Nurses and auxiliaries then reappear in oral history collections like the ones of Ramió/Torres, Fernández and Hurtado as well as in trial records of women

137 Manuel Bernardos, »Persiste la gravedad del doctor Cabot,« El País, 14 June 1979.

138 Cazorla Sánchez, *Fear and Progress*.

139 Otero Carvajal, *La destrucción de la ciencia en España*; Canales Serrano and Gómez Rodríguez, »La depuración franquista de la Junta para la Ampliación de Estudios e Investigaciones Científicas.«

140 See Chapter IV. 2. 4. Blood-Red Mothers, Hidden Heroes, and (Gender) Equality Discourses Put to the Test.

charged with their ›political responsibilities.‹ A closer look at these sources invites further reflections not only on what had happened to the female medical staff but also on the gendered pathways into Francoist society. These sources also suggest that ›nursing‹ was not only experienced as a profession but also used by women as an argumentative strategy during interrogations to excuse their war activities. In the trial records of persecuted women having worked as nurses appears repeatedly as an argument for defending their activities during the war. Of course, the contents of these records must be treated with caution because the statements of the indicted were generated under the influence of violence, arbitrariness, and fear. These files are not ›true‹ or ›authentic‹ stories; rather, they provide some insight into the construction of punishable transgressions, under the label of ›political responsibility.‹

It is noteworthy that, in one sense, Francoism did not distinguish between men and women: The ›character‹ of the accused always played a role in the investigation. Committing an offence was perceived as something only people with a character prone to transgression would do. Again, the most popular accusation in this context was being ›red‹ or a ›communist.‹ Crime was thus not only a transgression against society rules but also associated with sickness or degeneration. This assumption reflected contemporary eugenic thinking and resonated with the psychological research of Francoist psychiatrists like A. Vallejo or F. Marco. On a larger scale, it chimed with the nature of Francoist ›political cleansing‹ and re-Catholisation as vigorous Catholic indoctrination and practice were perceived as the most efficient remedies to this kind of pathologised misdemeanour. Consequently, the trials of women assessed not only their offences but also their supposed character, nature, and mental health. Their records today serve as paragons of how ›good‹ and ›bad‹ womanhood was constructed. Since ›bad‹ women faced extreme violence and internment in what were perceived as correctional centres,<sup>141</sup> it was vital to find a way to prove one's innocence and moral integrity. Statements from the accused provide some insight into how these women tried to save their necks and the rhetoric to which they resorted to do so.

Madridilian Carmen Blanco García and Fidela Fernández de Velasco López were two of many women who claimed in their interrogations to have been nurses. In December 1940, C. Blanco's neighbour denounced her as having ›acted in a punishable manner during the red era.‹<sup>142</sup> An investigation was initiated, and C. Blanco was eventually accused of the following: Supposedly, she had participated in expropriations of supporters of F. Franco, she had partaken in the fighting in Guadalajara, entertained extramarital relationships with a political commissar, desecrated corpses, and supported the Communist Party and International Red Aid. If we translate these accusations into the relevant morale

141 Morcillo, ›Walls of Flesh,‹ 740-743.

142 Sumario Carmen Blanco García, AGHM Leg. 7812, Sum. 102765.



constructed here, that means: She had stolen from the ›new‹ Spain, murdered, dishonoured her marriage, dishonoured the dead, and fallen for Marxism. According to the record, C. Blanco defended herself by denying most accusations. She admitted having gone to Guadalajara but justified it by saying she had wanted to »work as a war nurse but was not allowed to do so.«<sup>143</sup> On 23 September 1941, the women's prison in Ventas, Madrid received the order for her release. The process took almost 3 years, during which she was incarcerated in 1939 and then again in 1940. However, it was not over then, as she was repeatedly summoned to testify and report to the local police station over the following years – the last recorded occasion was in 1947. We can assume her case was dropped after that.

While C. Blanco's case remains vague in certain aspects until today, F. Fernández de Velasco's case does not. She was one of many women who had joined the militia during the initial stages of the war, one of the *milicianas* whose story was recorded during the 1980s.<sup>144</sup> Like many women of her generation, she had to contribute to the family income from an early age and joined the syndicate as a worker – in her case, the socialist UGT – and the United Socialist Youth (*Juventudes Socialistas Unificadas*). She volunteered as a *miliciana* during the insurrection and was deployed in frontline combat for 18 months before being injured. She then trained to become a reconnaissance liaison. Like C. Blanco, she was arrested in 1939, but, contrary to her, the investigators of F. Fernández de Velasco's case had abundant knowledge of her wartime activities. During her trial, they collected additional testimonies of neighbours and acquaintances. Like C. Blanco, F. Fernández de Velasco was accused of having expropriated Francoist supporters, fallen for Communism, and betrayed the nation by supporting the Second Republic. Only extramarital affairs were not denounced. Her indictment was clear, and, according to the trial record, she did not deny any of it. She was sentenced to death, which was commuted to a lifelong prison sentence in 1940. Thanks to the sentence commutation, she was pardoned in 1945 but immediately re-investigated for Free Masonry and Communism. Her release would take until 1951.<sup>145</sup>

Her statements appear in her record on several occasions, particularly at the beginning. The protocol of one of her interrogations in 1939 notes she had »only become a syndicate member to get access to the nurses' training because her father was sick and she wanted to learn how to care for him.«<sup>146</sup> In a later testimony, she added that she had joined the militia but only as a nurse. After that,

143 Ibid.

144 Ingrid Strobl, *Partisanas. La mujer en la resistencia armada contra el fascismo y la ocupación alemana (1936-1945)*, (Bilbao: Virus memoria, 2002), 39-74; Nash and Cifuentes, *Rojas*; Lisa Margaret Lines, *Milicianas: Women in Combat in the Spanish Civil War* (Lanham, MD: Lexington Books, 2012).

145 Sumario Fidela Fernández de Velasco Pérez, AGHM, Sumario 21015, Caja 2141/1.

146 Ibid.

she was accused of being ›the personal nurse of a well-known militia leader.‹<sup>147</sup> At the beginning of her trial, the stories of her nursing activities changed multiple times, though the details seemed to have lost their importance over the course of the process. Ultimately, being a nurse was just one of many activities she was accused of. Her record reveals that, later on, the investigators found her staff file in the reconnaissance service of the Popular Army. After that, the nature of her other involvements with militia activities ceased to matter. Spying was considered high treason by Francoist reasoning. F. Fernández de Velasco's aspirations to become a liaison therefore cancelled out everything that could have acted as attenuating circumstances.

On a moral level, both women were charged with transgressions against the codes of female honour, like pettiness and impiousness. Invoking the image of the nurse thus meant painting the counterimage of femininity they were accused of. At some point, C. Blanco and F. Fernández de Velasco likely acted as first-aid providers, assisted paramedics, or even helped in frontline hospitals. According to the few extant memories of *milicianas*, the labour distribution in the militia units largely followed a gendered pattern: Women who joined militia activities would usually do household tasks like washing clothes, cooking, and caring for the sick and wounded.<sup>148</sup> Although these activities may be superficial medical experiences, these women did not deploy as regular wartime nurses. Nevertheless, knowledge travelled quickly in post-victory Spain. The image of the nurse promised hope for indulgence and – particularly in F. Fernández de Velasco's case – survival. While prior to the war, feminist organisations demanded equality and more rights for women in the Second Republic, these actors adopted during the war a discourse that privileged a gendered labour division between the vanguard and the rearguard. However, throughout the existence of the Second Republic, the participation of women in political organisations was never questioned.<sup>149</sup> Following the proclamation of ›victory,‹ semantics had changed. Women like F. Fernández de Velasco or C. Blanco translated their war contribution into the only socially acceptable wording Francoism provided for female vanguard engagement, even though this meant downplaying their achievements, like having contributed actively to the defence of their political ideals, living a certain form of gender equality, etc. In this sense, this strategy was somewhat successful: In cases like C. Blanco's, where denunciations could not be backed up with additional material, the charges were eventually dropped. Nevertheless, as the biography of F. Fernández de Velasco proved, the court did set limits. She was retained for another 6 years after officially being pardoned. The fact that she was not executed like J. Peset may have been linked to her sex and the scruples of F. Franco to authorise executions of women, which arose over time.

147 Ibid.

148 Strobl, *Partisanas*, 39-74.

149 Nash and Cifuentes, *Rojas*, 109-153.

›Real‹ (ex-)nurses and healthcare auxiliaries had to find their way in or out of Francoist society, too. As (former) members of the Popular Army they belonged to the enemy. Therefore, they were potentially suspicious of being ›bad women,‹ but they had worked in a profession that bore the potential for providing pardon and inclusion into the ›new‹ society. While we have no conclusive studies on what happened to female staff of the Health Service before the proclamation of ›victory‹ on 1 April 1939, that date marked a turning point in their careers. Nursing diplomas – particularly those issued during the war by syndicates or other political organisations – lost their validity. From that day forward, the decree that ordered mandatory Social Service for women aged between 17 and 35 was extended over the last parts of Spanish territory. According to the decree, Social Service was the prerequisite for anything: getting a diploma, applying for a position or job in any state-related, provincial or municipal agency, etc.<sup>150</sup> While the Francoist Armed Forces continuously demobilised their recruits, the compulsory service for women remained intact and instantly turned into a barrier for all women from the remaining Republican territories who feared reprisals. New rules were established regarding the diplomas nurses and auxiliaries had received before or during the war; only the ones from the Falange, Female Services of the Armed Forces, Red Cross, Valdecillas Foundation, Institute Rubio, and the University Medical Schools were still valid.<sup>151</sup> Reviewing former achievements and diplomas was transferred to the Sección Femenina, so all nurses and auxiliaries who wanted to continue working in their professions had to survive the scrutiny of the local female Falangists. As the memories of Victoria Santamaría Palacios,<sup>152</sup> Alegría Royo Grañena,<sup>153</sup> and Anna Pibernat Caner<sup>154</sup> – among others – indicate, everyone who had received training as a nurse or auxiliary during the war had to start the training again. Only those who had finished their training before the war in one of the accepted institutions, like Ramona Gurnés i Costa,<sup>155</sup> could continue on their path. However, R. Gurnés did not because she did not want to work under the command of nuns again. Instead, she joined her sister in business. Nevertheless, throughout her lifetime, she would work on and off and unofficially in medicine-related jobs before returning to nursing on regular and official terms in 1965. This shifting between jobs and working on the side as nurse, first-aid provider, or midwife seems to have been a common pattern and strategy for continuing to work in medicine – while remaining off Sección Femenina's radar. A. Royo told her story in this way:

150 Orduña Prada, *El Auxilio Social (1936-1940)*, 180.

151 RAH, Archivo Documental »Nueva Andadura,« Circulares de la Delegada Nacional, vol. 1, carp. 2, doc 128.

152 Ramió and Torres, *Enfermeras de guerra*, 111-117.

153 *Ibid.*, 97-109.

154 Hurtado Díaz, *Memorias del Pueblo*, 37-66.

155 Ramió and Torres, *Enfermeras de guerra*, 87-93.

I got married and came to Malpartit, where I was a nurse, a vet, and everything. They had a spike ... they came running to the house of Alegria. [...] The first penicillin injections I gave had to be given every 3 hours. Day and night. To the whole village. I also gave the vaccines to sheep and pigs. That's why I say I have continued to be a nurse and a veterinarian.<sup>156</sup>

What A. Royo describes here was one way of avoiding repression: getting married and moving to a small village where probably nobody knew her or nobody cared about her past as an army nurse. In her case, marriage gave her back the freedom to do what she wanted. Another former Republican nurse recalled knowing many women who did the same thing as A. Royo, »as they could not exercise their profession and were afraid of being repressed, they left their villages and ended up marrying a peasant from a remote village in Catalonia.«<sup>157</sup> A. Royo was thus not the only one who sought shelter from Francoist repression in marriage. Whether she got paid regularly for her services, exchanged them for certain goods or privileges, or assisted even for free must remain open because she did not leave any indication.

While A. Royo found a certain freedom in the countryside, A. Pibernat had to leave her small town to disappear into the anonymity of the metropolis Barcelona. In her village, everybody knew that her father was in prison and her brother in a concentration camp. The local police repeatedly interrogated and bullied her. They forced her, for instance, to speak Spanish instead of her mother tongue, Catalan, to demonstrate her loyalty to the new regime, which must have been humiliating for A. Pibernat – a convinced Catalanist. In this way, the town turned into a prison, where her every move was under surveillance.<sup>158</sup> With her mother, younger sister, and cousins financially dependent on her, going to Barcelona was the only option to earn some money. She did not attempt to get her nursing diploma validated for fear of further reprisals but found a doctor who got her jobs on the side through professional connections. Eventually, she worked as a private nurse for a wealthy woman who bore children every year and needed constant assistance.<sup>159</sup> Accounts like these suggest that, even though local machineries of repression worked, local mutual assistance and solidarity networks still existed, and people could find ways to muddle through. Thanks to the precarious health conditions, there was a lot of work for people who knew how to treat diseases and wounds. Some people found their way around the grip of the Civil Guard<sup>160</sup> and the Falange and built themselves a life outside the constraints of legality. Nevertheless, as A. Pibernat's case also shows, leaving

156 Ibid., 107.

157 Ibid., 136.

158 Hurtado Díaz, *Memorias del Pueblo*, 60-61.

159 Ibid., 63.

160 The Civil Guard was a militarised police corps that was predominantly deployed to fight the last resistance and the Maquis militia in the rural zones.

one's hometown was often the only way to escape violence, dispossession, and constant humiliation once one had been identified as a supposed ›red.‹ Such stories offer narrations of agency in a violent and repressive environment.

Francoist repression was especially fierce during the first years after the proclamation of ›victory.‹ The impact of ›victor's justice‹ should not be underestimated. As Cazorla emphasises, Francoist repression produced the desired effect of rooting fear as a dominant feeling in the ›new‹ society, as Cazorla maintains. Francoism, however, offered women other options than men. For instance, some women used exit from society through marriage as a cover and continued to build informal networks that helped them finding work. In contrast, men were under more pressure to provide for their families, so their opportunities to vanish into marriages and retreat from society were slimmer. Nevertheless, thanks to Francoist repression, the careers of uncountable men and women who had worked in medicine before and during the war either shifted into the moonlighting sphere, were interrupted, or terminated altogether.

The Valencian author Max Aub summarised Francoist treatment of the ›vanquished‹ as »closed camp, open exile.«<sup>161</sup> The options for Republican medical staff after the proclamation of ›victory‹ were limited, particularly for many in the ›cream of the crop‹<sup>162</sup> of the Spanish leading medical researchers. As representatives of a version of Spain that embraced values of a meritocratic culture and pluralism, they were marked as not includable in the ›new,‹ Francoist project. Only those with no – or a negligible – Republicanist past and willing to subordinate to the new rule were invited back as ›prodigal sons,‹ like M. Brezmes and J. Cabot. The same was true for the ›prodigal daughters.‹ However, their ›return to the fold‹ was accompanied by a close assessment of their sexual past. As future mothers of Spain, sexual experiences outside wedlock were taken very seriously and linked to their ›character.‹<sup>163</sup> Being marked as sexually deviant entailed additional repression. For the scientific field of medicine and the pool of available medical workers to staff the healthcare infrastructure, this meant those marked as ›red‹ suffered significantly from the termination or interruption of careers, purges, legal and extralegal persecution, humiliation, and terror. The backdrop of an abysmal humanitarian situation, particularly during the first half of the 1940s, did not necessarily affect the treatment of the homecoming Republican doctors, practitioners, nurses, and auxiliaries. F. Franco prioritised establishing his version of power and rule, based on unconditional subordination and a hegemonic single leadership. Republicanist medical staff that returned depended

161 José Ramón González Cortés, »Campo cerrado, exilio abierto: La represión concentracionaria como motor de la diáspora republicana,« in *A vida o muerte: persecución a los republicanos españoles*, eds. Gutmaro Gómez Bravo and Aurelio Martín Nájera (Madrid: Fondo de Cultura Económica de España, 2018), 155-156.

162 Otero Carvajal, *La destrucción de la ciencia en España*, 1.

163 Morcillo, »Walls of Flesh,« 739-742.

on the luck of not being denounced or found out, fortunate networks that facilitated their exit, and their own resourcefulness.

### 3 Integrating Victorious ›Heroes‹ and ›Angels‹?

The winners' return from the war was less glorious and triumphant than the Francoist propaganda suggested. Instead, the demobilisation of militarised Francoist forces was an uneven process on several levels. After 3 years of Civil War, coming home meant reconstructing one's life under new, Francoist auspices. For the masses of conscripted farmhands and rural workers without property, this meant starting from scratch. The same held for industrial workers with a Republican background. Especially young men who had not had time to gain work experience before being drafted often found it hard to find work.<sup>164</sup> For others, the tables turned, and they got jobs and positions inaccessible to them before the war. The winners of the war would find their place in the social hierarchies of the ›new‹ Spain based largely on their gender, class, level of education, prewar political affiliation, and the networks they had created for themselves before and during the war.

In the case of Health Service members or those involved in other humanitarian projects, medical diplomas or professional certificates as well as their skills and performance during the war added to this melange of fate-defining social factors. In addition, coming home was part of the institutional transition from war to ›peace,‹ which entailed reassessing the existing healthcare system by different public actors. The return of ›angels of the sickbed,‹ ›heroes in white,‹ and their auxiliaries followed different paths: Male returnees had privileged access to continue their careers, while women faced the structural barriers that Sección Femenina and the labour legislation had built for them.

#### *The Return of the ›Heroes in White‹*

According to the official narrative of the time, F. Franco had the flu when the news reached him that the last Popular Army troops had been disarmed. Nevertheless, he got up from his sickbed to write the last briefing of the day, which stated the war was over. The Pope quickly responded by congratulating him on the ›Catholic victory.‹<sup>165</sup> F. Franco had won this war and, by extension, his army with all its soldiers and officials had, too. Because the war was declared over, demobilising the drafted recruits and returning the victors were supposed to be the next things to happen. However, while women who worked for the Female Services gradually got laid off from the winter of 1938/1939 onwards, soldiers were not immediately dismissed. As Francisco Leira Castiñeira shows,

164 Leira Castiñeira, *Soldados de Franco*, 270.

165 Preston, *Franco*, 357-358.

many were belatedly released because they had committed transgressions,<sup>166</sup> entailing disciplinary punishments. Belonging to the winners of the war thus did not necessarily mean that all offences against military discipline were forgiven and forgotten. Being discharged also did not mean that Francoist veterans had been freed from the institutional grip of the army. Formally, they moved to the ›passive reserve‹ and had to report to their local draft office for the following 4 years before being ultimately released from service. Being in the reserve implied the state could draft them in case of any emergency. With the Second World War on the horizon, there was an overall atmosphere of unease among the Francoist veterans. According to Leira, this extended the influence of the army on their lives up until at least the 1950s, and was marked by intersecting difference establishing factors.<sup>167</sup> In contrast, the female staff of the Female Services was let go to the extent by demilitarising militarised hospitals and closing sickbays.<sup>168</sup> While the militarisation of the male population continued and the Armed Forces consolidated their position of power, they stuck to the idea that the female presence in the men's world of the army was to be an exception.

Ángel Alcalde summarises the overall situation for the Francoist veterans as follows: »[W]hile bourgeois officers often spent a most enjoyable, celebratory summer of 1939, thousands of low-ranking and barely literate soldiers returned to lives of extreme poverty.« F. Franco's politics of economic autarky and self-reliance, state intervention, and control<sup>169</sup> further aggravated this situation, worsening the country's overall situation instead of improving it.<sup>170</sup> To relieve the economic situation of the veterans, the Francoist government decreed subsidies for veterans in need, but this was not enough. A rapid migration movement evolved where Francoist veterans left their villages for the cities, hoping to find jobs there.<sup>171</sup> The differences between the lower social strata of the ›winners of the war‹ and their ›enemies‹ were often economically only marginal. For members of the Francoist Health Service, this applied first and foremost to male auxiliaries, like stretcher-bearers, paramedic auxiliaries,<sup>172</sup> or hospital guards –

166 Common transgressions that entailed disciplinary punishments included delicts like responding belatedly to the call-up, returning late from furlough, etc. Apparently, misdemeanours like that happened on such a regular basis that it affected large parts of the mobilised recruits. Further on that see Leira Castiñeira, *Soldados de Franco*, 256.

167 *Ibid.*, 255-256.

168 AGMAV, C. 46761, 2.

169 Alcalde, »The Demobilization of Francoist and Republican War Veterans,« 205.

170 José Luis García Delgado, »La economía,« in *Franquismo: el juicio de la historia*, ed. José Luis García Delgado (Madrid: Temas de Hoy, 2005), 151-152.

171 Alcalde, »The Demobilization of Francoist and Republican War Veterans,« 205.

172 Troop paramedics had – if possible – auxiliaries whose task was to carry the first-aid equipment and assist the paramedic. These auxiliaries were usually regular soldiers recruited from the troop the paramedic was responsible for. They often learned first-aid basics on the job, but unfortunately left basically no records, making it very difficult

soldiers who had been recruited for supportive tasks that required no special training but served Health Service units or military hospitals. Since most other posts available in the Health Service depended on special training and skills, these auxiliaries were the most diverse group and probably hosted the biggest share of men affected by the disadvantages of low levels of education, specialised knowledge, and skills after the war.

Yet, thinking of these auxiliaries as doomed to misery after their return home falls short. The story of driver Miguel Arbea Sola, who changed his fate as a rank-and-file by volunteering to drive ambulances, suggests this.<sup>173</sup> Working in the Health Service had provided him with opportunities to learn new skills, and these experiences had the potential to positively affect his future career. M. Arbea returned to his father's car workshop, where he continued working as a mechanic and applied the knowledge he had gained and furthered through driving, maintaining, and repairing ambulances during the war. Regarding his professional career, however, he was lucky because he had a workshop and a familial background to return to. Unfortunately, his account contains no remarks on the immediate years following the proclamation of ›victory.<sup>174</sup> He was from Sangüesa, a small village southeast of Pamplona, which was then not a particularly rich region. Thus, it is very likely that his life as a mechanic was just as affected by the shortages during the early 1940s as everyone else's in that particular area.

In contrast, the genuine winners of the war were male medical professionals, if they managed to stay clear of any accusations of freemasonry, left-wing thinking, or participation in left-wing politics before the war, which was not the case for Pedro Icardi Blanca.<sup>175</sup> He had sought shelter in the military hospital of Cadiz during the war and put much effort into obtaining honorary military assimilation. Nonetheless, during the 1940s he was persecuted based on the Law Against Freemasonry and Communism. The last note of his trial record was dated 1945 and stated that he had died before the court proceedings had even begun.<sup>176</sup> While his time in the military hospital did not save him from prosecution and presumably led to his death, Navarrese Joaquín Santamaría Azáqueta, a doctor in a Carlist militia,<sup>177</sup> and Antonio Vallejo Nágera, a psychiatrist in the

to trace their biographies. However, considering that excombatants were exempt from admission exams at the universities after the war, it is plausible that some of them used the opportunity and became practitioners or doctors later in their lives.

173 See Chapter V. 3. I. Becoming ›Noble Saviours‹: Coercion, Reluctance, Conformation.

174 Larraz Andía and Sierra-Sesúmagu, *Requetés*, 473-482.

175 See Chapter V. 3. I. Becoming ›Noble Saviours‹: Coercion, Reluctance, Conformation.

176 Sumario 112-145 contra Pedro Icardi Blanca por delito de masonería, CDMH, AAGC. B 761 762, Leg. 762, Exp. 12.

177 See Chapter V. 3. I. Becoming ›Noble Saviours‹: Coercion, Reluctance, Conformation.



concentration camps, experienced the polar opposite. After the former had worked as a frontline surgeon on all major battlefields for practically the whole war, he transferred to the passive reserve in August 1939, continued his career, and changed his specialisation to paediatrics and maternal health. Because of the miserable living conditions in Navarre, epidemics surged, causing predominantly the death of children. After having assisted dying young men during the war years, his postwar day-to-day life consisted of treating dying children.<sup>178</sup> His career, however, advanced in one aspect: He became a member of the Board of the Medical Association of Navarre, which meant he was required to contribute to the local purges of Republican doctors – which he remembered as an opportunity for subtle resistance:

In 1940, I was the youngest member of the Board of the Medical Association of Navarre, which was entrusted with the task of ›reviewing‹ all members. In Pamplona, there was a core group of people in the medical profession who were sympathetic to the Republicans – some of them had extraordinary skills and were thus placed in hospitals because of the need for doctors. For others [...], their lives were made impossible. When we did our revisions, we always gave positive reports. The then president of the Medical Association, Victoriano Egüés, used to say to me ironically: ›We doctors are all such great innocent lambs. Nobody has done anything against the Movement. We are all very loyal.‹<sup>179</sup>

For J. Santamaría, having been on the ›winners' side‹ meant, first and foremost, witnessing incredible and continued suffering and fighting against it – often in vain. According to his memories, his ideological convictions rested on humanist ideals and medical ethics. For him, the war did not end in April 1939 but continued until the humanitarian situation in Navarre finally stabilised, allowing people to be sane again. In addition, he felt professional solidarity mattered more than political affiliation. Using his power as a board member of the Medical Association of Navarre to purge colleagues did not enter his mind. In that sense, he was lucky because he had a superior who likewise refused to continue the war on colleagues even if they had been stigmatised as ›red.‹ J. Santamaría belonged to the people who were not ›ordinary‹ in the sense of ›poor‹ and thus suffering, but ›ordinary‹ in the sense that they belonged to an undefined group of people who Prada conceptualises as neither ›loyal,‹ ›indifferent,‹ nor ›disaffected.‹<sup>180</sup> J. Santamaría benefitted from Francoism because his career took a great leap after the war, but he did not identify with the new regime. Instead, according to his account, the personal price he paid was high and not worth it. Using the leeway his position offered to save or help others who had been persecuted must, therefore, be un-

178 Larraz Andía and Sierra-Sesúmagá, *Requetés*, 440.

179 *Ibid.*, 439-440.

180 Prada Rodríguez, *The Plundering of the Vanquished*, 13.

derstood as his individual resistance, waywardness, and method of finding himself a place in the ›new‹ Spain that would not (entirely) corrupt his moral integrity.

Of course, not all doctors, practitioners, and other former members of the Francoist Health Service were torn in this way. The story of the psychiatrist A. Vallejo, who had conducted his research in concentration camps during the war,<sup>181</sup> was quite different from J. Santamaría's. To him, ›victory‹ meant, above all, continued access to research funds, POWs to study his eugenic hypothesis, gaining the chair of Psychiatry at the University of Madrid,<sup>182</sup> and other high-ranking positions in Spain's medicine.<sup>183</sup> He secured himself a position of great influence and imprinted his Catholic-eugenic stance on Spanish psychiatry of the 1940s and 1950s. Although eugenics as a valid approach to medical research lost traction after the end of World War II, A. Vallejo continued to stick to his ideas of ›Hispanism‹ (*Hispanidad*) and provided the Francoist regime with a (pseudo-)scientific basis for a racist – or racialised – conception of Marxism. According to his work, »the true Spanish race is the Hispano-Roman-Gothic race [...] [which] were fused by the consistent amalgamation of Catholic thought. The result was a race of reconquistadors.«<sup>184</sup> Catholicism served as a catalyst, glue, and defining aspect of his version of Hispanism and Marxism as an atheist ideology was consequentially anti-Hispanic. From his racist perspective, the prosecution of allegedly Marxist people was necessary. A. Vallejo's work resonated not only with legal and extralegal measures against allegedly ›reds‹ and the internment of sexually deviant women,<sup>185</sup> but also with the idea that children should be separated from their persecuted parents.<sup>186</sup> Contrary to cases like J. Santamaría's, Francoism chimed with A. Vallejo's beliefs. In his logic, accepting and actively pursuing the opportunities the regime offered him was fair and his right. Nonetheless, the case of A. Vallejo was exceptional because, at the time, there were not too many psychiatrists who had a comparable career. Yet, he can

181 See Chapter V. 2. 3. The Health Service: A Laboratory of Modern Medicine?

182 Manuel Díaz-Rubio García, »Antonio Vallejo Nájera,« <https://dbe.rah.es/biografias/4911/antonio-vallejo-najera>, [last access 10 March 2022].

183 According to the biography of the Royal Academy of History (*Real Academia de la Historia*), A. Vallejo was named, among others, President of the Congress of the Spanish League of Mental Health (*Congreso de la Liga Española de Higiene Mental*), President of the Spanish Association for Neuropsychiatry, and Honorary Member of the Association of Military Surgeons of the United States. In 1951, he was also made member of the Royal Academy of Medicine. See, Díaz-Rubio García, »Antonio Vallejo Nájera.«

184 Capuano and Carli, »Antonio Vallejo Nagera,« 9.

185 His approach of intensified Catholic indoctrination to remedy immorality chimed with the »Law on the Protection of Women« (Patronato de Protección a la Mujer), which enabled the Francoist state to confine women preventively or after having had extramarital sexual encounters. For a detailed assessment of the issue, see Morcillo, »Walls of Flesh.«

186 Capuano and Carli, »Antonio Vallejo Nagera.«

be considered a proxy for everyone who found an ideological home in Francoism. The Falangists who denounced their neighbours out of conviction or those who sought work in Civil Guard units that persecuted the alleged ›enemies‹ of the ›new‹ Spain because they thought it was the ›right‹ thing to do – they all shared features and interests with A. Vallejo. The intensity and thoroughness of the repression and violence, particularly during the early 1940s,<sup>187</sup> provide a rough idea of how many people acted like A. Vallejo, and seized the opportunities presented to them – only most of them were not doctors.

A. Vallejo and J. Santamaría shared one aspect, though: Because of the Francoist purges in science and hospitals, they both faced less competition while building their careers. J. Santamaría would probably not have been accepted as a board member of the Medical Association of Navarre at such a young age, and A. Vallejo would probably have had more competition upon presenting himself at the entrance examination (*oposición*) for his chair. Wanted or not, welcome or not – both benefitted from the absence of the doctors who had been purged, exiled, murdered, or disappeared.<sup>188</sup>

They were, however, not the only professional group advantaged by the repression. Teachers, civil servants, public administrators, scientists, scholars, etc., shared this with them. Belonging to the ›winners‹ of the war bore the opportunity for better life conditions, although this promise predominantly advantaged people with higher education or particular professional skills.

J. Santamaría's influence was mostly limited to where he lived and worked, Pamplona. A. Vallejo played a more important role in Spain's history of medicine in early Francoism. He made enormous contributions to building the path Spanish psychiatry took following the proclamation of ›victory.‹ Through his career and presence in Spanish psychiatry, his Catholic-racist beliefs helped shape the field beyond 1945, when the dogmatic and strict versions of eugenics disappeared from the buffet of acceptable medical doctrines. We may thus understand him as representative of many who, according to Otero, took part in reversing the scientific progress of 1920s and 1930s Spain, which made Spain lose touch with the Western European (re-emerging) centres of science and academia following 1945.<sup>189</sup>

The story of Alejandro Rodríguez Solís adds another layer to how doctors and other medical staff found their role in early Francoism. The other three cases relate to men who were not army professionals, as A. Rodríguez was. He had had a career in the military Health Service and was deployed in Cadiz for most of his time in the army. His story reflects the heterogeneity of political, social, and ideological convictions that lived within the institution of the Francoist Armed

187 Cazorla Sánchez, *Fear and Progress*, 8-9.

188 Some insight on the subjects provide, among others, Otero Carvajal, *La destrucción de la ciencia en España*; Vicencio, »Entre exiliados y nativos;« Martín Frechilla, »El dispositivo venezolano de sanidad.«

189 Otero Carvajal, *La destrucción de la ciencia en España*, 1-3.

Forces and how these differences mattered once the war was proclaimed over. Contrary to Francoist propaganda, the army was not a homogeneous institution. Between the proclamation of the Republic in 1931 and ›victory‹ in 1939, it experienced two significant processes that seriously affected its social texture. The reforms introduced by the first Minister of War, Manuel Azaña, caused some cracks in what was perceived as the self-reproducing military class that had developed throughout the 19th and early 20th centuries.<sup>190</sup> The reduction of and transferral into the reserve of surplus officials damaged internal power networks.<sup>191</sup> The consequences of these alterations manifested 5 years later, when the coup failed and the army disintegrated into insurrectionists and loyalists who sided with the Republican government.

The surviving sources suggest A. Rodríguez belonged to the faction of officials who sponsored a conservative liberalism that sought after modernisation and that was largely compatible with moderate democratic ideas and values. Before the war, he engaged with local politics as an expert on medicine and healthcare.<sup>192</sup> His allegiance lay with the government he had sworn his loyalty to, but he was also used to military hierarchies and reproduced them, militarist values, and codes of behaviour. Had he not been deployed in Cadiz but in Barcelona during the coup d'état, for example, he may have worked for the Popular Army. But geography and his rank decided his allegiance. The coordination of medical assistance during a war was his job, and, just like J. Santamaría, it seems that this experience did not alter his personal moral compass, which pointed in another direction to Francoism. Like J. Santamaría, A. Rodríguez also did not fit into the Francoist concept of manliness. He used all the leeway he had as head of medicine to improve the situation of his subordinates during and after the war. In doing so, he revealed his foundation of liberal values, which included a high esteem for higher education, a keen interest in meritocratic and equal career opportunities, and collective welfare.

While this attitude translated into attempts to save P. Icardi and improve the overall situation of his subordinates during the war, in 1939, he presented himself as an advocate for women's right to higher education by endorsing his daughter's and her coworkers' claim to equal implementation of excombatant benefits. In the summer of 1939, he wrote to M. Milá on behalf of his daughter Virginia Rodríguez Solís:

I beg you [...] to read my letter from the 15 of this month carefully, because [...] very serious harm is being done to the girls concerned, in such a way that

190 Juliá, *Manuel Azaña*, 96.

191 For more in depth, see Chapter III. 3. An Armed Hydrocephalus Striving for Innovation.

192 Ministerio del Interior, Telegramas, oficios, informes y relaciones entre el Subsecretario de la Gobernación y los Gobernadores Civiles sobre sanidad; 1920-1923, AHN, FC-M° Interior A, 54, Exp. 15.

either the doors of the universities are opened to them in the same way as to the men who have served in the army, or they are closed to them, preventing them from being able to study and have a career in the future. This is not a fleeting or unimportant thing. It concerns the future of young people who have served selflessly, and now that the time has come to obtain some benefits that they did not even ask for but were granted by the law, [...] they are excluded.<sup>193</sup>

In requesting M. Milá to act in favour of these nurses, he contradicted the discourses of complementary gender roles the Sección Femenina and Francoism in general disseminated. »You were not born to fight; fighting is a man's condition, and your grand mission as a woman is in the home, where the family has the stamp you put on it,«<sup>194</sup> as Angel B. Sanz reassured the readership of the falangist journal *Y* in April 1939. Although the Sección Femenina encouraged women to work before their marriage, once they got married, all attention was to be paid to the family and the home. Employment was, therefore, to be a temporary thing. In contrast, A. Rodríguez considered the desire of women to build a career as »not a fleeting thing« and as their »right« because they had »selflessly served,« just like their male comrades had. The demand for equal access for men and women to higher education and to careers was a claim for »equality« and »fairness« based on equal achievements instead of segregation.<sup>195</sup> Furthermore, he explicitly asked for a future for the youth, without relating to any path-dependency for women to inevitably enter marriage and exit the remunerated labour force. Because of his position and his daughter's membership in the Sección Femenina,<sup>196</sup> not mentioning motherly duties in his letter but emphasising the equal right to benefit from excombatant privileges can be interpreted as pushing the envelope during a time when the noose was tightening around the necks of women who sought independence via a professional career.

There is no record that he was reprimanded for his politics of support, but his career developed rather slowly after the war. Until 1926, he had quickly climbed the rank ladder, reaching the position of lieutenant colonel. His promotion to colonel followed only 17 years later, in 1943, before he was briefly transferred to the reserve. After a brief deployment in Seville and on the Canary Islands, he retired on 11 March 1948 aged 64. Considering that many made their military career during the Civil War and returned home decorated with medals, this slow career seems surprising for a trained and skilled general surgeon of the Health Service. Still, the stories of A. Rodríguez highlight the scope of action for military professionals had who did not necessarily support F. Franco out of conviction. To better understand how these pragmatic Francoists reconciled their own

193 Correspondencia de la Inspectora General, AGMAV, C. 42068, 2, 78-80.

194 Ángel B. Sanz, Lo que las armas victoriosas traen, mujer, *Y*, 04/1939, 12-13.

195 Correspondencia de la Inspectora General, AGMAV, C. 42068, 2, 78-80.

196 Expediente, Virginia Rodríguez Solís, AGMG, UCOS, Damas Auxiliares de Sanidad, EPDP, 3.24.

uneasiness with the ideological regime they supported, it is worthwhile taking a closer look at officials in the intermediate levels of command or deployed in the peripheries of the key battlefields. They had a certain leeway and opportunities for defying the Francoist doctrine and countering the hierarchical social order being created. Their status as regular army officials may, to a certain extent, have protected them from social exclusion after the proclamation of ›victory.‹

In addition to finding one's own pathway into Francoism, institutional transformations also influenced where the former ›heroes in white‹ ended up. Following the proclamation of victory, the ministries of the Francoist government initiated intensive institutionalisation processes that also affected the field of medicine and medical care. These were accompanied by conflicts between the Falange and Catholic and military actors. Two entities gained momentum in healthcare which competed for hegemony in the public healthcare system. They paradigmatically reflect the competition for power among the key stakeholders in Francoism: the Falange-controlled National Insurance Institute (*Instituto Nacional de Previsión INP*), which responded to the Ministry of Labour, and the Directorate-General of Health (*Dirección General de Sanidad DGS*), which formed part of the Ministry of the Interior and was controlled by Catholic military officials and monarchists.<sup>197</sup> While the Falangist INP launched a project of mandatory health insurance (*Seguro Obligatorio de Enfermedad SOE*) and attempted to integrate healthcare and medical assistance into the vertical structures of Francoist National Syndicalism, the latter had command over public, military, penitentiary, and teaching hospitals. As Margarita Vilar Rodríguez and Jerónima Pons Pons demonstrate, this competition between the key players in healthcare meant the INP eventually built a parallel health infrastructure that privileged members of the Falange, while the DGS focussed on privileged access for members of the Armed Forces.<sup>198</sup> The same was true for the refounding of the School for Public Health Nurses (*Escuela de Enfermeras Sanitarias*). There, the Falange also engaged quickly and created its own infrastructure for the training.<sup>199</sup> These institutional developments ensured separate pathways into the labour market for the medical professions and challenged the former Health Service doctors and practitioners to define their position to the key actors who competed for power within the early Francoist dictatorship.

As these cases exemplify, belonging to the winners of the war could mean many things. Resourceful muddlers like J. Santamaría and M. Arbea found their places in the ›new‹ society by relying on their networks and sticking to the professions they knew well. For people without any higher education or

197 Margarita Vilar Rodríguez and Jerónima Pons Pons, eds., *Un siglo de hospitales entre lo público y lo privado (1886-1986): Financiación, gestión y construcción del sistema hospitalario español* (Madrid: Marcial Pons Historia, 2018), 185-186.

198 *Ibid.*, 179-208.

199 Bernabeu Mestre and Gascón Pérez, *Historia de la enfermería de salud pública en España*, 102-106.

professional training, niches like the Health Service provided a context for social ascent and careers that continued after the battlefields had collapsed, as a case like M. Arbea's demonstrated. Reluctant Francoists, like J. Santamaría and A. Rodríguez, learned where the limits of the Francoist system were and how (far) they could push the envelope to somewhat keep their moral integrity intact during the war and beyond. In their search for opportunities to challenge the new rules of exclusion, they tacitly subverted the social hierarchies of the ›new‹ Spain and built themselves social environments that allowed for the predominance of different moral compasses to the one imposed by ›fascistised‹ Francoism. Still, belonging to the ›winners‹ of the war meant protection and a cover for their defiance. The ›true‹ victors were veterans with sought-after skills and the propensity to identify with Francoism, like A. Vallejo. They formed the new elite of the system but were numerically few compared to the masses of rank-and-file whose demobilisation meant returning to misery against the backdrop of the Second World War and the pending danger of being drafted again. Francoism established a mixture of omnipresent violence – persecution, hunger, misery – with an uneven distribution of privileges and permission of certain leeway for individual agency for its supporters. The flexibility of Francoism allowed for a greater variety of masculinities that did not necessarily conform with the idea of the ›noble saviour.‹ Integrating these varieties was a crucial process in the making of Francoism as it ushered potentially deviant men to their places and kept them under control.

*The Return of the ›Angels of the Sickbays‹*

The picture looked quite different for women who had worked as war nurses for the Female Services or as public health nurses for the humanitarian agencies *Frentes y Hospitales* and *Auxilio Social*. Contrary to their male comrades, they were sent home as soon as their services were no longer needed.<sup>200</sup> The demobilisation of Female Services nurses started immediately after Catalonia fell, although it would take until way into the autumn of 1939 for this process to conclude.<sup>201</sup> Framing it as ›rescuing your femininity,‹<sup>202</sup> Francoist propaganda congratulated women that their days outside the home were finally over. However, assigning women their home as their place did not mean women

200 The nurses of *Sección Femenina* were not immediately demobilised – on the contrary: Their leader, Pilar Primo de Rivera, continued to mobilise women over the course of the spring and summer of 1939 and justified this by saying the new mission of the SF women was to teach all women how to be good mothers and wives, and to contribute to building the fascist new society of peace. See, for example, María Luisa de Aramburu, ›La gran concentración femenina de Medina del Campo,‹ *Y*, 06/1939, 12-14.

201 Correspondencia de la Inspectora General de los Servicios Femeninos, AGMAV, C. 46761, 2.

202 Sanz, ›Lo que las armas victoriosas traen,‹ 12.

were not to work. »National-Syndicalism does not socially admit idle beings,« as Francoists claimed. Instead, women were to work »rationally, as long as [...] [they were] single, on tasks proper for womanhood.«<sup>203</sup> Gainful employment was reduced and limited to the phase of their lives between girlhood and motherhood. Once married, their ›work‹ was to care for their husbands and children, which was important because their reproductive competence was key to »forming the nation«<sup>204</sup> and its future. This discourse once more nationalised women's bodies and activities, only now the »patriotic mothers«<sup>205</sup> were to exercise their patriotism in the reduced space of their families. By defining women's paths by three stages – girlhood, working young adult, married with children – the Sección Femenina reinforced the notion that men worked and women served.<sup>206</sup> The worker's identity that many women had adopted throughout the Second Republic<sup>207</sup> and demonstrated by joining syndicates or parties was officially discarded. These discourses, disseminated predominantly by the Sección Femenina, provided a new framework for what was ›desirable‹ and ›good femininity‹ – and what was not. Thus, dependency on gainful employment defined a woman's position on the discursively constructed grid of social standing in the ›new‹ Spain.

Yet, ordering women to homes and baby cribs was not a peculiarity of the Spanish Civil War history. On the contrary, reversing what Higonnet called the »wartime gender shift« rather constituted the norm than the exception in Europe during the first half of the 20th century. Eagerly mobilised to serve the nation and contribute to the war effort, women had been vital in enabling total warfare. However, once the war was over, pronatalist politics and discourses contributed to building androcentric power relations and economic orders.<sup>208</sup> Particular to the Spanish case was that the postwar reconstruction coincided with the height of the success of German National Socialism and Italian Fascism – two ideologies that celebrated motherhood and families with many children. Hence, the alleged need for rising birth rates after having practically lost a whole generation to the war merged easily with discourses on the family that were contemporarily in vogue.

»Fulfilling their condition as a mother«<sup>209</sup> was also economically worth it. The Francoist state decreed in 1938 that it would provide subsidies for all moth-

203 Ibid.

204 Ibid.

205 Cenarro Lagunas, »La Falange es un modo de ser (mujer),« 94.

206 Nielfa Cristóbal, »Trabajo, salud y vida cotidiana,« 130.

207 Capel Martínez, »Daily Life of Working Women,« 297-307; Capel Martínez, *Mujer y Trabajo*, 30-32.

208 Joan W. Scott, »Rewriting History,« in *Behind the Lines. Gender and the Two World Wars*, Margaret R. Higonnet et al. eds. (New Haven, MASS: Yale University Press, 1987), 19-30.

209 Sanz, »Lo que las armas victoriosas traen,« 12.



ers per child, although – thanks to the Law of Family Subsidies (*Ley de Subsidios Familiares*)<sup>210</sup> – the subsidies were not paid to the mother but to her husband and, in case of widowhood, to their fathers, brothers, or whoever held the position of the head of the household. The payments ranged from 15 pesetas per two children to 145 pesetas per 12 children per month.<sup>211</sup> Therefore, the bodies of Spanish women were not only nationalised by bearing the first generation of the ›new‹ Spain but also economised. The ›new‹ Spanish society had to be ›built.‹ Nevertheless, the overall situation in the spring of 1939 was deplorable: nearly half a million people dead, hundreds of thousands on their way into prisons and concentration camps<sup>212</sup> – most of them men. The Spanish society fit for work in 1939 was still predominantly female.

The Labour Law (*Fuero de Trabajo*), issued in 1938, stated unambiguously that a woman's right to work was limited. Studies on the ›ordinary‹ Spaniards show that this law and its adjunct propaganda did not correspond to the realities of most Spanish women.<sup>213</sup> It would take until the mid-1950s<sup>214</sup> for this to change and for the Sección Femenina to associate women who had professional lives or such aspirations with modernity. But motherhood as the ideal role for women was not discarded; on the contrary, being a housewife and mother never left the discourse of the Sección Femenina.<sup>215</sup> Until this slight opening towards female employment occurred, the number of socially acceptable jobs for women remained limited. Bedside and Public Health nursing, however, were instantly recognised as adequate tasks for women during their transitional phase between girlhood and motherhood. Learning how to care for the sick and wounded echoed the idea of the caring mother. The question nevertheless remained of who was to govern that field of female occupation. So, during the spring and summer of 1939, the medical professions sector for women again turned into a veritable battlefield. Protagonists in this process were the different organisations that had channelled women into various humanitarian projects during the war: Female Services, Sección Femenina, Auxilio Social, and Frentes y Hospitales.

With the official end of the war, the field of female war assistance was on the verge of disintegration: Mercedes Milá's Female Services and M<sup>a</sup> Rosa Ur-

210 Boletín Oficial del Estado, 16 October 1938, no. 118, 2010-2018.

211 Sanz, »Lo que las armas victoriosas traen,« 13.

212 Cazorla Sánchez, *Fear and Progress*, 8.

213 Rodríguez Barreira, ed., *El Franquismo desde los márgenes*; Cazorla Sánchez, *Fear and Progress*; Capel Martínez, *Mujer y trabajo*.

214 Julia Hudson-Richards, »Women Want to Work:‹ Shifting Ideologies of Women's Work in Franco's Spain, 1939-1962,« *Journal of Women's History*, vol. 27, no. 2 (2015), 87.

215 Sescún Marías Cadenas, »El empleo femenino a los dos lados del margen: La Sección Femenina y el trabajo de la mujer,« in *El Franquismo desde los márgenes: campesinos, mujeres, delatores, menores*, ed. Oscar J. Rodríguez Barreira (Almería; Lleida: Universidad de Almería, 2013), 153.

raca Pastor's Frentes y Hospitales were considered obsolete by the General Staff and eventually dissolved.<sup>216</sup> The Female Services of the Health Service entered the phasing-out process. Enmities between the Sección Femenina leader, Pilar Primo de Rivera, and the Auxilio Social forefront woman, Mercedes Sanz Bachiller, reignited over the question of who was to govern the mandatory women's Servicio Social. The fragile balance between the four women was superseded by open competition and rivalry among these women. The power over the field of professional nursing turned into one bone of contention among them. M. Milá's and M<sup>a</sup>. R. Urraca's hands, however, were somewhat tied. They depended on the army, and, since the General Staff did not consider the institutionalisation of a regular nurses' corps necessary, they were left without leverage for negotiation. The existence of the Sección Femenina, in contrast, was not fundamentally threatened, and P. Primo de Rivera seized any opportunity to expand her range of influence and establish herself as the sole leader of the Sección Femenina. She eagerly reached for the nurse training. Meanwhile, the former Female Services nurses gradually lost their special status as M. Milá had to surrender responsibilities and influence. The Health Service diplomas continued to count for something, but former war nurses had to have them validated by the Sección Femenina if they wanted to continue working as bedside nurses. This situation was further aggravated when ›victory‹ led to the reinstatement of the Catholic Church as a key institution of social power, which included the return of nun-nurses to the hospitals and sanatoria. Secular nurses – Republican and Francoist – again had to subordinate to their command. However, more important was that bedside nursing was once more institutionally linked to the concept of charity.<sup>217</sup>

On 3 January 1942, F. Franco decreed the formation of the Nurses Corps of the Falange (*Cuerpo de Enfermeras de Falange Española Tradicionalista y de las J. O. N. S.*),<sup>218</sup> which meant a victory for P. Primo de Rivera and her aspiration to consolidate the Sección Femenina's aim to be the mass organisation for Spanish women. In addition, it strengthened its position as an educator in the field of medical jobs for women.<sup>219</sup> In continuation, not only did the Falangist ideology enter the professional field even more than before, but fervent Falangists were often favoured over nurses with medical school degrees. Hence, when positions of power were distributed, conformity with Falangism

216 Correspondencia de la Inspectora General de Servicios Femeninos, AGMAV, C. 46761, 2; Moral Roncal, »Las Carlistas en los años 30,« 80.

217 Germán Bes, »Historia de la institución de la enfermería universitaria,« 21.

218 Boletín Oficial del Estado, 13 January 1942, no. 13, 244-245.

219 According to the historiography on the Sección Femenina, providing primary education, alphabetisation, and specialised professional training was one of the three strands of the organisation's tactic for accessing the female Spanish population. Among others, Sescún Marías Cadenas provides a concise summary, see Marías Cadenas, »El empleo femenino a los dos lados del margen,« 151-158.

could trump professional skills and experience. A professional rollback thus accompanied the postwar gender rollback, only it was not only a return to Catholic ideology; instead, the ideological panorama was extended through Falangist dominance. The social hierarchy in hospitals shifted towards Catholic nuns and Falangists and disadvantaged women who would not sufficiently comply with the new norms. »[T]he nuns returned to the clinic and took back the management and all the tasks. Then I left it,«<sup>220</sup> Ramona Gurnés i Costa remembered. Although she was Head Nurse in the Popular Army Health Service and feared retaliation after the war if she applied for validation, what was true for her was also true for Francoist war nurses who did not burn for Falangism or Catholic hospital management, including many women from aristocratic families and networks who had been connected to the conservative circles related to the Rockefeller Foundation, Red Cross, or League of Nations Health Organisation, like M. Milá, Carmen Maura Salas, or Rosario Bernaldo de Quirós.

Such women were from social backgrounds that belonged to the spectrum of the ›traditional‹ elites and who claimed older rights to power than the political shooting star Falange.<sup>221</sup> Many of them eyed P. Primo de Rivera and her rule over the Sección Femenina with mixed feelings, and some sought to create their own spaces or organisations where they could control the influence of the Falange, like M. Milá. She eventually managed to build her own empire.<sup>222</sup> However, the extent to which the Falange penetrated the nursing professions and the consequences this had is shown by an example recalled by another former Republican nurse:

In 1946, at a World Health Organization congress in Paris, Spain found that it had no nurses to send. They hurriedly sent four girls from the Falange with a last-minute training course and made a fool of themselves. The nursing schools were only gradually reopening, and the graduates were given positions of responsibility. Nuns were also required to do professional training.<sup>223</sup>

Even if this memory was drenched in the resentments and frustration of a professionally trained woman whose career ended thanks to the Falange and Francoist ›victory,‹ this individual reflection reveals a period of in-betweenness that began after ›victory‹ had been proclaimed. This shift from war to ›peace‹ initi-

220 Ramió and Torres, *Enfermeras de guerra*, 93.

221 David Brydan comes to the same conclusion in his reflections on the higher ranking medical officials who were sent with the Blue Division to the Eastern Front, see David Brydan, »Transnational Exchange in the Nazi New Order: The Spanish Blue Division and Its Medical Services,« *Journal of Contemporary History*, vol. 54, no. 4 (October 2019), 892-893.

222 See Chapter V. 2. 2. Power Broker: Building Medical Institutions, Building Single Leadership.

223 Ramió and Torres, *Enfermeras de guerra*, 136.

ated a reshuffling of power and authority in the field of politics on womanhood. During this intermission, particularly the Falange insisted on and privileged their ideology while underrating the importance of expert knowledge and international standards of medical praxis. Expanding their influence into medicine and nursing meant asserting power and translating the totalitarian ideology of the Falange into praxis rather than professionalising the field. According to the totalitarian logic of Falangism, it was evident that P. Primo de Rivera claimed power over any field of action outside the family and which was deemed suitable for respectable women. This expansion entailed certain complications and problems.<sup>224</sup> The following circular, which P. Primo de Rivera sent out to all her delegates in late 1942, points to some of these problems:

Dear Comrade:

In accordance with the provisions of the Law of Nurses (*Ley de Enfermeras*) promulgated by the Caudillo on 3-I-1942, it is necessary to rapidly begin organising the war nurses' service, which will function within the Department of the Nurses' Corps (*Cuerpo de Enfermeras de la Regiduría de Divulgación y Asistencia Sanitaria Nacional*) of the Regiment of Dissemination and Social Sanitary Assistance.

This National Delegation (*Delegación Nacional*) has the project to build the Central School of Nurses (*Escuela Central de Enfermeras*) during 1943, where the courses in this speciality will be organised. But while this project is being put into practice, we cannot be inactive in this respect. Therefore, it is necessary to study the possibility of starting official courses for war nurses in all provinces to have our nurses sufficiently trained in this speciality and thus avoid improvisations.

Here are the rules for the organisation of these courses:

All candidates shall attend the same course. All shall be admitted who are affiliated with the Sección Femenina and have the title of F. E. T. Nurse and who have been admitted to the Nursing Corps (*Cuerpo de Enfermeras*) as well as those nurses who possess any of the following titles, including those not affiliated to the Sección Femenina:

Faculty of Medicine, Military Health, Red Cross, Casa de Salud Valdecilla, Santa Madrona, and Instituto Rubio.

All candidates must have at least 6 months of nursing experience. Nurses who have been discharged from the Nursing Corps are exempt from taking part in this course.

All students shall be between 18 and 35 years of age. [...]

You shall inform the F. E. T. Nurses, [...]

224 On the conflict between Pilar Primo de Rivera and Mercedes Sanz Bachiller see among others, Pérez Espí, *Mercedes Sanz-Bachiller*, 131-41.

You shall also inform nonaffiliated nurses through the press and radio. [...] As soon as you know the number of students you have [...], send a list of students, separately for those affiliated and those not, to this National Delegation, [...]

Receive the National-Syndicalist salute of your comrade, The National Delegate.<sup>225</sup>

This circular was clearly launched under the impression of World War II and the insecurity of whether Spain would finally officially join the Axis and enter the war. However, it appears that building up a corps of nurses ready to assist in the vanguard was tricky, and that there were not enough capable female Falangists to fill the ranks. Further instructions followed up this circular on who was to be admitted to which course. They revealed that the distinction between affiliated members and nonaffiliated nurses was maintained for quite some time. For instance, only members of the Falange were allowed to further specialise later, while the nonaffiliated were not. Nonetheless, for the sake of the nurses' corps, P. Primo de Rivera was willing to compromise – at least inasmuch as to fill the numbers and ranks, which allowed for a certain acceptance towards skilled but nonaffiliated nurses.

#### 4 Phoenix from the Ashes:

Damas Auxiliares – A Place for the ›Ladies‹ of Francoism?

During the Civil War, the Female Services of the Army Health Service had become a sort of elite corps of war nurses because of the peculiar history of the Spanish Red Cross and Francisco Franco's politics. Contrary to the mobilisation and demobilisation of war nurses during the First World War, which predominantly rested on the different national Red Cross Committees, in Spain, the particular history of the Spanish Committee of the Red Cross (SRC) led to a different outcome. After members of the trade union CNT and the left-wing party Izquierda Republicana took over the Spanish Committee of the Red Cross (SRC) following the coup d'état in the summer on 20 July 1936,<sup>226</sup> thanks to the negotiations of the Swiss delegate of the ICRC headquarters, Marcel Junod, two committees coexisted, one for each of the belligerent parties. In doing so, ICRC broke with its fundamental principle to support only internationally recognised governments and also offered humanitarian aid to the insurgents. The imperative of humanitarianism served as justification for this policy. It wanted to prevent a humanitarian catastrophe at all costs, which the Civil War promised

225 ARH, Archivo Documental »Nueva Andadura,« Circulares de la Delegada Nacional, Vol. 1, Carp. 2, Doc 128, 27 November 1942.

226 Alía Miranda, *La otra cara de la guerra*, 122-123.

to be.<sup>227</sup> However, this agreement between the Republican government and the putschist Junta was possible only because a consensus was negotiated that the Red Cross was to stick to its principle of humanitarian impartiality.<sup>228</sup> This supposedly served to neutralise a continuation of the conservative and F. Franco-leaning Red Cross networks and their help to the insurgent army. On the staff level, the spheres mixed significantly, but the mobilisation and deployment of female staff necessary to tend to the Francoist army had to be organised by the institution itself – or rather delegated to M. Milá. Thus, unlike the belligerent parties of World War I, where the Red Cross Committees shouldered an important share<sup>229</sup> of coordinating female participation, in Spain the responsibilities for rearguard and vanguard health were institutionally separated, the latter governed by the Armed Forces. This caused problems, because the admission of women to the army – even though they were not even regularly militarised – amounted to an enforced opening of the epicentre of heterosexual combatant masculinity and fundamentally contradicted contemporary conceptions of militarism as well as the ideology of complementary gender roles that marked Francoism from the very beginning. Hence, it may not be surprising that, on the one hand, M. Milá was commissioned to set up a nurses' corps that was not officially integrated into the Armed Forces and only in place for the duration of the war; whereas, on the other hand, army administration had a keen interest that the war nurses be demobilised as quickly as possible once the end of combatant action was on the horizon. The earliest letters M. Milá exchanged with her provincial delegates on that matter dated to late 1938,<sup>230</sup> after the Francoists had won the battle of the Ebro River. However, the key period for demobilising nurses and auxiliaries was spring to summer 1939.

In the summer of 1939, the success story of the Female Services seemed to have ended. In the meantime, Pilar Primo de Rivera had ambitiously worked towards expanding the SF's influence in healthcare and public health issues. The relegation of the Falange to the homefront in 1937 by decree was now used as a springboard to consolidate the SF's ›peace‹ and ›reconstruction‹ mission. In 1939, the demobilised war nurses of the Female Services faced the challenge of (re-)defining their relationship with the Falange if they wanted to continue working in healthcare. As already mentioned earlier, by then having worked for the Female Services meant being part of a social group that stood somewhat outside the SF and was, therefore, eyed with scepticism by the Falangist leaders. Despite F. Franco's appointment of M. Milá as sole responsible person for the female staff of the Armed Forces, the SF repeatedly attempted to interfere with the

227 Wylie, Oppenheimer, and Jaes Crossland, »The Red Cross Movement,« II.

228 Pretus, *La ayuda humanitaria*, 46-47.

229 Stölzle, *Kriegskrankenpflege im Ersten Weltkrieg*; Quiney, *This Small Army of Women*.

230 Correspondencia de la Inspectora General de los Servicios Femeninos, AGMAV, C. 42067, 2; AGMAV, C. 46761, 2.

Female Services and appropriate it. M. Milá defended her project jealously, but, throughout the war, this conflict ritualised. M. Milá constantly drew lines between her nurses and the SFs; she invented symbols, barriers, and privileges but also cultivated a work environment and work ethics rooted more in militarist culture and Catholicism than Falangism. Once the official demobilisation had begun, the question arose what would happen to these Female Service women and where they would fit in. A transition period began, marked by the persistence of the same rivalry between M. Milá and P. Primo de Rivera. Many nurses and auxiliaries of the Female Services had experienced their work as meaningful; some of them wished to continue their careers, and some had to go on as their families depended on their income. Not all wanted to join the SF and their projects but searched for alternatives.

In the following section, I draw predominantly from the correspondence of M. Milá and staff files to analyse selected biographies, assess the variety of pathways into Francoism, and sketch M. Milá's fight to continue her career.

### *The Struggle to Stay Alive*

Once ›victory‹ had been proclaimed, the Female Services lost their *raison d'être* as an additional corps to the Health Service, and with the demobilisation of the first groups of nurses, it gradually started to disintegrate. Mercedes Milá Nolla saw herself confronted with the possibility that her career in the army was about to end. Because of her conflict-laden relationship with its leader P. Primo de Rivera, a transition into any medical field or institution already under the aegis of the Sección Femenina was unlikely or would have come at the high price of her dignity. For instance, by then, her former specialty, Public Health,<sup>231</sup> had largely been appropriated by the Auxilio Social. With no marriage to retreat into and a biography of constant work, the pending end of the Female Services probably assumed a momentous outlook for her. She needed to find herself a place in the ›new‹ Spain she had so diligently fought for. Spanish society was undergoing the peak of its ›fascistisation,‹ and the SF was getting stronger by the day. Her search for a niche affected herself, but many of her subordinates – delegates and nurses alike – did not see themselves within the hierarchies of the Sección Femenina either. Once M. Milá had commenced sending nurses home, the future became an increasingly pressing issue.

Already during the war, M. Milá seems to have considered institutionalising the Female Services as a regular body of the army's Health Service. In her letters, she mentions several times that she had worked on a plan for how to organise a permanent nurses' corps for the army. This idea appeared in her correspondence as early as May 1938. And she was not the only one: Army officials reached out to her about future possibilities of having nurses on the staff. One example was

231 Coni, »The Head of All the Nurses,« 80.

the Chief of Surgery at the Hospital Militar Musulmán in Malaga, Antonio Guzmán, with whom M. Milá exchanged letters in 1938. It seems he proposed to her that women could efficiently substitute men in war nursing and medicine. M. Milá responded:

I think your remarks about the use of eminently feminine qualities for services at present performed by men are very accurate, and I have no doubt that a hospital with a select female staff – functioning in the way you point out – could serve as a model. But when would be the right time to try it out? We are at a point where there is not enough time and space for trials of any kind. However, your guidance will always be very useful to us, and I thank you very much for your trust in this profession, whose training is so important to me.<sup>232</sup>

In 1938, A. Guzmán echoed what other Health Service officials had already voiced and continued to express throughout the conflict. His proposal stands for the bottom-up appreciation that the female presence in the medical branch eventually generated. Such remarks had an empowering effect on M. Milá and provided her with a certain tailwind to design the project of the Damas Auxiliares and seek support for it. However, while opportunities for discussing and planning the future were limited during the war, the timing was even worse after the war was officially over. Despite the positive reception of female work, the General Staff offered no path for the future. Instead, while the war shifted from the frontlines onto the streets, Francoist propaganda disseminated the message that ›peace‹ had begun, and that particularly women were to return home. To the detriment of the Female Services, ›peace‹ brought the delegitimisation of their existence.

As M. Milá's correspondence shows, she was not going to be demobilised and sent home that easily. Instead, she came up with many little ideas – or ›tactics‹ – to showcase the importance of the Female Services for the army's future. She chose a strategy that continued the image she already stood for: absolute loyalty to F. Franco and medical professionalism. Since F. Franco, the army administration, and the Ministry of War were the institutions that decided the future of the Female Services, they became the key targets of M. Milá's lobbying efforts. She chose a threefold approach to fighting for her project, two of which aimed at remaining present, the other at networking and working to get the Female Services restarted. The first two strategies included measures of symbolical value and of securing the last bits of influence she had in the military hospitals, while the third meant confronting the army administration directly.

To stay visible and present, M. Milá sought to keep as many employment opportunities as possible open for her nurses. She insisted that, as long as there

232 Correspondencia de la Inspectora General de los Servicios Femeninos, AGMAV, C. 42068, 2.



were military hospitals operating and filled with war patients, there were to be Female Services nurses.<sup>233</sup> The General Staff accepted her reasoning, and nurses continued to be deployed in military hospitals and sanatoria for convalescent veterans, invalids, sick, and prisoners of war. Few other concession were made. On 13 August 1939, she wrote to the Minister of War in Burgos, inquiring if he had gotten her letter about the Damas Auxiliares. She explained her proposal with the argument »that the organisational work done [...] [would] not be lost«<sup>234</sup> and asked for his orders. His answer must have been negative because it took 2 more years – August 1941 – until her wish was granted.<sup>235</sup> Still, in the late summer of 1939, the number of hospitalised soldiers decreased, and it seemed to be only a question of time before the Female Services ceased to exist entirely.

The second strand of her strategy for staying visible included organising a panoply of medical and Catholic events. For instance, 4 months after the declaration of ›victory,‹ in August 1939, she commissioned the composition of a special anthem for the Female Service nurses and auxiliaries, which the Delegation of Propaganda (*Delegación de Propaganda*) put into practice.<sup>236</sup> In this way, the Female Service nurses were not only to be recognised by their uniforms and medals but also by their song. This project was useful for M. Milá in another way: It was an opportunity to extend her network to the propaganda bureaus. Another of these examples was the following invitation – or rather order – circulated to her delegates and beyond a month later, in September 1939:

All the nurses and auxiliaries of the military Health Service are herewith informed of the plan to celebrate 4 October, the Saint's Day of H. E. the Generalissimo, this year as in previous years with a Mass of General Communion offered for his intention and asking for the blessings of the Almighty to fall on him. This Mass should be celebrated in all the towns where nurses have served the Health Service. [...] All nurses are invited to gather in uniform in the same Church of their towns. Where there is no Delegate, one of the nurses will oversee [...] and organise the ceremony to which it will be convenient to invite the bishops and a priest to give a short talk to make it more pious and solemn. Once the ceremony has been held, telegrams must be sent to this General Inspectorate. Together, we will send them to H. E. the Generalissimo, as proof of the support and affection of all the nurses who serve or have served his army. A warm greeting to all of you from your Inspector General, Mercedes Milá.<sup>237</sup>

233 Ibid.

234 Ibid.

235 Germán Bes, »Historia de la institución de la enfermería universitaria,« 103.

236 Correspondencia de la Inspectora General de los Servicios Femeninos, AGMAV, C. 46761, 2.

237 Correspondencia de la Inspectora General de los Servicios Femeninos, 42068, 1.

At first glance, this may seem like a nostalgic Catholic gesture, but it should be understood as a tactical and political manoeuvre of a functionary slowly losing the ground she was standing on. On the day of F. Franco's Saint's Day, demobilised war nurses were invited to take a leading role in their local parishes. Their white army nurse uniforms singled them out among the congregation. As »angelical nurses,« they were supposed to raise awareness for their very existence and their war contribution, while taking a prominent place in the celebrations. This initiative carried an additional strategic notion: It offered all who had already been demobilised a chance to gather, meet their former colleagues, stay in touch, and confirm they still belonged to the nursing empire of M. Milá. Intended or not, activities like these fostered the social cohesion of the Female Service nurses. And, of course, sending a collection of telegrams via the bureau of M. Milá to F. Franco served not only as a kind gesture towards their dictator but also as a measure to remind him who had provided his army with nurses.

However, this action was addressed not only to F. Franco and his administration; it also sent a message to the Sección Femenina. Not including nor inviting them to the Mass on F. Franco's Saint's Day but also assigning the organisation to either M. Milá's (former) delegates – or »any other available nurse«<sup>238</sup> for that matter – meant actively ignoring the Sección Femenina's claim of hegemony over women's activities. On a symbolic level, the nurses' white uniforms stood in opposition to the Falange's blue shirts.

In another way, this action was also a demonstration of political colours. M. Milá's loyalty remained with F. Franco, the army, and the established Church hierarchies instead of to the SF. Within the frame of Spanish Catholicism, P. Primo de Rivera had paradoxically opted for a more innovative approach than M. Milá. She had found a spiritual guide in the Benedictine monk Fray Justo Pérez de Urbel, who introduced »radical change«<sup>239</sup> to the practice of worship, since the Benedictine tradition differed significantly from common Spanish Catholicism in its allowance for more lay participation.<sup>240</sup> The SF took a different approach to Catholicism and worship practices than M. Milá stood for. By not inviting the SF to her event, M. Milá had drawn a line.

Another part of her tactics to stay visible was more dedicated to medicine: She continued to organise talks and presentations on medical issues. These events brought together the medical staff of the military hospitals that were still operating and created a space for discussing the lessons learned during the war, as titles like the following suggested: »The Military Doctor, His Mission at Different Times and Today.«<sup>241</sup> She continued to circulate knowledge and to network,

238 Ibid.

239 Richmond, *Women and Spanish Fascism*, 57.

240 Ibid.

241 Correspondencia de la Inspectora General de los Servicios Femeninos, AGMAV, C. 42068, 1. More invitations to other events like that can be found in AGMAV, C. 46761, 2.

which she had learned first-hand from her formal training and participation in national and transnational networks.<sup>242</sup> That is how M. Milá remained present in the networks of military medicine, became an actor in the circulation of the state of the art of war medicine knowledge in Spain, and reinforced her authority as a professional nurse. Finally, in 1941, the military nurses' corps Damas Auxiliares rose from the ashes of the Female Services. It is hard to tell whether all these little tactics ultimately had an effect, and whether they eventually tipped the scales in M. Milá's favour when she was appointed head of the Damas Auxiliares. Still, these little activities were part of her fight to remain the expert on war nursing. It was also a way to stand up against P. Primo de Rivera's ambitions of expanding her power.

The (re-)foundation of Damas Auxiliares happened against the backdrop of the Second World War and F. Franco's undecided politics of neutrality. When the so-called Blue Division was organised in June 1941,<sup>243</sup> a medical corps was also mobilised. In this context, M. Milá was again commissioned to form a nurses' corps to accompany the Division. In the summer of 1941, M. Milá started to resurrect her institution and announced the good news to her former delegates, among them R. Bernaldo de Quirós:

Dearest Rosario,

Everything comes in this world by dint of patience. The *Official Gazette of the Ministry of the Army* of the Fifth published our famous regulation! Now I have to make a proposal for the personnel, and, as the Minister told me he wanted them all to be done simultaneously, I beg you to answer me urgently if you authorise me, as we agreed, to name you Delegate of the First Region. I would also be interested to know when you plan on returning to start working on the reorganisation of everything. I don't think you'll be back for long, as I suppose it must be a very wet summer, judging by how it's here.<sup>244</sup>

In late October 1941, she was assigned a secretary and two auxiliaries,<sup>245</sup> which completed the rebirth of her administration. M. Milá took on the organisational structure of the Female Services and again reserved the position of the almighty matriarch for herself. She again designated delegates according to the territorial order of the military regions. Under her rule were thus all secular nurses from the military hospitals and, more importantly, from the nurses' corps to be sent to the Second World War.

242 Barona Vilar and Perdiguero-Gil, »Health and the War;« Barona and Bernabeu Mestre, *La salud y el estado*.

243 Officially it was called the Spanish Division of Volunteers (*División Española de Voluntarios*) or the 250th Infantry Division of the Wehrmacht.

244 Expediente de María del Rosario Bernaldo de Quirós de Luque, AGMG, UCOS, Damas Auxiliares de Sanidad, EPDP, 2.1.

245 Boletín Oficial del Estado, 1 November 1941, no. 305, 8535.

Despite his declaration of remaining »nonbelligerent,« F. Franco supported the Axis. Throughout the summer of 1941, some 30,000<sup>246</sup> volunteers were mobilised for the Blue Division – blue being the colour of the Falange shirts – to support the Wehrmacht on the Eastern Front from 1941 to 1943.<sup>247</sup> According to David Brydan, the Division's Health Service corps consisted of »over 500 personnel drawn from a wide range of backgrounds, including experienced military health professionals and civilian volunteers.«<sup>248</sup> Spanish military hospitals were set up, among others, in Novgorod, Riga, Vilnius, Berlin, and Königsberg. The coordinating headquarters were in Berlin, although the facilities were transferred in correlation with the redeployment of the Division and shifts of the frontlines. A total of 146 nurses were deployed with the Blue Division, 84 Falangists, and 62 Damas Auxiliares.<sup>249</sup> M. Milá named María Costi y García Tuñón, who belonged to the first generations of secular Spanish bedside nurses and who had already been a member of the Female Services during the Civil War, as her proxy. She came from a family with a long medical tradition, many of whom had also served during the Civil War. She was to oversee all deployed nurses, including those sent by the SF. She left for the front on 23 August 1941 and worked in Smolensk, Porychow, and Riga. On 17 February 1943, she was repatriated because she had fallen ill with pleurisy.<sup>250</sup> Four years later, she applied for an assistant secretary position at M. Milá's headquarters. Forty-nine years old at the time, she apparently did not – or could not – continue working as a nurse.

According to Francisco Jiménez, the nurses were sent in two groups, the first headed by the Falangist Aurelia Segovia, the second by M. Costi. Although the latter was nominated chief of all deployed Spanish nurses, A. Segovia enjoyed the advantage, having gotten to Germany first and then gone on to the frontlines: She established herself and her authority before M. Costi arrived. This constellation was explosive: It allowed for the conflicts between M. Milá and P. Primo de Rivera to reach the frontlines of the Second World War and to escalate there by proxy. M. Costi continuously reported back to M. Milá how things were going on the Eastern front. Her letters were full of narrations of conflict

246 For details on the recruitment numbers, see Xosé Manoel Núñez Seixas, »A Spanish Exception in a War of Extermination? The ›Blue Division‹ on the Eastern Front, 1941-44,« in *Spain at War. Society, Culture and Mobilization, 1936-44*, ed. James Matthews (London; New York, Oxford; New Delhi: Bloomsbury Publishing, 2019), 215.

247 For recent substantial publications on the so-called Blue Division, see Núñez Seixas, *Camarada invierno*; Núñez Seixas, »A Spanish Exception in a War of Extermination?«; Xosé M. Núñez Seixas, »Wishful Thinking in Wartime? Spanish Blue Division's Soldiers and Their Views of Nazi Germany, 1941-44,« *Journal of War & Culture Studies*, vol. 11, no. 2 (3 April 2018), 99-116.

248 Brydan, »Transnational Exchange in the Nazi New Order,« 886.

249 Francisco Jiménez Soto, »Voluntarios de Canarias en la División Azul« (PhD Thesis, University of Las Palmas de Gran Canarias, 2015), 146.

250 Expediente de María Costi y García Tuñón, AGMG, UCOS, Damas Auxiliares de Sanidad, EPPD 1.52.

between SF and the Damas Auxiliares. One paradigmatic quarrel that M. Costi mentioned to M. Milá in several of her letters – and which demonstrated how seriously the women took differences between the Damas Auxiliares and the Sección Femenina – revolved around the uniforms they had to wear on duty. As head of the Spanish nurses, M. Costi ordered everybody to wear the Health Service's white uniforms, which the Falangists took as an offence, preferring to wear their party's blue uniform. Like mutinous sailors, they refused to follow M. Costi's orders and came to work in the colours of the Falange. In her letter to M. Milá from 10 September 1941, M. Costi resignedly asked, »What is my role?«<sup>251</sup> She then went on to say, »Of course, I recognise the importance of the Sección Femenina, but what I cannot wrap my brain around is that the Female Service of the Health Service – a corps that depends on the army – should be totally annulled in the middle of a war. So, until I receive your instructions, I shall try to keep everything in abeyance.«<sup>252</sup> It seems that M. Milá did not take long to reassure her that she was the nurse in charge, and only a few days later, M. Costi received unexpected support from a General who paid their hospital a visit and ordered all nurses to wear white. In another letter she told M. Milá, »[a]pparently, he said that, in Germany, there was also a party uniform but that in war the only institution of reference was the army.«<sup>253</sup> M. Costi had this brief moment of triumph, but the conflict did not end there:

The uniforms are another real disaster: the Germans, who are very kind to us, offered to provide us with uniforms from the first day, and, as I have just found out, it turns out that Aurelia decided not to give them to us because the Spaniards could not wear any other uniform than the party uniform. So here we are at 20° below zero in our little white dresses, most of us in cloth shoes (*alpargatas*) and all freezing cold.<sup>254</sup>

The fact that her opponent, the Falangist A. Segovia, would put the health of her subordinates at risk so they could show off their political affiliation seems intense. But it was more than that: It was an intense demonstration to assert her authority and delegitimise M. Costi. It underscores how seriously the Falangists took their quest of hegemonising Spain's female spheres and the presence of their symbols. It further reflects how little they thought of other institutions that also supported F. Franco – like the army, Catholics, and other right-wing factions.

In her letters, M. Costi also mentioned that the Sección Femenina's leader, P. Primo de Rivera, visited them at least once, and that she showed no interest in solving the uniform problems but encouraged A. Segovia to stick to her

251 Ibid.

252 Ibid.

253 Ibid.

254 Ibid.

policy.<sup>255</sup> P. Primo de Rivera backed her up and fuelled the ongoing conflicts. Finally, the male officials took action and tried to solve the conflicts between the two factions among the women by appointing A. Segovia to be responsible for disciplinary questions and M. Costi to be in charge of all 'technical' matters. However, this separation of responsibilities did not work: M. Costi continued to complain that decisions about deployment, work schedules, and labour distribution were being made without her knowledge; she felt gradually pushed aside into the position of a witness instead of head nurse.

On a symbolic level, this fight over nurses' uniforms reflected the effort of the Sección Femenina to 'fascitise' Spain's women and implement their model of femininity. Though M. Milá and P. Primo de Rivera largely used similar vocabulary to describe their preferred model of femininity – submissive, pious, abnegated, complementary to men, etc. – they filled these words with different meaning, just like the uniforms were worn for different reasons. This observation aligns with Cenarro's findings who describes Falangism as »a mode of being,« as a fascist practice of being a woman in the Sección Femenina.<sup>256</sup> Submission, piety, and abnegation meant complete subordination to the leadership of P. Primo de Rivera as well as the fascist ideas of national renovation and national-sindicalist revolution and the totalisation of society. The integration of all social spheres, including all healthcare spheres, was a logical consequence. At the frontlines of the Second World War, A. Segovia and her Falangists decided that wearing the party's uniforms was the way to express their allegiance to Spanish and international fascism.<sup>257</sup> In contrast, by wearing white and the army's uniform, the Damas Auxiliares represented an institution instead of a higher ideological purpose. Submission there related to the nurses' subordination to doctors' orders, abnegation meant their dedication to patient care, and piety referred to the practice of Catholic faith as it had been dominant for decades. Therefore, from the professional perspective of bedside nursing, the key difference between the Damas Auxiliares and the nurses of the Falange eventually came down to the relationship between political ideology and medical expertise. In other words, while M. Milá was generally ready to disregard what could be understood as political deviation, P. Primo de Rivera was willing to do the same thing for lack of medical skills and expertise. Hence, the leeway for transgression or failure for their subordinates was different. In addition, on the level of the leaders, M. Milá did not subscribe to Falangism, while P. Primo de Rivera did not burn for medicine or bedside nursing. Therefore, neither would practice what she did not support. The mere fact that the Damas Auxiliares

255 Ibid.

256 Cenarro Lagunas, »La Falange es un modo de ser (mujer),« 91-120.

257 Núñez Seixas, »Wishful Thinking in Wartime?,« 99-116; David Brydan, »Axis Internationalism: Spanish Health Experts and the Nazi 'New Europe,' 1939-1945,« *Contemporary European History*, vol. 25, no. 2 (May 2016), 291-311.

were not under Falangist leadership turned the question of which uniform ›true Catholic women<sup>258</sup> were to wear into a political issue.

If we are to believe M. Costi's reports, the Falange committed several other errors that affected the efficiency of the service and, as a consequence, their reputation. For example, they sent a member to the front who was still recovering from a broken leg and was thus not fit to work in the hospitals. To compensate for this, she was ordered to do phone service, which she could not do because she spoke Spanish with a strong Andalusian accent – a competence of doubtful use in the international setting they found themselves in at the Eastern front.<sup>259</sup> These incidents may appear comical, but they point to a key difference between the Damas Auxiliares and the Sección Femenina. To the nurses of M. Milá, it was first and foremost a job and a vocation: war medicine; to the Falangists, participation in World War II was driven by the desire to contribute to expanding the ideology and building a ›new,‹ fascist Europe.<sup>260</sup> On these grounds, M. Milá and P. Primo de Rivera seemed to have mutually disregarded one another, and this dislike reverberated through the ranks of their subordinates. In the eyes of M. Costi and the Damas Auxiliares, the Falangists were constantly making mistakes by setting priorities according to their ideological mission, while the Sección Femenina disregarded the Damas Auxiliares for the simple reason that they were not considered true Falangists. However, the competition between the two proxies, M. Costi and A. Segovia, eventually ended over an incident that caused A. Segovia and two of her fellow Falangists to be sent back home. Yet, this did not end the conflict: The Falange instantly appointed a substitute, and M. Costi again found herself with a Falangist counterpart. The conflict continued with a different face.<sup>261</sup>

The deployment of the Blue Division lasted 2 years and was not without its problems.<sup>262</sup> With the official demobilisation of the Division in 1943, the nurses also returned to Spain. Being physically separated from one another must have helped to at least calm things down between the involved Damas Auxiliares and Falangists. However, the Damas Auxiliares were not demobilised; rather, it continued to exist as a permanent nurses' corps of the Health Service, which

258 Morcillo Gómez, »Shaping True Catholic Womanhood,« 51.

259 Expediente de María Costi y García Tuñón, AGMG, UCOS, Damas Auxiliares de Sanidad, EPDP 1.52.

260 I argue that the disbalance in the relationship between German Nazis and Spanish Falangists, which he called »Axis Internationalism,« also happened on the female level to a certain degree. More conclusively, see Brydan, »Axis Internationalism;« Toni Morant i Ariño, »Mujeres para una ›Nueva Europa.«

261 Expediente de María Costi y García Tuñón, AGMG, UCOS, Damas Auxiliares de Sanidad, EPDP 1.52.

262 For more details on that, see among others, Núñez Seixas, *Camarada invierno*; Brydan, »Transnational Exchange in the Nazi New Order;« Jiménez Soto, »Voluntarios de Canarias.«

meant M. Milá remained ›head of all nurses‹<sup>263</sup> and the military hospitals became her range of influence and power. She shaped the new service according to the principles already practiced in the Female Service. Nurses and auxiliaries who wanted to become a *Dama Auxiliar* had to formally apply, provide substantial information on their skills, also on their moral and political performance. This application process was further formalised, as the staff files show that are archived in 330 boxes at the Military Archive in Guadalajara. Forms had to be filled out instead of individual letters, the language turned ever more standardised, the staff files became thinner over the years and therefore reflect a certain administrative routinisation. At the beginning, preferential access was granted to women who held the status of excombatant and had been decorated with medals of honour – who had proven themselves in the Civil War. These criteria would later fade as new generations of nurses succeeded who had not participated in the war.

*Damas Auxiliares* was, however, not only an institutionalisation of the presence of secular women in the military medical branch but also turned into a social space suitable for medical workers who did not fit into the Falangist world of medicine. Virginia Rodríguez and Carmen Gómez, who boldly claimed their right to higher education in the summer of 1939, both applied later and were accepted. V. Rodríguez applied in 1942 and C. Gómez in 1960. Rosario Bernaldo de Quirós worked as a provincial delegate for another 15 years and quit in 1956 aged 63. Especially for her, but maybe also for V. Rodríguez and C. Gómez, *Damas Auxiliares* offered the continuation of their careers and thus the positions they had worked to assume. As already discussed, particularly for women like R. Bernaldo de Quirós – and M. Milá, for that matter – the opportunities to continue their careers in the Falange were limited because of their ideological differences. *Damas Auxiliares* thus provided a niche for women of those conservative and right-wing strata who also supported F. Franco but would not easily merge with Falangism. Not every Francoist woman had the opportunity or power to openly oppose the SF. Only a privileged, well-connected, resourceful, upper-class woman like M. Milá could achieve something like that. Against the backdrop of the SF's aggressive expansion during the first years after ›victory‹, this achievement is noteworthy. It shows how former social elites managed to defend their privileges and social status against the fascist desire for hegemony.

*Tired, Wayward, Daring ›Angels‹*

For most of the regular rank-and-file nurses of the Female Services, demobilisation and ›victory‹ carried a complex, often even bitter aftertaste. Winning the war as a Health Service nurse or auxiliary meant being confronted – like everybody

263 Coni, ›The Head of All the Nurses.‹



else – with the miserable situation of the country but also with the effects of the reactionary postwar gender rollback. The shift towards a gender-segregated society that ushered women to the home and hearth brought significant limitations to the scope of action they had enjoyed during the war. The Female Services had given many of them experiences of meaningfully contributing to the war efforts, though many also experienced the hardships of war first-hand. The experiences were mixed, but the group of Female Service returnees was heterogeneous, too. Upon their return, some integrated easily into their local SF groups, others were just happy that this chapter of their lives was over, and yet others were frustrated because their dreams for a bright future seemed shattered. Especially women who had wished to continue working in medicine were confronted with the ever-tightening constraints imposed on gainful female employment by Francoism and disseminated by the Falange and the Francoist propaganda machinery.

While for M. Milá it was certainly a major bump in the road she eventually overcame, trajectories into the ›new‹ society, particularly of the rank-and-file nurses and auxiliaries, were more complicated. Nevertheless, the group of Health Service veterans can roughly be divided up into those who left the profession and those who attempted (and succeeded) to continue. It is difficult to trace the stories of the women who left medicine after the war because they left practically no records behind. It seems their traces were lost when they took off their uniforms and disappeared from medical contexts. This lack of documentation complicates a systematic analysis of their exit strategies. Yet, some oral history accounts allow for some insight into the complex grids of factors that determined where life took former war nurses and auxiliaries. The following two examples paradigmatically show how searching for meaningful occupation may have persisted but shifted from the medical profession towards other realms:

When the war finally ended and the hospital was closed, we were taken on an excursion to San Sebastian as a reward. A lot of deteriorated clothes were left at the hospital. The nuns said it was a shame to throw them away, and that they could stitch them up again and use them for the asylum. So, for several weeks, we spent 2 hours in the afternoon sewing and repairing all the damaged clothes, then we ironed them, and they looked just great.<sup>264</sup>

Teresa Vidaurre Doiz, who had worked as an auxiliary nurse in the military hospital San Francisco in Olite, Navarre, chose not to follow up on the nurse's career. Instead, she just switched to the next task that had to be done. Her desire to be useful brought her to repairing clothes. She had been an auxiliary, if she had wanted to continue in bedside nursing, she would first have had to do further training, which required a high school diploma as entry graduation and Falange approval. Since she identified as Carlist, this might have affected her motivation. A seamless continuation of a career in medicine was thus complicated for her.

264 Larraz Andía and Sierra-Sesúмага, *Requetés*, 764.

Leaving for the city, getting an official nursing diploma, and looking for a job there seemed out of her range. Whether she did not consider it because she was unprepared to leave her family and social environment or lacked, for example, the necessary scholastic preconditions to apply for higher education remains unclear. However, her family had a little farm with a vineyard, which she had already taken care of before volunteering as an auxiliary.<sup>265</sup> The family responsibilities likely inhibited her from having a career outside farming. In her case – as in many others – the mixture of economic aspects, political identity, personal reasons for not leaving home, and potentially the lack of higher education overlapped and affected her decision to continue the medical path.

Another reason for retreating from bedside nursing was disillusionment and the after-effects of the war. Although T. Vidaurre did not explicitly relate to it, in her conclusion of her interview, she emphasised the sadness that still filled her because of all the senseless suffering: »For all that we had to endure, all of us, of the one side and the other.«<sup>266</sup> Others were more explicit regarding the horrors they had lived through. Pilar Díaz Iribarren, a former nurse in the hospital for prisoners of war in Estella, Navarre, summarised her memory of the war: »Now, however, I look back and see the war as the time that marked my life forever. I didn't know it was possible to suffer so much. I think I gave it my all: my broken youth, broken illusions, and broken loves.«<sup>267</sup> For many Health Services veterans, not wanting to continue working with sick and invalid people probably represents a measure of self-protection. The issue of posttraumatic stress and resilience strategies among healthcare staff in wartime has now been (somewhat) researched for the First and the Second World War,<sup>268</sup> but for the Spanish war nurses, such conclusive studies are yet to be written. Nevertheless, the research results on both world wars are somewhat transferrable.

However, the cases of P. Díaz and T. Vidaurre conceal another aspect relating to the fragile alliance that had supported F. Franco and started to crumble after the war. Both were Carlist Margaritas and thus part of one of the sociopolitical

265 Ibid., 759-764.

266 Ibid., 764.

267 Ibid., 604.

268 Among others, some insight is provided by Carol Acton and Jane Potter, *Working in a World of Hurt: Trauma and Resilience in the Narratives of Medical Personnel in Warzones* (Manchester: Manchester University Press, 2015); Laurie S. Stoff, *Russia's Sisters of Mercy and the Great War: More than Binding Men's Wounds* (Lawrence, KS: University Press of Kansas, 2015); Bridget E. Keown, »I Think I Was More Pleased to See Her than Any One 'Cos She's so Fine.« Nurses' Friendships, Trauma, and Resiliency during the First World War,« *Family & Community History*, vol. 21, no. 3 (2 September 2018), 151-165; Santanu Das, »The Impotence of Sympathy: Touch and Trauma in the Memoirs of the First World War Nurses,« *Textual Practice*, vol. 19, no. 2 (January 2005), 239-262; Kylie M. Smith, Elizabeth J. Halcomb, and Lorna Moxham, »Stress Wasn't a Word.« Australian Nurses' Recollections of War-Related Trauma,« *Health Emergency and Disaster Nursing*, vol. 2, no. 1 (2015), 12-22.

groups that found themselves at a disadvantage once the war was over. Having supported F. Franco did not bring the result they had hoped for: the return of the monarchy. Instead, the alleged separatist potential of their Carlist circles and Basque language were systematically discriminated against and put many of them on the radar of local Falangist pressure groups.<sup>269</sup>

Nevertheless, as a collective, the Carlists benefitted from having supported F. Franco. First and foremost, it meant having the opportunity to exercise their Catholicism again. Rosario Jaurrieta Baleztena, the Carlist nurse already mentioned, eventually sought occupational refuge in her faith. First, she engaged in the Catholic rite of the *Adoración Nocturna* of the Navarrese diocese; later, she founded the *Javierada del Dolor* and cooperated in what she could with her parish. »[T]hings without merit, things everybody does,«<sup>270</sup> she qualified her engagement when looking back on her life in old age. Like T. Vidaurre, she was moved by the desire to do something with her life other than family care – something that would give her meaning. However, when she engaged in religious work, the aftermath of the war had already passed. There was no more stitching and sewing left to do, so the options for meaningful occupation were further limited. Apart from resuming risk-free Catholic worship practices, being integrated into the dictatorship with its vertical syndicalist structure and the dominance of the Falange did not come anywhere near to the political system the Carlists had fought for. A narrative of victimhood echoes through many of the memories collected by Pablo Larraz Andía and Víctor Sierra Sesúmagá and sheds some light on the many shades of grey in the alleged ›victors.‹ As these examples show, during the summer of 1939 (and beyond), personal and collective experiences, individual embeddedness, politics, and the influence of social networks overlapped when it came to deciding on where to look for one's place in the ›new‹ Spain and how to position oneself relative to the remainders of the crumbling Female Services.

There was, however, another side to the story of the demobilised war nurses. Some of the Health Service veterans did not turn away from the institution but continued to reach out to M. Milá whenever they thought she or her influence could help their cause. The practice of addressing their needs and desires to her had already evolved over the course of the war and was vigorously encouraged by M. Milá herself. Because she insisted it was her privilege to decide practically everything, even minor issues like inquiries for little privileges continuously reached M. Milá's desk: sisters or friends who asked to be deployed together, nurses who wanted to join a frontline unit, and more.

269 A former nurse from the Alfonso Carlos Hospital in Pamplona, Rosario Jaurrieta Baleztena had, for example, two of her brothers incarcerated for having continued to defend their political ideas. Another two of their brothers died while fighting as Carlist militia-men for F. Franco, see Larraz Andía and Sierra-Sesúmagá, *Requetés*, 613-614.

270 *Ibid.*, 616.

Later, issues with more weight and reach passed by her, such as the examples already discussed of the negotiations for medals of honour or the economic compensation for nurses who did not have the means to sustain themselves during their deployment.<sup>271</sup> Nurses and auxiliaries believed in her power and turned to her when they needed support. During the war, the purpose of these inquiries mainly focused on the immediate present these women lived in; in the end, they aimed more towards their futures, as the following example paradigmatically shows:

Throughout the early summer of 1939, several decrees were published in the law gazette, stating that all excombatants with diplomas of *bachillerato*<sup>272</sup> were exempt from university admission exams. This regulation was intended to honour and compensate the sacrifices veterans of the Francoist army had made during the war and to offer them a future and an income. This was one of several measures the Francoist administration decreed so the ›winners‹ would be better off, like the law of 25 August 1939, »which reserved a substantial portion of civil servant positions for excombatants.«<sup>273</sup> The exemption from university admission exams was, like the privileged access to jobs in public administration, a drop in the bucket. Considering that, in 1939, the majority of the Spanish population did not have a high school diploma, and that access to higher education was still very unequally distributed, what might appear like a generous offer was instead a further privilege for the already privileged. Nevertheless, this regulation created turmoil among the demobilised Health Service nurses as it had a gendered implementation: Female veterans who had ambitions to further their medical education and enrol in Medical Schools were denied that privilege by the university administrations. Letters by frustrated Health Service veterans reached M. Milá with an urgent need for her support and intervention in the matter:

Respectable Madam,

[...] In the Boletín Oficial del Estado no. 162 and 238, corresponding to 6 June and 20 August of the current year, rules are issued for the admission to universities of excombatants who hold *bachilleratos*. Those who served in the Glorious Army are now exempt from the entry examination. In my capacity of having finished my *bachillerato* in 1936 and having served as a volunteer war nurse in the military hospitals [...], I believe myself to be included in the same conditions as the male excombatants with *bachillerato*. It is for this reason that I appeal to Your Excellency, so that, by interposing your valuable

271 See chapter V. 3. 2. Subissive »Angels of the Hospital?«

272 I use the Spanish term as used in the sources. For the context of nursing, see Dolores Martín Moruno and Javier Ordóñez Rodríguez, »The Nursing Vocation as Political Participation for Women During the Spanish Civil War,« *Journal of War & Culture Studies*, vol. 2, no. 3 (December 2009), 309.

273 Alcalde, »The Demobilization of Francoist and Republican War Veterans,« 205.

influence with the Ministry of National Education, [...] and for the same reason, I beg you for the greatest urgency because of the little time remaining before the semester starts.

I take this opportunity to reiterate my heartfelt thanks and my highest consideration and remain with the greatest subordination and respect for you, María del Carmen Gómez y Serrano.<sup>274</sup>

Her colleagues, Virginia Rodríguez Solís and Consuelo Brun, sent similar letters,<sup>275</sup> and the three also found an enthusiastic advocate in V. Rodríguez's father, the already mentioned head of the Health Service in Cadiz, Alejandro Rodríguez Solís. Several issues overlapped in this incident, which posed a challenge to building the ›female sphere‹ of the Francoists' ›new‹ Spain. Prior to the war, women of the upper echelon benefitted substantially from society gradually opening to women's demands for higher education and societal participation following the turn of the century. Institutions like liberal institutes of higher education, students' unions of any political, ideological, or religious colouring, and role models like Concepción Arenal or Carmen de Burgos had paved the way at least for the wealthier, urban, bourgeoisie women to demand more than a home and a husband.<sup>276</sup> Attempts to reform the family, marriage, and educational politics following the proclamation of the Second Republic created an environment that allowed for even more liberties. Sceptical and reluctant towards left-wing feminism, especially among the conservative strata of Spanish society, the bourgeois world of medicine provided a social space where women could satisfy their need for more independence, education, and meaningful occupation, while not questioning bourgeois conceptions of femininity. There, they enjoyed the opportunity to gain specialised and professional knowledge – some were even offered the chance to travel to foreign countries; they could build

274 Italics are mine. Correspondencia de la Inspectora General de los Servicios Femeninos, AGMAV, C. 42068, 2, 72.

275 Although there are more letters like these three, I chose them because the documentation of their stories is denser than the others. Staff files of V. Rodríguez and C. Gómez also exist as well as correspondence indicating how their trajectories continued.

276 It is often criticised that Spain did not have a feminist movement comparable to those in the UK, USA, or Germany. Among others, Hurtado, Aguado, and Blasco demonstrate that both feminism and female mobilisation did reach the Peninsula and brought forth at least two generations of women who pushed for their corresponding version of women's rights, and whose horizon was wider than complementary gender roles might suggest. Nevertheless, the comparison with countries with strong women's rights movements confirms that Spain did not experience feminism as a mass phenomenon. Instead, it predominantly reached liberal and bourgeoisie strata; the task of mobilising female workers, peasants, domestic workers, etc., was never satisfactorily achieved throughout the 1930s. Hurtado Díaz, »Biografía de una generación,« 139-154; Blasco Herranz, »Identidad en movimiento,« 27-56.

themselves a career and, more importantly, to engage with a social environment considered adequate for female charity work outside their local parishes.

The letters of V. Rodríguez, C. Gómez, and C. Brun show that, even though Francoist and Falangist propaganda offered a very concrete vision of the gendered social order of the ›new‹ Spain, the relegation of women to hearth and home did not go uncontested. As daughters of the contemporaries of ›first generation Spanish feminists,‹<sup>277</sup> they had been socialised against the backdrop of gradually growing liberties for women in the privileged environment of families that sent their daughters to the universities to earn a degree. The tumultuous peacetime years in the Second Republic framed their coming-of-age. Thus, such women self-consciously questioned their supposedly assigned place in this ›new‹ society. In other words, they insisted on recognition of their status and entitlement, claimed their right to education, and demanded a future. However, contrary to women with left-wing ideologies, these Francoist women appeared to have only had a limited sense of community: Women like them never claimed benefits for all nurses and auxiliaries but only for themselves, or they usually only related to a defined group of potential beneficiaries.

Another aspect is noteworthy in this case: Apparently, C. Gómez, C. Brun, and V. Rodríguez considered themselves not only worthy of recognition for their work during war but also entitled to winner's privileges. »I consider myself included in this order as I am a militarised member of this military hospital, and I hold a *bachillerato* degree,«<sup>278</sup> C. Brun seconded her colleague's letter. They understood themselves as excombatants because of their war participation, and doing so touched upon a sensitive issue of the time as the category itself was also contested. In August 1939, the National Delegation of Excombatants (*Delegación Nacional de Excombatientes*, DNE) was founded and commissioned to build a welfare infrastructure for Francoist veterans. However, one of its first missions was to define the category. Ultimately, it was linked to the duration of a soldier's military service, fixed at a minimum of 3 months, the possession of a military medal of honour, the quality of the service, and a certificate to qualify the services – which had to be paid for.<sup>279</sup> With this the DNE contradicted the widespread propaganda, which disseminated the idea that every Francoist veteran could consider themselves an excombatant. Instead, only those who met the specific criteria, had the money for the certificate, and mastered the adjunct bureaucracy were granted the status and its benefits.

277 Hurtado defines two generations of Spanish feminists, with Carmen de Burgos and Concepción Arenal part of the first and the female protagonists of the Second Republic (Federica Montseny, Margarita Nelken, Victoria Kent, etc.) part of the second. For more details, see Hurtado Díaz, »Biografía de una generación,« 139-154.

278 Italics are mine. Correspondencia de la Inspectora General de los Servicios Femeninos, AGMAV, C. 42068, 2, 76-77.

279 Leira Castiñeira, *Soldados de Franco*, 282.

Being an excombatant was linked to the right to more privileges than university admission. The status was also a ticket to careers in public administration, civil services, and other public institutions.<sup>280</sup> Excombatants thus hindered the social and professional integration of soldiers returning home to the ›new‹ Spain. Given that not all men were considered excombatants, that women asked for equal treatment may seem astonishing. Yet, the course of the war created networks and relationships of solidarity that brought forth mutual appreciation among the medical staff. It provided a social space that allowed women to develop militarised identities, which were additionally empowered by the acceptance of their male comrades. We should therefore understand their inquiry for equally privileged access to the universities as an effect of this transformation.

Having someone like the head of the Health Service of Cadiz as an advocate was obviously quite helpful. However, M. Milá herself did not eventually solve the problem but Manuel Malagrada, a friend of V. Rodríguez's father. Apparently, the male network was either more efficient or quicker. M. Malagrada negotiated with the rector of the University of Barcelona on V. Rodríguez's behalf and reported back to her father that all women who had served as war nurses were eligible for the examination exemption if they had been deployed in the vanguard.<sup>281</sup> In this way, female excombatants were de facto recognised but were also restricted like their male counterparts. Only those who had endangered their lives were considered worthy of that title. Just like not all men benefitted from the privileges Francoism supposedly granted to its veterans, not all women did either. Interestingly, M. Malagrada also mentioned that the regulation of privileged access for excombatants was not homogeneously implemented. »Some universities enrol without applying this prerequisite,«<sup>282</sup> he explained, adding that Madrid was one of them. Even though at least three decrees were published in the *Boletín Oficial de Estado*, apparently the overall situation allowed for different interpretations of the status of excombatants. Nevertheless, M. Malagrada was successful regarding V. Rodríguez's wish to study in Barcelona: She was accepted for the fall semester on the condition she pass all exams from the first year of study.<sup>283</sup> V. Rodríguez studied pharmacy in Barcelona, and 3 years later, in 1942, she reapplied to become part of the newly founded nurses' corps of the Armed Forces, the Damas Auxiliares,<sup>284</sup> and her former colleague C. Gómez followed later her example.<sup>285</sup>

280 Alcalde, »The Demobilization of Francoist and Republican War Veterans,« 207.

281 Correspondencia de la Inspectora General de los Servicios Femeninos, AGMAV, C. 46761, 2.

282 Ibid.

283 Ibid.

284 Expediente de Virginia Rodríguez Solís, AGMG, UCOS, Damas Auxiliares de Sanidad, EPDP 3.24.

285 Expediente de Carmen Gómez Serrano, AGMG, UCOS, Damas Auxiliares de Sanidad, EPDP 3.66.

Eventually, the excombatant status was transferred to all former nurses of the Health Service who met the requirements. The criteria they had to fulfil to apply were similar to those for men: vanguard experience and a minimum time of service. In 1940, M. Milá pushed to extend the status to women who had worked in the rearguard for at least 900 days but not necessarily lived through vanguard dangers. She justified her proposal by saying they had sufficiently proven their loyalty to the regime. In a letter from 24 April 1940, she mentioned that the decision was still pending but that her delegates could invite all who met that criterion to prepare their applications.<sup>286</sup> This motion was important because, on the one hand, it became a tool to hierarchise and qualify female war experience and, on the other hand, to distribute privileges. On 5 August 1941, when the decree was published that a nurses' corps was to accompany the Health Service units of the Blue Division to the Eastern Front of the Second World War and Damas Auxiliares was founded, M. Milá did not hesitate to demand the excombatant status as an admission criterion for volunteers. Only those with this status were considered fit for service at the Eastern Front.<sup>287</sup>

The story of C. Gómez, V. Rodríguez, and C. Brun shows two things: First, it helps to understand how former Female Services nurses tried to use their institutional affiliation to improve their situation at the beginning of F. Franco's ›peace.‹ Second, it showcases that, even though Falange's influence was constantly rising and expanding, not all women turned to the Sección Femenina when building a future for themselves. Some continued to rely on institutions with a longer tradition of power and influence, like here: the Armed Forces.

Another aspect seems striking about this story: C. Gómez, V. Rodríguez, and C. Brun were all born in 1919 and were thus young women when the war was officially over. They had their future ahead of them – something V. Rodríguez's father also emphasised. Being young and still at the beginning of their careers made it easier for veterans of the Female Services to integrate into the new structures built around them and, if they wanted, into the Sección Femenina. The urge of young women for a career still fit into the Falangist logic that temporary employment between girlhood and marriage was acceptable. The situation was different for women who had already had a career and had held superior positions in the Female Services hierarchy, like Head Nurses in hospitals or M. Milá's delegates.

R. Bernaldo de Quirós' story reflects the difficulties middle-aged, aristocratic women (\*1892) who held positions of power in the war administration faced during the initial stages of ›victory.‹ She had a rocky start with M. Milá because she had been appointed Inspector General of the Female Services of the Army

286 Correspondencia de la Inspectora General de los Servicios Femeninos, AGMAV, C. 46761, 2.

287 Ibid.



of the Centre a few months before M. Milá was made her superior. As their correspondence reveals, accepting her subordinate position was a difficult and conflict-ridden process. Nevertheless, throughout the war, these two women found ways to work together. Once the army hospitals in the military region of the centre had been dismantled, R. Bernaldo de Quirós had little left to do. Her aristocratic background, cooperation with M. Milá, affiliation with the Red Cross,<sup>288</sup> and her husband as a member of the General Staff determined her social position, which was probably not easily reconciled with P. Primo de Rivera's aspirations to power. Instead, in the summer of 1939, her options consisted of retreating into her marriage or reengaging with the Red Cross. Instead, in her case, again the Second World War would turn her fate towards the nurses of the Armed Forces and towards M. Milá. She was again named Provincial Delegate of the newly founded Damas Auxiliares, the successor organisation of the Female Services.<sup>289</sup>

Winners of the war were – if anyone – men, falangist women, and women who had already held positions of power, like M. Milá, although maybe not from the start of the ›victory.‹ If so-called ordinary – or rather: less privileged – women wanted a piece of the cake, they had to be vexatious and resourceful. Only those who had support and the boldness to raise their voices and demand privileges and rights, like V. Rodríguez and her colleagues, were so lucky. Whether veterans of the Female Services chose to attempt to continue their careers crucially depended on the availability of networks that would assist them and their ambition. Other factors also mattered, like whether there were role models, the individual level of education, the intensity of war fatigue and disillusionment, the desire for and prospect of marriage, the fear of persecution, family responsibilities, and a readiness to leave loved ones to try one's luck in the city where the labour market was better. But the stories of the pathways of the women portrayed here into Francoism on the winner's side show something else: The unification of all political forces under the roof of the FET y de las JONS was not enough to even out political frictions among the F. Franco's supporters. After the war was proclaimed over, the shared goal ceased to exist, and other ways had to be found to integrate the heterogeneous support base of Francoism.

288 Expediente de María Rosario Bernaldo de Quirós y Luque, AGMG, UCOS, Damas Auxiliares de Sanidad, EPDP 2.1.

289 Ibid.

If ›peace is socially constructed,‹ as the political scientist Joanne Wallis claims,<sup>290</sup> Francoist ›peace‹ represented both the building of peace and the calculated continuation of the Civil War. The legislative framework that provided a pseudo-lawful foundation for systematically persecuting and purging people associated with the Second Republic was already set up from 1936 onwards. With its new code of conduct, the declaration of war set a course later refined by the legislation on political responsibilities, freemasonry, and communism. They defined the rules of the second phase of the Civil War, once the frontlines had dissolved and the conflict had shifted to the streets and into the neighbourhoods. The intensity of the repression must, therefore, be interpreted as this shift. Although the Popular Army had dissolved, the ›red enemy‹ still existed, only now dispersed and within society. The violence following the proclamation of ›victory‹ must thus be interpreted as the second chapter of F. Franco's strategy to fight a total war without peace negotiations. In 1939, the war between the ›two Spains‹ was not yet over. Significantly, martial law was abolished only in 1948.

Yet, especially during the first years of ›victory,‹ the line between the pro-Republicans and pro-Francoists started to blur along the class fissure. Because of the economic strategy of autarky, poverty and misery were fates that predominantly awaited former Republicanists but also many Francoist veterans of the lower social classes – landless farmhands, unqualified workers, etc. Although their social status was significantly better and they did not face violent repression, their ›victory‹ was tainted by the consequences of the abysmal economic situation and humanitarian conditions. While the war continued against the alleged ›reds‹ during the 1940s, ›peace,‹ ›victory,‹ and prosperity had not yet come to the lower social strata of Francoists.

Therefore, not peace but a selective ›victor's peace‹ was under construction, which included Francoists of any political colour. To a certain degree, this process was flexible: It offered places for people who had fought or worked on F. Franco's side but who could not be counted as fervent Francoists or even Falangists, like Joaquín Santamaría or Alejandro Rodríguez. Like many, they had been ambivalent in their support for the Francoist forces during the war but nonetheless stayed on. Throughout the conflict, they learned to play by the new rules and bend them whenever they safely could. In seeking for and seizing opportunities to push the envelope, they simultaneously accepted and subverted Francoism. While these little individual outlets may have served to keep their own moral integrity intact, they also consolidated the system because they did not substantially threaten the Francoist rule. These margins for negotiation and individual agency – other than omnipresent and long-lasting violence – were fundamental features of Francoism now taking root in Spanish society. It par-

290 Wallis, »The Social Construction of Peace,« 76-90.

ticularly allowed members of society with certain privileges to ensure their social positions and status.

However, a gendered bias was at play: The measures taken to offer Francoist veterans compensation and a professional future did not include women. The male labour force was prioritised even if the Francoists could not develop the necessary capacities in the labour market.<sup>291</sup> Women had to actively fight for and demand what they wanted. The Sección Femenina was very successful at that and quickly expanded its influence. Because of their fascist and totalitarian logic, it sought to hegemonise the female spaces of Spanish society and left little space for non-Falangist women's projects. However, as the conflicts between the falangist leader, Pilar Primo de Rivera, and the military head nurse, Mercedes Milá, show, the totalitarian approach of the Sección Femenina clashed with reality. Even though the unification decree of 1937 had forced all political factions under the roof of the Falange, the different ideological strands continued to exist. P. Primo de Rivera did not consider projects like the Female Services – and later the Damas Auxiliares – truly Falangist. Their delegates were fiercely confronted for this. Thus, we can interpret the conflicts between the two leaders of the Falange and the Damas Auxiliares as the battle between two groups of the Francoist elites to remain in power. Still, unlike men, Francoist women had to fight harder for their entitlement.

Francoism also showed some flexibility towards the ›vanquished.‹ As the memories of Catalan and Valencian nurses show, everyone who could somehow rid themselves of the stigma of being ›red‹ and knew to navigate the purge rules was allowed to try to find a place in official Francoism. For example, former war nurses of the Popular Army who had never been affiliated with the Communist Party, the International Red Aid, or any of the socialist or anarchist women's groups or trade unions could, in theory, apply to be purged, sign up for the Falange, do Social Service, and then try to find a job as a bedside nurse. Membership in any leftist organisation usually meant persecution, humiliation, and violence. Thus, it is unlikely that war nurses with such a membership ID had tried to get cleared for work immediately after the war. This option was, furthermore, open only to women with certain qualifications and skills. Unqualified women faced a worse fate than men, as men were preferred in the labour market. However, we must also recall the agency of larger communities, as stories of the nurses suggest who sought to escape Francoism through marriage and practiced medicine on the side.<sup>292</sup> This ›elasticity‹ allowed for a certain repressive integra-

291 Ángel Alcalde, »War Veterans, International Politics, and the Early Cold War, 1945-50,« *Cold War History*, vol. 15 May 2018 (2018), 1-19; Leira Castiñeira, *Soldados de Franco*; Cazorla Sánchez, *Fear and Progress*.

292 Ramió and Torres, *Enfermeras de guerra*, 33-196; Hurtado Díaz, »Biografía de una generación,« 37-66.

tion of various social groups. At the same time, it provided F. Franco with the opportunity to constantly (re)interpret his own rules.

The idea of a state responsibility to provide healthcare and medical attention existed throughout the 1940s. Yet, despite various projects to rebuild, modernise, and expand medical infrastructure, most largely failed until the mid-1950s. The price for that was paid primarily by the lower strata of society and poorer regions of the country, where the healthcare infrastructure was even worse. The remains of the Second Republic's healthcare system crumbled. In the early Francoist state, the question of ›who cared?‹ was answered by replacing the feeble leftovers of the Republican welfare system with a structure that privileged the ruling elites and condemned the lower strata to charity and benevolence. Throughout the 1940s, Francoism was thus a system that built ›peace‹ for the upper classes and continued a war against the alleged enemy and the subaltern. While repression started to ease after 1945, this ›peace‹ began crumbling towards the end of the decade when the misery had become so intense that social unrest rose.



## VII. Spanish Society at the Sickbed: Final Reflections

In the 1940s, Anna Pibernat Caner,<sup>1</sup> a former war nurse of the Popular Army, found work as a private nurse in a wealthy Barcelonese family. After returning from exile, she could not stay with her family because she had suffered too much from Falangist persecution. She chose this way to make a living in the shadows of illegality. Whether she truly earned enough in Barcelona to sustain her family, she did not tell her interviewer, Amparo Hurtado Díaz. And we do not know whether her employment was ever formalised, whether she paid, for instance, taxes, or received a pension after her retirement. She did mention that she felt appreciated and accepted by her employers, though.<sup>2</sup> She belonged to the vanquished but found a way to rebuild a life under Francoism. At the same time, Teresa Vidaurre Doiz, the former Carlist war nurse of the Francoist army, also returned home, stayed with her family, worked on her family's farm, and eventually retreated into the social space of the women's group of her parish. She followed invitations by the local nuns and helped to rebuild her community after the war was declared over, for instance, by repairing clothes. She did not choose a future in medicine or healthcare.<sup>3</sup> She belonged to the winners of the war, yet her self-perception was different.

During the Civil War, both of the above figures fought for their vision of a future society and helped build it at the sickbed. When A. Pibernat attended plena, for instance, or discussed the social revolution with her patients, she dreamed of a future where women had the same rights as men; she helped further ideas of a more democratic and gender-equal society. T. Vidaurre, in contrast, prayed with her patients, hoped with her peers for a good husband, and celebrated undisturbed Catholic worship. In the limited social space of Olite she, too, was a disseminator of Carlist social visions. Both trajectories were marked by ambivalences, contingencies, and (bad) luck, yet they form part of the spectrum of stories Spain's history of medicine and healthcare of the 1930s and 1940s includes. These stories point to larger constellations in the Second Republic, the Civil War, and early Francoism, by looking at how society was ›done.‹ Their stories were Spanish in nature but, in many ways, transcended the Spanish borders.

- 1 The stories of Anna Pibernat Caner and Teresa Vidaurre Doiz are presented and analysed in the introduction and the chapters V. 2. 2. The Return of the ›Prodigal Daughters‹ and V. 4. 2. Tired, Wayward, Daring ›Angels.‹
- 2 Hurtado Díaz, *Memorias del pueblo*, 62-63.
- 3 Larraz Andía and Sierra-Sesúmagá, *Requetés*, 759-64.

*Who Cared?*

A. Pibernat and T. Vidaurre belonged to what Antonio Cazorla calls »ordinary people.«<sup>4</sup> T. Vidaurre was the daughter of a farmer, A. Pibernat the daughter of a shoemaker. Nevertheless, the group of protagonists of this study were not »ordinary« in the strict sense; rather, they stem from a melting-pot, heterogeneous in their ambition, individual status, and position in the hierarchy of the social space of medicine and healthcare but also generally in the Spanish society during the 1930s and 1940s. They were members of the so-called »traditional elites« who often looked back on a long family tradition in (military) medicine and/or belonged to an aristocratic genealogy. They were also bourgeoisie parvenues who saw in the liberal profession of medicine their opportunity for upward social mobility. They were upper-class women who sought meaningful occupations in charity work. And they were women of any social class who sought a medical career and met the requirements for formal training. But they were also »ordinary« people of the lower classes who seized opportunities or followed their convictions and beliefs – political, medical, or other. When we zoom in on their trajectories, we discover that most of their stories do not fit easily in the victim-perpetrator narrative that had marked each side's propaganda and memory culture. On the one hand, most of these stories carry traces of both experiences. On the other hand, in their own reflection, having worked in healthcare and medicine means they were familiar with the imperative to help, ritualized by the Hippocratic oath and formal training. This offered them a narrative to relate their own history to a seemingly neutral position in a war of left-right polarisation.

Apart from being a heterogeneous group regarding social status, class, education, and beliefs – religious but also ideological – the protagonists of this study were part of a group of people who had and were ascribed a gender. They were expected to perform and embody certain gendered roles in their professions. Within the hospital walls, in the tents of the field hospitals, or on the drawing boards of the health administration, they invented, reproduced, or defied the gendered power relations and hierarchisation that governed the social space of medicine and care. The gendered role expectations changed throughout the 1930s and 1940s. The civil war marked a moment when the hegemonic position of the upper classes in the field crumbled, and with it their prerogative to define the gendered roles of the medical professions. F. Franco's victory marked a moment when staff ascribed »red-ness« was systematically excluded. Both caesurae defined moments when the semantics of the gendered performance in medical and healthcare professions changed. For instance, on the Republican side, a brief window of opportunity opened when medicine and healthcare were introduced to basis-democratic governance practices. Such practices of equal participation affected how women and men related to one another. On the Francoist side,

4 Cazorla Sánchez, *Fear and Progress*, 1.

systematically gendered segregation gave way to reinforcing ideas of complementary gender roles. The degree of fascistisation<sup>5</sup> of such complementary femininity prevailed as a bone of contention between the Sección Femenina and other right-wing, conservative women after victory was proclaimed. In other words, how people performed gender and gendered roles changed throughout the 1930s and 1940s and mirrored Spain's complex socio-political struggle for a future society.

### *The Sickbed as a Lieu of Doing Society*

I use verbs like ›decree,‹ ›order,‹ ›call-up,‹ ›draft,‹ ›mobilise,‹ but also to ›resist,‹ ›subvert,‹ ›confirm,‹ ›accept,‹ ›evade,‹ or ›push the envelope‹ to describe how the protagonists of this study built the social space of the proverbial sickbed, how they turned it into what Lüdtke calls a ›forcefield‹ where domination is ›social practice.‹<sup>6</sup> Politicians in the Republican government or Francoist generals and military officials ›decreed‹ new rules, ›ordered‹ deployment, and ›drafted‹ medical staff. Their powerbrokers – among others, Mercedes Milá Nolla and Melchor Camón Navarra for the Francoists, and the nameless colonel or Juan Herrera Bollo for the Republic – assumed the responsibility of further elaborating the general rules and designing blueprints for the military healthcare infrastructure. By sending orders, circulars, and manuals to the concrete hospitals, units, or sickbays, they continued the thread of hierarchisation and top-down rule. Nurses, practitioners, doctors, and auxiliaries, in contrast, ›subverted‹ these rules, for example, by engaging in ›relationships of care‹ and by showing solidarity with each other and ›resisting‹ against rules or sanctions. However, they also ›confirmed‹ and ›reproduced‹ the social order by abiding by the rules or forcing others to do so, for instance, by denouncing the transgressions of their colleagues. As this verb collection already suggests, the practice of domination manifested in different modes, which depended on a variety of factors: agency and the ›competency to act;‹<sup>7</sup> time and timing; space and reach; the social position of an individual or a group on the grid of overlapping hierarchies of power relations defined by gender, ideology, class, professional competence, religion, or atheism.

The people who did care and cure work during the 1930s and 1940s were a heterogeneous group, as were how they ›did society while they did care and/or cure work.‹ They occupied different positions in the social space of medicine and healthcare. And their goals varied. To approach the so-called top-to-down hierarchy, I chose to look at the lawmakers and reformers – people institutionally granted the right to make general rules. When I look at their ›doing society,‹

5 Saz Campos, ›Fascism, Fascistization and Developmentalism,‹ 342-357.

6 Lüdtke, ›Einleitung: Herrschaft als soziale Praxis,‹ 12.

7 Hüctker, ›Deconstruction of Gender and Women's Agency,‹ 328-349.



ambivalent results emerge that invite us to rethink what ›top-to-down‹ even means.

For the Republic's healthcare history, for instance, ›top-down‹ seems more like ›side-by-side.‹ Despite the ambitious attempts of Marcelino Pascua Martínez and Federica Montseny Mañé to fundamentally reform the Republican healthcare system, their efforts had little impact. Instead, the process was seriously affected by the constant reshuffle of those responsible for healthcare and, above all, by the short time these proposed institutional changes had to take root. These reforms manifested themselves largely in the circulars and orders disseminated in the ministries and in society via the law gazette. Turning paper plans into policies, pay cheques, or jobs, for instance, was difficult to impossible. M. Pascua's and F. Montseny's reform-making fits what Till Kössler describes as »hectic policy oscillating between far-reaching reform projects and their laborious implementation,«<sup>8</sup> something he explains as a consequence of the discrepancy between the enormously increased expectations towards politics and politicians who sought to deliver but failed by overachieving.<sup>9</sup>

However, a look at the actual ›doing‹ in the administration of the healthcare system and the internal structure of its specific »field of forces« highlights one aspect: The »field of forces« of the Second Republic's medical infrastructure possessed a more horizontal structure than the Francoist one. The overall societal reach of these reformists and politicians was limited, as was their »competency to act« when they wrote and published their reform programmes. Their reform attempts failed to have sufficient material, pecuniary means, or general support – even within their own parties or movement, as in the case of F. Montseny.

Moreover, they were confronted not only with new expectations they had to fulfil as politicians of the *niña bonita* – as the new political system of the Second Republic was called – but also with a new sense of entitlement within society: the entitlement to have and express these expectations for change. The fact that no government of the Second Republic paid serious importance to healthcare facilitated that actors below the governmental level secured themselves positions of power in healthcare. The constellation of these actors changed repeatedly. Before the coup, it was mostly the conservative associations of medical professionals who obstructed governmental attempts to change the infrastructure of health and healthcare. After the coup and after the forced separation of the society along the fault line of pro and contra the Republic, the constellation of these alternative actors shifted. Henceforth, serious efforts to intervene with the making of health policy came predominantly from the health officials of the Popular Army as well as left-wing and leftist activists and organisations. In the search for an alternative to the dominant contemporary military culture, hospitals were supposed to become spaces of political indoctrination and education.

8 Kössler, *Kinder der Demokratie*, 504.

9 Ibid.

Apart from medical professionals, people who primarily identified as socialists, communists, or anarchists entered the ranks of the Health Service as auxiliaries, like ad-hoc trained nurses. They brought their prejudices against so-called bourgeois doctors but also their workers' identity and work ethos to the hospitals. The existing conflicts along ideological fissures – but also networks of solidarity – grew at the sickbed. In the microspace of a hospital, a tendency surfaced that Eduardo González Calleja, Francisco Como Romero, Ana Martínez Rus, and Francisco Sánchez Pérez consider paradigmatic for the Second Republic: Democracy did not ensue through the principle of majority and democratic competition but by the works of individual men and their networks.<sup>10</sup> At the sickbed, too, it was individual constellations that decided to abide by the rules or to overrule them. In other words, governmental or military officials could not trust their orders to be simply obeyed. Rather, their »competence to act« was determined by the specific version of democracy that was taking place.

That individuals could monopolise authority in certain moments or situations of the Second Republic has often been criticised as a lack of democratic culture and as a political failure,<sup>11</sup> an interpretation that underestimates the importance of popular support in political projects – even if that only means tacit acquiescence or by-standing. If we look at the field of medicine according to these dynamics, thinking like that of Claudia Kraft,<sup>12</sup> Jörg Ganzenmüller/Tatjana Tönsmeier,<sup>13</sup> or Peter Becker<sup>14</sup> come to mind, all of whom approach governance via administration. Following their argument means that the efficiency of statehood predates democracy. Since the Spanish governments showed only little serious interest in implementing healthcare reforms, the presence of the state in this field was limited and left room for other actors to claim authority. Thus, this development can, but does not necessarily have to, be linked to whether the democracy of the Second Republic was efficient or not, but rather revisits the question of efficient statehood.

In contrast, the mode of Francoist »doing domination« was vertical and offered less room for negotiation. Pseudolegislation, excessive violence, and the installation of a single leader to simultaneously win the war and govern society provided the framework for constructing the »new« Spain. By decree, society's acceptable responses to this new system were reduced to very few options: Obedience was the only choice for all men fit for service, and the same was true for doctors and practitioners who were already targeted with the analysed drafting-decree, *Decreto 110*, briefly after the coup had failed. Tacit acquiescence, or active support for the »national cause,« became the opportunities for both women and

10 González Calleja et al., *La Segunda República española*, 1079-1174.

11 Álvarez Tardío and del Rey Reguillo, eds., *The Spanish Second Republic Revisited*.

12 Kraft, »Das »Staatlich-Administrative« als Feld von Aushandlungsprozessen,« 21-48.

13 See, among others, Ganzenmüller and Tönsmeier, eds., *Vom Vorrücken des Staates in die Fläche*.

14 See, among others, Becker, ed., *Sprachvollzug im Amt*.

men who were ineligible for military service because of age, psychological or physical fitness, or (in)ability. To entrench these new »structures,« the insurgent generals quickly declared war, defined a new code of conduct, systematically promoted denunciation, and instilled collective distrust. More importantly, however, they employed excessive violence. F. Franco followed up by further refining these rules and vigorously enforcing the single-leadership principle in every possible social realm – military healthcare was no exception. Thus, they took up the tempo of the left-wing government's mania for reform but against a completely changed backdrop. In the meantime, a war was going on that was fuelling general feelings of insecurity and fear. In this way, they could underpin their ambitions with both the use and threat of violence and the promise of peace.

The rapid implementation of the Francoist domination had consequences that can be understood as characteristic of the Francoist dictatorship. People like M. Milá and M. Camón became influential. They established single-leadership systems, too, that reserved the ultimate right of decision-making for themselves. They created and commanded a network of functionaries who knew few other jobs were available that offered that amount of responsibility and career opportunities. This was even more true for the female sector: a healthcare system that fostered competition and allowed for little horizontal solidarity among its staff, instead producing a culture of conflict that individualised conflict. Every case was resolved individually, meaning rules were continuously being interpreted anew. Individuals could only draw on their own resources to situationally renegotiate their position. What Ismael Saz calls »fascistisation« manifested itself in the male and female branches of the Health Service as two systems that as two systems that vertically integrated its members but that supposedly left little potential for »competence to act« for masses or larger groups.

The analysis shows that the construction of a society completely controlled by a hierarchical system led to distributional struggles between the different political currents and their elites who supported Francoism. The limitation of scope and »competence to act« was guarded with violence and uneven privilege distribution; if they wanted to change their own situation, individuals were primarily left with the option to lobby for their own interests. Although the options were limited – and Francoism actively discouraged the subaltern from speaking up for themselves – this did not stop people from seizing any opportunity available to improve their situations or acting in a way that would not fit the Francoist principles. Finding a better job, staying true to one's own belief system in the face of an ideology one did not support, or exploring one's own needs instead of subordinating to a norm – those are some of the practices assessed in this study. Individuals' effect on the mode of domination ranged from confirmation to disruption. Whether members of the Health Service were successful in pursuing their goals depended on their immediate superiors and whether they crossed the line between subversion and disruption. For instance, nurses, practitioners,

and doctors could subvert the norm of gender segregation and the imperative of female chastity until marriage as long as there were no visible signs of such transgressions such as pregnancies outside wedlock. Certain subversions were tolerated and created a margin of flexibility – or in Zira Box's words »elasticity«<sup>15</sup> – the key to the making of Francoism. It gave people the sense that, even though hierarchies were strict, there was some leeway for individual negotiation. It offered a sense of power over one's own life and day-to-day experiences.

The Francoist mode of domination was nevertheless hierarchical and, to a certain degree, random. What from the outside seemed to be a space for individual negotiation was actually based on a practice that removed power from the individual and transferred it to the corresponding superior. Therefore, beneath strict hierarchisation simmered a potential for individual decisions by Francoist functionaries. Reducing every incident to an individual case meant nothing less than atomising society and establishing a rule of arbitrariness. Medical staff could not trust that transgressions would be equally sanctioned; superiors knew they had the power to be generous one day and not another. Situations of horizontal solidarity threatened the social order and were to be avoided, and the »elasticity« of Francoism offered the room for creative solutions.

An example that illustrated this ability to integrate and transform disruption into Francoism was the demand for military medals of honour. During the war, Health Service officials requested medals of honour for their female hospital staff. These incidents spread throughout the Francoist zones and led to jealousy and demands for equal treatment. M. Milá eventually solved this problem by creating specific medals for the Female Services. This transformed the symbolical recognition of female war heroism into a participation trophy given to all women who had worked in the Health Service for a certain amount of time. These incidents, both of officials and rank-and-file medical staff to push boundaries and reinforce them, reveal the line between what still fit the Francoist »social code«<sup>16</sup> and where the transgression zone began, destabilising the »structure.«<sup>17</sup> In summary, a look at these little leeways and subversions of individual (socially subordinated) actors and the distribution of privileges within a so-called elite in dictatorial societies furthers our understanding of how the Francoist authoritarian rule worked and permeated society. We can observe that violence was just one, albeit important, tool for the inclusion and exclusion of society – but that there were others available, too.

Both belligerent parties resorted to defining gender as a tool of »domination« and to intensify their grip over the societies in their territories. In both cases, they used motherhood to justify gendering the spaces of war. Regardless of which zone, a woman's place was ultimately in the rearguard. Adaptations of

15 Box, »The Franco Dictatorship,« 293-310.

16 Goffman, »The Arrangement between the Sexes,« 301-331.

17 Giddens, *The Constitution of Society*.

motherhood were, furthermore, applied to legitimise the presence of a selection of ›special‹ women at the frontline – bedside nurses. Francoism had little trouble establishing and disseminating this gendered spacemaking and used the role of the ›angel‹ as a vehicle. It fit well with the propaganda of ›order,‹ as did the role of the ›heroic doctor.‹ Both stereotypes served as soft tools to root hegemonic versions of Francoist womanhood and manhood and contributed to disseminating the rules of the new »social code.«

The same was true for the Second Republic. However, as the analysis shows, the Health Service officials of the Popular Army faced a conundrum: Equality discourses still prevailed in the Republican zones during the war but had been adapted according to the perceived war needs, including the spatial segregation of men and women. However, the demand for medically trained staff cut across the attempts to establish gendered stereotypes of war. The result was that female medical staff was admitted and militarised, even though their presence in the army was systematically silenced and discursively reduced to the profession of bedside nurses – even though they worked in all available positions within the Health Service. In addition, the Popular Army deliberately used gender stereotyping to counter conflict among Health Service staff. Medicine and healthcare were still burdened with stereotyped stigmatisation, which caused conflict among the staff. The army administration sought to dissolve such frictions by expanding education, formal training, and counterstereotyping.

Although the concept of gender roles seems limiting when addressing gender identities and performance, it provided a useful concept when approaching gendered politics, that is, the question of how men and women were administered and how power relations were repeatedly tailored to cis-heterosexual masculinity. In other words, the foundation of the Female Services as a femininised care institution governed by behaviour norms, work schedules, dress codes, and sanctions created the ›white angel‹ in the Francoist zone. The Republican zone, in contrast, conceived of the ›heroic doctor‹ as a ›diva‹ whose extravaganzas had to be forgiven. This image was inculcated in nonmedical Health Service staff through training. Yet, such ›doing domination‹ via ›creating gender roles‹ was constantly undermined by medical staff, as shown throughout this study.

### *Staying Alive – How Elitist Women Defended Their Privileges*

That fascism rose all over Europe in a dialectical, complicated, and at times conflictual relationship with conservative and right-wing elites is nothing new. A look at the social space of healthcare offers a case study on how fascists and the right-wing upper classes competed with one another, how spaces were hegemonised and undermined. Since Spain's healthcare was more and more femininised during the civil war, looking at healthcare also adds a strand to the women's history of Francoism. A key moment in these stories was the proclamation of ›victory.‹ At that moment, the common denominator disappeared that had united

the heterogeneous constellation of political and societal groups in their support for F. Franco, and the top-down unification of these forces under the roof of FET y de las JONS became fragile.

The conflict between the Inspector General of the Female Services, Mercedes Milá, and the leader of the fascist Sección Femenina, Pilar Primo de Rivera, for supremacy in nursing is paradigmatic and showcases how several things came together. On the one hand, it was not only a struggle for political hegemony but also a struggle to institutionalise secular nurses in the military – and, by extension, in society. On the other hand, the ideologically imbued class struggle intersected with generational effects.

Once the war was declared over, the alliance between the right-wing and rightists crumbled. The so-called traditional elites – in this particular conflict represented by M. Milá – refused to subordinate themselves to the claim to power of the Falange. In their eyes, the Falange was a group of upstarts that threatened their social position at the top of society. As the ongoing dispute between M. Milá and P. Primo de Rivera shows, ›victory‹ thus gave way to a resurgence of these conflicts, which were fought by men and women alike.

A generational effect, furthermore, entered this process that particularly affected the female side of the ›victory‹ era. During Miguel Primo de Rivera's dictatorship and the Second Republic, a generation of upper-class women had grown up who experienced a society that granted them certain freedoms. These liberties particularly grew during the Second Republic and merged with the experience of women becoming politically engaged. During the Civil War, they made their careers, for example, in healthcare. During the war, women like M. Milá or P. Primo de Rivera had gained a wealth of experience organising, coordinating, and leading women's groups, nurses' units, supply chains and war-related humanitarian infrastructures. They had also created their own networks and a base of loyal followers who sought their guidance and leadership. Sending them home and dissolving their spheres of action and authority meant breaking what Giddens called »structures.« We can also understand female resistance to these measures as an indication that the »social code« defined by »sex,« as Goffman would say, had changed during the Second Republic and in the preceding years. Thus, for Francoist women like P. Primo de Rivera and M. Milá, ›victory‹ meant the beginning of a phase in which they had to defend their achievements from previous years.

*Who cares?* is therefore also a story of how elites, and particularly women of a fragmented elite, struggled to defend their privileged positions in the transformation of Spanish society towards the dictatorship of F. Franco. In other words, it shows how F. Franco secured their support and loyalty by leaving room for influential groups who would not enthusiastically embrace Falangism.

*Shared Developments and Shared Experiences in Times of Division*

As the cultural historians Sabina Ferhadbegović and Brigitte Weiffen argue, civil wars are fought by warring factions with great spatial, sociopolitical, and cultural proximity. They maintain that a division intense enough to escalate into violence and war must be manufactured over time.<sup>18</sup> According to them, this proximity often translates into a shared cultural identity – an aspect the anthropologists Maruška Svašek and Milena Komarova would agree with but modify by emphasising the situationality, plurality, and fluidity of identities in conflict-ridden societies.<sup>19</sup> Such thinking has been picked up more recently by historians on the Spanish Civil War, who focus on neglected actors and call for a more nuanced understanding of society and certain actors or groups in particular. Among others, Toni Morant and Ángela Cenarro offer a more nuanced, complex, but contradictory image of Spain's fascist women and point to the many »discrepan[ies] between discourse and practice«<sup>20</sup> their activities and programmes contained. The stories of the protagonists of this study add to this approach.

Nonetheless, the vast historiography on the Spanish Civil War was and still is driven by the question of how this catastrophe was possible. Debates run between historians who emphasise the importance of long-term developments and others who promote the significance of short-term escalation. Approaching these controversies through the fields of healthcare and medicine invites us to look at the complex interplay of short- and long-term developments that fostered division but also point to parallels, shared practices, and epistemologies between the warring factions. The lens of healthcare and medicine adds, therefore, another temporal layer to the gradual accumulation of social unrest that eventually escalated in the Civil War while highlighting easily overlooked parallels.

Medicine and healthcare, while thriving and consolidating fields of science during the late 19th and early 20th century, were neglected by politicians until 1937. Although health was grasped as a problem of the working classes, left-wing organisations missed the opportunity to proletarianise the medical professions after the proclamation of the Second Republic. The initiatives of individual doctors and politicians to introduce reforms, like the military doctor Alejandro Rodríguez Solís or the epidemiologist M. Pascua, show that the idea of a political responsibility of the state for its citizens' health and well-being was somewhat virulent but did not easily take root. Local and governmental politicians' constant obstruction of law projects reflects what the first minister of healthcare and social assistance, F. Montseny, highlighted in 1937: »[I]n health and social assistance there were never any political interferences or influences. What kind

18 Ferhadbegović and Weiffen, »Zum Phänomen der Bürgerkriege,« 22.

19 Svašek and Komarova, »Spatiality, Movement and Place-Making,« 9-11.

20 Cenarro Lagunas, »La Falange es un modo de ser (mujer),« 91-120; Morant i Ariño, »Para influir en la vida del estado future«, 113-141.

of politics can there be in health? What kind of politics can and should there be in social assistance? Absolutely none.«<sup>21</sup> According to her, caring for society was a question of decency, morality, and therefore natural. The effect of this perception had far-reaching consequences, one of which was that the hegemony of the bourgeois upper classes in that field remained widely unchallenged until the war began. Medicine and nursing were social spaces where power relations that had grown during the Restoration prevailed until the spiralling numbers of casualties demanded a quick expansion of the healthcare infrastructure.

After the military coup d'état failed, neither the Republican nor insurgent nor Francoist authorities paid much attention to the healthcare infrastructure for civilians or combatants. Rather, they delegated this responsibility to the mesolevel – the armies and local administrations, who were overstrained by organising a healthcare system fit to serve a total war. This opened a window of opportunity for volunteers, among them especially for women. Politicised women's organisations on both sides mobilised volunteers and improvised first-aid training, hospitals, and provision logistics. The outcome of this development was ambivalent: It broke the bourgeois hegemony when women of all classes and political affiliations entered the field, and the ›medical class‹ was confronted from the right by the up-and-coming Sección Femenina and Carlists as well as from the left from Mujeres Antifascistas and Mujeres Libres. These women's organisations expanded their range of influence and gained access to bodies of knowledge they had not systematically dealt with before. The healthcare and first-aid knowledge gained spread unprecedentedly throughout Spain's (female) societies.

The consequences of this development were particularly palpable for both army Health Services. The Republic struggled with dysfunctional resource allocation, ideological conflict, and incompetence, whereas the Francoists were confronted with professional incompetence, chaos, and discord among their staff. Both warring parties used the winter of 1936 and the spring of 1937 to reorganise. The Republican government created the Popular Army, F. Franco appointed new and loyal ›powerbrokers‹ in his army, ordered the unification of all political forces, and created separate institutions for all humanitarian tasks. The result was the official exclusion of political organisations from the army and the Health Service on both sides. Anyone who wanted to work for the army Health Services had to subordinate to the army administration. Furthermore, both sides used the same logic to organise healthcare logistics. They drew from the same teachings and bodies of knowledge military medicine had produced and disseminated after the First World War. But ideologies ended where militarist pragmatism began. This finding resonates with James Matthews' observation that recruitment practices and organisation were very similar, too.<sup>22</sup> And, finally, both Health Services

21 Montseny, »Mi experiencia,« 11.

22 Matthews, *Reluctant Warriors*.



were masculinised: The Francoists achieved it via strict institutional gender segregation, the Republicanists via discursive making women invisible. These measures coincided with both sides intensifying their efforts to gender the spaces of war and issue decrees that took both societies a step further into the new reality of war. On both sides, men were called to the vanguard and women to the homefront. The hope that this conflict would be over quickly started to dwindle.

Against this backdrop of shared experiences and parallel developments, practices and measures to actually create difference and enmity come more to the fore. I followed Roger MacGinty's proposition to pay more attention to the diplomacy of »everyday peace«<sup>23</sup> of ›ordinary‹ people, which means looking for actions or practices that establish peace or peacefulness. I proposed to expand this perspective and also search for ›everyday practices of war,‹ which then refer to anything people did to create an ›other‹ they could meet with hostility and which would contribute to mutually exclusive identities. Both armies created, for example, symbols like ID cards for civilian volunteers and emblems on uniforms but also mechanisms to ensure political trustworthiness. Enemies were excluded because the members became visible. These practices gained even more momentum during the second phase of the war. After the collapse of the battlefields, the violence became more random, and individuals were under more pressure. Rumours, the use of incriminatory language, denunciations, the denial of jobs because of perceived (former) political affiliation, the denial of winter coats offered by the Wehrmacht are all examples of these practices. These little tactics prolonged the war on the microscale of the individuals and contributed to the (extra-)legal persecution induced by Francoist authorities. The consequences of this diffuse terror of the second phase of the civil war were – and still are – devastating for the victims. The scars still burden the grandchildren generation and, by now, their children, and thus reflect the ›inexcusableness«<sup>24</sup> of civil war violence. These tactics also show that not only did the conflict lines continue to run between the so-called left and right, but that the multiple conflict lines prevailed that preceded the war.

In contrast, searching for manifestations of the ›diplomacy of everyday peace‹ sensitises us to the unevenness of civil wars. According to MacGinty, even in times of war, there are spaces of peacefulness and actors who choose peaceful actions over war. He refers to the discrepancies between the ruling groups that decide that war is happening and actors below that level. The cases analysed here of the Francoist colonel who helped to protect the former politician to escape Falangist persecution come to mind, among others. These inconsistencies matter in several ways: They emphasise the limits of ideologies, and they contribute to understanding historical actors for what they were: human beings who had contradicting emotions, who took irrational decisions, who were com-

23 MacGinty, »Everyday Peace,« 548-564.

24 Ferhadbegović and Weiffen, »Zum Phänomen der Bürgerkriege,« 22; Assmann, »Vergessen oder Erinnern?,« 315-317.

plex but empowered subjects. These shades of grey threaten the dichotomous perpetrator-victim narratives. They have not yet received enough attention from scholars, but they may provide important insight into how local peace – or rather peacefulness – was built while, on the larger scale of society, the conflict persisted – and vice versa.

Finally, I have argued that the civil war did not end on 1 April 1939 as Francoists wanted to make the world believe from that day onwards. Instead, we could use several other dates for this purpose. The year 1945 marked a moment that would be worthwhile to consider because, after the end of the Second World War, fascist discourses were toned down, and an amnesty for war prisoners was launched. Historians focussing on famine might even stretch the period until 1952, when food-ration cards were finally abolished. I propose 1948 as an alternative date and justify it with the lifting of martial law. But instead of proclaiming a conclusion to the war, I would prefer to open the discussion about when the civil war ended. I argue that 1939 is a date born of source language and did not mark the caesura Francoist propaganda promised. Instead, for many, the war continued by other means, which added to the experiences of deprivation, misery, and violence the years of frontline warfare had caused. For them the years between 1939 and 1948 were a second phase of the civil war, but of course, some Francoists marked 1939 as the beginning of their lives as ›victors.‹

### *Who Cared? They Did.*

In conclusion, approaching the social transformations of the 1930s and 1940s in the social space of medicine and care provided insight into how elites fought for their privileges, how professional fields changed, how international organisations accelerated knowledge transfers and the formation of a so-called Western medicine, how left-wing ideologies missed their chance to claim authority and turn medicine into a profession of medical workers, how thousands of women gained knowledge and experience in health work, how a democratic project was ground to the earth, and how a fascistised dictatorship rose.

To be more precise and to return to some of my protagonists of this study, the history of A. Pibernat relates to the histories of socialism and anarchism of the first half of the 20th century. The history of T. Vidaurre invites us to compare Spain's history of Catholic nursing with other (national) cases in which Catholicism dominated care work. The histories of M. Pascua's and F. Montseny's attempts to introduce reforms during the Second Republic add to research that seeks to de-essentialise democracy<sup>25</sup> but instead calls for systematic historicising what it meant at a given time to a given society. The history of M. Milá sensitises us that fascism's aspiration for total control had its limits. These aspects can serve as points of departure for further research, either for Spain or in a comparative framework.

25 Paul Nolte, »Jenseits des Westens? Überlegungen zu einer Zeitgeschichte der Demokratie,« *Vierteljahrshefte für Zeitgeschichte*, vol. 61, no. 3 (15 October 2013), 275-302.



## Abbreviations

AHN	Archivo Histórico Nacional (National Historical Archive)
AGHD	Archivo General e Histórico de Defensa (General and Historical Archive of the Forces of Defense)
AGMAV	Archivo General Militar de Ávila (General Archive of the Military, Ávila)
AGMG	Archivo General Militar de Guadalajara (General Archive of the Military, Guadalajara)
AGMS	Archivo General Militar de Segovia (General Archive of the Military, Segovia)
AMA	Asociación de Mujeres Antifascistas (Association of Antifascist Women)
AR	Acción Republicana (Republican Action)
AS	Auxilio Social (Social Service)
BNE	Biblioteca Nacional de España (National Library of Spain)
CDMH	Centro de Documentación de la Memoria Histórica (Historical Memory Documentation Centre)
CEDA	Confederación Española de Derechas Autónomas (Spanish Confederation of Autonomous Right)
CNT	Confederación Nacional del Trabajo (National Confederation of Labour)
CSV	Casa de Salud de Valdecillas (House of Health of Valdecillas)
DGS	Dirección General de Sanidad (Directorate-General of Health)
DLR	Derecha Liberal Republicana (Liberal Republican Right)
DNE	Delegación Nacional de Excombatientes (National Delegation of Ex-Combatants)
EM	Estado Mayor (General Staff)
FE	Falange Española (Spanish Falanx)
FET y de las JONS	Falange Española Tradicionalista y de las Juntas de Ofensiva Nacional Sindicalista (Traditionalist Spanish Falanx of the Councils of the National Syndicalist Offensive)
FFyHH	Frentes y Hospitales (Fronts and Hospitals)
GERC	Grupo de Ejercitos Republicanos del Centro (Army Groups of the Centre)
ICRC	International Committee of the Red Cross
ILE	Institución Libre de Enseñanza (Free Institution of Education)
INP	Instituto Nacional de Previsión (National Insurance Institute)
IZ	Izquierda Republicana (Republican Left)
JAE	Junta para la Ampliación de Estudios e Investigaciones Científicas (Board for the Expansion of Studies and Scientific Research)
JONS	Juntas de Ofensiva Nacional-Sindicalista (National-Sindicalist Offensive)
JSU	Juventudes Socialistas Unificadas (Unified Socialist Youth)
LNHO	League of Nations Health Organisation

## Abbreviations

LORCS	League of Red Cross Societies
ML	Mujeres Libres (Free Women)
PCE	Partido Comunista Español (Communist Party of Spain)
PRR	Partido Republicano Radical (Radical Republican Party)
PSOE	Partido Socialista Obrero Español (Spanish Socialist Workers' Party)
RAH	Real Academia de la Historia (Royal Academy of History)
RF	Rockefeller Foundation
SIA	Solidaridad Internacional Antifascista (International Antifascist Solidarity)
SEU	Sindicato Español Universitario (Spanish University Union)
SF	Sección Femenina (Female Section)
SOE	Seguro Obligatorio de Enfermedad (Obligatory Health Insurance)
SRC	Spanish Committee of the Red Cross
SRI	Socorro Rojo Internacional (International Red Aid)
UGT	Unión General de Trabajadores (General Union of Workers)
UME	Unión Militar Española (Spanish Military Union)
WHO	World Health Organisation

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