The main military medical organisations in the rebel army, 1936-1939[1].

Los organismos centrales de sanidad militar en el ejército sublevado, 1936-1939.

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Abstract: For an accurate study of the 1936-1939 Spanish Civil War, it is important to analyze military health care. The reshuffle of the Military Medical Corps during the Republic reduced its staff and reinforced it. Medical Corps officers were divided after the military uprising of 1936. Rebels kept organic continuity, completely centralized around the Main Headquarters and the Board of Services. Healthcare network was rebuilt from military divisions and invested with an attractive mobile structure. Medical troops were increased by urgent measures. The appointment of civil doctors and pharmacists was the most effective and lasting one. New military doctors would obtain good jobs in the first post war period.

Keywords: Spanish Army, Military Medical Corps, Spanish Civil War, Military hospitals.

Resumen: Para estudiar la Guerra Civil española de 1936-1939 resulta crucial evaluar la asistencia sanitaria militar. La remodelación del Cuerpo de Sanidad militar durante la República redujo los efectivos y ganó en firmeza. Al producirse la sublevación militar de 1936 los mandos de Sanidad Militar se dividieron. En línea de continuidad orgánica los sublevados centralizaron por completo este Cuerpo entorno a la Jefatura de Servicios y la Junta Facultativa e implementaron urgentes medidas para conseguir efectivos. La asimilación de médicos y farmacéuticos civiles será la más efectiva y de mayor alcance. La red asistencial se construyó en base divisionaria y con una atrayente estructura móvil. En la inmediata posguerra la útil colocación situó a los asimilados.

Palabras clave: Ejército español, Sanidad militar, Guerra Civil de 1936-1939, Hospitales militares.

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Introduction.

The development of an efficient military health program is a determining factor in any campaign or war. Military manuals defined health services as "the conservation of human resources". In this sense, one of the lessons drawn from World War I was the importance of a well-maintained and innovative system of military medicine. In the interwar period, a strong drive was made to perfect procedures and strengthen the organization of military health services. Improvements included advances in surgery, surgical ambulances, nursing units, vaccines, the use of antiseptics to prevent gangrene, the creation of front line hospitals, the replenishment of equipment and medicines, evacuation systems and, equally important, psychological assistance. These were essential elements in any armed conflict. And in the case of a ruthless civil war in which the civilian population became hostage to the fighters, the needs were even greater. Therefore, when analyzing the Spanish Civil War of 1936-1939, establishing the role of military health care is fundamental.

By the early 1930s, in contrast to the modern armies of Europe, the Spanish Army had incorporated no distinctive equipment, strategies or tactics. Its ordnance was in such a ruinous state that often it was inoperative. The "art of war" was anything but innovative. Military training looked to the past. For over a century, organization of the Spanish Military Health Corps had been addressed only in the midst of colonial campaigns and was devoid of realistic budgets, lacking in planning and inferior to civilian health care. Reviews of the history of Spanish military medicine have revealed this sorry state of neglect. [2] It must even be said that reports were falsified to conceal its brutal failures. Among the population, the Corps medic came to mind only for his questionable role in authorizing exemptions from the obligatory military service.

The popular view of military health care was formed during the blood-drenched Moroccan campaigns, and was to persist. Faced with inadequate equipment and lacking the necessary medicines, the valor and skill of surgeons and practitioners was the only training available in the North African battlefields. "Army medicine and, more particularly, surgery was dominated, between the end of the Great War and the outbreak of the Civil War, by the continuing struggle agains Maroccan insurgents... The army medical branch was highly respected, and its surgeons gained valuable experience in the Marocco campaings".[3] But any military leader could see the need for more surgeons and for an overhaul of the service. Following the terrible disaster of 1921, medical Colonel Silvano Escribano, a hygienist, had denounced that military health care in the Riff War was chaotic and raised the death toll. The general reforms undertaken by the Second Republic corrected some calamities. Ranks were established for medical practitioners and technicians, with viable budgets. But these military doctors were tied to the powerful physicians who controlled the country's health apparatus with an iron hand. In fact, due to the

[2] Josep M. Massons Esplugas (1913-2012), famous surgeon in the Republican Military Health Corps and in the International Brigades during the Spanish Civil War, published at his expense the course book *Historia de la Sanidad militar española*, Barcelona, Pomarés Corredor, 1994, 4 vols.
[3] Nicholas CONI: *Medicine and warfare: Spain, 1936-1939*, London, Routledge, 2007, pp. 8-10.

constant lack of personnel and their meager salaries, the Military Health Corps had never emerged from under their wing.

With the military uprising of July 1936, management of military medicine became different on the two sides. Here, we are dealing with the rebel faction, in which the scarcity of competent and specialized personnel soon became evident. Enlistment mechanisms used throughout the war failed to contemplate the skills of the conscripts, only replacement numbers. [4] Incorporations from the Carlist ranks, the Falange or the Red Cross were equally insufficient. A different matter was the control of hospitals by religious congregations. Furthermore, as the rebels were unrepresented in international organizations, help from these quarters was scarce. The victors' historiography has explained the service, but their account is incorrect. In reality, military doctors failed to control the medical service and were incapable of assuring continuous care. Therefore, the role of civilian doctors was key.

The incorporation of civilian physicians and pharmacists made up for the scant military staff. As a result, the civilian population in Nationalist Spain suffered partial neglect. Rebel leaders demanded all categories of medical personnel, specially surgeons. It was hardly an easy task to organize a health service that covered the whole front line and handled the evacuation to rearguard hospitals. The establishment of a network of medical centers proved to be key to winning the war, as much for technical reasons as for troop morale. Civilian doctors, already purged, ran the set-up under light military supervision. As in the case of other cliques, the thick web of interests of physicians within the state apparatus prevailed. After the war, those who controlled civilian medicine returned advantageously to the center of power, made use of clientelism and viciously purged whoever had remained faithful to the Republic. In general, the Civil War represented a total halt to the modernizations undertaken by the Republic and created a breach of such colossal dimensions that it could no longer be closed.

1. Military Health Corps troops before the uprising.

After the announcement of the military reform by Azaña, on 25th April 1931, there was a significant reduction in the number of troops in the Spanish army. Although some officers, much of them still feeling pessimistic after colonial losses, withdrew to avoid taking the oath of allegiance to the Republic, in fact the majority did so to obtain the attractive *extraordinary retirement* facilitated by the reform. The Military Medical Corps reduced by the same proportion, thereby putting an end to the unprecedented accumulation of officers. It has been stressed that it is virtually impossible to ascertain the number of military members who had asked for early retirement, but this affirmation should be clarified. Alpert, with some difficulties, quantified the reduction for the majority of the forces: 'Of a total in 1931 of 20,576 commanding officers and officers, including those from the paid reserve forces, but not the disability corps, the 1932 forc-

[4] James MATTHEWS: *Reluctant Warriors. Republican Popular Army and Nationalist Army in the Spanish Civil War, 1936-1939*, Oxford, Oxford UP, 2012, pp. 37-42, data in Table 2 (p. 38). Michael ALPERT: "Soldiers, Politics and War", in Paul PRESTON (ed.), *Revolution and War in Spain, 1931-1939*, New York, Methuen, 1984, pp. 202-224.

es dropped to 12,373, with the active and reserve ones merged The difference was, therefore, 8,203 commanding officers and officers'. Puell, following the staff registers, raises the figure to 8,328.[5] With Diego Durán Hidalgo and José María Gil Robles in the Ministry of War the number of commanders increased, especially members of the *Unión Militar Española* (UME, Spanish Military Union, an association where civilians were not admitted). It was a clear toning down of the brave reform undertaken by Azaña.[6]

In order to modernize the outdated army, Azaña's reforms had tackled its territorial structure, services and organizations, with a sideways glance at the French model. With the removal of military districts (the *Capitanías*) on 16th June 1931, the military division was rationally composed of eight organic divisions,[7] maintaining the two insular commands (Balearic and Canary Islands) and the Exempt Command of Asturias with the permanent support of a mixed mountain brigade. In the Ministry of War, the general management of the Military Medical Service was the responsibility of a medical inspector, like the division groups of the commands of Madrid and Barcelona. The Medical Board of the Military Medical Service, a consultancy organisation with a first-rate medical inspector and a colonel in charge of secretary, remained in Madrid. In the organic divisions, the Medical Group had its own structure —not independent— to which services in brigades, regiments and squadrons were added. A commanding officer was in charge of helping garrison generals.

The medical staff of the army schools were under the control of a commanding officer. A unique case was that of the Superior School of War, served by three commanding officers. The main park of the Military Medical Service had one colonel, two lieutenant colonels, nine commanding officers and four captains. Each Regiment had one captain and one lieutenant, but, in those of tanks or transmissions there were two captains, and in mountain battalions there was one captain. The army posted in Morocco did not have its own medical group, and consequently it was divided between hospital and infirmary facilities.

[5] Michael ALPERT: *La reforma militar de Azaña: 1931-1933*, Madrid. Siglo XXI, 1982. Fernando PUELL: *Historia del Ejército en España,* Madrid, Alianza, 2000, p. 180.
[6] Michael SEIDMAN: *The Victorious Counterrevolution. The Nationalist Effort in the Spanish Civil War*, Madison, University of Wisconsin Press, 2011, Chap. I.
[7] Gabriel CARDONA: *El poder militar en la España contemporánea hasta la guerra civil*, Madrid, Siglo XXI, 1983, pp. 155-156.

Table 1. Commanding officers in the Military Health Care Corps, 1931-1936

	1931	**1932**	**1932/1931 (*)**		**1934**	**1936**	**1936**		**1931-1936**	
	n.	n.	n.	%	n.	n.	n. (Salas)		n. (Alpert)	%
General	3	-	-3	-100.0	-	-	-		-	100.0
Brigadier	6	-	-6	-100.0	3	4	4		-2	33.3
Colonel	21	11	-10	-47.6	8	15	15		-6	28.6
Lt.-Colonel	80	30	-50	-62.5	31	38	38		-42	52.5
Major	233	141	-92	-39.5	161	180	180		-53	22.7
Captain	377	310	-67	-17.8	326	369	337		-7	2.1
Lieutenant		145	-24	-14.2	133	96	79		-73	43.2
SUBTOTAL	889	637	-252	-28,3	662 (**)	702	653		-187	21.0
2nd Lieutenant	20	14	-6	-30.0	-	49	-		-	-

(*) R. Salas Larrazábal, *Historia del Ejército Popular de la República*, Madrid, La Esfera de los Libros, 2006, troops in April 30, 1936.
(**) Gabriel CARDONA: *op. cit.*, p. 155. 34 Majors, 310 Captains and 102 Lieutenants appear in the Military yearbook, but the last number could belong to 1935.

In the first two-year period the lifting of the integration of the chief inspector seemed to affect the readjustment between leaders, but it was on a small scale.[8] Adjustments in jobs with promotion opportunities, temporary employment and multiple jobs and the resulting accrued income were much less marked between officers. For those who rendered service since 1934, although the drop in lieutenants was visible, a promotion according to length of service placed them in positions of leadership, consolidating the official nature. Lower jobs made up the commands, but recruitment continued to be low (table 1). The number of second lieutenants in service, on account of the limited recruitment, was lower than the real needs. The Military Medical Corps went from having 889 troops in 1931 to 653 in 1936. Finally, the excessive abundance and inefficiency of the army of the Restoration age disappeared.

2. The organization of Military Health Corps in the rebel side.

The uprising was led by the military and it is needless to say that they used their own methods. The networks established in the Moroccan campaigns were key. The "Africanists", who had gained much power, considered themselves custodians of the "national essence". The rebel leaders had spent part of their career in Africa. General Mola,

[8] The commands of Barcelona and Burgos were removed by decree of 25th May 1931 and those of Madrid and Zaragoza, the two insular commands, and the independent commands of Ceuta and Melilla remained. The jobs of inspector were suppressed; the position of Medical Health Inspector appeared and was assigned to a brigade general.

known as "the Director", was head of the Moroccan forces until March 1936. General Cabanellas' military career was forged in Northern Africa. The rebel troops of the Protectorate wanted only to follow Franco's command. If this concordance has been studied in regards to officers on the battlefield, [9] it must be said it was equally the case within the military medical services. Officers of this Corps were united by the services performed in the African campaigns, to the point where they have been named the "Africanist doctors". [10]

When the uprising took place in July 1936, a notable percentage of the Military Medical commands remained with the Republic. Calculations are consistent with this constant pattern, denied in those studies supported by the victors. Rebel military health services faced the challenges of finding the necessary personnel and creating a functioning network of care centers.

The Navy Medical Corps, composed of 122 medical leaders and 167 members of the auxiliary scale, was reduced to 56 leaders and 95 from the auxiliary scale and non-commissioned officers.[11] It was not as pronounced in the Military Medical Corps, because its effects were quickly overcome by the well-equipped central structure of the ministry. The effective organisation of the Military Medical Corps in the Spanish Republican Army, which we will not examine here, was shaped on the basis of a correct and organised triangulation. The rebel army kept a traditional legal, administrative and organic line, but this ordinary route changed with the complete centralisation of decisions. At the start, the organisation of the Military Medical Service was incredibly chaotic. The improvisation of all types of clearly erratic measures characterised this first phase. One of the first measures adopted, which would powerfully influence the Military Medical Corps, was to allow the immediate re-entry of soldiers who had taken *extraordinary retirement* into the ranks of the rebels. Nevertheless, when we locate the inspector generals of the rebel army we see that the majority were lieutenant colonels in 1936, in other words, limited commanders, and none of them were in the first decision line. Colonel José Agustín Martínez Gamboa, who had been in the Inspectorate General in Madrid, was also in reserve, but remained officially inactive without any effective command in the central organisations. On the contrary, Miguel Parrilla Bahamonde, colonel in 1936, chaired the Medical Board of the Military Medical Service for a brief period until being posted in the Inspectorate General.

The staff of the Military Medical Service was composed of the leaders of the organic divisions (Table 2). It was under the control of Colonel Melchor Camón Navarra, who in July 1936 was in charge of the Zaragoza headquarters. Camón Navarra was in the Africa campaigns since 1909, and was returning to the peninsula. Colonel Chamorro Lobo was in the same situation, posted in the military hospital of Zaragoza and having

[9] Gustau NERÍN: *La guerra que vino de África*, Barcelona, Crítica, 2005, pp. 128-132, and n. 84, 87.
[10] Archivo General Militar de Madrid, once Servicio Histórico Militar. Doc. Comandancias militares de Ceuta, Tetuán, Larache y la Inspección de Sanidad de Melilla (1915-1926). Academia de Sanidad Militar. Alejandro BELÁUSTEGUI: *Sanitarios militares en la Guerra de África, 1909-1927*, Madrid, Ministerio de Defensa, 2011, pp. 51-81.
[11] Pedro FERRER CÓRDOBA: "La Sanidad en la Marina republicana", in D. GARCÍA SABELL (ed.), *Los médicos y la medicina en la Guerra civil española*, Madrid, Beecham, 1986; Michael ALPERT: *La Guerra Civil española en el mar*, Madrid, 1987, Chap. 4, IV.

served in the Melilla campaign. They were not promoted until the centralisation of measures in the headquarters of the generalissimo (*Cuartel General del Generalísimo*, CGG). The presidency of the Medical Board, Inspectorate General of Pharmacy and command headquarters came from the organic division of Burgos. Soon a team of leaders from the Canary Islands and from the troops posted in Morocco was added. Personal relationships and loyalty were prioritised. Despite the slowness in the appointment of Camón Navarra, he was to be a key element. He demanded reports from representatives of the Burgos government abroad. He was interested in military medical statistics, treatments or pharmaceutical products for diseases, especially contagious diseases.[12] We note the copious reports sent to him from London by the Duke of Alba, secrets that he barefacedly obtained from retired commanders of the British army. Of course, they included those from Germany, Italy and Portugal. Actually, this Military Medical organisation tried, without saying so, to follow the effectiveness guidelines introduced by the Republic. It is false that an attempt was made to return to the situation prior to May 1931 because, as the commanders knew perfectly well, it was ineffective and even more so in campaign. Therefore, direct command of those directing the Medical Groups of organic divisions and army forces was maintained. Camón Navarra had to lead the control —not without clashes and threats– with the Medical Board of the Military Medical Service.

Table 2. Leaders of the Military Medical Corps in the Rebel Army, 1936-1939

RANK	Dec. 1936	Dec. 1937	Dec. 1938	April 1939
Brigadier		2	2	4
Colonel	6	4	9	21
Lieutenant-Colonel	25	42	51	52
Major	74	84	116	128
TOTAL	**105**	**132**	**178**	**205**

Source: Own calculations from *Boletín Oficial de la Junta de Defensa Nacional de España* (*BOJDNE*) and *Boletín Oficial del Estado* (*BOE*), 1936-1939

The Medical Board of the Military Medical Service was authorised on 27th July 1937 and maintained its traditional consultative nature. The Inspectorate General continued to make executive decisions. The Military Medical Service had a main centre, in Burgos and Valladolid, and a changing distribution of military hospitals (all of different functions and ranks) and direct commands in the different army forces and divisions. A delegate for hospital inspections which were coordinated from the CGG was appointed for this chaotic administrative structure of the military hospitals, which naturally in-

[12] Archivo del Ministerio de Asuntos Exteriores (AMAE). *Archivo de Burgos. Sanidad*, 1043-8-R and 11-R. Files from November and December 1937. Information from Belgium, Canada, United States, Finland, France, Holland, Norway, Switzerland...

creased greatly. In October 1936, the responsibility fell to colonel of Army Staff (retired) Jesús Ferrer Gimeno, rebel from day one and exercising as civil governor of Las Palmas with an iron fist.

Once the medical troops were roughly calculated it became evident to the command that the needs of the service could not be met with the Military Medical Corps contingent that remained. The medical staff in the rebel field did not meet, in the least, the most urgent needs. Furthermore, contrasts appeared. In the Northern Army —with the strong frame of the 8th organic division of Corunna— the number of staff was higher than in the more changing Southern Army. The need demanded taking expeditious measures to ease this evident lack of doctors and medical professionals. The solution consisted of the integration of civilian doctors, the provisional promotion of students from the Military Medical Academy (any level of studies), the *forced* incorporation of permanent and forensic doctors, as well as searching for these in the military units in which they were serving as soldiers. The posting of these integrated staff was tagged as 'urgent incorporation'.

The *Junta de Defensa Nacional*, the rebel provisory Government from July to September 1936, soon announced orders to allow the integration of civilian doctors to military levels according to their professional profile. These went from second lieutenant to captain, that is, the traditional scale of non-armed forces. However, at the request of the Inspectorate General, the posts of head of the Military Medical Service in main divisions and hospitals were reserved for doctors from the Military Medical Corps. In this regard the orders were sharp, because they did want to lose control. On 29th August 1936 rather imprecise rules were given to replace permanent doctors 'who are performing duties for the homeland or official commissions'. But this incorporation of rural doctors, ill-paid and poorly skilled, did not meet the urgent needs because their absolute lack of specialisation hindered their rapid incorporation into surgical teams and, therefore, encumbered the scope of the service. 'The militarisation of doctors and practitioners who are at the service of the national cause, and indicating the integrations that could be granted to these', was prepared under decree number 110 of 17th September 1936. It stated the military ranks: 'As a result of this militarisation and due to the time it lasts, integration corresponding to Captain, Lieutenant and Second Lieutenant can be granted to doctors, depending on the category of their professional position…' This chronic lack of medical workers even accelerated the promotions of the integrated workers. This integration into higher-ranking jobs —from second lieutenant to lieutenant and from lieutenant to captain— in a short period of time sought to meet the vital needs of the military hospital network. Finally, investigating the troops that had already been mobilised, the Order of 1st October 1936 stipulated that 'Doctors, veterinary surgeons and practitioners who are soldiers or non-commissioned officers in the army, or civilians who are exercising their mission in a military unit, be granted the integration indicated under Decree no. 110'. Once again, surgeons —active, with limited and even potential duties– were the most sought after in military units. Because, at the start of the conflict, the calculation of specialised troops was very inaccurate and the frayed main services of the *Junta Nacional de Defensa* did not require the professional details of

anyone. Therefore, health care providers from rebel-controlled towns, as well as those who crossed over from the loyalist zone, filled the medical posts. Specialists came from this second group, thus exposing the mechanisms of the well-to-do and the fear of violent factions who operated in the Republican zone.

Table 3. Research on integrated civilian doctors, 1936-1939 (April 1939)

	Number	*%*
Doctor integrated to captain	262	8.42
Doctor integrated to lieutenant	1,620	52.04
Doctor integrated to second lieutenant	1,231	35.54
TOTAL	**3,133**	**100.00**

Source: Own calculations from *BODJNE* and *BOE*, 1936-1939

In the area controlled by the revolt, the incorporation of doctors into the ranks of the *Movimiento* (rebels' single party) and the military organisations was quick and wide. The fact that they had won in conservative areas, where the right had almost permanently won the elections and where strong-arm tactics still prevailed, increased this support. Lack of coordination at times obstructed the incorporation of health professionals. Such was the case of Doctor Pedro Laín Entralgo. In August of 1936, he presented himself at the Military Government of Pamplona to join the rebels but was turned down and went to the Military Hospital, where he was not assigned a post because he was not known there. In the end, he joined the Falange. [13] The Board of Directors of the Doctors Association of Palencia, chaired by the administrator of the hospital of San Bernabé and surgeon Nazario Martín Escobar, immediately changed to the rebels by unanimous vote. Martín Escobar was integrated as lieutenant in January 1937. The majority of medical associations in the area controlled by the revolt quickly joined the coup. The Doctors Association of Zamora, chaired by Dacio Crespo Álvarez, immediately rendered its services. Crespo Álvarez was integrated as captain in May 1937. The Doctors Association of Soria, chaired by Lárao Garcés Ramos, joined by unanimous vote of 29th October 1936. Its former chairman, the republican doctor Juan Antonio Gaya Tovar was executed on 17th August 1936.[14] The Burgos born surgeon Pedro Avellanosa Campo, later chairman of the Doctors Association of the province, was integrated as captain and posted in the Muslim hospital (King's hospital). In a notable but not unanimous proportion, the administrators and heads of service of the provincial hospitals, the provincial and municipal charity, public and private clinics, were on the rebel camp from the outset. Professors from the Faculty of Medicine of the University of Salamanca served in city and military hospitals and in the Spanish Red Cross. Practically all the doctors from

[13] Pedro LAÍN ENTRALGO: *Descargo de conciencia (1930-1960)*, Barcelona, Barral, 1976.

[14] His son, the art critic and writer Juan Antonio Gaya Nuño, who was imprisoned and had to go into exile for not supporting the Republic, reviews the life of hierarchical Soria in the novels *El Santero de San Saturio*, (1953) and *Los gatos salvajes y otras historias* (1968).

the provincial hospital of Pamplona and the San Miguel Clinic joined the rebels. The doctor from the provincial hospital of Zaragoza, the ear, nose and throat specialist Julio Ariño Cenzano, organised this medical unit and was integrated as captain. The case of José Abelló Pascual, director of the Anti-Tuberculosis Clinic of Toledo, was unique, in so far as, on extended leave of absence since June 1936, he swiftly changed to the rebel camp and was integrated as captain. Three Abelló Pascual brothers were actively serving in the rebel medical services. Even the medical workers employed in private companies joined quickly. This was the case of Vicente de Andrés Bueno, company doctor in the North Railways Company (CFE), who was integrated as captain. Those who did not join were brutally punished or killed. Felipe Anciones, doctor at the provincial hospital of Zamora, was executed on 14th August 1936 at the walls of the San Atilano cemetery. The Valladolid born surgeon Rafael Vega Barrera, administrator of the provincial hospital of Lugo, refused to support the uprising and was executed in the old cemetery of Magoi on 21st October 1936.[15] In August 1936, Manuel Peña Rey, administrator of the provincial hospital of Orense (As Logoas hospital) was dismissed and imprisoned in Carballino.[16] The ophthalmologist of the provincial hospital of Pontevedra, Antonio Vázquez de Parga Jorge, was detained in 1937 and exiled in the monastery of Oseira.

One essential external factor in any analysis of the rebel medical and care units is that of the incorporations. These enlistments, which were numerous, took place during the majority of the war. Purges and revenge narrowed the enrollments. For example, the notable neurosurgeon Manuel Corachan, son of the famous digestive surgeon and minister of the Generalitat de Catalunya Manuel Corachan García, was sent by the rebels to the front line as a stretcher-bearer where he died from shrapnel wounds in June 1937. Tragically, a brilliant career was cut short. [17]

Nevertheless, the volume of people 'who moved to the rebels' was so high that soon it was the key piece in the entire military medical system. It is important to note that it did not involve training soldier doctors, but making up for the evident lack of medics. It did not involve doctors who had trained in the norms of the militia, but rather, civilian professionals who were capable of working in this setting and returning quickly to their former activity. The incorporations of high level professionals propped up the medical effort, even though they did not make up its main volume. Naturally, the most important wave was recorded during the first year of war. As well as the measures stipulated in the aforementioned decrees of the National Defence Committee, which affected the doctors located in the so-called national zone at the start of the war, there was an increasing contingent of doctors who had fled the loyal zone to the Republic via the easily penetrable French border. The incorporation took place immediately. Others were

[15] A macabre element of the event was that in 1952 he was granted pardon and it was established that he had been executed without the mandatory 'informed' (*La Voz de Galicia*, 16th November 2008).
[16] David SIMÓN LLORDA: *Médicos ourensáns represaliados na guerra civil e a posguerra. Historias do "longa noite de pedra"*, Santiago de Compostela, Fundación Dez de Marzo, 2002. It includes some short biographies of surgeons that suffered reprisals and some pieces of information about Provincial Hospital.
[17] Nicholas CONI: *Medicine and warfare*…, pp. 20 and 174-175. Joan SERRALLONGA: "Sanitat i Assistència Social" in Francesc BONAMUSA (dir.), *Generalitat de Catalunya. Obra de govern 1931-1939*, Barcelona, Generalitat de Catalunya, 2006, I, pp. 406-423.

contacted in Italy, to where they had moved at the start of the war. Doctor Ángel Antonio Ferrer Cagigal, former liberal *romanonist* deputy and dean of the Faculty of Medicine of Barcelona, moved to the rebels soon after taking refuge in Italy. He was integrated as captain and was appointed member of the the *Junta Técnica del Estado*, the rebel provisory Government from September 1936 to January 1938. Surgical teams and their leadership were composed of this integrated staff in a very high rate. The head surgeons were renowned civilian surgeons, accorded the military rank of captain. In order to maintain an efficient organization, a medical-military congress was held in Luarca, Asturias, in May 1937. Essential matters of planning and war surgery needed to be discussed. In February 1939, after the capture of Catalonia, officers of the Galician Army Corps organized a second medical-military congress near the Levant front, at the Teatro Principal in Castellón. Again, health matters were discussed, such as the achievements of the front line surgical teams, but in a propagandistic tone. [18]

Table 4. Surgical teams and leaders in the military hospitals, 1936-1939

Lieutenant-Colonel	1	
Major	2	5,7%
Captain	2	
Integrated Captain	76	94,3%
Integrated Lieutenant	6	

It is relatively easy to follow the incorporation of Catalan medical workers into the rebel camp: some left the Republican area with passports issued by the Generalitat de Catalunya. In particular there was a considerable contingent in the hospitals of Pamplona and San Sebastian, as well as in Burgos, Salamanca and Valladolid where they were based since the start of the war. Vicente Carulla Riera, a self-confessed conservative *maurist*, reshaped and set up the radiology and electrotherapy service of the Mola hospital in San Sebastian. Another *maurist*, collaborator in the dictatorship of Primo de Rivera, Lorenzo García-Tornel was integrated as captain and oversaw hospital tasks. Agustín García-Diez Andreu, a traditionalist, worked in the military hospitals of Pamplona. The surgeon Antonio Matabosch Bassols was on the surgical team of captain González del Castillo in the Logroño hospital. The doctor Juan Solsona Cunillera, administrator of the civil hospital of Alcazarquivir (where Raimundo Arnet Guasch was posted), acted in the battle of Madrid and again in the medical services of the Morocco Protectorate. The assistant professor of medical and cardiological disease Luís Trías de Bes Giró, another sympathiser of the Regionalist League of Catalonia, joined the Santander hospital. The cardiologist and university professor Juan Puig-Sureda Sais moved from France to Burgos, being integrated as captain in the Pamplona hospital. The tuberculosis specialist and university professor Jacinto Reventós Bordoy was integrated as captain and joined the Salamanca military clinic. The doctor from the Barcelona mater-

[18] *Actas del Congreso Médico Militar celebrado en Castellón los días 9, 10 y 11 de febrero del año 1939*, Barcelona, Imprenta Clarasó - Ediciones científico-médicas, 1939.

nity hospital Santiago Dexeus Font was integrated as second lieutenant for a brief period. Stopped by the republican authorities, the radiologist Ángel Sanchiz Roqué moved to Salamanca as captain. The renowned ophthalmologist Ignacio Barraquer Barraquer joined the Southern Army, integrated as medical captain. A unique case, on account of the proximity of the area, was that of those who joined the hospital network set up in Zaragoza. This is the case of the renowned surgeon Juan Marimon Carbonell, integrated as captain in February 1937. Marimon moved to Zaragoza with his disciple Juan Agustí Peypoch and members of this team from the Sacred Heart Hospital of Barcelona. Catalan doctors arrived with their teams —sometimes those from before the war– and managed to operate the military hospitals that had been urgently fitted out.

The incorporation of Basque medical workers, before and after the fall of the north front, followed a similar pattern to the Catalan. The Bilbao-born surgeon Eusebio García Alonso was integrated as captain in November 1937. Luís Ayestarán Gabarain, who founded the renowned radio-surgical institute of Gipuzkoa in 1933, worked for the rebels in the hospitals of San Sebastian. Abilio Saldaña was responsible for the coordination of the Basurto hospital. Carlos Arenal de Simón was in the Los Escolapios hospital of Bilbao, as were Ramón Azaola Ordanza and José Aguirre Irazagorri. José Echevarría Erauzquin was located in the mobile team of the 5th Division, and afterwards in the military hospital of San Sebastian. Since 1937 the Gipuzkoa born doctor Manual Usandizaga Soraluce, professor in the University of Salamanca, worked in the Valdecilla hospital in Santander, where he managed the school of nurses. Miguel Kutz Igarzábal was in charge of a ward in the military hospital of Avila. Luís Fernández Villanueva was integrated as lieutenant, like the Bilbao born doctor Jesús Soraluce Goñi. The Alava born doctor Juan Urquiloa Gastañaga, with a position in the Doctors Association, was integrated as lieutenant in January 1937. Jesús Echevarría Urrutia from Donostia immediately joined the column of colonel Solchaga en Gipuzkoa. Alava born Ramiro Gutiérrez Celaya, member of the Doctors Association, also became lieutenant in January 1937. The paediatrician and state childcare specialist Miguel Navas Migueloa, longtime Falangist, joined the Soria military hospital. The renowned Bilbao born doctor Ángel Castresana was in the hospitals of Cantabria and Bilbao. The Mola hospital of San Sebastian was administrated by the Military Medical Service commander Leandro Martín Santos. The surgeon Julián Bergareche Maritorena managed the surgical team of this military hospital, with the integrated captains Daniel Errazu Morena, Miguel Vidaur Baraibur and lieutenants Enrique Albisua Elcoro and Manual Kutz Echave.

As well as the incorporation of doctors, we must consider that of nurses and assistants. Religious congregations, particularly the Hermanas de la Caridad, added supervisory capacity. Often, the Mother Superior would control the infirmary and handle the administration of the military hospitals. [19] Doctors would complain that some nuns had never before set foot in a hospital. Volunteer nurses were another mayor source of help. Mercedes Milá, who had studied at the Rockefeller Foundation, came to Salamanca from the loyalist zone. Because of her good contacts with the Franco family, whom she

[19] Jesús BESCÓS TORRES: "Las enfermeras en la Guerra de España (1936-1939)", *Revista de Historia Militar*, Vol. XXVI:53 (1982), pp. 107-109 and table p. 107.

knew from her stay in Ceuta, she was named Inspector General of the Women's Hospital Services of the CGG on the 24th of March, 1937. [20] This organization, with delegates in the Army Corps and in the provinces, was totally hierarchical and highly supervised. A different case was that of the nursing staff from the Carlist ranks. Since February of 1936, these women from Navarre had been trained in the clandestine Carlist circles. During the war, they amassed tobacco, clothing, food, alcoholic beverages and other products and efficiently distributed these donations throughout the hospitals and near the front line. This group of nurses, who worked within the Services of Assistance to Frontlines and Hospitals, was lead by the nurse from the Rioja María Rosa Urraca Pastor, the "Coronela" (the Colonel) [21]. Later, she would be replaced by the wife of General Varela. The volunteers of the Sección Femenina (Women's Section) provided their social services in Frontlines and Hospitals. The Spanish Red Cross, considered an auxiliary of the Military Health Services in wartime, was controlled with an iron hand by the Count of Vallellano. It provided health care workers to hospitals and infirmaries. The Count of Vallellano's lack of scruples in his treatment of wounded prisoners - "red dogs", in Mola's words – shocked the representative of the International Red Cross Committee, Marcel Junod. [22] International aid in regards to doctors and nurses was less available than on the Republican side, but it soon arrived. One example was the Anglo-Spanish Medical Service, organized by the Catholic crusade of Gabriel Herbert. The Burgos government immediately accorded military rank to these British doctors and paid them military salaries. [23]

The incorporation of military pharmacists was similar, as we will show. The 123 pharmacists on the staff of the military pharmacy in July 1936 were divided by half when the desertions were counted.[24] The military pharmacy service in the rebel camp was run by the Inspectorate General of Pharmacy, but, unlike what happened in the structure of the military medical service, it was not fully organised until the beginning of 1938. The Inspectorate General reported directly to the ministry and the CGG. It was, therefore, a vertical organisation, especially in the army forces and divisions and with the large mobile pharmacy group. From February 1938, the Inspectorate General became the responsibility of the sub inspector Miguel Zavala Lara until his retirement in July 1939. The top pharmacist Juan Salvat Bové, who came from the General Command

[20] Josep M. MASSONS: op. cit., II, pp. 516-517 and 521-522; M. MILÁ NOLLA: "La mujer en la guerra: enfermeras", in D. GARCÍA SABELL (ed.), op. cit., pp. 302-308. Priscilla SCOTT-ELLIS: *The Chances of Death. A Diary of the Spanish Civil War* (Norwich, Michael Russell, 1995), pp. 13, 16-19, and n. 6.
[21] María R. URRACA: *Así empezamos: memorias de una enfermera*, Bilbao, La Editorial Vizcaína, 1939. In July 18, 1936, she was in Burgos and she was inmediately at the rebel Headquarters disposal.
[22] M. JUNOD: *Le troisième combatant*, s.l., s.n., 1947 [English version, Jonathan Cape Ltd., London, 1951]. Some general informations about rebel Spanish Red Cross in Archivo General Militar de Ávila (AGMAV), C. 312, Cp. 4, d. 5.
[23] Judith KEENE: *Fighting for Franco. International Volunteers Spain during the Spanish Civil War, 1936-1939*, London & New York, Continuum, 2001, Cp. 3.
[24] 57 remained in the Republican area, 'la mayoría eran jefes, coroneles y tenientes coroneles, escaseaban los oficiales farmacéuticos. Para suplir esta falta se habilitó un procedimiento de urgencia ordenando a las Cajas de Recluta que aquellos que estuvieran en posesión del título (de médico o farmacéutico) fueran enviados a Sanidad...'. Luis GÓMEZ RODRÍGUEZ: "La evolución del servicio farmacéutico militar español en el siglo XX", PhD thesis, Universidad Complutense de Madrid, 1989, p. 318. Josep M. MASSONS: op. cit., II, pp. 415-433.

of Canaries after training in the Africa campaign, was secretary. The scarcity of medicines in the military pharmacies was a huge problem at the start of the war. The limited individual contributions did not meet the real needs of an oversized army. During the war, medicine production centres operated in Valladolid, Seville, Granada, Burgos, Zaragoza and Calatayud. In Santiago de Compostela (with a subsidiary unit in Luarca), typhoid vaccines was made thanks to some external resources and the peace regning in the rearguard. But this production would never have been able to meet the most basic needs without a huge contribution from outside.[25] The purchase of medicines from German and Italian industry was enormous. "The former kept themselves more to themselves medically, but hhe Italians did collaborate to a considerable extent with the Nationalist military medical services".[26] The chemical company *Compañía Comercial Farmacéutica*, the Spanish section of IG Farben set up in Seville from September 1936. From the capital of Andalusia it sold sulphonamide, saline solutions and analgesic medicines exclusively to the army. The *Instituto Behring de Terapéutica Experimental* (Behring Institute of Experimental Therapeutics) set up in the surrounding area, continuing the penetration that began years before. In Portugal and Gibraltar considerable amounts of medicines were purchased. The precarious initiative of the pharmaceutical laboratories of the Southern Army in Granada and Seville lightly eased the lack of specific and injectable medicines. As the war continued medical stocks were kept in Oviedo, Aviles and San Sebastian.

Table 5. Staff at the service of the military pharmacy when the Civil War came to an end.

		Number	**%**
Active		725	
	Senior officers and officers	60	8,3
	Extraordinary retired	8	1,1
	Mobilised pharmacists	657	90,6
Auxiliary		2017	
	Pharmacy Warrant Officers	45	2,2
	Pharmacy practitioners	54	2,7
	Troops practitioners	1918	95,1
Voluntary (women)		962	

Source: Luis GÓMEZ: op. cit., table 7.6, p. 329.

This military pharmacy service did not work in campaign either –and less so in the vanguard, with its mobile units— without the integration of an enormous number of

[25] Raúl RODRÍGUEZ NOGAL: "Orígenes, desarrollo y consolidación de la industria farmacéutica española (ca. 1850-1936", *Asclepio*, 52 (2000), pp. 127-160.
[26] Nicholas CONI: *Medicine and warfare…*, Cp. 9, "Foreing Medical Support for Franco", conclusions, p. 150.

civilian staff. Using the same procedures as in the Military Medical Service, civilian pharmacists were integrated from second lieutenant to captain, reserving commands and the control of divisions for soldiers. A long process of seeking staff to be integrated was carried out among the civilian workers who had not yet been mobilised and among soldiers who were serving in the army units. It is important to add a considerable contingent of 962 volunteers who, somewhat improperly, were counted in the service and in the relations of the military pharmaceutical group. After the war these staff —integrated or voluntary— would return to their professions, although they would keep the prerogatives granted and others that they could potentially receive.

In the loyal zone, the flexibility of the republican institutions to provide medical workers to the fighting units and the rearguard was clearly higher during the first months of war, both in the ranks of militiamen, and in the commands. The front line republican hospitals had an exemplary organisation that would undoubtedly extend to the conflict. In studies of the victors of the crusade this flexibility in the supply of medical staff to republican combat units and, especially, in continuing assistance to the civilian population was avoided. The latter is a particularly interesting point of analysis. The incorporation of militarised doctors in the republican zone to meet the needs of the civilian population, even in moments of clear danger, continued. In the rebel camp, with municipal, provincial and regional powers having been wiped out, the situation trusted almost exclusively in centralised organisations that did not demonstrate effective preparation in the delicate field of civil assistance. That is, doctors were almost all moved to military needs. Following the erratic provisions of the CGG it can be stated that there was practically no effective civil assistance in the rebel camp. Decrees to integrate civilian staff were imperative in a situation that failed to satisfy the most common needs. The areas providing care services for the civilian population remained almost empty, and civilians had enormous delays receiving help when they needed it the most. On another note, prisoner camps and workers' battalions were looked after in a markedly indifferent manner. It would not be until the end of the war when medical positions in the disciplinary camps and battalions, full of prisoners, would acquire some weight in the erratic organisational structure of the posting of integrated doctors.

3. The operative deployment of rebel hospitals network.

The challenge of creating hospital teams that respected the standards of efficiency of an army at war was hardly met. Few of the recommendations from modern military manuals were put into practice. The restoration of the military hierarchy did not represent a stimulus. On the contrary, it slowed down development. Contrary to what the victors claimed, observers first, and analysts later, clearly saw the prevailing disorganization – a lack of organization which, for example, prevented the control of a plague at a camp. Instead of coordinating with the civilian services, military health care on the Nationalist side simply stripped them of personnel, leaving large segments of the population without routine services and increasing morbidity in the deprived areas. The strict adherence to chaotic miscalculations regarding medical supplies, evacuations, hospitalizations and

surgical equipment, undisclosed for decades, astounds us. [27] Mistakes were made even in the critical health services provided at the rearguard of the Northern Army. [28]

Despite such errors, emergency procedures and battlefield surgery gave rise to advances and even discoveries, [29] although they cannot be compared to breakthroughs on the Republican side, which was more open and adaptable in its approach. [30] These scientific achievements, divulged under difficult conditions, were put to use in World War II. Dr. Trueta could "build on earlier work by Winett Orr, Bastos Ansart, and others, and perfect the enclosed technique for the management of compound fractures". [31] Among them were new methods of blood transfusion, which were later published, that had been put into practice by both sides under difficult conditions. [32]

The rebel army nourished a closely-woven network of hospitals, but it had serious problems. It is clear that this medical mesh was crucial to supporting the efforts of the war. And although this relation is very clear, very little research has established it. For our part, we state that there was some improvisation in this military hospital structure, as occurred in the organisation of the Military Medical Service, the military pharmacy and in the confused incorporation of its staff. It involved a premise of effectiveness that the victors simply established and that was not authorised; rather, the opposite occurred. Since the beginning of the war hospitalisation had the following main centres: Zaragoza, Valladolid, Burgos, Pamplona and Seville. Some hospitals appeared as reference elements, seeking a structure that was not always real. The name *group of hospitals* or *military hospitals* sought a hierarchical organisational structure that was rarely effective.

The military hospital of Valladolid was the most important in the conflict, but not the only one.[33] The abundance of staff serving in this city and the rank of the commanding officers demonstrate this statement. In Medina del Campo another hospital was built, with 200 beds, and medical staff from the Red Cross were hired. However, 'the administrator of the hospital (will be) the person to bear the hierarchical representation of the army'. It is important to add the conglomeration of hospitals set up in the 8th

[27] "The recolocations of the medical services behind the front were always carried out in a 'state chaos', with the maximum of 'mundle and bother'. Frequently, the soldiers assigned to load the trucks left behind swags of hospital gear... Another time, a patient was found abandoned in the empty ward after the lorries had driven of" (Judith KEENE: op cit. pp. 268-281: Priscila Scott-Ellis).

[28] AGMAV, C.1248, 12. Ejército del Norte, 4ª sección (servicios). Officers had to travel constantly in order to keep medical care active.

[29] "Nationalist medicine, on the other hand, made very little impact in terms of scientific publications, despite the fact that insurgents ultimately prevailed... The Nationalist zone encompassed the major food-producing regions of the country, so that the government-held regions were more vulnerable to starvation, which facilitated nutritional studies" (Nicholas CONI: "Medicine and the Spanish Civil War", *Journal of the Royal Society of Medicine*, 95 (2002), pp. 147-150). "Madrid and Barcelona were firmly entrenched as the leading centres of Spanish scientific endeavor", p. 149.

[30] Elizabeth A. WILLIS: "Medical responses to civil war and revolution in Spain, 1936-1939: international aid and local self-organization", *Medicine, Conflict and Survival*, 24 (2008), pp. 159-179. Nicholas CONI: *Medicine and warfare*…, table 4.1. p. 53, James MATHEWS: op. cit., p. 134.

[31] Josep TRUETA (Late Director of Surgery, General Hospital, Catalonia, Barcelona): "Closed Treatment of Compound Fractures", *Lancet*, 233 (1939), n. 6032 and 6043. By M. Bastos Ansart, Nicholas CONI: *Medicine and warfare*…, pp. 178-184; p. 49-57, table 4.1 and p. 68.

[32] Ibídem, pp. 71-77; and biographical notes pp. 191; and "Blood Transfusion in the Nationalist Zone" (Carlos Elósegui), pp. 77-79. F. DURAN JORDÁ: "The Barcelona Blood-transfusion Service", *Lancet*, 233 (1939), n. 6031 (others 1943 and 1944).

[33] Archivo General Militar de Ávila (AGMAV), C.1242, 14, Hospitals, september 1936.

military district (Corunna) and the valued role of the hospital beds in the Military Medical Service of the navy. A separate issue was the maintenance of care activities in the African posts, although it was not substantial in the development of operations after November 1936, due to the lack of staff and the evolution of the war. Actually, a considerable part of the medical staff from the protectorate served in peninsular units. The same occurred with the military medical command of the Canary Islands, directed since 1938 by lieutenant colonel Babil Coiduras Maza, previously posted in the Carabanchel hospital. The command of the Balearic Islands was a different issue, due to the intensity of the (air) combats, the huge number of Italian staff in the city and the urgent strategic needs. Despite this, the military hospital of Palma de Mallorca operated without effective regulation and with integrated doctors until the beginning of 1939, when lieutenant colonel Ramón Anglada Foxá took charge of the leadership of the Military Medical Service. As a last note we mention that soon military hospitals and civil areas for army use were organised for Muslim officers and soldiers. They were centres –the number of sixteen was reached- with their own distinctive characteristics that were inspected by religious authorities who had come from Morocco and the African posts.

The aviation army was a different issue. As a standard rule it did not operate independently of the command of the regular army and its troops were distributed in different locations. When the uprising took place, only the airfields of Seville, Leon, Logroño and those located on the African coasts remained in the hands of the rebels; additionally, without some of the staff from the ordinary service. Commanding officer Mariano Puig Quero, the real driving force behind the service, was inactive as regards the rebel camp and did not join until 1939. Puig Quero, who was head of the medical service in the air force in Cuatro Vientos, had revealed the formation of this service in a speech read at the II International Medical Aviation Congress, held in Madrid in 1933. The air medical services, despite an attempt at organisation, did not have the continuity to be completely effective. Commanding officer Federico Jiménez Ontiveros, who in 1936 was still captain, was in charge of managing it. Lieutenant colonel Miguel Lafont Lopidana remained in medical command, while the aviation general hospital had a captain. Therefore, without the integrated doctors, the role of this service would have been even more reduced.

The territory occupied by the rebels in the first months of the civil conflict had room for a large hospital park, although the number of beds and the staff working there were of different statuses. We show how imprecise —and even incorrect— the names of these hospital centres were. Because, the uncertain name *military hospital* encompasses very different situations. A large number were merely front hospitals, transit hospitals or evacuation hospitals or clinics that had been set up very quickly. The hospitals of the divisions were markedly provisional, because they were set up and taken down very quickly. The "hospitales de sangre", or front line hospitals, were set up near the front line but at a distance of about five kilometers to protect then from enemy fire. They consisted of a medical and, most importantly, a surgical unit. Others were even small temporary set-ups in times of great difficulty.[34] That was the case of surgical teams

[34] Josep M. MASSONS: op. cit., II, pp. 445-447.

'with annexed hospital' set up in Favara de Matarranya and Santa Bárbara (near Tortosa) or the emergency station in Gandesa during the battle of the Ebro. Two surgical teams and an infirmary that could hold 785 patients between Temp, la Pobla de Segur and Sort were set up for the Navarra army force. Patients were evacuated to rearguard hospitals via a transitional hospital.We have added a note about the different types of difficulties encountered by the trains that acted as hospitals, especially in the Northern Army.[35] It is shocking to compare them to the *autochirs or autochirds*[36] of the loyal camp, because they were used in particular to evacuate the wounded and not to operate on them. On another note the Condor Legion obtained extensive use of the trains, around thirty beds per carriage. The rebels could not afford any problems with the Germans, because Hitler considered the Spanish Front to be of secondary importance in any war plans.

The structure of the network of military hospitals in the rebel camp had three clearly marked territorial centres: Seville, the Burgos-Valladolid-Salamanca conglomeration, Pamplona and the Zaragoza area, which corresponded to the enclaves where the uprising succeeded. It is important to mention that the progressive occupation of the territory involved new necessities and the adaptation of the resources that were found and that often changed functions. In the column that moved from Seville to Badajoz and Caceres a very precarious medical service was set up, with a reduced number of centres such as the front hospital of Villafranca de Barros and that of the spa station of Baños de Montemayor, until reaching other more compact hospital enclaves. Lieutenant colonel Servando Camúñez del Puerto quickly prepared the Badajoz hospital once the operations of II platoon of Tetuán and the V Legion Bandera were complete. In Caceres, the legion hospital was located in the premises of the teachers' college and had a strong security set-up to avoid escapes, outrages and leaving without permission. During the course of the war the network of hospitals covered the conquered territory, but did not always follow the most conventional or the most convenient steps.

In the Southern Army the establishment of assistance centres in the city of Seville, using all the available means, facilitated the coordination —initially with great difficulties— of the deployment of medical centres in the territory of the 2nd division and in the advance towards the west and the centre. All the establishments of the city were in the hands of the command of the Military Medical Service, without serious difficulties. Thus, the majority of the prestigious doctors who after the civil war joined the Andalusian Society of Traumatology and Orthopaedics served on the camp of the rebels from the beginning. The Carlist infantry regiments of Seville maintained their own medical structure for some time, although it was not always well coordinated. The small centres of the Spanish possessions in Morocco and the relevant conglomerate of the Canary Islands command stayed behind in the rearguard. The group of hospitals of Seville was

[35] AGMAV, C. 1248, 12. "Ejército del Norte. Sección de EM. Servicios. Trenes hospitales".

[36] In the Republican Military Health Corps, they were some vehicles with a light, an autoclave and some surgical intruments for operating. Some trucks came with the autochirds in the battlefronts. Josep M. MASSONS: op. cit., II, pp. 478-479. M. BROGGI: *Memòries d'un cirurgià*, Barcelona, Edicions 62, 2001. Nicholas CONI: *Medicine and warfare…*, p. 111 "in order further to reduce the wound-t-surgery interval, the use of trucks converted into mobile operating theatres ("auto-chirs")".

composed of six military hospitals and militarised civil hospitals, as well as some additional ones with diverse capacities in Marchena, Osuna and Arahal. The rank of officers, managed by the lieutenant colonels Antonio Moreno Palacios, Jesús Bravo-Ferrer Fernández and Eduardo Talegón Arcas, made it clear that a coordinator element was needed; a coordination that would not always be effective. In addition to the Seville hospitals, in the territory of the military area of the 2nd military district almost thirty military hospitals had been distributed with great precision and were operating with greater or lesser intensity. The aim was to first deal with the advance of the columns.

The Muslim hospital of Sanlúcar de Barrameda, opened on 5th March 1937 and run by commanding officer Huertas, had a capacity of more than 200 beds and in April was visited by the naib of the Gran Vizier from the eastern area of the Rif. But, undoubtedly, the main hospitalisation centre for Muslim officers and soldiers in the whole rebel zone was that of Granada, served from the start of the conflict by professors from that university, by a notable contingent and, as in the majority, with large security and custody systems to avoid all types of escapes and outrages. In this hospital for Muslims there was 'a mosque, rooms for the Faquih, an ablution room, a Muslim coffee bar, an abattoir and a kitchen for Muslims, with a capacity of 300 people'. The urologist and surgeon Rafael Alcalá-Santaella Núñez, integrated medical captain from Valencia, and at the time professor of the University of Valencia, coordinated the Muslim hospital of Granada. Luis Rojas Ballesteros, who after the war would become a professor of psychiatry in Granada, served in this centre. The hospitals of the Southern Army were entities of unequal capacity and resources; they did not always meet the needs of the service, but sought to provide beds that were operational and did not require alterations or adaptations. Furthermore, emergency centres were set up in premises handed over or occupied, not always with appropriate staff. This is the case of the emergency hospitals of the San Pelagio seminary in Cordoba, of the small hospital in Palma del Río, of the mobile hospital in *Los Escolapios* in Seville[37] and the Mora hospital in Cadiz. This conglomerate included the main military hospital in Seville, that of Granada and the unstable one in Cordoba, and others of limited capacity such as the front hospital of Lanjarón, that of Antequera, the small Jesús Nazareno hospital in Cordoba and that set up in *the Refuge* of Granada.

In the Northern Army, since the beginning of the war there was a wide network of hospitals, which after some time were effectively coordinated and had resources. Without a doubt, that of Valladolid had the most resources, volume and coordination. The fact that the doctors from this zone of action moved swiftly to the rebel army facilitated the supply of staff to hospitals in the district. The main centres of the Burgos-Valladolid area were the groups of hospitals of Salamanca, Pamplona, Soria, Zamora, Palencia and Logroño, to which those of Santander, San Sebastian and the conglomerate of Bilbao (with Algorta and Basurto) were soon added. From these main military hospitals, the colonels Joaquín Arechaga Casanova and Luis Rubio Janini coordinated, with serious problems, the medical service of the two military districts. An enormous network of

[37] The hospital occupied a notable part of the college. Carlos Castilla del Pino, who studied in Los Escolapios, describes it summarily in *Pretérito imperfecto*, Barcelona, Tusquets, 1997.

front hospitals with small capacities was set up and the provincial hospitals were coordinated with military units. In the Pamplona hospital the doctor Pascual Ipiens Lacasa managed the surgical team. In Valladolid a hospital devoted to Italians from the CTV operated with scarce material and roaming medical staff.[38] In the city of Burgos, the main Muslim hospital —the King's Hospital— was managed by the commanding officer Ángel Martín Monzón. Although the capacity of this centre cannot be compared with that of Granada, its crew for these troops was the largest of the Northern Army.[39] The hospital of Salamanca was set up as a Muslim hospital, while the regular hospital was set up in La Vega. Some Muslims could be looked after in the Alfonso Carlos hospital of Pamplona. This hospital was the largest of the zone with up to 1,345 beds. It was created in the seminary of Pamplona in October 1936 by the Carlist *Junta Central de Guerra* of Navarra and operated until May 1939. It had a notable and compact performance during the entire war with more than 32,700 attendances. The eighteen hospitals of Navarre played a key role in the evacuation of wounded troops following the Teruel offensive in the winter of 1937-1938. The Battle of Teruel was fought under extreme weather conditions and produced terrible cases of frostbite and frozen limbs which were treated with an unusual surgical technique dubbed "pie de Teruel" (Teruel feet). [40] For a limited period, a legion hospital was set up in Logroño, as added broad and essential police custody, managed from the beginning of 1938 by the medical captain Francisco Mallol de la Riva.

The hospital system of the 8th military district (table 6), with headquarters in Corunna, was one of the best equipped. Although the number of beds was not excessive, the speed of the construction gave it a unique importance. The leadership of the services of this military district fell to lieutenant colonel Julián Rodríguez López who at the same time managed the military hospital of San Cayetano in Santiago de Compostela. The centralised hospital care fell to the main military hospital of Corunna, managed by lieutenant colonel Juan Barcia Eliacegui. The staff of this hospital differed from the others in the number of troops and the Military Medical Service's own staff. The astonishing abundance of small hospitals and infirmaries called for management by medium ranks from the Military Medical Service and a large number of integrated doctors, who joined the *Movimiento* at the beginning. In the cities of Vigo and Leon Muslim hospitals operated with security and custody since 1937, such as the Muslim hospital of Bella Vista. An under-equipped Muslim hospital in the Guitiriz spa was closed on 31st October 1937. This centre accommodated 400 patients in crammed rooms. Protests about the bad conditions of the premises resulted in the patients being transferred to the military

[38] The sizeable photography archive of the Italian lieutenant Guglielmo Sandri [Wilhelm Schrefler] (1905-1979), was found in 1992 in a rubbish container in Bolzano. Sandri, who was not an official photographer, served on the CTV and took more than 4,000 photographs.

[39] Martín DE FRUTOS: *Hospitales de Burgos durante la Guerra Civil 1936-1939*, Burgos, Ayuntamiento de Burgos, 2009, pp. 103-118.

[40] Pablo LARRAZ y Cristina IBARROLA: "*Los pies de Teruel*. Asistencia y tratamiento de las heridas en los hospitales navarros durante la guerra civil" ("Teruel feet. Care and treatment of frostbite wounds in the hospitals of Navarra during the civil war"), *Anales del Sistema Sanitario de Navarra*, 28 (2005), pp. 197-212. Pablo LARRAZ: *Entre el frente y la retaguardia. La sanidad en la Guerra Civil: el Hospital 'Alfonso Carlos' de Pamplona, 1936-1939*, Madrid, Actas, 2004.

hospital of Vigo. In Mansilla Mayor, in the village of Nogales in Leon, the hospital of the Condor Legion was set up, for exclusive use by its troops and served almost entirely by its doctors.[41]

Table 6. Military hospitals in the 8th military district, by provinces.

Corunna	*11*	
Orense	2	
Pontevedra	7	(Vigo muslim hospital, Bellavista muslim hospital)
Lugo	3	(Guitiriz muslim hospital)
Oviedo	5	
Leon	6	(Leon muslim hospital; Condor Legion hospital)

Source: Own calculations from *BODJNE* and *BOE*, 1936-1939

In the 5th military district, Zaragoza, a dense hospital structure was set up. Initially, the wounded were transferred to hospitals in the city of Zaragoza, where there were seventeen operating. The military hospital was the best equipped, with an extraordinary team of doctors from the outset. By appointing the heads of the Military Medical Service from among the military doctors who were serving in Zaragoza, General Cabanellas laid the foundations of the first organisation of the services, a structure which in October and November 1936 would be reshaped by the CGG. The head of the Military Medical Service continued to be lieutenant colonel Fernando Marzo Abecia. In the province of Zaragoza there were the hospitals of Daroca, Alhama de Aragón, Calpe, Monzón, Terminillo, the Torres de Calatayud polytechnical hospital and the military hospitals of Calatayud and Jaraba,[42] although there were some operational problems. The beds available varied and were scarce in the front hospital of Daroca and more numerous in the military hospital of Alhama de Aragón, managed by the commanding officer José Blanco Rodríguez, who adapted it at the end of 1937. The military hospital of Teruel was very run down, but those of Alcañiz, Albarracín were still operating, as well as the small hospital in Caminreal, that of Cella[43] near Villarquemado and that of Monreal del Campo. At the beginning of 1937 a Muslim hospital was built as a section in itself in the hospital of Zaragoza. Soon essential services —although nothing compared to Granada or Burgos— were added, as well as security and custody.

One of the most awkward problems faced by the Military Medical Service in both sides was the huge number of cases of venereal diseases that required urgent control and specific treatment. Although the rebel authorities spoke openly about prostitution and its

[41] AGMAV, C. 1248, 12/26-30. The campaign hospital could have up to one hundred beds, but they were not all always available; with a surgical team and a wide care service.
[42] AGMAV, C. 1242, Hospitals. Cfr. Politécnica de Calatayud (1936-1939); Hospital de Legionarios italianos (1937-1939).
[43] "His ideas of antisepsis were very shaky and it gives me the creeps to see the casual way they pick up sterilized compresses with fingers, etc. I am not surprised that so many of the wounds get infected", Priscilla SCOTT-ELLIS: op. cit., p. 33, offensive on Teruel and the Germans, pp. 39-42.

sanitary effects, they always denied the problem, and consequently there is a complete lack of statistics. "This is no accident. In the Avila military archive, documents pertaining to self-harm were removed from their original folders during Franco's dictatorship".[44] The reason was obvious: in what was known as national Spain, the victorious crusaders could not spread or catch such a terrible plague. Measures were taken, but not swiftly enough. The result of this situation was practically identical on both sides. Prostitution, even the importing of women from North Africa, was tolerated on the rebel side on the basis of outdated inspection standards and with disregard to any moral considerations. The *light* control applied to prostitutes was not sufficient to effectively fight against venereal diseases. The dermatologist Enrique Álvarez Sáinz de Aja, a conservative doctor integrated as medical captain since April 1937, was appointed director of the anti-venereal preventative service of the army. The network of small clinics took some time to become effective and was linked to different army forces, which continued to prioritise (when they did) the medical control of prostitutes, but without any means. These services, prepared for the entire army, but especially in the north and the centre, were set up in Valladolid.

The new service had renowned doctors such as Jaime Payrí Dalmau, son of the famous dermatology professor from the University of Barcelona, and Rafael Albiol Higuer, who served as soldiers in the 2nd command of Military Medical Services in Valladolid. Both swiftly moved to the preventative services of the Northern Army, integrated as medical lieutenants. In 1938 the doctor Peyrí Dalmau served in the Navalcarnero centre. Some second lieutenant doctors such as Emilio Cabanellas de Torres, Santiago Ortiz García and Máximo Muños Casas joined this service in the city of Valladolid, and were promoted to lieutenant in May 1937. Others, who had already moved to reserves, were reincorporated into active service. This is the case, in August 1937, of the doctor of the official anti-venereal disease service Félix Contreras Dueñas. The same occurred with the urgent incorporation of doctors, clinics and even bacteriologists from the official anti-venereal disease service to this Military Medical Service, all of whom were from the scale of the Home Office and integrated as medical lieutenant. During all the war, there were private doctors who treated venereal disease by paying. Other cases were taken to the urology services, spread out across the hospital network. Later, serious cases were treated in the military hospital of Getafe, but no reliable statistics were gathered. [45] Despite appearing in the medical organisational structure, this service continued to be subjected to all types of shortages, worsened by the lack of specific medication.

4. At the end of the War: the *useful placement.*

After the war, the incorporated civilian doctors, led again by the old controlling medical elite, collected favors for their participation in the form of jobs and even bounty. We are talking about the *useful placement* in the institutions of post-war society up to 1944,

[44] James MATTHEWS: op. cit., pp. 210-211.
[45] Ibídem, pp. 154-155: Carabanchel, Getafe.

when the law setting the main guidelines for national health was passed. [46] We discover them at different levels in three fields of activity: the elite medical workers, the *politics* of the regime and, no less importantly, as permanent doctors. That is, in the post-war period, the integrated doctors were soon discharged from the over-sized army and returned to the civil health system: state and provincial institutions, professional associations, boards, foundations, private organizations, scientific academies, as well as a rather considerable proportion that entered university lecturing. In this way, the elite of professionals that had always controlled the public care structure remained cleverly unaltered. Some names were different, but the essence remained the same. It was a very small group that anchored its strong roots in the Administration and extended its tentacles throughout the entire geography of Spain.

The integrated civilian doctors occasionally postponed their active connection with the army, although they maintained the job or similar for 'other purposes'. The firm experience of having participated in the victorious camp enabled them to obtain more or less important positions in civil health organisations that were dependent on the state, councils, civil governments, towns and other institutions. The same can be seen in the universities and research centres (CSIC). In the latter, for example, the Cajal school was completely purged.[47] With this firm attachment to health and education institutions these court managers definitively moved to the previous posts and to pre-war schools. Thus, supporters of the regime methodically set up there. All the staff of the universities were purged and the deans (some of whom were integrated captains) undertook and sometimes decided the cases. The most well-known case is that of the dean of the Faculty of Medicine of the University of Madrid, Fernando Enríquez de Salamanca y Danvila, and the systematic purging of former colleagues and adversaries. It was with this same fury that Enrique Suñer Ordóñez purged the doctors committed to the work of the Republic.

In the so-called *political* organisations of the Franco regime, there was also a revealing number of integrated doctors. With the usual ostentation of the rank obtained in the army, many followed a career in the vertical structure. At the beginning, the most popular paths in this useful placement were the councils and city halls. Like beforehand in the poor provincial and municipal charity, the new administrators took important positions in the hospital centres that depended on these public organisations. Within the national area the court managers were posted in the National Health Board, controlled with an iron fist by colonel José Alberto Palanca from the Directorate-General for Health. In the hospital wards, the top positions were largely entrusted to those who had actively participated in the war. Authorities with decision-making powers within the Francoist medical apparatus would receive adulation and would lord it over professionals whose only aim had been to survive. It was total subordination and unshakable adherence. Francoism opened the doors to a replay of a thick web of interests. The tradi-

[46] Archivo General de la Administración (AGA). Gobernación, legs. 2508, 2571/1, 2609 y 2618.

[47] "Mientras Severo Ochoa lograba reconocimientos crecientes en su país de adopción, instalado en el corazón de Manhattan [...] los restos de la escuela de Santiago Ramón y Cajal fueron completamente alcanzados por la purga depuradora de las nuevas autoridades". M. J. SANTESMASES: "Viajes y memoria: las ciencias en España antes y después de la Guerra Civil", *Asclepio*, 2 (2007), pp. 213-230.

tional controllers of Spain's health care ensconced themselves in academic institutions, [48] official associations and professional organizations where they exerted great influence and created unshakable bonds. A new "counter-reformation" was put into practice based on flattery towards the supporters and ruthless attacks against the vanquished. This environment created a smoke screen that, for years, concealed earlier behaviors that would now be considered contrary to a reasonable community spirit, to respectable medical practice or the management of a health service.

At the ground level the placement as permanent doctors of those who had served as integrated officers during the war and did not have prominence can be appreciated. A notable number occupied positions in public homecare assistance on the scale according to merits obtained, leaving those who chose these jobs in open examinations in second place. This unique influx of fervent doctors contributed towards ensuring complete control of the defenceless civilian population. As we can observe in the table, the placement of these ex-combatants in the position of permanent doctor fulfilled a clever policy undertaken by the Franco authorities to benefit those who collaborated in the war —both in the army and the navy— and at the same time control any possible attempts at protest. Therefore, those associations of permanent doctors who in the past had battled to obtain better and more decent conditions in the professional army disappeared or were left without relevant functions.

Table 7. Public homecare assistance doctors who took up their positions in 1940.

GROUP	**Number**	**%**
Maimed	22	1.6
Ex-combatant, officers	465	34.3
Other ex-combatants	185	13.6
Ex-prisoners	76	5.6
Orphans and victim kins	39	2.9
SUBTOTAL	**787**	**58.0**
Other	569	42.0
TOTAL	**1356**	**100.0**

Source: Home Office, order of November 30, 1940 (*Boletín Oficial del Estado,* December 14)

"Will it be necessary to remind Spaniards of the severe chastisement wreaked by such a carefree and miserly life?" Falangist doctor Laín Entralgo's cruel question preached total submission to the new figures of authority. [49] Without a doubt, this as-

[48] Real Academia Nacional de Medicina, *Discursos de toma de posesión*, Madrid, 2001.
[49] Pedro LAÍN: "Prólogo a un libro de pícaros", in Rogelio PÉREZ OLIVARES: *Anecdotario pintoresco,* Madrid, s.n., 1944. The paragraph ends with this malicious question: "Can he not do it? He, who, in addition to using pen with natural and free-flowing elegance, is among the more loyal, exact and devoted servants of the Spanish State?", p. 14.

sessment by the "well-placed" professor of medical history was subscribed to unconditionally within the privileged quarters of civilian medicine.

These loyal medical workers, trained in the columns of the victors of the war (table 7), would be the first to applaud and spread the confusing and rather ineffective 'social' measures of the Franco regime as regards public care.[50] From their positions of responsibility, the adherents buttressed the regime. The director-general of Public Health who drafted the 1944 Health Law was Colonel Juan Alberto Palanca, who had been an army physician on the Northern Front. The head of state pediatrics, Juan Bosch Marín, explained without blushing that there were no poor people and that wretchedness existed only on the outskirts of Madrid and Barcelona. In 1942, he stated that the "average standard of living in Spain is sufficient, within the usual level of sobriety". [51]

Without a doubt, a large degree of the widespread legend of the care policy of the Franco regime stems from this group, who unfortunately have been undervalued in many studies, and not only from those who remained in more responsible positions. In this way, the integration into military ranks came to an end with the assault on public jobs and other privileges in a deferred and permanent payment to loyalty. Within the Francoist Army, the Military Health Corps remained encumbered by its old problems. The health services again became ensconced in the most tremendous ineffectiveness, without any attempt at improvements. In 1939, after the war, health and hygiene within the Spanish Army continued to be lacking.

Concluding remarks

The reforms undertaken by the Republic had resulted in a better sized, better organized army with a credible budget. With the 1936 uprising, the physicians of the Military Health Corps were split in two. For the most part, senior medical commanders remained in areas loyal to the Republic. In any case, in July 1936 neither side had a military health structure strong enough to meet the urgent demands of prolonged warfare.

On the rebel side, command of the Military Health Services corresponded first to the Jefatura de Zaragoza, headquarters of the presidency of the National Defense Junta. But when General Franco became head of state, it was centralized in the CGG. At first, the commanders were from the mainland, but they were soon joined by arrivals from the Canary Islands and the African posts. The "Africanist doctors" held enormous power during the war and in its aftermath. Franco and his circle prioritized personal relations and unquestioning loyalty.

Military staff were insufficient to cover needs and it was necessary to incorporate civilian health care workers, who were granted military rank according to their professional categories. The number of incorporations was huge, particularly of surgeons. Barely one out of ten heads of surgical teams was military. Some of these civilian doctors came from among the conscripts, other had fled, others had crossed over to the re-

[50] Joan SERRALLONGA: "El cuento de la regularización sanitaria y asistencial en el régimen franquista. Una primera etapa convulsa, 1936-1944", *Historia Social*, 59 (2007), pp. 77-98.
[51] Juan BOSCH MARÍN: *La asistencia sanitaria a la madre y al niño*, Madrid, s.n. 1942, p. 9.

bels' side. Many doctors from the occupied zone signed up: some out of conviction, others out of fear. But sometimes, the pay and the bounty were sufficient incentives. Health workers who failed to enroll were violently repressed. The medical cliques retained their power in this situation. Contrary to what has been said, many Catalan and Basque health workers were among those who crossed over to the Francoist ranks. Assistant staff at the military hospitals were controlled by religious congregations. Volunteer nurses from Frontlines and Hospitals added to the pool of assistants. There was some international aid, but much less than on the Loyalist side.

The web of military hospitals was operative, but disorganized. The network was centered around Zaragoza, Valladolid, Burgos, Pamplona and Sevilla. The Galician zone was an area of great rearguard hospital activity. Medical evacuations from the front line hospitals to rearguard hospitals were improved by the use of hospital trains. All facilities in the occupied zone, be they public or private, were put to use. Foreign fighters had their own medical teams, hospitals and means of transport, as did the Moroccan troops and the legionnaires. But although reports by the victors denied it, chaos reigned.

The supply of medicines by German and Italian laboratories was fundamental, as were purchases made abroad. Spanish drug manufacture did not cover basic needs. These drugs played an important role in the treatment of venereal diseases, which represented a mayor health problem. The tacit tolerance, even encouragement, of prostitution was long-lasting. Its cover-up, and the cover-up of its health consequences, has posed a problem for investigators. War medicine and surgery gave rise to important advances which would be further developed during World War II. The publication of results allows us to assert that advances were made on both bands, but many more on the Republican side.

After the war, civilian health workers left the Army. Doctors, pharmacists and assistants claimed their rewards in the forms of public sector jobs, favors or postings, even war bounty. The traditional medical elites, who had presided over much of the military health services during the war, returned to power in civilian society. This small group took charge of the Francoist medical administration and its institutions. But the regime's propagandists were to be found among the rank and file of the medical community. These “faithful servants of the State” occupied public health posts and applauded the social measures of the Franco regime. But the New State did close to nothing for military medicine, which remained in a precarious state.