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The Influenza Pandemic of 1918–19 in Spain: From the Epidemic to the Crisis of Liberalism

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This article analyses the political impact of the 1918 influenza pandemic in Spain, a hitherto scarcely explored subject. It first discusses the evolution and impact of the pandemic, focusing on political and social responses. It then shows how these responses were related to debates about the crisis of Restoration Spain's political system. Lastly, it analyses the long-term political impact of the influenza pandemic, showing how the demands of this period can be linked to policies and discourses during the Primo de Rivera dictatorship, particularly regarding the links between the call for a 'health dictatorship' developed during the pandemic and the rhetorical use of medical language linked to authoritarian regenerationism between 1923 and 1930.

Introduction

The influenza pandemic of 1918–19, popularly known as the 'Spanish Flu' or the 'Spanish Lady', is considered the most significant global pandemic crisis of the twentieth century, comparable only to the AIDS crisis at the end of the century. The most recent mortality studies estimate that it killed between 50 and 100 million people worldwide in only two years. According to the same studies, at least a third of the world's population became infected with the virus.¹ In the United States, it is estimated that some 668,000 people died in two years, significantly more than the 423,000 who lost their lives in the two world wars, Vietnam and Korea combined.²

The pandemic unfolded in three waves which, generally speaking – with variation in different countries and on different continents – occurred in the spring and autumn of 1918 and the first months of 1919. Recent studies have suggested that a brief fourth wave took place in early 1920.³ The first wave was remarkably benign. Those infected generally experienced common flu symptoms and few complications. Conversely, the second wave of the pandemic occurred on a global scale and mortality was extremely high. During this wave, influenza frequently caused pulmonary complications leading to death. The third wave in the first three months of 1919 was the least severe of all. The pandemic of 1918–19 differed from other flu epidemics in that the worst outcomes were generally seen in seemingly healthy young adults aged twenty to forty.⁴ The regions which experienced the highest mortality rates

¹ Niall P. A. S. Johnson and Juergen Müller, 'Updating the Accounts: Global Mortality of the 1918–1920 "Spanish" Influenza Pandemic', *Bulletin of the History of Medicine*, 76 (2002), 92–104; Howard Phillips and David Killingray, eds., *The Spanish Influenza Pandemic of 1918–19. New Perspectives* (London: Routledge, 2003).

² Alfred W. Crosby, *America's Forgotten Pandemic* (Cambridge: Cambridge University Press, 1989), 206–7.

³ Laura Cilek, Gerardo Chowell and Diego Ramiro Fariñas, 'Age-Specific Excess Mortality Patterns During the 1918–1920 Influenza Pandemic in Madrid, Spain', *American Journal of Epidemiology*, 187, 12 (2018), 2511–23.

⁴ Jeffery K. Taubenberger and David M. Morens, '1918 Influenza: The Mother of All Pandemics', *Emerging Infectious Diseases*, 12, 1 (2006), 15–22.

worldwide were Africa and part of Asia, whereas the pandemic had a far lesser impact in Europe and North America. It is estimated that the worldwide mortality rate was at least 2.5 per cent, albeit with significant regional differences, ranging from 1 per cent in China to 6 per cent in India and 9 per cent in South Africa. The pandemic likewise had an unequal impact in different European countries. Denmark's mortality rate of 0.4 per cent was far lower than the average of 1.2 per cent in Spain.⁵

The intense debate on the origin of the virus began at the start of the pandemic and has continued up until the present day. The most noteworthy studies have concluded that it may plausibly be traced to either China or the United States, though there are also hypotheses which point to France.⁶ Regardless of where exactly the virus originated, it is crucial to keep in mind that the emergence and spread of the pandemic were directly tied to the course and end of the Great War. Among other factors, 'total war' entailed the widespread movement of travellers, workers and soldiers around the globe. Travel in overcrowded and unhygienic conditions favoured the spread of the virus.⁷

A large number of studies on the flu of 1918 have been published in the last few decades. Researchers have examined the medical, epidemiological and demographic aspects of the pandemic.⁸ The proliferation of studies focused on the impact of the pandemic at the local level, drawing on testimonies and experiences, has helped to provide a more complete picture of this global phenomenon.⁹ However, in the existing literature, only a small number of collective volumes have considered the importance of analysing the relationship between the pandemic, politics and culture.¹⁰

The short duration of the pandemic has been an obstacle for historians, as it was for doctors at the time.¹¹ Despite the global significance of the pandemic and considerable research on its public health, medical and epidemiological aspects, its political and cultural impact has hardly been studied. Most studies on the global impact of the First World War and its aftermath accord little importance to the flu of 1918–19.¹² Historians have disregarded the possible relationship between the pandemic and the crisis of European liberalism. There are a number of reasons for this historiographical omission. Firstly, it should be mentioned that no process of constructing an official memory from the state of the pandemic occurred after 1919, meaning few references were made to its impact during the 1920s and 1930s.¹³ Secondly, only recently have researchers revised the estimated death toll of the 1918–19 period. In the years immediately following the pandemic, it was estimated that it had killed nearly 21.5 million people. In the 1990s, researchers suggested the higher figure of 30 million, still far lower than

⁵ Laura Spinney, *Pale Rider: The Spanish Flu of 1918 and How it Changed the World* (New York: PublicAffairs, 2017), 9.

⁶ A renewed state of art on the origins of the epidemic in John S. Oxford and Douglas Gill, 'Unanswered Questions about the 1918 Influenza Pandemic: Origin, Pathology, and the Virus Itself', *The Lancet Infectious Diseases*, 18, 11 (2018), 348–54.

⁷ See, for instance, Pierre Purseigle, 'A Wave on to Our Shores. The Exile and Resettlement of Refugees from the Western Front, 1914–1918', *Contemporary European History*, 16, 4 (2007), 427–44.

⁸ For a good overview of advances in microbiology with regard to the virus and the pandemic, see Kristy R. Short, Katherine Kedzierska and Carolien E. van de Sandt, 'Back to the Future: Lessons Learned From the 1918 Influenza Pandemic', *Frontiers in Cellular and Infection Microbiology*, 8, 343 (2018). Also see Jeffery K. Taubenberger, John C. Kash and David M. Morens, 'The 1918 Influenza Pandemic: 100 Years of Questions Answered and Unanswered', *Science Translational Medicine*, 11, 502 (2019), 1–15.

⁹ Interesting notes on the incorporation of local studies in Phillips and Killingray, *Spanish Influenza*, 18–19. Richard Collier, *The Plague of the Spanish Lady* (New York: Atheneum of Books for Young Readers, 1974) stands out for the author's use of individual testimonies to tell the story of the pandemic.

¹⁰ These volumes include Phillips and Killingray, *Spanish Influenza*; María Isabel Porras Gallo and Ryan Davis, eds., *The Spanish Influenza Pandemic of 1918–1919* (Rochester: University of Rochester Press, 2014).

¹¹ Terence Ranger, 'A Historian's Foreword', in Phillips and Killingray, *Spanish Influenza*, xx.

¹² Examples of studies that accord little importance to the pandemic include Jay Winter, *The Cambridge History of the First World War*, 3 vols. (Cambridge: Cambridge University Press, 2014); Oliver Janz, *Der große Krieg* (Frankfurt am Main: Campus, 2013); Robert Gerwarth, *The Vanquished: Why the First World War Failed to End, 1917–1923* (London: Allen Lane, 2016).

¹³ For the case of Senegal see Myron Echenberg, "'The Dog that Did Not Bark". Memory and the 1918 Influenza Epidemic in Senegal', in Phillips and Killingray, *Spanish Influenza*, 238.

current estimates of at least 50 million.¹⁴ This lack of knowledge of the actual demographic impact of influenza may have lessened its consequences during the following years. Lastly, and most importantly, there has been little research on the flu pandemic because the First World War was such a crucial historical event. The consequences and convulsive aftermath of the war have done much to obscure the political, social and cultural impact of influenza.¹⁵ A conclusive comparison of interest in these two historical events can be found in the results of a 2017 WorldCat search, which returned some 80,000 books about the Great War and only around 500 with the Spanish flu as the main subject.¹⁶

The state of the literature on the impact of the flu of 1918–19 in Spain differs little from that in Europe as a whole and worldwide. Excellent overviews of the topic have been published that discuss local political and social dynamics as well as public health, medicine and demography.¹⁷ From a cultural studies perspective, Ryan A. Davis has examined ‘flu discourse’ in Spain, underscoring the relationship between narratives of the epidemic and the articulation of discourses of Spanish national identity.¹⁸ In addition, there are noteworthy studies on the impact of influenza at the local and regional level.¹⁹ Nevertheless, in Spain and in Europe as a whole, existing studies fail to provide a detailed analysis of the impact of flu in the context of the historical period of 1917–23.²⁰ This period, that of the crisis of liberalism in Spain – and in Europe – is essential to understanding the calls for authoritarian solutions that led to the establishment of the dictatorship of Miguel de Primo de Rivera.²¹ This article aims to analyse the impact of the epidemic in Spain in this broader historical context, which stretches from the end of the Great War to the establishment of the dictatorship in 1923.

From the First Outbreaks to the Eruption of the Epidemic

Although Spain did not participate in the First World War, the social, economic and political consequences of the war had been felt intensely since August 1914.²² As such, the domestic situation was already considerably complex when influenza reached the country. The months before the arrival of the epidemic were marked by the crisis of 1917,²³ the impact of the Russian Revolution, social

¹⁴ Edwin Jordan, *Epidemic Influenza: A Survey* (Chicago: American Medical Association, 1927); K. David Patterson and Gerald F. Pyle, ‘The Geography and Mortality of the 1918 Influenza Pandemic’, *Bulletin of the History of Medicine*, 65 (1991), 4–21.

¹⁵ Howard Phillips, ‘The Re-appearing Shadow of 1918: Trends in the Historiography of the 1918–19 Influenza Pandemic’, *Canadian Bulletin of Medical History*, 21, 1 (2004), 123.

¹⁶ Spinney, *Rider*, 196–7.

¹⁷ Beatriz Echeverri Dávila, *La Gripe Española. La pandemia de 1918–1919* (Madrid: Siglo XXI, 1993); María Isabel Porras Gallo, *Un reto para la sociedad madrileña: la epidemia de gripe de 1918–19* (Madrid: Editorial Complutense, 1997). For an updated and expanded version of the latter, see Porras Gallo, *Gripe*.

¹⁸ Ryan A. Davis, *The Spanish Flu. Narrative and Cultural Identity in Spain, 1918* (New York: Palgrave Macmillan, 2013).

¹⁹ Esteban Rodríguez Ocaña, ‘La grip a Barcelona. Un greu problema esporàdic de salut pública. Epidèmies de 1889–90 i 1918–19’, in Antoni M. Roca Rossell, ed., *Cent anys de Salut Pública a Barcelona* (Barcelona: Institut Municipal de Salut, 1991), 131–56; Alberto González García, ‘La epidemia de gripe de 1918–19 en la provincia de Cuenca’, PhD Thesis, Universidad de Castilla – La Mancha, 2013; Manuel Martínez Pons, ‘La epidemia de gripe de 1918 en la ciudad de Valencia’, PhD Thesis, Universitat de València, 1995; Anton Erkoreka, *La pandemia de gripe española en el País Vasco (1918–1919)* (Bilbao: Medikuntza eta Zientzia Historiaren Euskal Museoa, 2006).

²⁰ In Spain, the notable exception which does provide such an analysis is Victoria Blacic, ‘De la desinfección al saneamiento: críticas al Estado español durante la epidemia de gripe de 1918’, *Ayer*, 75, 3 (2009), 247–73.

²¹ For examples of the lack of discussion of the impact of influenza, see Francisco J. Romero Salvadó and Angel Smith, eds., *The Agony of Spanish Liberalism: From Revolution to Dictatorship, 1913–23* (Hampshire: Palgrave Macmillan, 2010); Fernando del Rey Reguillo and Manuel Álvarez Tardío, eds., *Políticas del odio: violencia y crisis en las democracias de entreguerras* (Madrid: Tecnos, 2017). A recent overview of Spanish liberalism in David San Narciso, Margarita Barral Martínez and Carolina Armenteros, eds., *Monarchy and Liberalism in Spain. The Building of the Nation-State, 1780–1931* (Abingdon: Routledge, 2020).

²² Maximiliano Fuentes Codera, *Spain and Argentina in the First World War: Transnational Neutralities* (Abingdon: Routledge, 2021).

²³ The summer crisis of 1917 was a triple crisis that destabilised the regime. It was provoked by Catalan regionalist movements in Barcelona, pressure from the military organised in the ‘*Juntas de Defensa*’ and a revolutionary general strike in August.

unrest, conflict between the state and peripheral nationalisms – particularly Catalan nationalism – and the conflictive situation in Morocco. Hunger and unemployment contributed to radicalising the population, and 1918 was the year that saw the largest number of workers' mobilisations during the period of 1914–18.²⁴ Violence began to spread to all of Spain. While unrest took a variety of forms, there were shared elements such as food riots and objections to high prices. Assaults on small shops and bakeries, often by women and children, became commonplace. Particularly intense was the series of strikes in rural Andalusia, where revolutionary ideas held considerable sway and the CNT's (National Confederation of Labour; *Confederación Nacional del Trabajo*)²⁵ influence and membership increased.²⁶ As a Catalan industrialist was to recall, in 1918, 'strikes had already increased one hundred per cent in comparison to the previous year and in Catalonia alone there were as many as 331'.²⁷ All these factors meant that the majority of Spain's population were severely weakened and living in conditions of poor hygiene and sanitation, particularly in urban working-class neighbourhoods. In Madrid, for instance, public spending had remained unchanged for two decades, despite a significant population increase. Influenza, as well as other diseases like cholera, smallpox and tuberculosis, exposed the lack of hygiene and public health measures and serious nutritional deficiencies among the population.²⁸

In 1918, the Spanish government and regional and local administrations had few tools for managing an epidemic. Spain had no Ministry of Health. Rather, the health system was part of the Interior Ministry (*Ministerio de la Gobernación*), which allocated only a very limited budget to this area. The country's precarious public health system operated under the General Health Law of 1855, which had last been amended in 1904 to lay out regulations governing the Royal Health Council (*Real Consejo de Sanidad*). In addition to this advisory body to the Spanish government, there were provincial and local boards (*juntas*). Doctors were precariously employed, as they were paid by municipal governments and had little authority and independence from mayors, who dominated local politics by means of corruption and *caciquismo*, a form of political bossism. There were scarcely any hospitals, and charitable religious organisations played a key role in caring for the sick. This resulted in a perilous and delicate situation, as the Inspector-General of Health, Dr. Martín Salazar, had denounced in 1913 in the speech he gave on the occasion of his induction into the Royal Academy of Medicine of Madrid.²⁹

As Charles E. Rosenberg has written, epidemics 'constitute a transverse section through society, reflecting in that cross-sectional perspective a particular configuration of institutional forms and cultural assumptions'.³⁰ Epidemics therefore serve to expose dysfunction and other problems in society, politics and culture. Spain in 1918–19 was no exception. Restoration Spain's political system, designed by Cánovas de Castillo following the collapse of the First Republic (1873–4), had reached a critical phase by 1918.³¹ Criticism of parliamentary and governmental incompetence from both

²⁴ Francisco J. Romero Salvadó, *The Foundations of Civil War: Revolution, Social Conflict and Reaction in Liberal Spain, 1916–1923* (London: Routledge, 2008).

²⁵ The CNT, founded in Barcelona in 1910, was (is) a confederation of anarcho-sindicalist labour unions which has got stronger in industrial and agrarian cores since 1917.

²⁶ Francisco Cobo Romero, "'The Red Dawn' of the Andalusian Countryside: Reform and Counter-Revolution and the Spanish Left, 1917–1923', in Romero Salvadó and Smith, eds., *Agony*, 121–44.

²⁷ Pedro Gual Villalbí, *Memorias de un industrial de nuestro tiempo* (Barcelona: Sociedad General de Publicaciones, 1922), 165.

²⁸ Vicente Pérez Moreda, David-Sven Reher and Alberto Sanz Gimeno, *La conquista de la salud. Mortalidad y modernización en la España contemporánea* (Madrid: Marcial Pons Historia, 2015), 274–84.

²⁹ Porras Gallo, *Gripe*, 65.

³⁰ Charles E. Rosenberg, *Explaining Epidemics and Other Studies in the History of Medicine* (New York: Cambridge University Press, 1992), 279.

³¹ The Restoration political system restored the Bourbon monarchy after the failure of the First Republic in 1874 and ruled until 1931. Devised by the conservative politician Antonio Cánovas del Castillo, the regime was based on the monarchy, liberal constitution and courts and a system of peaceful rotation between the liberal and conservative parties through rigged elections.

the right and the left had intensified following the crisis of 1917 and became more pronounced during the epidemic. Criticism was directed at all levels of government: the central Spanish government, provincial authorities (*gobiernos civiles*), provincial councils (*diputaciones*) and municipal governments in large cities.

As the crisis of the Restoration system worsened, Spain's first influenza cases occurred in May 1918. This first wave caused relatively few deaths and did not have a particularly significant impact on society, despite the fact that the virus had reached nearly all of Spain by the end of June. The exceptions where the epidemic didn't break out were Galicia, Catalonia and the Balearic Islands. According to official figures, on 1 June approximately 250,000 people were infected in Spain. The flu was popularly dubbed 'The Soldier from Naples' (*El Soldado de Nápoles*) after a song from *La canción del olvido*, a zarzuela that premiered in Madrid around the same time, ironically suggesting that the catchy tune was as 'infectious' as the virus. Other popular names included 'the three-day fever', '*la passa*' – a popular Catalan term referring to stomach problems – and 'the cockroach' (*la cucaracha*).³² Nonetheless, outside Spain, the flu was called the 'Spanish Flu', the 'Spanish Lady' or, in Italy, simply '*la Spagnola*', for one simple reason: Spain was the first country to officially report the epidemic because military censorship in the belligerent countries of the First World War covered up the presence of influenza. The popularisation of the idea of 'Spanish flu' was perceived as detrimental to the nation, and reaction in Spain was quick and vehement.³³

It was during the second wave that the epidemic in Spain began to have catastrophic consequences throughout the country. This wave was brought to Spain by travellers coming from France and travelled south along two principal routes, from Irun to Medina del Campo and from Portbou to Almería. Spanish workers, summer holidaymakers and Portuguese soldiers returning from the Western Front likely acted as involuntary spreaders.³⁴ During the second wave, the virus caused more severe symptoms and killed many more people. It spread throughout Spain, in part because soldiers were sent home when flu ravaged their barracks. The first cases were detected in mid-August 1918, and the wave lasted until late November. The number of cases and deaths peaked in mid-October, coinciding with the final weeks of the war. In most of the country, the second and third waves overlapped in late autumn and early 1919. Morbidity was high, though the exact figures are hard to calculate, and the mortality rate in 1918 increased 50 per cent compared to the previous year. A total of about 270,000 people died in Spain in 1918, which amounted to the largest negative annual natural population growth rate since 1800, twice that which would be seen in the worst years of the Civil War (1936–9).³⁵

In mid-September, the Spanish press, government and political parties began to take greater interest in the epidemic. Authorities at both the central and provincial levels urged people to remain calm, as they could trust in 'well organised' (*bien montados*) health services and modern science.³⁶ The interior minister wrote to the governors of Spain's border provinces to set up health stations to increase controls at the border, disinfect passengers, perform medical exams and isolate the sick.³⁷ In Catalonia, theatres were ordered closed in cities close to the French border, such as Figueres and Girona, though some were of the opinion that there was 'no reason for such alarming measures'.³⁸ In the city of Barcelona, the provincial governor stated that precautions were being taken even though the health situation was 'satisfactory, for now'.³⁹ Nevertheless, as the epidemic progressed, some newspapers began to sound the alarm, accusing authorities of lying about the situation. *El Diluvio*, a

³² Emilio Sánchez Pastor, 'La vida política', *La Vanguardia*, 9 June 1918.

³³ For example: Ariel, 'Cotidianas', *La Vanguardia*, 19 Sept. 1918.

³⁴ Porras Gallo, *Gripe*, 77.

³⁵ Beatriz Echeverri, 'Spanish Influenza Seen from Spain', in Phillips and Killingray, eds., *Spanish Influenza*, 173–90.

³⁶ Darío Pérez, 'Desde San Sebastián. La cuestión sanitaria', *Heraldo de Madrid*, 14 Sept. 1918.

³⁷ 'Medidas sanitarias', *La Vanguardia*, 14 Sept. 1918.

³⁸ 'Crónica telegráfica de provincias. Gerona', *La Vanguardia*, 20 Sept. 1918.

³⁹ 'La epidemia en Barcelona', *La Vanguardia*, 21 Sept. 1918.

republican newspaper from Barcelona, demanded to know ‘the truth’ and claimed that authorities – and doctors – thought it ‘more patriotic’ to hide what was in fact a truly ‘criminal’ situation.⁴⁰

In October, measures to stop the spread of influenza were extended to all of Spain. Crowding in enclosed spaces was prohibited and universities and schools were closed, as were bars and other leisure establishments. It was recommended that the sick be isolated from others and that homes be well cleaned. The most common measure was spraying streets, public transport and passengers with disinfectant. Although many scientists advised that such disinfection was useless – because flu was spread from person to person through the air – these practices continued throughout the epidemic, in large part in response to criticism in the press that not enough was being done.⁴¹

Compliance with these measures was limited and far from uniform. As the press complained, the general public had little awareness and education about hygiene and health issues. While establishments had been closed, parties and religious events continued to be held throughout the country. Persistent attempts at educating the public were unsuccessful. The newspaper *El Socialista* complained that ‘regional Virgins [Marian apparitions] and saints’ were often invoked to ‘fend off the plague that hygiene ought to prevent’.⁴² The bishop of Zamora, a town with one of the highest mortality rates in Spain by the end of the epidemic, organised a novena – nine days of prayer – starting on 30 September in honour of Saint Roch, patron against plagues, to protect the population from evil. At the height of the epidemic, in mid-October, a crowded procession was held in honour of the local Marian apparition, Our Lady of the Dormition (*La Virgen del Tránsito*). The procession resulted in a high number of infections, but the bishop, far from being blamed, was awarded the Cross for Charitable Works (*Cruz de la Beneficiencia*) for his actions during the epidemic in late 1919.⁴³ Similar events occurred in other cities, including Igualada in Catalonia and Yecla in Murcia.⁴⁴

From the beginning of the epidemic, the spread of influenza was closely tied to the celebration of religious festivities. Madrid’s Saint Isidore festivities had helped to spread the virus during the first wave. At the beginning of the second wave, Valladolid went ahead with the annual city festivities, held from 17 to 27 September, despite advice to the contrary from the provincial health inspector, Dr. Román García Durán. He later recalled how, weeks later, a small village in the Tierra de Pinares area experienced a severe outbreak: ‘Our impression upon arriving in the village could not have been bleaker: the church bells were sounding death knells, and the streets were deserted.’ The doctor ended his report with a hard-hitting rhetorical question: ‘Can there be any greater proof of the extent of a people’s ignorance about health?’⁴⁵ As Luis Calandre – a renowned cardiologist affiliated with the Free Institution of Education (*Institución Libre de Enseñanza*) – demonstrated, culturally speaking, the epidemic brought traditional religious values face to face with scientific and liberal values. This confrontation can be seen in the postcards distributed by the Royal Tourism Commission (*Comisaría Regia del Turismo*), which sought to associate the grandeur of the nation with hygiene. One side depicted Spanish monuments, while the other gave advice on good hygiene according to the recommendation of the doctors. In this way, the idea of the ‘healthy nation’ aimed to challenge the dominance of traditional religious and ‘anti-liberal’ and ‘non-scientific’ values omnipresence in Spanish society.

Foreign Danger and Domestic Danger

The varied and contradictory responses seen within Spain contrasted with the zeal for preventing ‘evil’ from entering from abroad. The press took a particular interest in the situation at Spain’s borders and the control and disinfection of travellers entering the country. As occurred in other countries, the

⁴⁰ ‘Dígase la verdad’, *El Diluvio*, 27 Sept. 1918.

⁴¹ Porras Gallo, *Gripe*, 172–3.

⁴² ‘Las autoridades españolas combatiendo la epidemia’, *El Socialista*, 14 Oct. 1918.

⁴³ Spinney, *Rider*, 82–5.

⁴⁴ Blacik, ‘Desinfección’, 263–4.

⁴⁵ Román García Durán, *Memoria de la epidemia gripal en la provincia de Valladolid en 1918* (Valladolid: Talleres Tipográficos Cuesta, 1920), 19. In the original Spanish, the author’s rhetorical question is: ‘¿Puede darse mayor prueba del grado de incultura sanitaria de un pueblo?’.

'other', the 'foreign enemy', began to be blamed for bringing the virus to Spain. Foreigners were stigmatised and there were constant claims that this 'other' carried the virus, which was in fact already widespread throughout Spain. Particular blame was directed at Portuguese soldiers who had to cross Spain to return home after fighting on the Western Front. There were constant calls to close borders to prevent influenza from entering Spain. The Maurist⁴⁶ newspaper *La Acción* demanded 'radical and very strict' measures to prevent the entry of foreigners in order to 'free Spain from the horrors of an epidemic . . . imported from France by Portuguese soldiers'.⁴⁷ *La Nación*, another conservative newspaper, warned in mid-September that French authorities planned to send a train full of soldiers ill with flu across the border.⁴⁸ In Palencia, the local press reacted with harsh criticism when it became known that a Portuguese convoy had been allowed to travel through town. Critics demanded that trains be prohibited from stopping at stations along the way and that measures be taken to prevent 'ill soldiers' from travelling through Palencia.⁴⁹ Medical professionals were among the many who expressed alarm about the dangers posed by Portuguese soldiers in transit throughout the epidemic. The health inspector in Valladolid proposed that trains carrying Portuguese soldiers 'carry special deposits' in which their 'defecations and urine can be sterilised'. He believed it was 'dangerous for these products to be spilt along the entire route'.⁵⁰ It led the Spanish government to send a telegram 'categorically' prohibiting 'the entry of Portuguese [nationals] and foreigners'. Entry was limited to Spaniards, who were required to undergo a medical examination.⁵¹

The health stations located at Irun and Portbou – the principal crossing points on the border with France – and at Medina del Campo – one of the principal railway nodes in Spain – were put to the test. Health stations were also built at the other crossing points along the border with France: La Jonquera and Puigcerdà, in the province of Girona; Canfranc and Sallent, in Huesca; Dantxarinea, Bera and Luzaide/Valcarlos in Navarre; and Behobia in Gipuzkoa. Setting up beds for the sick, steam disinfectors and medical examinations was thought to be fundamental to preventing influenza from entering Spain.⁵² Despite such strict measures, tension abounded among the population, 'alarmed' by the lack of control of the epidemic. In October 1918, the situation at the French border in Catalonia had worsened: 'rumours are circulating, not yet confirmed, but very widespread, that the *Guardia Civil* and the *carabineros*⁵³ have had to use weapons against a large number of immigrants attempting to enter Spanish territory' outside the authorised crossing points.⁵⁴ In Figueres, the last major city before the French border, the railway station was 'packed with immigrants', who were mostly Spanish workers returning from France.⁵⁵ In Barcelona, too, there were growing concerns about the state of the health stations at the border, in addition to the health stations at the *Estación de Francia*, one of the most important stations in Spain's railway network. In May 1919, the situation was still tense. Residents of Sanlúcar de Barrameda – a city located on the Atlantic coast of Andalusia, not far from the Portuguese border – expressed concern 'about the arrival of Portuguese workers who might be carriers of the flu bacillus'.⁵⁶

Tensions were also high in port cities. In Torreveja, in the province of Alicante, in October 1918, 'residents rose up to prevent the disembarkation' of a Norwegian vessel with twelve sick sailors on board. A similar situation occurred in July 1919 when the passengers of the steam ship *Valbanera*,

⁴⁶ Maurism was a right-wing political movement centred around the figure of Antonio Maura.

⁴⁷ 'El estado actual de la epidemia. La salud pública', *La Acción*, 29 Oct. 1918.

⁴⁸ 'La situación sanitaria', *La Nación*, 15 Oct. 1918.

⁴⁹ 'Salud Pública. Cómo se desarrolla la epidemia', *El Sol*, 25 Sept. 1918.

⁵⁰ García Durán, *Memoria*, 7.

⁵¹ Archivo General de la Administración (AGA), IDD (15)003.003, caja 81/09677/1, exp.1, 7 Oct. 1918.

⁵² 'La Salud Pública en España: manifestaciones del subsecretario de Gobernación y del Inspector General de Sanidad', *La Época*, 10 Oct. 1918.

⁵³ The *Cuerpo de Carabineros* was an armed force responsible for patrolling Spain's coasts and borders to stop fraud and smuggling.

⁵⁴ 'Las epidemias: en Barcelona', *El Día*, 1 Oct. 1918.

⁵⁵ Carlos Crehuet, 'En la frontera española. El estado sanitario. La inquieta opinión: el viaje', *La Publicidad*, 5 Oct. 1918.

⁵⁶ 'Notas de Andalucía. Llegada de obreros portugueses', *El Sol*, 18 May 1919.

including some infected with flu, disembarked in Barcelona.⁵⁷ Fear of contagion and memory of the severe outbreak of autumn 1918 kept people on the alert, which sometimes led to violent situations. In Santa Cruz de Tenerife in February 1920, 'a large number of local residents, led by the parish priest, brandishing a revolver, objected to the disembarkation' of a vessel with sick people on board. Following mediation with local residents, the passengers were disembarked and isolated, but the ship was 'fired on from the coast' as it set sail again.⁵⁸

The social and economic consequences of the second wave were particularly harsh and remained fresh in people's memory through the early 1920s. From September to November 1918, the shortage of doctors and medicine and the limited availability of health care made death a part of everyday life in villages and cities. Productivity fell significantly because workers were off sick or had died.⁵⁹ Many children were orphaned and charitable institutions were overwhelmed. In Barcelona, the Barcelona Economic Society of Friends of the Country (*Sociedad Económica Barcelonesa de Amigos del País*; SEBAP) organised a major charitable drive to raise funds for the most disadvantaged families. The SEBAP's president, Albert Rusiñol, a businessman and a politician who belonged to the Regionalist League (*Lliga Regionalista*), a conservative Catalan nationalist party, declared that the reason for the drive was that, in the poorest homes, 'not only has grief entered, but also the most frightful misery'.⁶⁰ The harsh effects of influenza can be seen in hundreds of letters received by the SEBAP, such as one requesting help for María, Pedro and Juan, three children aged eleven, nine and four, who had been orphaned by the epidemic and were being cared for by neighbours. In another letter, a widow called María Figueres requested that her children, Engracia and Juan, aged six and three, be taken in because her husband had died of flu in October 1918 at the age of thirty-two, and she could not support them.⁶¹ Among the poorest segments of society, three or four families lived under one roof. Children and adults were living with 'cadavers alongside dying sick people'.⁶² Burial services were overwhelmed. In Barcelona, during the worst days of October, there were not enough coffins and carts to take away the dead, and bodies amassed in cemeteries.⁶³ According to Manuel Ribé, a functionary in the Catalan capital, 'everything was gloomy, everything reeked'.⁶⁴

Not only did the poorest members of society suffer the worst consequences of the epidemic, but they were blamed for the emergence and propagation of the disease, stigmatised as a 'domestic danger'. During the first wave, there were calls in the Congress of Deputies for the inspection of some 'shacks underserving of that name' on the outskirts of Madrid. These precarious dwellings were called 'real focal points of infection . . . to go spreading the germs of the disease all over the place'.⁶⁵ The most extreme example of this tendency to blame the poor occurred in Alicante. Las Provincias, one of the poorest neighbourhoods in the city centre, was accused of being the focal point for the spread of the disease. In October 1918, nearly eighty homes were demolished, and the families who lived there were forced to leave. The city council and all political parties, with the exception of the Alliance of the Left (*Alianza de Izquierdas*), supported this measure. *El Correo*, the local conservative Maurist newspaper, justified the measure in the name of a 'battle for health'. While what happened in Alicante was particularly extreme, it was not the only such case in Spain.⁶⁶

⁵⁷ 'El caso del Valbanera', *El Diluvio*, 25 July 1919.

⁵⁸ 'El miedo a la gripe. Centenares de disparos contra el vapor "Fuerteventura"', *El Sol*, 18 Feb. 1920.

⁵⁹ Porras Gallo, *Gripe*, 113–4.

⁶⁰ 'El deure dels bons ciutadans. Parla en Rusiñol', *La Veu de Catalunya*, 4 Nov. 1918.

⁶¹ Letter to the Sociedad Económica Barcelonesa de Amigos del País (SEBAP), 12 Apr. 1920, Arxiu Nacional de Catalunya (ANC), Fons de la Societat Econòmica Barcelonesa d'Amics del País (SEBAP), U135, u1764; Carta, 26 May 1920, ANC, Fons SEBAP, U135, u1764.

⁶² 'Una almoïna, per l'amor de Déu', *La Veu de Catalunya*, 25 Oct. 1918.

⁶³ Rodríguez Ocaña, 'La grip a Barcelona', 147.

⁶⁴ Manuel Ribé, *Memorias de un funcionario* (Barcelona: Marte, 1963), 71.

⁶⁵ *Diario de Sesiones del Congreso*, 47, 31 May 1918, 1290.

⁶⁶ 'El estado actual de la epidemia: en provincias', *La Acción*, 3 Oct. 1918; Josep Bernabeu-Mestre and Mercedes Pascual Artiaga, 'Epidemic Disease, Local Government, and Social Control: The Example of the City of Alicante, Spain', in Porras Gallo and Davis, eds., *Spanish Influenza*, 215–29.

That growing social unrest was tied to the influenza epidemic's worsening consequences was evident throughout 1919 and 1920. The end of the war combined with pressing social conflicts, which were exacerbated by the effects of the Allied victory, the Bolshevik Revolution and the economic recession. The number of strikes increased significantly. Beginning in early 1919, the anarcho-sindicalist CNT became a central player in Spanish politics. Unrest occurred principally in Catalonia and in southern Spain, where the so-called 'Bolshevik Triennium' took place. In Catalonia, the labour movement's first show of strength was victory in the *La Canadiense* strike in February 1919, which led to the introduction of the eight-hour work day. In Aragon, a series of mobilisations culminated in the general strike of 29 November to 11 December 1918, in which the principal demands were the eight-hour work day and increased wages. In 1919, 326,000 working hours were lost.⁶⁷ The influenza epidemic occurred at a time of enormous social upheaval, and events in Spain were part of a broader process taking place throughout Europe. The Maurist newspaper *La Acción* expressed this idea using a metaphor that linked the concepts of 'virus' and 'moral epidemic' to the decline (*decadencia*) represented by trade unionism and Bolshevism.⁶⁸

From Criticism of the Epidemic to Criticism of the Regime: Towards a 'Health Dictatorship'

Generally speaking, the entire Spanish political spectrum saw the inefficiency of the state and regional and local administrations as the cause of the epidemic disaster. Such criticism, which became more frequent starting in late September 1918, was initially aimed at the ineffectiveness of the measures adopted to control the spread of influenza but subsequently evolved into harsh criticism of the poor functioning of the state. The lack of response dissipated the enthusiasm for the government led by the conservative Antonio Maura from March to November 1918.⁶⁹ From November 1918 to May 1920, the Spanish government was led successively by Manuel García Prieto, Álvaro de Figueroa (Count of Romanones), Antonio Maura (again), Joaquín Sánchez de Toca, Manuel Allendesalazar and Eduardo Dato. In this context of political instability, antiliberal ideas gained sway. On the left, antiliberal tendencies included communism, a form of socialism strongly influenced by the war – for which liberal governments in Europe were blamed – and a form of republicanism with a strongly anti-parliamentarian bent. On the other extreme of the political spectrum, the reactionary right was incessantly critical of what it considered excessive liberalism and democracy.⁷⁰ During this period of increasing antiliberalism and political instability, Catalan nationalist demands for regional autonomy played a key role in shaking the foundations of the regime. The project to grant Catalonia a Statute of Autonomy generated heated debate in Parliament and in the press and put the monarchy, the military and Spanish nationalists in Catalonia on edge because they believed the unity of the Spanish nation was in peril.⁷¹

Criticism was aimed at the government, which was accused of acting too late and making the wrong decisions to avoid the spread of the epidemic. *El Globo* wrote that 'with this system and these authorities it is no wonder that epidemics spread; what is surprising is that anyone is left to talk about it'.⁷² Despite the extreme severity of the second wave, the sanitary situation was not discussed in the Congress of Deputies, which was closed until October 1918 because the government wanted to avoid debate. Even after it was reopened, no special session on the epidemic was held, despite the

⁶⁷ Angel Smith, *Anarchism, Revolution and Reaction. Catalan Labor and the Crisis of the Spanish State, 1898–1923* (Oxford: Berghahn Books, 2006), 290–322; Romero Salvadó, *Foundations*, 123–256; José Antonio Biescas, 'Incidencia de la I Guerra Mundial en la economía aragonesa', *Cuadernos Aragoneses de Economía* (1975–6), 128–9.

⁶⁸ 'Una epidemia moral', *La Acción*, 19 Oct. 1918.

⁶⁹ Blacik, 'Desinfección', 251.

⁷⁰ Alejandro Quiroga, 'Nation and Reaction: Spanish Conservative Nationalism and the Restoration Crisis', in Romero Salvadó and Smith, eds., *Agony*, 202–29.

⁷¹ Javier Moreno Luzón, 'De agravios, pactos y símbolos. El nacionalismo español ante la autonomía de Cataluña (1918–19)', *Ayer*, 63, 3 (2006), 119–51.

⁷² 'La epidemia de actualidad. Avisos interesantes y oportunos', *El Globo*, 1 Oct. 1918.

need for reforms.⁷³ Nevertheless, members of the Congress and the Senate harshly criticised the lack of modernisation in Spain's health services, as did newspapers and magazines. The lack of medical personnel, medicines, disinfection products and foresight became grounds for decrying the state's lack of modernisation: 'everything remains to be foreseen and to be done', stated an article in the magazine *Nuevo Mundo*.⁷⁴ In this same vein, August Pi i Suñer, a republican member of the Congress of Deputies and a doctor, referred to the 'embarrassing Spanish health situation' resulting from the country's 'odious public administration'.⁷⁵ People were dying 'due to apathy, due to negligence, due to the neglect of the Government, aided by irresponsible members of parliament'.⁷⁶

Doctors, who had been somewhat discredited as a profession at the beginning of the second wave of the epidemic due to difficulties in identifying the pathogen that caused the disease, played a prominent role afterwards. Adopting a hygienist discourse that had been predominant in Spain since the end of the nineteenth century, they indicated that a lack of education and hygiene, insalubrity and – most importantly – the state's neglect of medical and health services were to blame for the spread of influenza. These demands from the medical profession were also a way to secure the medical 'class' standing and expertise.⁷⁷ They had been calling insistently for the creation of a Ministry of Health and a better organised health system for years. Doctors were paid by municipal governments, rather than by the state, meaning their professional independence and authority were entirely dependent on the will of local *caciques*.⁷⁸ An example of this lack of professional independence had been seen in Pamplona, where local authorities ignored recommendations to cancel the San Fermín festival in summer 1918.⁷⁹

The press largely ceased to question the trustworthiness of doctors and instead turned its attention to the failure of governmental policies, a widespread phenomenon seen in both conservative and left-wing publications. *El Socialista*, which had pointed to the omnipresence of religious practices as contrary to modernising the health system, did not hesitate to link corruption and *caciquismo* to the insufficient response to influenza.⁸⁰ A news story from July 1915, the murder of the local *cacique* in El Pobo, in the province of Teruel, at the hands of the local doctor, Alfredo Alegre, was again discussed in the press.⁸¹ This murder case was used to argue that violence appeared to be the only means to do away with political obstacles to taking action against influenza. Corrupt local politics was incompatible with the adoption of policies based on scientific knowledge. The Restoration system in Spain appeared to be irreconcilable with the democracy and modernity that were emerging from Europe's battlefields. As Victoria Blacik has pointed out, like the 'iron surgeon' theorised by Joaquín Costa in 1902, the El Pobo doctor was portrayed in the press as Spain's civic saviour.⁸² Doctors were at the forefront of the fight between civilisation and barbarism, which had re-emerged in Spain.⁸³ As the doctor and liberal politician José Francos Rodríguez contended, modernising Spain meant professionalising its health system.⁸⁴ Intellectuals and medical professionals – doctors, but also pharmacists

⁷³ The only health legislation of any real significance was the Royal Decree on Infectious Diseases (*Real Decreto de Enfermedades Infecciosas*), approved in Jan. 1919. María Isabel Porras Gallo, 'La profilaxis de las enfermedades infecciosas tres la pandemia gripal de 1918–19: los seguros sociales', *Acta Hispanica ad Medicinam Scientiarumque Historiam Illustrandam*, 13 (1993), 279–93.

⁷⁴ 'Crónica de la Semana', *Nuevo Mundo*, 4 Oct. 1918.

⁷⁵ *Diario de Sesiones del Congreso*, 93, 13 Nov. 1918, 3007.

⁷⁶ Francisco Masip y Valls, 'La salud del pueblo en manos de "Doña Penélope"', *La Acción*, 4 June 1918.

⁷⁷ Davis, *The Spanish Flu*, 92.

⁷⁸ Porras Gallo, *Gripe*, 141–3.

⁷⁹ *Ibid.*

⁸⁰ 'Los estragos de la gripe', *El Socialista*, 26 Oct. 1918.

⁸¹ 'La tragedia de El Pobo', *El Imparcial*, 11 Apr. 1916. A few months before the epidemic began, a doctor and member of the Congress of Deputies, Dr. Francos Rodríguez, requested a pardon for Alegre. *Diario de Sesiones del Congreso*, 27, 8 Aug. 1919, 886.

⁸² Blacik, 'Desinfección', 267.

⁸³ Antonio Zozaya, 'Del Ambiente y de la vida: mártires titulares', *Mundo Gráfico*, 2 Oct. 1918.

⁸⁴ José Francos Rodríguez, 'Propaganda médica', *El Siglo Médico*, 24 Aug. 1918.

and veterinarians – thought that the epidemic had only brought to the forefront a national problem dating back to the loss of Spain's last colonies in 1898. This national problem took the form of a fight between the 'two Spains' defined by José Ortega y Gasset in March 1914.⁸⁵ It was a conflict between the *old* and corrupt Restoration regime and the *new* nation, full of life, which was to be reborn at the hands of intellectuals and professionals untainted by *old* politics.⁸⁶ As noted by Ryan A. Davis, the tale of the 'two Spains' is closely related to the flu discourse distinction between the 'epidemic Spain' and the 'sanitary Spain'.⁸⁷

Influenza made the profound crisis of the Restoration state readily apparent. Neither clientelist networks nor the bureaucracy were working. Spain's 'national disease' – a term that clearly came from the Regenerationist tradition – had again become evident in the inefficiency in both politics and health policy of the governments that followed the concentration government led by Maura. National decline went hand in hand with physical and psychological decline. The journalist José Ortega y Munilla, father of José Ortega y Gasset, wrote that influenza was the 'fatal ailment' from which Spain was suffering.⁸⁸ The government's lack of action at Spain's borders and inability to deal with the growing strength of Catalan nationalism further emphasised the 'national apathy' that had been reflected in neutrality during the war: 'Despair – a microbe that destroys the soul – has taken over Hispanic psychology'. Ortega y Munilla's ideas were not far from those of Miguel de Unamuno, who referred to the Catalan question as 'the real national flu'.⁸⁹

The question was, once again, how to regenerate the nation. Some proposed technocratic solutions: given the political incompetence laid bare by the poor management of the epidemic, continual government crises, Catalan demands for autonomy and growing social unrest on the streets, decision-making ought to be left to experts. In this regard, José Ortega y Gasset suggested during the second wave that 'cultured Spaniards' ought to take charge of the situation: 'doctors, engineers, lawyers, artists, industrialists, et cetera'.⁹⁰ In a similar vein, the socialist Luis Araquistáin – editor of the magazine *España*, which Ortega y Gasset had founded in 1915 – asserted that the Restoration regime was not working due to 'intellectual inferiority' and 'technical incapacity'. The crisis of the regime meant Spain had to choose between 'revolution' and 'an antidemocratic and antiliberal dictatorship'.⁹¹

The fight against national decline was directly tied to the need to develop a modern health system, which could only be achieved once the corrupt and ineffective Restoration system had been profoundly reformed. The journalist Julio Camba said as much in January 1920: 'Medicine does not yet exist in Spain, where it is still mixed up with politics . . . Do you want to fight the disease that afflicts you? Then start a violent opposition campaign against it'.⁹²

There began to be calls for a 'health dictatorship' (*dictadura sanitaria*). Much of the press and most political parties and intellectuals shared the belief that the government ought to act with a firm hand in matters of health. The idea was to establish a programme imposed from above to contain the epidemic. The second wave had made such a move necessary. The interior minister (*ministro de la Gobernación*) referred to the policies adopted by the government since the beginning of the epidemic using this concept.⁹³ So, too, did the newspaper *El Liberal*, in an editorial that supported controlling and censoring the dissemination of information and strictly enforcing the measures put in place.⁹⁴

⁸⁵ José Ortega y Gasset, 'Vieja y Nueva Política', in José Ortega y Gasset, *Obras Completas. Tomo I* (Madrid: Taurus – Fundación Ortega y Gasset, 2004), 710–36.

⁸⁶ Maximiliano Fuentes Codera, 'Ideas of Europe in Neutral Spain (1914–1918)', in Matthew d'Auria and Jan Vermeiren, eds., *Visions and Ideas of Europe during the First World War* (London: Routledge, 2019), 182–97.

⁸⁷ Davis, *The Spanish Flu*, 70–1.

⁸⁸ José Ortega Munilla, 'Por los héroes de la epidemia', *La Nación*, 19 Oct. 1918.

⁸⁹ José Ortega Munilla, 'La Fiebre española', *El Día*, 2 Oct. 1918; Miguel de Unamuno, 'Comentario', *El Día*, 4 Oct. 1918

⁹⁰ José Ortega y Gasset, 'Los Nuevos Gobiernos que necesita España', *El Sol*, 9 Oct. 1918.

⁹¹ Luis Araquistáin, 'Entre dos dictaduras y una revolución', *España*, 7 Nov. 1918.

⁹² Julio Camba, 'Crónicas de Camba. Ventajas de las epidemias', *El Sol*, 12 Jan. 1920.

⁹³ 'La cuestión sanitaria. Dictadura desde las esferas del gobierno', *El Heraldo de Madrid*, 2 Oct. 1918.

⁹⁴ 'Progresos de la epidemia. Dictadura sanitaria', *El Liberal*, 2 Oct. 1918.

Calls for imposing such measures were a reaction to the Spanish government's failure to do so due to the local *caciques'* control over doctors.⁹⁵

These ideas, which tied criticism of parliamentary and governmental inaction to national decline, continued to develop after the epidemic. Continued references to a 'health dictatorship' underscored how authoritarianism could be suggested as the most effective form of government for Spain. In July 1921, Dr. Martín Salazar, head of the General Inspectorate of Health (*Inspección General de Sanidad del Reino*) – which remained under the Interior Ministry – was still remarking on the public's lack of awareness about hygiene and the underdeveloped state of health legislation in Spain. Given that infectious disease might again strike the country at any moment, the solution was to 'strengthen health authority' by means of a 'health dictatorship'.⁹⁶ A few days later, there were calls for a 'health dictatorship' at an assembly held at the Radical Republican Party's People's House (*Casa del Pueblo*) in Madrid.⁹⁷ In this same vein, Antonio Maura declared that 'the health dictatorship can be found in current legislation; what is not present is the will to exercise it'. This 'blessed dictatorship' needed to be 'exercised' because 'nowhere has this been remedied but by dictatorship'.⁹⁸ Most parties represented in Parliament came to see this 'health dictatorship' as the best possible option.

The medical profession continued to suggest the need for profound political change. Many liberal doctors appealed to 'health dictatorship'. Gustavo Pittaluga,⁹⁹ a doctor specialising in endemic diseases, denounced that his profession had not been taken into account during the influenza epidemic and that the situation had not changed despite this recent experience. The fight against the corrupt Restoration system seen months earlier, in which a 'new race of politicians' faced off against corrupt *caciques*, re-emerged. The goal was not to 'free the rural doctor for the *cacique's* claws' but to 'exterminate the *cacique*'.¹⁰⁰ Politicians and experts were shown to be on opposite sides. This was precisely the idea that a manifesto published in January 1922 sought to advance. The manifesto, which resulted from First National Health System Reorganisation Conference (*Primer Congreso Nacional de Reorganización Sanitaria*), declared that Spain was a 'country without a pulse' because it was 'a country of weakened and sick people'. The solution was to give the country 'health' so that Spain could provide 'universal civilisation the strength of its arms, the courage of its will and the shine of its intelligence'. José Verdes Montenegro, who signed the manifesto as president of the commission that had written it, would go on to serve as General Director of Health under the Second Republic in 1933.¹⁰¹

On 1 September 1923, twelve days before the coup d'état that would bring Miguel Primo de Rivera to power, an article published in the newspaper *El Imparcial* again called for the establishment of a 'health dictatorship' in response to a public health crisis stemming from a problem with the supply of basic foodstuffs in Madrid. This was yet another example of demands to replace ineffective municipal management with effective centralised policies, as seen in 'all nations that care about the health [*sanidad*] of their people and the vigour of their race'.¹⁰²

Calls for a 'health dictatorship' appeared across the Spanish political spectrum following the influenza epidemic. The idea of a dichotomy between doctors and politicians was likewise widespread. Nevertheless, only the right came to call for the combination of political authoritarianism and technocracy, with increasingly insistent claims that the crisis of the regime was directly related to 'the

⁹⁵ J. Francisco Tello, 'La desorganización sanitaria', *El Imparcial*, 2 Nov. 1918; Dr. Xaurac (pseudonym), 'La Higiene en España', *La Correspondencia de España*, 3 Nov. 1918; 'Crónica de la Semana', *Nuevo Mundo*, 19 Oct. 1918.

⁹⁶ 'La Sanidad en el Estado', *España Médica*, 1 June 1921.

⁹⁷ 'Asamblea republicana', *La Voz*, 5 June 1921.

⁹⁸ 'El señor Maura y la dictadura sanitaria', *La Acción*, 4 June 1921.

⁹⁹ Gustavo Pittaluga travelled to France to study the influenza epidemic in 1918 along with two other doctors, Gregorio Marañón and Antonio Ruiz Falcó. Their report was published as Gregorio Marañón, Gustavo Pittaluga and Antonio Ruiz Falcó, *Informe sobre el actual estado sanitario de Francia y su identidad con la epidemia gripal en España* (Madrid: Imprenta del sucesor de Enrique Teodoro, oct. 1918).

¹⁰⁰ Félix Lozano, 'El problema político de la Sanidad pública', *La Voz*, 3 Jan. 1921; Davis, *The Spanish Flu*, 81.

¹⁰¹ 'Primer Congreso Nacional de Reorganización sanitaria. A las clases médicas. A la intelectualidad española. A los hombres de buena voluntad', *La Acción*, 26 Jan. 1922.

¹⁰² 'Por respeto a la vida del ciudadano: la dictadura sanitaria', *El Imparcial*, 1 Sept. 1923.

excess of politics'. In this context, they developed approaches which often confounded health policy with a particular type of political regime. Calls for a 'health dictatorship' were thus closely linked to the calls for a *stricto sensu* dictatorship which emerged in 1919, at a time of acute political crisis and uncontrolled violence on the streets, particularly in Barcelona.¹⁰³ Many of the principal demands that had been made during the epidemic of 1918 were met during the dictatorship. During the epidemic, Primo de Rivera himself wrote that he was fighting 'between flus and exams' in the face of a 'national body ill with laxity and weakness'.¹⁰⁴ Five years later, he stated that the goal of the coup d'état was to heal 'the sick body of the nation' and eliminate the 'cancer' of oligarchic power.¹⁰⁵ The Provincial Health Regulations, enacted in 1925, created Provincial Institutes of Hygiene led by provincial health inspectors. The following year, the Municipal Health Regulations created the Corps of Municipal Health Inspectors, who were to work independently of local authorities. Charles A. Bayle's 1926 report, which resulted from an agreement between Spain and the Rockefeller Foundation, showed that some significant improvements had been made in the country's health system.¹⁰⁶

Official propaganda insistently underscored the work done in the area of health policy, particularly during the Civil Directory period, which began in December 1925. This can be seen in the regime's principal publications. For instance, in November 1927, *Unión Patriótica*, the official organ of the single state party, contrasted the work of the current director general of health, Dr. Francisco Murillo, with poor management of the health system in the past: 'Our leaders realised that the only effective policy is that which is based on defending health, saving the race and preparing strong and vigorous generations'. The dictatorship was portrayed as the only solution able to put an end to the dysfunction and ineptitude of liberal parliamentarianism: 'The form of Government we have has also prevented the excesses of parliamentarianism, political diatribes and delaying corruption to which the *Cortes* were party', which had always created 'difficulties and obstacles' in dealing with matters of health. Dr. Murillo's work had been successful because responsibility for the health system had fallen 'not to a conniver, a politician, [someone] improvised or a shyster, but simply to a man of science'.¹⁰⁷ The healing of the nation, Regenerationism and the end of *caciquismo* justified the proclamation of the dictatorship, and these elements continued to be central to the regime's rhetoric in its final days. Regime propaganda likewise aimed to put an end to the debate about 'politicians' versus 'technicians'. The dictatorship, led by 'technicians', had brought about the advancement and regeneration of the *patria* (Fatherland). One of the regime's key propagandists, Emilio Rodríguez Tarduchy, asserted that the dictatorship had always requested 'the advice of technicians [*hombres técnicos*] of competence and prestige'. This was its guiding principle in managing the construction of 'the new Spain'.¹⁰⁸

Conclusion

The influenza pandemic of 1918–19 had a major impact worldwide, including in Spain. The lack of a properly organised health system and a population weakened by the food crisis and rising prices significantly reduced the Spanish governments' capacity to respond to the epidemic. At the same time,

¹⁰³ Eduardo González Calleja, *El Máuser y el sufragio: orden pública, subversión y violencia política en la crisis de la Restauración (1917–1931)* (Madrid: CSIC, 1999); Albert Balcells, *El Pistolerismo: Barcelona (1917–1923)* (Barcelona: Pòrtic, 2009).

¹⁰⁴ Cited in Ana de Sagrera, *Miguel Primo de Rivera: el hombre, el soldado y el político* (Jerez de la Frontera: Ayuntamiento de Jerez de la Frontera, 1973), 189.

¹⁰⁵ Alejandro Quiroga Fernández de Soto, *Making Spaniards: Primo de Rivera and the Nationalization of the Masses, 1923–30* (New York: Palgrave Macmillan, 2007), 36.

¹⁰⁶ Rafael Huertas, 'Política sanitaria: de la dictadura de Primo de Rivera a la IIa República', *Revista Española de Salud Pública*, 74, 2000, 35–43; Porras Gallo, *Gripe*, 203–9.

¹⁰⁷ José Álvarez Sierra, 'D. Francisco Murillo y Palacios', *Unión Patriótica*, 1 Nov. 1927.

¹⁰⁸ Emilio Rodríguez Tarduchy, *Psicología del dictador. Caracteres más salientes, sociales, morales y políticos, de la dictadura española* (Madrid: Sáez Hermanos, 1929), 269–71.

the consequences of the Great War, the impact of the Russian Revolution, social unrest and the crisis of the Restoration political regime intersected with the eruption of the influenza epidemic, particularly during the most difficult months in autumn 1918. Influenza became politically relevant, as the association between ‘epidemic’ and ‘evil’ permeated all areas of political life.¹⁰⁹

The measures adopted proved far from satisfactory in reducing the spread of influenza. Implementation and compliance were uneven, limited and sometimes contradictory. In this regard, as was also expressed in Portugal,¹¹⁰ there was an evident disparity between state policy and the understanding of the epidemic from a religious perspective, as demonstrated by the case of the bishop of Zamora. These measures also show that concerns about ‘foreign danger’ were widespread in Spain, in the context of a continent marked by war, as can be seen in the constant claims that Portuguese and French nationals were responsible for spreading the virus. This ‘national defence’ discourse occurred alongside the stigmatisation of the poorest segments of Spanish society, who were considered a ‘domestic danger’, as in the case of Alicante.

Influenza brought death and misery to all of Spain. The ineffectiveness of authorities in dealing with the epidemic was quickly denounced by politicians, the press and intellectuals. Criticism of the Spanish governments’ insufficient response to the epidemic itself evolved into criticism of the poor functioning of the state and the existing political system. Doctors and intellectuals criticised the political system and linked its shortcomings to the moral decline of the nation. They interpreted the influenza epidemic as being part of a much broader process dating back to 1898. Most of the political spectrum came to argue that the solution to the ineffectiveness of the state and national decline was to put experts in charge, rather than corrupt politicians. In this context, calls for a ‘health dictatorship’ began to emerge during the second wave of the influenza epidemic, in late 1918. This is earlier than the date of early 1919 given by many historians for the emergence of support for a dictatorship in Spain.

Calls for firm and energetic action to improve the country’s health system continued after the end of the epidemic. Calls for a ‘health dictatorship’ became intertwined with right-wing proposals for an authoritarian political system capable of correcting the country’s health and moral disfunction. The concept of a ‘health dictatorship’ thus anticipated the Primo de Rivera dictatorship’s discourse, in which the rhetorical use of medical language was tied to authoritarian regenerationism. In this sense, both the political impact of the epidemic and the dictatorship were nourished by a medicalised rhetoric inherited from Regenerationism and the debates on political modernisation expressed since the end of the nineteenth century in Spain. In this regard, the dictatorship was part of a long process. However, the influence of the pandemic and the radicalised political context of the First World War gave shape to an ‘authoritarian regenerationism’ that showed resemblances to political movements elsewhere in Europe.¹¹¹

The demands for a ‘health dictatorship’ which had emerged during the epidemic were closely linked to the dictatorship’s rhetorical use of scientific and medical language. Despite the fact that references to the influenza epidemic from the period of the dictatorship are hard to come by, the Primo de Rivera regime put considerable effort into improving health system. Many of the policies developed by the dictatorship responded to the demands expressed both in political and sanitary senses during the pandemic. It was clear for José Pemartín, one of the main intellectuals of the regime, who stressed the links between political and national conceptions and health system improvements in a book published in 1929 with a prologue by the dictator.¹¹² Public health, modernisation and the ‘national disease’ were clearly linked. Five years after the second wave of influenza, General Miguel Primo de Rivera emerged

¹⁰⁹ Davis, *The Spanish Flu*.

¹¹⁰ José Manuel Sobral, María Luisa Lima and Paulo Silveira e Sousa, ‘And to Make Things Worse, the Flu: The Spanish Influenza in a Revolutionary Portugal’, in Porras-Gallo and Davis, eds., *The Spanish influenza*, 75–92.

¹¹¹ Francisco Villacorta Baños and María Luisa Rico Gómez, *Regeneracionismo autoritario. Desafíos y bloqueos de una sociedad en transformación: España 1923–1930* (Madrid: Biblioteca Nueva, 2013).

¹¹² José Pemartín, *Los valores históricos en la dictadura española* (Madrid: Publicaciones de la Junta de Propaganda Patriótica y Ciudadana, 1929), 368–98.

as the nation's saviour with the aim of putting an end to the excess of politics which hampered Spain's progress. Policies and discourses developed by the dictatorship were careful to establish a clear continuity between the criticism which had emerged during the epidemic and the 'sanitisation' (*saneamiento*) of the nation.

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