

DYNAMIS

Acta Hispanica ad Medicinae Scientiarumque Historiam Illustrandam

VOLUMEN 39 (1)

2019

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1.—Introduction. 2.—The historical roots of the Italian healthcare system and factors for change. 3.—The new social actors. 4.—Health demands. 5.—The new organisational model. 6.—Towards a modern hospital. 7.—Approval of Law 833. 8.—Conclusions.

ABSTRACT: The Italian health system has changed its welfare model three times over the course of its 160-year existence. From a form of «residual welfare» during the liberal period (1861-1921), it became «meritocratic welfare» during the fascist period (1922-1943) and in the years of the first republic (1945-1977). Finally, in 1978, the «universalistic institutional» model of health protection was approved. For a long time, therefore, the main responsibility for citizens' well-being was attributed to families, to the Catholic Church and its welfare networks, to entrepreneurial paternalism, and to the different health insurance institutions associated with employment sectors. Only with Law 833, which established the National Health Service (NHS), did the State recognise full and direct responsibility for citizens' health. This paper describes the complex path that led

to the establishment of the Italian NHS, highlighting the diversity of the actors involved, the multiplicity of their social and health claims, the configuration of the public health service designed in the 1960s, and the political and social conditions that led to the effective enactment of Law 833. On the whole, it was a long, non-linear path with various barriers, where the conditions of implementation were determined by the particularity of the Italian political, economic, and social events that characterised the 1970s.

The defence of health. The debates on health reform in 1970s Spain

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1.—Introduction. 2.—From the Compulsory Sickness Insurance to the implementation of Social Security (1944-1967). 3.—An «old» health system in a changing society (1967-1975). 3.1.—New social demands. 3.2.—The population assessment of healthcare services. 3.3.—Socioeconomic factors and healthcare. 3.4.—A disease-centred health system. 3.5.—The Inter-Ministerial Commission for Health Reform. 4.—Towards a new health system (1975-1978). 4.1.—The governmental reform proposals. 4.2.—The reform projects of the political parties and trade unions. 4.3.—A new national health service. 4.4.—The defence of health. 4.5.—Health education. 5.—Conclusions.

ABSTRACT: This paper analyses the discourses that addressed healthcare reform projects discussed in Spain during the 1970s, before the Franco's death, and up to the declaration of healthcare as a right in the Spanish Constitution of 1978. The Spanish health system, which developed from the Compulsory Sickness Insurance launched in 1944, focused only on disease and made no provision for preventive activities. This shortcoming was one of the main aspects that required a reform in the 1970s. We analyse the characteristics of the proposals to replace a treatment-centred health system with a new one based on a more holistic view and the defence of health. To contextualise these proposals, we review the development of the Francoist health system and regulations and plans that attempted to reform it before the death of Franco. The most interesting Spanish health system reform projects were written at the end of Francoism and the beginning of the Democratic Transition and were mainly drafted by medical doctors committed to the illegal left-wing parties. All shared the aim of universal healthcare financed by the State and the goal of placing the protection of health at the core of the health system by integrating preventive medicine and healthcare. Some proposals encouraged the study of social determinants of health and disease and emphasised the role of health education. Others were more concerned with the re-organisation of healthcare through planning and decentralisation, retaining the hospital for the treatment of diseases as the main goal.

The limits of technocracy: the National Board of Psychiatric Care and the authoritarian modernisation of psychiatric care in second Francoist Spain

Enric J. Novella 73

1.—Introduction. 2.—National Board of Psychiatric Care (PANAP) 3.—Psychiatric technocracy. 4.—Mental health and citizenship.

ABSTRACT: From the 1950s on, the traditional approach to mental hygiene, essentially aimed at the prophylaxis of madness within the framework of a series of interventionist policies of social defence, gave way to a much more ambitious and comprehensive project that aspired to promote the emotional balance and psychosocial performance of individuals in the context of an increasingly socialized health rhetoric and care networks. In second period of Francoist Spain, these ideas inspired and guided the activities of the National Board of Psychiatric Care (PANAP), which launched a modest program of mental health education and promoted various initiatives for improving psychiatric care. This article analyses these activities in the context of the deployment of authoritarian and technocratic government strategies and examines their incompatibility with the new culture of mental health.

Progressive science meets indifferent state? Revisiting mental health care reform in post-war Greece (1950-1980)

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ABSTRACT: After the Second World War, many Western countries implemented mental health care reforms that included legislative changes, measures to modernise psychiatric hospitals, and policies to deinstitutionalise mental health care, shifting its locus from residential hospitals to community services. In Greece, psychiatric reform began in the late 1970s and was linked to the fall of the military dictatorship in 1974, the general reorganisation of health care, accession to the European Economic Community and international outcry at the inhuman treatment of the Leros psychiatric hospital inmates. The 1950s, 1960s and most of the 1970s had been an ambivalent period in relation to psychiatric reform. On the one hand, a dynamic group of experts, some long established and some newly emergent, including psychiatrists, hygienists, psychologists and social workers, strove to introduce institutional and legislative changes. On the other hand, the state, while officially inviting expert opinion on mental health care did not initiate any substantial reform until the late 1970s and the early 1980s. Within this framework, we ask whether the story of psychiatric modernisation in Greece before the late 1970s could be summarised as a futile encounter between progressive scientists and indifferent state authorities. By assessing the early attempts to restructure mental health care in Greece, examining both the experts’ proposals and the state policies between the end of the civil war in 1949 and the fall of the dictatorship in 1974, this paper proposes a more nuanced view, which brings out the tensions between state and expert discourses, as well as the discrepancies between the discourses and the implemented programmes.

ARTICLES

- José Victorino Lastarria: scientific, literary and social astronomy**
Verónica Ramírez Errázuriz and Patricio Leyton Alvarado 123

1.—Introduction. 2.—Lastarria and his scientific works. 3.—Scientific dissemination in Chile in the mid-19th century. 4.—Analysis of scientific, political-social and literary aspects of his work. 5.—Conclusion.

ABSTRACT: We analyse an interdisciplinary article by the Chilean José Victorino Lastarria entitled *Celestial and Social Astronomy*, which was published in 1867. In general, we examine how different fields of knowledge coexisted in the work of this intellectual, including: astronomy, politics, philosophy and literature. Our analysis considers the hybrid nature of the text, as a literary work, a text that aimed at popularizing scientific findings, while, at the same time, it contains political and social criticism. We focus, specifically, on the treatment of astronomy and its close link with a description of a society. Both the general and specific perspectives lead towards an interpretation of how astronomical science was thought, written and disseminated in Chile in the mid-19th century.

- The first childhood health statistics in the Chilean province of Santiago (1860-1929)**
Pablo Chávez Zúñiga and José Julián Soto Lara 149

1—Introduction. 2.—Statistics, disease, childhood: a theoretic and historiographical panorama, 3.—The Statistical Yearbook of the Republic of Chile in the 19th century 3.1 —The Bertillon system at the beginning of the 20th century. 4.—Childhood diseases and mortality. 5.—Conclusion.

ABSTRACT: We analyse the development of medical statistics on the causes of childhood death and disease between 1860 and 1929 in Santiago (Chile), evidencing the criteria applied for their classification. Our work is based on the hypothesis that the accumulation of bureaucratic and medical knowledge gradually modified the understanding of death and disease. Using primary sources, mainly the Statistical Yearbook of the Republic of Chile, we address the historical change in the definitions of diseases, the scientific nature of diagnoses and the difficulties in implementing the Bertillon system. This task allowed us to detect conceptual representations of diseases that were developed and used by physicians and statisticians. The conclusions highlight the technical-improvements for both professions in their function as State officials during the last years of the period. The changes led to the collection of more reliable data on infant mortality and health and laid the foundations of the turnaround in Chilean paediatric medicine that started in the 1930s.

- Spanish anarchism and the healthcare debate in Spain: health, disease and medicine (1930-1939)**
Alejandro Lora Medina 175

1.—Introduction. The debate around health, healthcare and hygiene. 2.—The CNT and the concept of social medicine. 3.—The anarchist discourse on «social diseases». 4.—Healthcare problems during the Civil War: the CNT and control of Catalanian healthcare. 4.—Conclusions.

ABSTRACT: This article analyses the view on health and disease of some Spanish physicians who propagated anarchism. They criticized the Government, capitalism and the Catholic Church viewing them as the ultimate causes of many diseases. This criticism was also extended towards traditional medicine, which was accused of perpetuating a view centred on the microbiological explanation of disease rather than on the social environment. The health debate became involved in a moral contest between anarchism and the other leading powers and ideologies. By means of the union struggle and the cultural diffusion of the libertarian press, the aim was to create a revolutionary consciousness for the defence of universal health from which all workers could benefit. Behind this strategy lay the idea that a true transformation of medicine and health would only be possible through the implantation of libertarian communism.

From «Planning» to «Systems Analysis»: Health services strengthening at the World Health Organisation, 1952-1975

Martin Gorsky and Christopher Sirrs

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1.—Introduction. 2.—The early WHO: from social medicine to planning. 3.—Health planning during the development decade. 4.—The 1970s: from planning to systems analysis. 5.—Conclusion.

ABSTRACT: This article discusses the early postwar history of international engagement with the strengthening of health services (henceforth «systems») by the World Health Organisation (WHO). Standard narratives emphasise that the WHO prioritised vertical programmes against specific diseases rather than local capacity-building, at least until the Alma Ata Declaration of 1978 launched a policy focus on primary health care. There was, however, a longer lineage of advisory work with member states, and our aim is to examine this intellectual and policy history of health service planning and administration. We begin by surveying the relevant secondary literature, noting that this theme appears only briefly in the institution’s first official histories, with minimal contextualisation and analysis. We then proceed chronologically, identifying an early phase in the 1950s when, despite its marginalisation at the WHO, the interwar European social medicine tradition kept alive its ideals in work on health planning. However, the sensitivities of the USA and of the colonial powers meant that consideration of social security, health rights and universal coverage was absent from this discussion. Instead, it was initially concerned with propounding Western models of organisation and administration, before switching to a focus on planning techniques as an aspect of statecraft. In the 1960s, these practices became incorporated into economic development plans, aligning health needs with infrastructure and labour force requirements. However, these efforts were bound up with Western soft power and proved unsuccessful in the field because they neglected funding and capacity issues. In the 1970s, the earlier planning efforts gave rise to a systems analysis approach. Though in some respects novel,

this too provided a neutral, apolitical terrain in which health policy could be discussed, void of issues of rights and redistribution. Yet it too foundered in real-world settings, for which its technocratic models could not account. technocratic models could not account.

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