

THE FIGHT AGAINST DISEASE AND DEATH. PUBLIC INVESTMENTS IN HEALTH AT THE CITY OF ALICANTE (1859-1923): DEMOGRAPHICAL EVIDENCE

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Since the end of the 18th century, most advanced European countries have looked around demographical, health, epidemiological and risks transition with a stronger cadence than in the second half of the 19th century. One of the key factors in the population growth was the dramatic decrease in mortality, especially in children and young adults.

Demographers have worked with three hypothesis to explain the collapse of mortality: the progress in medicine, better health and better nutrition. The first one, considered per se, is today quite untenable. Only at the moment in which the per capita income reached a certain level, the advances in medical-scientific knowledge had clear repercussion on the decrease of mortality and therefore, the increase of life expectancy (Cussó and Nicolau, 2000: 525-530). Nowadays, relevance is given to the other two factors mentioned, although there are also opinions defending the convenience of taking into account economic-social and hygienic-health care factors jointly (Bernabeu, Perdiguero and Barona, 2007: 175-193)¹.

In relation to health, since the second half of the 19th century, public authorities in most advanced countries —at the beginning of a providential process— intervened belligerently, materially and legally in health matters, and hygienic activists had a revealing attitude in this sense². The higher educational level of society and a new assessment of public and individual health,

1 Although these authors focused, in this case, on children mortality, their proposal can be extrapolated to mortality in general.

2 Public administrations introduced precautionary progress via investments in infrastructures, directly for health assistance and preventive health measures, and indirectly in favour of public health. On the other hand, the hygienic movement fought to convince authorities of the convenience of creating awareness to society by supplying medical and health information on the goodness of private hygienic measures and on to instill the duty to improve the housing conditions of workers, with the aim of eradicating the overcrowding in workers quarters. The United Kingdom, with its *Sanitary Movement*, was a pioneer in this regard.

promoting the conditions leading to decreasing morbidity and mortality, did the rest. The impact of these measures on mortality was evident. A huge proportion of diseases linked to infections via water pollution or inhalation, were not as prevalent as during the 19th century anymore.

Also, almost all the infectious-morbid processes related to malnutrition decreased due to the agricultural and transport revolution, which eradicated ancient famines and thus, allow a richer and more abundant diet. In this respect, public administrations played an important role when establishing dispositions and organizations controlling the quality of food, as well as the inspection services and the bromatology laboratories (Livi-Bacci, 1988; Bernabeu Mestre and Perdiguero Gil, 2000).

The objective of the present work consists of relating the investments of the Town Hall of Alicante and the Central Government in health, with the mortality registered in this city between 1859 and 1930, and checking if this regard had an impact in the decrease of mortality in a medium and long term³. The hypothesis here planned is frameworked in the discussion on the consideration of the factors explaining the decrease of mortality in western countries, in the transit from pre-industrial societies and those in the process of industrialization⁴. Likewise, this work can enrich the pessimistic/optimistic discussion and complementing the data of anthropometric studies.

The hypothesis mentioned seems to be accredited in the sense that the impact of the expenditure and of the legislative regulations in Alicante and the central Government in health matters was positive in a medium and long term between 1859 and 1923. Although we cannot formulate an exclusive relation cause-effect between more investment and less mortality —since some other factors should have been present— the public intervention contributed to demographical transition, reducing mortality. This prospect confirms the hypotheses on the convenience of considering different elements that had influence on such transition.

The regression of this vital rate, however, was not uniform along the period. Up to the last quarter of the 19th century the ancient demographical model dominated within the framework of an economic-social structure of the Ancient Regime and reinforced due to the beginning of industrialization that, in principle, aggravated the conditions of life in the workers of this city. Of some of the reasons explained by this kingdom of death were responsible the local

3 For this purpose, we have counted the expenditure in healing medicine, in asylum and hospital assistance, and in a complex added compound of health care infrastructures and services such as the supply of potable water, the evacuation system of sewage, the sanitation of the harbour, the urban development, the hygienic care of some buildings and public services such as the markets and the slaughterhouse, the prison and others. Also, the influence the presence, or absence of legal measures on social politics, on health matters or others, may have had on public health. This extreme depended on the decisions of the guardian State or providencial State, and of the nature of their respective Finances.

4 All in all, we have elaborated a work showing the estimations performed by M. von Pettenkofer regarding the improvement of health with the sanitation of the city of Munich, in 1873; of confirming the positive externalities achieved in the city of Memphis, in the 19th century, due to the evacuation of sewage; of corroborating the benefits vaticinated by hygienists in relation with the improvement of hygiene; of confirming the hypotheses formulated by the Director of the Harbour of Alicante, Ramón Montagut, regarding the sanitation of the same and the sewer system; and, in summary, of evidencing, in a specific case, the many references of demographers, historians and economists, in relation with the consecution of a less costly, more “modern” mortality, derived from such public expenditure.

and central governments, faithful representatives of the ideology of classical liberalism of economic and social non-intervention. It was the time of the welfare State and its municipal correlation, both inspired in *laissez faire* by Adam Smith. The action of local governments was deficient, both materially and legally. This local indolence is partly explained due to the lack of resources, whose deviations between that budgeted and that performed makes it clear. The subordination to the central Treasury Department and, in consequence, the lack of local fiscal autonomy is the key of financial deficiency.

Nevertheless, since the end of the 19th century, a solution of continuity was started on the part of the Town Hall of Alicante and the central government. The former started to invest more in infrastructures that benefited health and updated regulations in this sense. The second, helped the investing effort of the city and produced a legal framework which launched a decentralization of health and the start of the provision of some preferential goods. In short, the Town Hall of Alicante and the welfare State walked towards a model of providential administrations. Nevertheless, the interested tutorship of the central Government remained a very heavy burden on municipal finances, which reflected their lack of resources on the long-suffering taxpayers. In any case, the efforts mentioned can explain the reduction of mortality.

It is worth mentioning that the changes in the liberal orthodoxy and the starting of public intervention in health matters and in other fields were not produced without the worker's pressure and a higher awareness, interested, on the part of reformist sectors of the bourgeoisie. Phenomenon that also revealed the interclass agreements in Spain, although with delay in relation with the European countries.

In such a way that we can confirm that the beneficial interventionist model of Munich and Memphis was also produced in the city of Alicante and the predictions of Ramón Montagu were accomplished.

On the other part, the comparison of mortality measures in the city of Alicante with those corresponding to the Spanish environment, mainly rural, produces a more negative result for the former during the 19th century. However, since the 20th century, very similar gross rates are observed. Affirmation concordant with the analysis of demographers who confirm that cities, far from decreasing mortality during the industrialization process, increase it (*urban penalty*), overpassing rural mortality. Nevertheless, cities made more progress in the fight against death since the end of the 19th century due to their scale economies which allow them apply the advances to healing medicine and, especially, since central and local authorities internalised the instruments of prevention in public health. In this way, they recover the lost field. On the other hand, according to the information supplied by hygienists from Alicante and Ramón Montagu, in the beginning of the 20th century, Alicante had a mortality rate fewer to that in the main Spanish capitals, but it was higher than that in the most important cities in the world. This is why the physician-hygienist Manero Mollá said that mortality rates did not exclusively depend on human gathering, but more on the degree of intervention of public powers in health.

Finally, in relation to the optimistic-pessimistic controversy, it can be said that the subjective indications of quality nature provided by the hygienists of Alicante -meeting the methodological objectives of Thomson, regarding the life standards of the workers in Alicante- the scale bends over the pessimism up to the beginning of the 20th century. The

reasons have already been described. And this subjective information is also completed with the objective proofs of the data on mortality. These negative appreciations also coincide with the results retrieved with the anthropometric studies (Gómez Mendoza and Pérez Moreda, 1985; Coll and Quiroga, 1994; Martínez Carrión, 1994; Martínez Carrión, 2001a; Martínez Carrión and Pérez Castejón, 2002: 424-482). In such a way that for this period we can only talk about «being» or surviving, a situation of which a certain part of the population did not enjoy.

However, since the beginning of the 20th century, the scenario started to be more favourable. The improvements derived from the public intervention of advances in income and the higher availability of food produced a relative increase in life conditions and standards of workers, which affected their health. Its correlation was a decrease of morbidity and an eventual drop of mortality. The conclusions of anthropometrists also coincide with this less bad diagnosis. We can, therefore, be relatively optimistic in this second phase.