

Nursing care in postwar Madrid

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Objective. To describe the work of the *Salus Infirmorum* Sisterhood in caring for the most underprivileged individuals from the postwar outskirts of Madrid, through the voluntary service of the nurses who were part of that Institution. **Methods.** A historical study based on the analysis of primary sources from the Sisterhood's archives. **Results.** *Salus Infirmorum* once relied on more than 100 volunteer nurses who treated over 425-thousand people in 21 parish dispensaries located within the neediest neighborhoods of Madrid, providing both preventative and curative medical care. Nurses were offered adequate training in exchange for the care provided. **Conclusion.** *Salus Infirmorum* took healthcare to the streets of Madrid, treating patients in improvised medical clinics set up in parishes or in the patient's own home, as the situation required, in addition to training women who otherwise would not have had access to it.

Key words: history of nursing; nursing care; primary health care; education, nursing

Atención enfermera en el Madrid de la posguerra

Objetivo. Describir la labor realizada por la *Hermandad Salus Infirmorum* en la atención a los más desfavorecidos de los suburbios de la posguerra madrileña, por intermedio del voluntariado de las enfermeras de dicha institución. **Métodos.** Estudio histórico en el que se han analizado fuentes primarias del archivo de la entidad. **Resultados.** *Salus Infirmorum* llegó a contar con más de cien enfermeras quienes atendieron a más de 425 mil personas de forma altruista, en 21 dispensarios parroquiales de los barrios más necesitados de Madrid. En este contexto, llevaron a cabo una asistencia sanitaria de tipo preventivo y curativo a las que, además, se les ofertaba una formación adecuada para esta atención. **Conclusión.** *Salus Infirmorum* llevó el cuidado a las calles, mediante improvisados centros asistenciales en las parroquias o en el propio domicilio si la situación del enfermo lo requería; además se preocupó de preparar a mujeres que de otra manera no hubieran podido acceder a una formación académica.

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Palabras clave: Historia de la enfermería; Atención de Enfermería; Atención primaria de salud; Educación en enfermería.

Atenção enfermeira em Madrid da pós-guerra

Objetivo. Descrever o trabalho realizada pela *Irmadade Salus Infirmorum* na atenção aos mais desfavorecidos dos subúrbios da pós-guerra madrilena, através do voluntariado das enfermeiras que integravam dita instituição. **Métodos.** Estudo histórico no qual se analisou fontes primárias do arquivo da entidade. **Resultados.** *Salus Infirmorum* chegou a

contar com mais de cem enfermeiras que atenderam a mais de 425 mil pessoas de forma altruísta, em 21 dispensários paroquiais dos bairros mais necessitados de Madrid, levando a cabo uma assistência sanitária, de tipo preventiva e curativa, às que, ademais, se lhes ofertava uma formação adequada para esta atenção. **Conclusão.** *Salus Infirmorum* levou o cuidado às ruas, através de improvisados centros assistenciais nas paróquias ou no próprio domicílio se a situação do doente o requeresse, ademais de formar a mulheres que de outra maneira não houvesse podido acessar.

Palavras chave: história da enfermagem; cuidados de enfermagem; atenção primária à saúde; educação em enfermagem.

Introduction

After the three years of the Civil War, the destruction of lives and well, most Spaniards were in a state of material deprivation, which hindered mere survival. The 1940s will be one of the most committed and difficult moments for the Spanish society during the whole 20th century. The principal problems of postwar Madrid were hunger, communicable diseases, as well as the lack of housing and health resources. The aftermath of war and the lack of food supply provoked situation of hunger within the Spanish society during the postwar. Production levels of Spanish agriculture took time to reach the prewar levels.¹ Franco's government, through ration cards, which disappeared in 1952, could not meet the needs of all the population. Food distribution concentrated in food staples, like vegetables, rice, potatoes, pasta for soup, crackers, codfish, oil, sugar, pork, and bread. On some occasions, these also included meat, coffee, chocolate, quince, nougat or ham, and quite rarely milk or eggs, which is why to obtain some basic elements the only solution was to visit the black market – a completely accepted activity given that the government was aware that without it many families would not have had the possibility of surviving. Normalization of the black market reached such levels that people who

ran this “market” paid indirect taxes in exchange for not being reported by agents of the Regime,² along with their exorbitant prices, unachievable by the popular classes.³

The regime's only charitable service was the Social Aid, the healthcare institution that emerged during the Civil War to mitigate the needs of society provoked by the armed conflict. In 1940 it became an official institution of Franco's regime with the mission of fulfilling, under the State's protection, specific charitable and political-social functions, like providing charitable care in favor of the homeless, founding establishments for sustenance and educational formation of orphans without economic resources, creating welfare institutions for the elderly and parturient women, granting convalescent patients the means to ensure their total recovery, and meeting other charitable needs the State entrusted through special delegation (Head of State Decree of 17 May 1940 through which the norms of Social Aid are dictated (BOE 29/05/1940)⁴ in whose refractories many of those living in Madrid were fed where they received more complete nutrition than at home. In general, lack of nutrition left many sequelae in the population of the time, which even marked subsequent generations.

Likewise, the housing deficit and its shabby state became a true national problem. War destruction and the return to the city of Madrid of numerous families who had taken refuge during the years of conflict aggravated the situation of a population estimated at 1 074 983 inhabitants in December 1939; 54 000 more than in 1935. The inhabitants of Madrid who returned from other provinces or had moved to other neighborhoods due to the proximity of the front were met with the problem derived from the occupation of their homes. This led to overcrowding of the population in caves and to the extension of shantytowns, giving way to serious public health problems due to the lack of hygiene and sanitation.² all the problems described, that of housing, food scarcity, the government's incapacity to feed its population, the lack of medicine and of the most elemental medical means made infectious diseases reach an exaggerated leading role during the years after the Civil War, increasing their impact on global mortality rates, respectively assuming 34.06%, 35.36%, and 36.38% of all deaths. During those years, the infant mortality rate rose to 142.89 deaths of children per year for every 1000 live births, numbers that were unknown since 1923.⁵

The serious health problems faced by Madrid will be reflected on the precariousness of the means available in the hospitals, on the severe deficiencies in treating those wounded during the war and the regular patients, or on the propagation of pernicious epidemics, like the typhus in 1942. Poor hygienic conditions endured by most of the population created a the perfect medium for the for this and other diseases like smallpox and diphtheria.² Within the context described, it can be noted that mortality during this postwar period was not only motivated by the armed conflict, but also certain pathologies, especially those of respiratory origin. For example, only in 1939, 2326 inhabitants of Madrid died of tuberculosis, a disease that until 1951 had a mean annual mortality rate of 1500 individuals; or bronchitis, which killed 1174 people in 1939. Mortality due to this cause dropped to 351 cases from 1952.² Between 1939 and 1945, Social Aid was unable to respond to increased lack of supplies

and misery.⁶ The Church sought to respond to postwar social problems through organizations, like Catholic Action, specifically through its female membership, with care in two areas: charitable (CÁRITAS, established in 1946 through the Beneficent-Social Secretariat of Catholic Action as a consequence of the charity campaign for 1941 and 1942, which started organizing activities in the Parish Associations) and social (specialized Catholic Action) united in the Beneficent-Social Secretariat that later, as of 1946 became two secretariats, the social and the charitable. The work of the Church provoked a degree of rivalry among other organisms that provided healthcare service, like the FALANGE, the Syndicate Organization, or the Female Section, although each of these receiving the church's blessing. Turn, with Social Aid will produce collaboration in caring for the needy.

Charity and social care continued being preferred and specific tasks of women, who were not only dedicated to care actions, but also to the formation of home visitors, file management of the needy, and the re-Christianization of society through, fundamentally, the family via catechesis and distribution of sacraments.⁶ In 1940, *Salus Infirmorum* was created, a Sisterhood of Catholic nurses, founded by María de Madariaga whose foundational purposes included preparing a health future; updating, revaluing, and specializing those who so desired for better training; unifying all nurses in a Work of the Church; and helping each of its members in all aspects. Its work was mainly focused on the formation of nurses, through the creation of different Nursing schools that have adapted to the changes the Nursing degree has undergone over time, both in content as in the definition of its competencies. The first of these was created in 1943 in Madrid under the direction of Professor D. Gregorio Marañón. These nurses, altruistically, cared for the postwar society of Madrid; but, what motivated the nurses from *Salus Infirmorum* to carry out this healthcare work? What caregiving tasks did they perform?

This study had the following objectives: 1) describe the work done by the *Salus Infirmorum* volunteer

nurses in caring for the most disadvantaged individuals in the outskirts of Madrid, in the dispensaries organized in the parishes, and 2) explain the relationship between the ideology of the nurses at *Salus Infirmorum* and their care actions.

Methods

This was a historical descriptive study of qualitative approach, using the cultural history as theory, which is defined as *a special field of historical science, which seeks to study human beings immersed in their culture through time, considering all those behaviors, ideas, feelings, symbols, and meanings that occur within a given social, economic, family, and labor context and which are implied in the process of satisfying the healthcare needs of a human group.*⁷ This work considers as cultural history those cares dispensed by the nurses from *Salus Infirmorum* in the health centers installed in the parishes of postwar Madrid; knowing their roots, which motivated their behavior, care, actions, values, beliefs, and feelings – primarily of religious and professional nature.⁸

To conduct this research, different primary sources from the study period were analyzed; these sources belonged to the Institution's archive. Norms and regulations used by the nurses are among the sources, along with records of the nurses who registered in the Department of Charity at *Salus Infirmorum*, medical files of the care the nurses dispensed, journals edited by the Sisterhood, like the “*Salus Infirmorum*” and the “*Firmes*” journals; periodicals, like ABC or the daily Ya; formation programs that offered statistics of the activities carried out by the volunteer nurses, calls and minutes of meetings, as well as mail and written documents. All the figures and data included in the tables herein were kindly provided by “*Salus Infirmorum*”.

Results

In 1941, upon this Spanish postwar society lacking of formation, within a situation of extreme

poverty and misery, along with increased social needs, the *Salus Infirmorum* Sisterhood, which was beginning its constitution, responded to the call by Monsignor Eijo y Garay, Archbishop of Madrid-Alcalá, requesting its founder, María de Madariaga to start in Madrid volunteer care by its nurses of the most needy, through the different parishes. For this, a department was created within the Association denominated Voluntary Charity Secretariat, as did Catholic Action, an organization María de Madariaga had just left, of which she was the Vice-president of the Female Catholic Youth between 1929 and 1932 and President between 1933 and 1940 and with which she shared many of her management methods. This department of Charity began operating in 1941, caring for the needy in seven parishes from the outskirts of Madrid. For this, she had six home-care nurses. The main purpose of this department of charity included: aid for the sick, organization of care stations for the poor and needy, and training of nurses in the professional, social, and moral settings.⁹

Care in parish dispensaries

The number of home-care nurses increased progressively, reaching in 1946 a total of 112; the number of parish dispensaries also increased, reaching 21 that same year (Figure 1).

The parishes where the needy received care were located in different neighborhoods in Madrid, like Puente de Vallecas, Estrecho, Ventas, Tetuán, Usera, Latina, Carabanchel, or Chamartín among others, many of which had been on the war front lines² (Table 1). These parish dispensaries opened accordingly and in collaboration with the vicars from the different parishes, turning them into true healthcare centers where preventive and curative nursing care was offered, both through consultation and in the patient's home, if the situation deemed it so. The purpose was for each of the outskirt areas to have at least two registered nurses belonging to the parish for the particular area, and who were capable – at all times – of providing care, curing, and keeping vigil of their neighbors.



Figure 1. *Salus Infirmorum* care in Madrid

Table 1. Parish dispensaries and number of home-care nurses

Parish dispensaries	Nurses
San Roque and Santa María Micaela (Estrecho)	2
Beata Mariana de Jesús	5
Dulce Nombre de María (Puente de Vallecas)	3
Nuestra Señora de la Paz	5
Espíritu Santo	1
San Rafael	4
San José. Parish of San Miguel Arcángel (Parish of Chamartín de la Rosa)	7
Santo Ángel	6
San Diego	8
Purísimo Corazón de María	2
Sagrado Corazón de Jesús	4
Nuestra Señora del Pilar (Campamento)	9
San Francisco de Asís (Puente de Vallecas)	7
San Ignacio	1
Nuestra Señora de las Victorias (Tetuán)	6
Santa María de la Cabeza (Ronda de Segovia)	3
Santa Cristina (Carretera de Extremadura)	8
Cristo Rey (Barrio de Usera)	6
San Miguel (Mataderos) (General Ricardos, 11)	2
Nuestra Señora de los Ángeles	2
Nuestra Señora de la Consolación	1
Other nurses not involved with a specific dispensary	10

Nurses from dispensaries and home-care nurses

The registered nurses could be two types: nurses from dispensaries or parishes, who served in the different parish dispensaries, providing care to parishioners in consultations, carrying out healing procedures, and administering injections; home-care nurses or visiting nurses, assigned to the same dispensaries, performed care tasks in the homes of the most seriously ill patients or

who were handicapped and could not attend the healthcare center (Figure 2). All needed to have the official degree as nurses from the recently established *Salus Infirmorum School* or from other schools, like the Red Cross, the Faculty of Medicine, The Valdecilla Healthcare House, or the Rubio Institute. These nurses were not only bound by their professional duties, but also cared for other needs, like the unemployment hunger, need for garments, and lack of hygiene, illiteracy, and apostolate.



Figure 2. Salus nurse in one of the parish dispensaries

Formation plan

María de Madariaga worked on two fundamental and inter-related planes: formation and action. In relation to the first, she considered it necessary to provide nurses from dispensaries with specific formation, which facilitated their developing their mission. For this, intensive courses were organized; these lasted one and taught, in ten lessons, formation in medicine – like infectious, oncological, traumatology, or surgical diseases, along with religious and moral formation, to solve the problems posed from the exercise of their profession. Some of the professors in charge of the courses were doctors Muñozerro, Senti, Vallejo

Simón, and Valls Marín, as well as Mr. Collado, vicar from Nuestra Señora de las Victorias in Tetuán, and María de Madariaga.¹⁰ The cost of registering in the course was five pesetas.

The number of needy was such that all aid was well received. Because of this, María de Madariaga considered it necessary to train “suburban girls” to provide this care. Those interested needed to have a good background and religious and moral reports from their respective vicars. These women, lacking of any formation and studies, would be exposed to topics on general culture, religion, and morality; minimum necessary training to

perform their duties, guaranteeing that patients received correct treatment and adequate care, teaching them action guidelines to avoid spread and propagation of disease. Those who sought to continue with their formation were given the necessary aid to attend Nursing studies in the school of Sisterhood opened during the 1943/44 course at the Niño Jesús Hospital.¹¹

María de Carlos was the sister advisor, a head nurse in charge of organizing and supervising the parish dispensaries entrusted to them, issue monthly summaries of the work done by the nurses, both in the parish centers as in the homes, manage the files of all the volunteers working in the department, as well as organize the training courses for nurses and volunteers.¹² With this department of Charity, María de Madariaga not only helped the most needy from the poor neighborhoods in Madrid, but also provided basic formation to women who would otherwise not have had this opportunity. Nearly 200 volunteer registered nurses participated in this initiative by *Salus Infirmorum*. María de Madariaga described it thus: *these were altruist individuals who intended to carry out apostolic work and bring to the intervention the concept of preventive and curative health by the World Health Organization. They had to struggle with terribly habitual problems at that time, like misery, ignorance, malnutrition, and orphanhood. Our nurses had to travel to the most unlikely places and squeeze through any hole to reach those shanties where scenes took place which are now unimaginable. I remember with special horror one day in which upon entering one of these homes we saw the corpse of a small child dangling from a clothes line. The mother had not known what to do with the corpse, she had no money for the burial so she opted for this solution. Ignorance was terrible and asepsis was something unthinkable. If not, how could we explain that in one of the miserable homes we found off in a corner all the umbilical cords of the children who had been born in the family?" The number of home visits carried out between 1940 and 1958 was 798.901. It was precisely at this time when the service was abandoned, given that it was no*

*longer considered necessary due to the creation of the Official Health Insurance, replaced by the Department of beneficent-social services.*¹³

Recruitment of nurses

To become a *Salus Infirmorum* home-care nurse, the candidates needed to pass some rigorous requisites. To be admitted they had to expose their motives and their vocation to the Diocesan Nurse Delegate. As guarantee of prior religious and moral formation, they were to provide a certificate of good conduct issued by their vicar and the diplomas obtained in courses of Professional Morals. Additionally, the nurses needed to show proof of their degree.¹⁴ The candidate profile recommended for the new nurses not to be too young or too old, with the ideal age between 30 and 50 years, and in good health. They needed to be over 23 years of age to be dispensary nurses and over 26 years of age to be home-care nurses (Figure 3). Once selected, had had to appear fully uniformed as home-care nurse. In one of the regulations we found the description for the uniform: *navy blue nankeen, given that it must be durable, practical, and adequate for the work to be carried out, white apron, belt, and white hard collar. Navy blue headdress, according to the model. Navy blue cape. Black shoes, black or grey stockings. The uniform will be long, ample, and modest. No other uniform will be permitted. Nail polish is strictly forbidden while on home visits.*¹⁵

The material each nurse was to have was also regulated; this included; tweezers, hacksaws or saws, pen, thermometer, and watch. Additionally, they were responsible for safeguarding the surgical bag the Sisterhood had previously given to each dispensary, which contained: a dissection kit comprised of two Pean tweezers, dissection tweezers, scissors, one grooved probe, two thermometers; one 5-cc syringe and one 10-cc syringe with their metallic boxes; two hypodermic needles, two intramuscular needles, and two subcutaneous needles, one glass jar for gauze and sterilized cotton, two glass bottles, one bottle of iodine, one test tube, three bandages in different

sizes, compresses and sterilized cotton, adhesive bandage, one compressor, one soap holder,

one nail brush, two towels, a folder for medical reports, a note pad, a pencil, and an eraser.



Figure 3. Dispensary nurse in the parish of Nuestra Señora del Pilar. *Salus Infirmorum journal* # XXI, June 1952

Activities and tasks performed in the Department of Charity

All the nurses had to provide, every quarter, statistical data on the personal and material resources, and on the number and type of care provided in the different services. Medical reports were of all the patients cared for were turned in, highlighting the intervention performed on each of these. These had to be written clearly and easy to read, writing down observations and concepts in concise manner for an easier medical diagnosis. The archives of the Sisterhood have the files on over 100 home-care nurses, each of them associated to a parish dispensary, and in some case, the charts of the patients they treated. Due to this, a statistical summary is available of the actions of these nurses during the different years the service was active. For example, information

is available on the activity carried out during the first five years, between 1941 and 1946 (Table 2).

Anti-tuberculosis National Board

The Anti-tuberculosis National Board requested, for three consecutive years, cooperation from all parish and home-care nurses, who were in charge of inquiring in all the outskirts communities of Madrid on the tuberculosis cases that could exist, with the obligation to communicate said findings to the Patronage and guide the sick to the corresponding anti-tuberculosis dispensaries, elaborating a file and the statistics of the work done. For this, the Sisterhood offered specific courses to train its nurses; the first of these in October 1945, taught by Health Captain Mr. Figueroa and Dr. Morales, vice-president of the Anti-tuberculosis Struggle and National Health Advisor.¹⁶

Table 2. Activity of the Department of Charity between 1941 and 1946

Activity	1941	1942	1943	1944	1945	1946
Home-care nurses	6	20	39	68	112	112
Visits made	687	3 561	6 987	9 979	12 731	12 810
Injections	425	1 087	2 710	3 989	7 963	7 980
Cures	296	526	1 543	2 110	2 496	2 604
Vaccines		198	750	785	691	509
Admission in welfare centers	198	79	153	204	321	231
Disinfestation by the nurses	38	-	-	-	-	-
Diverse interventions: washings, rubdowns, etc.	5	197	820	1 009	-	-
Preparation reception Sacraments	97	275	290	225	879	987
Serums	-	201	-	-	281	140
Auto-hemotherapies	-	-	-	-	173	-

In November 1944, one of the courses for nurses was graduated, with 125 nurses completing their formation as parish nurses; this event was presided by the Auxiliary Bishop of Madrid-Alcalá, D. Casimiro Morcillo and with the presence of Infanta D^a María de las Mercedes Baviera, in uniform, María de Madariaga, the Counselor Sisters of the Sisterhood and the conciliar, D. Enrique Monter. During his intervention, the Bishop urged the courageous and self-sacrificing nurses who would work in the outskirts to *not spare any effort in favor of those who are hungry and thirsty, purifying their spirits with the most beautiful social works*, adding that *God our Lord pay you all the gratitude we owe you on earth for your apostolate labor*.¹⁶ In 1946, after finalizing one of the courses for the nurses, in an event presided by his Excellency and Reverend Patriarch of the Indies, Bishop of Madrid, the nurses were awarded their diplomas and bracelets and insignia of the Sisterhood. The Bishop received a travel kit as a gift.

Means of dissemination of the activity of the Department of Charity

The Sisterhood used its means of dissemination to promote this activity, urging all nurses to collaborate

in the department. It was, thus, published by the *Salus Infirmorum* journal in 1949: *on the 15th of October, we need the nursing teams from each dispensary to be covered with sufficient nurses from both commitments. For this, I appeal to the good spirits, first, from our volunteer sisters; then, from the professional sisters. For each of them, to the extent of their apostolic strength, to offer us one or several mornings and afternoons, far or close to Madrid; on foot or by "Metro", tramway, trolley, and motor cars*.¹⁷

In other articles, the parish priests from the dispensaries highlight the work of the home-care nurses, as noted by the account by the vicar from the parish of Nuestra Señora del Pilar, in a text published in the *Firmes* journal in 1953: *the work of the parish apostolate could not be more complete or perfect: while in the dispensary, among the moans of patients and weeping of children being cured, pious chants are heard above these catacombs of the sick resounding full of faith and love; down below nuns and nurses go out of their way to care who endure wounded bodies or who are afflicted by pain... This work of the parish dispensaries, which can have Christian physicians and nuns, along with*

auxiliary nurses – like those who have cooperated here from Salus Infirmorum, far from acting on the outside or not united with the vicar, are – on the contrary – the best and most valuable cooperators of the parish work.¹⁸ The physicians, truly splendid, extremely self-sacrificing, constant, more than curing seem to pamper the sick. The Salus Infirmorum nurses; everything has been said. Their discipline, diligence, their zeal that translates into good manners, into sweet words, into abundant caresses for the hapless. The numerous patients, more every day; from all diseases, the sick from the congregation, adults and children, with their multiple scars, a result of their abandonment and poverty: but these poor individuals leave perhaps with the pain of the disease in their bodies, but with a word smiling on their lips praising the goodness of the physicians, nurses, and the Institute.¹⁹

Also, the nurses themselves narrated their work: *there are many infectious, anemic diseases, including some cases of leprosy. Many times, the dispensary becomes a Relief Home, given the numerous fights, wounds, and family quarrels taking place. We also take care of drunks and deliveries (a dozen children are born per week). In the children’s nursery of the Regina Angelorum School two children from this “Tío Raimundo neighborhood” were admitted with avitaminosis and depauperation in the highest degree. It was obvious they had to be in these conditions, considering that one of them had been abandoned by his mother and had been roaming around for ten days from shanty to shanty and from neighbor to neighbor, feeding (for six months) on sardines and their food leftovers...²⁰ Or reports existed on the treatments carried out in the dispensaries, like providing streptomycin in different parishes of the Diocese of Madrid.*

Care in dispensaries by nurses from *Salus Infirmorum* reached other Spanish provinces, like Ávila, La Coruña, Valencia, and Ciudad Real.²¹

Event with patients in Madrid

One of the activities worth mentioning, carried out by this department of Charity, was the Prayer

for the Sick celebrated in the Armería square in Madrid because of the “visit of the Virgin of Fátima” to the Diocese. María de Madariaga received the petition from the Patriarch Bishop of organizing an event with the sick, which would take place on 29 May 1948. Nearly 1-thousand volunteer nurses from all the organizations participated by accompanying and transferring over 10-thousand patients who attended the Armería square in Madrid in an event presided by the Cardinal primate of Lisbon, Monsignor Cerejeira,²² and attended by the Patriarch of the West Indies, Dr. Eijo and Bishops Dr. Morcillo, aide of Madrid and Monsignor Vizcarra, head of Eresso and general chaplain of the Spanish Catholic Action, accompanied by the cathedral clergy and numerous representations from the religious orders²³ (Figures 4 and 5).

The work carried out by María de Madariaga and *Salus Infirmorum* was extolled by the Patriarch of the West Indies: *... We must praise the Lord upon seeing how well everything evolved, the loving care with which our poor sick were transported and cared for, the admirable organization deployed under your direction, the resounding success of such laborious work, the discipline and organization with which your wise orders received collaboration from diverse elements. ... We beg of you to accept the expression of our gratitude and extend such to all the nurses, with our most effusive blessing.²⁴*

Closing of the parish dispensaries

These dispensaries operated until the late 1950s, when the State’s Social Security achieved greater development through the Mandatory Health Insurance – implemented through Legislation 14 of December 1942. The obligatory nature of the program seeks to protect economically weak workers, whose labor wages do not exceed the limits established; it was in charge of healthcare in the most deprived neighborhoods. The standstill diminished considerably, as well as the misery indicated previously. Parish dispensaries hardly had any activity and some started closing due to the impossibility of meeting the expenses

derived from the medications and medical instruments and because the parish priests considered that their congregation was cared for sufficiently by Social Security. However, María de Madariaga, aware of the fact that many were still needy, continued caring for patients with greater

economic vulnerability, in their homes, cared by volunteer nurses. The work carried out in the 21 dispensaries by this department of charity from 1943 to 1958 may be summarized in Table 3, which shows the important dimension of the interventions performed.



Figure 4. Patients in the Armería square in Madrid



Figure 5. Nurses with patients in the event in the Armería square

Table 3. Activity summary of the *Salus Infirmorum* Department of Charity

Activity	Total
Home visits	74 103
Home cures and care	12 023 200
Admissions in welfare centers	5 200
Preparation and administration of sacraments	117501
Cared for in dispensaries	426 798
Donations to the sick	96 230

Upon exposing the results, the following conclusions may be reached:

- *Salus Infirmorum*, as the work of the Church, provided care to the most needy during a social moment in which the State, through its institutions, was not able to guarantee the enormous social needs, consequential of the war conflict.
- It brought care to the streets, beyond the hospital setting, turning parish dispensaries into healthcare centers where preventive and curative medical care was carried out even in the patient's home, if the patient's situation so required.
- Volunteer nurses from *Salus Infirmorum*, moved by their religious convictions and their professional motivations provided care to the needy from the most disadvantaged neighborhoods in Madrid.
- The care offered by the nurses from *Salus Infirmorum* were focused on satisfying all the needs of the patients, including spiritual, preparing and dispensing sacraments – mainly the Communion.
- The Institution provide basic formation to women who would otherwise could not have obtained it.

As limitations of study, we must indicate the difficulty of access to the archives of the *Salus Infirmorum* Institution due to its lack of organization and cataloguing. As future lines of

research, we propose an analysis of the files of patients cared for by volunteer nurses from this Charity Department.

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