Friendly societies and sickness coverage in the absence of state provision in Spain (1870-1935)[°]

Margarita Vilar-Rodríguez* (University of A Coruña)

Jerònia Pons-Pons (University of Seville)

*corresponding author: mvilar@udc.es

Abstract: This paper stems from the book *Origins of American Health Insurance: A History of Industrial Sickness Funds*, published by John Murray in 2007, which has served as a basic reference point for our research work in recent years. In particular, this study aims to analyse the origin and development of friendly societies in Spain prior to the Spanish Civil War (1936-1939), taking their key economic role, especially in the sickness scheme, as study perspective. In this analysis, it can be seen how the initial pecuniary aid offered by friendly societies became a service of medical and pharmaceutical provision that drove their development in the country's more urban areas within a context where state sickness insurance was lacking.

The historiography has defined the concept of friendly society[1] as a voluntary association created for the purpose of offering members financial assistance in the event of situations such as sickness, industrial accidents, old age or unemployment, among others (Van Der Linden 1996: 11-38). Harris (2012: 1-2) qualified this concept by pointing out that this definition had its limitations, as in the case of Germany they were compulsory (Guinnane, Jopp and Streb, 2012). Moreover, he emphasised that a very important part of the work of these societies in the countries where they flourished was the provision of more or less broad medical coverage. That is to say, he highlighted their economic function as the main role of friendly societies and their intrinsic nature, but he did not disregard the fact that as a supplementary aspect many of them also provided access to social, cultural and recreational activities. An important contribution to the analysis of the economic and financial role of sickness coverage was John Murray's book "Origins of American Health Insurance: A History of Industrial Sickness Funds", published in 2007. In this work, Murray examined the sickness funds for workers offered by different types of societies in the United States from the late nineteenth century to the 1940s. As a result of this analysis, Murray underlined three basic conclusions. First, he pointed out the important economic function of these funds in covering workers' risk of sickness. Second, he highlighted the high degree of satisfaction that these schemes entailed for members, which put a brake on initiatives

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[1] Called friendly society in Great Britain, *mutualité* in France, *società di mutuo soccorso* in Italy and *sociedad de socorros mutuos* in Spain.

promoting different state projects of compulsory sickness insurance. Third, he indicated the negative impact of technological changes in medicine and management, helping usher in the decline of these societies, which were unable to withstand the competition from private insurance companies. As part of this study, Murray also analysed the causes of the decline of sickness funds (known as friendly societies or mutual aid societies in Europe) in the United States in light of the success of insurance companies, above all from the 1940s. Relevant factors included the difficulties that these mutuals experienced to introduce new actuarial techniques in the calculation of risk or to address the increase in medical and pharmaceutical costs at a time of great technical advances in diagnosis and treatment. In general, Murray's work minimises the impact of institutional aspects on this process of decline, maybe because it was not a key factor in the case of the United States. However, the important role of these fraternal societies in offering social services in the United States is beyond all doubt, as other authors such as Beito (2000) have also affirmed.

The historiography also provides excellent research works that examine the strategic role and the process of expansion and decline of friendly societies in different European countries from different study perspectives. These range from the more general works of the above-mentioned Van der Linden (1996) or Brückweh, Schumann, Wetzell and Ziemann (2012) to case studies by country. Thus, Harris (2004 and 2009), Harris and Bridgen (2007); Harris and Gorsky (2006), Gorsky (1998), and Gorsky and Sheard (2006) address the British case. For the French case, the works of Radelet (1991) and Dreyfus (1996 and 2009), for example, are noteworthy; for Italy there is the research of Marucco (1981), and for the Dutch case the work of Van Leeuwen (2007) is notable.

As in the rest of Europe, in Spain friendly societies played an essential role in the coverage of sickness from 1850 to 1950, first providing cash benefits in the event of loss of wages[2] and, subsequently, primary medical care and even the provision of treatment in specialities such as gynaecology, ophthalmology and dentistry, as well as some surgery. However, a strange phenomenon has occurred in the Spanish historiography. For decades, friendly societies have been the focus of a huge number of studies (Castillo, 1994; Castillo and Ortiz, 1997; Maza, 2003, and Castillo and Ruzafa, 2009), but concentrating on sociability (Maza, 1995 and 2002; Guereña, 1994; Duch, 2019) and on their typology within a supplementary function in the social and cultural sphere. Indeed, there are many works in the Spanish historiography that base their analysis on the typology of friendly societies, distinguishing between general societies, popular societies and others based on their territory, trade, profession, factory or company, or linked to political parties or religious

[2] Hence their name, mutual aid, in which the concept aid meant pecuniary assistance.

organisations, etc., as indicated by Marín (2015, 38 and 247). The fact is that this profusion of literature does not address the economic and financial purpose of friendly societies, or this is only considered as a marginal objective, with some exceptions such as (Vilar, 2010 and Pons and Vilar, 2011, Vilar and Pons, 2012, León-Sanz, 2012, Pons and Vilar, 2014). The profusion of analysis of their social capital and the issue of sociability may therefore lead lay readers to have a distorted picture of the functionality of these institutions, focused almost exclusively on their social role. The aim of this paper is to analyse the economic importance of friendly societies in Spain in the coverage of the risk of sickness before the outbreak of the Spanish Civil War (1936-1939) and the passage of compulsory sickness insurance (*seguro obligatorio de enfermedad*; *SOE*) in 1942.

The origins of the friendly societies in Spain: a historical synthesis

With regard to their origin and long-term evolution, a recent contribution, Nieto Sánchez and López Barahona (2020), makes it possible to link the friendly societies of the nineteenth and twentieth centuries with preceding entities. These authors analyse the creation of medieval religious confraternities on the part of guilds and their evolution in the eighteenth century, wherein the concept of mutual aid was established, and which would persist in the friendly societies of the contemporary period. The confraternities developed as from the Early Middle Ages under the Crown of Aragon, and in the Early Modern Period under the Crown of Castile. Their functions included providing coverage of the risks of death, sickness, disability, work-related accidents, unemployment, captivity, widowhood and orphanhood. These entities provided aid for funeral costs, medical and healthcare costs and payment of dowries, pensions and ransoms. As the authors point out, one of the most remarkable aspects was their transformation in the second half of the eighteenth century. Specifically as a result of the disturbances of 1766, the so-called Esquilache Riots, the state decided to ban, in some cases, or control these kinds of associations. In the wake of this incident, a national census of confraternities was undertaken. Subsequently, a law of 1784 prohibited them definitively and obliged them to transform into societies or associations known as *montepíos*, which were required to adopt this name, although the invocation of a religious figure was permitted, and to relax admission requirements and lower membership fees. With these changes, the state intended to erode the autonomy of professional associations and use mutual aid to supplement the system of charity, which at this time was both deficient and scarce. Very few of them survived in the following century.

This form of collective solidarity received a new boost with the belated Spanish industrialisation and the liberal state had to accept these types of associations for the sake of, and extension of, the welfare and coverage of the popular and working classes. The legal

changes that derived from the break-up of the Old Regime drove this process. These included the regulation of free employment contracts between workers and employers (1834), the abolition of guilds as the only regulating institutions of professional activity (1836) and the right of freedom of association (1839) which fostered professional associationism oriented towards mutual aid in the event of misfortune, sickness and future needs (Martín Valverde, 1987: XXXII and XXXIX; Alarcón, 1975: 35). The organisations that emerged in the following decades made it possible to alleviate the precariousness and insecurity of workers, and new popular societies were created (Maza, 1991: 178 and Castillo, 1994: 10). The law of associations of 1887 consolidated this process by recognising the free activity of non-profit associations, among which were included friendly societies, welfare societies and credit and consumer cooperatives (Vilar, 2010).

In 1904, the statistics produced by the Institute of Social Reforms reflected the growth process of these new friendly societies and the stages of their expansion (Table 1). By this year, only a few of the societies created in the preindustrial period, 26, had survived, mainly *montepíos* constituted in the eighteenth century. These were the heirs to the transformation of medieval confraternities into *montepíos* in the eighteenth century and their subsequent evolution. Four of them were categorised as created in time immemorial and in most cases linked to fishermen (Asociación de Socorros Mutuos del Clero (Pontevedra), Cofradía de Mareantes (Zumaya-Guipúzcoa), Congregación y Hermandad de la Purísima Sangre de Nuestro Señor Jesucristo (Montblanch-Tarragona) and Sociedad de Pescadores Noble Cabildo de San Andrés (Castro-Urdiales - Santander). These were joined by one founded in the sixteenth century, two in the seventeenth century and 19 in the eighteenth century (11 of them in the province of Barcelona and 6 in Guadalajara).

Table 1. Year of foundation of the friendly societies existing in 1904.

Foundation	Number of societies	Members
Hasta 1800	26	4,469
1801-1850	65	13,609
1851-1860	65	17,916
1861-1870	71	15,918
1871-1880	105	23,365
1881-1890	300	72,561
1891-1900	502	103,004
1901-1904	548	98,536

Source: Instituto de Reformas Sociales (1908), *Estadística de las Instituciones de Ahorro, cooperación y Previsión el 1 de Noviembre de 1904*, Madrid, Imprenta de los Sucesores de M. Minuesa de los Ríos. The data that appear in the table do not coincide with the statistical summary from p. 142 of the same source. The data have been checked and rectified.

During the nineteenth century, on the basis of this inheritance and with the transformation of the manufacturing world and industrial growth, these associations

assumed a crucial role in the coverage of sickness, old age and industrial accidents. This was at a time when the nature of charity was changing and there was still no realistic plan for the construction of a state-led system of social insurances, which would not be developed until the early twentieth century. Initially, 130 friendly societies were created from 1801 to 1850, then the pace quickened in the second half of the nineteenth century, along with industrial development, with the constitution of 241 entities of this type between 1851 and 1880. There was then a huge surge from 1881 to 1904 with the formation of 1,048 societies. This final boom coincided with the acceleration of industrialisation in Catalonia and the Basque Country, the appearance in Spain of big business linked to the Second Industrial Revolution, the development of the labour movement and the freedom of association linked to the law of 1887. The concentration in Catalonia, and to a lesser extent in the Balearic Islands, increased during this period and these were among the leading regions in terms of the number of societies and members.

Table 2. Distribution of the number of friendly societies in Spain and their members in 1904.

Province	Number	Members	Average number of members per society	Province	Number	Members	Average number of members per society
Álava	6	2,786	464.33	Lérida	27	3,356	124.30
Albacete	12	2,569	214.08	Logroño	10	2,555	255.50
Alicante	36	16,195	449.86	Lugo	3	474	158.00
Almería	0	0	0	Madrid	64	34,955	546.17
Ávila	3	464	154.67	Málaga	5	2,153	430.60
Badajoz	25	4,196	167.84	Murcia	16	3,136	196.00
Balearics	66	14,379	217.86	Navarre	7	3,536	505.14
Barcelona	572	124,254	217.23	Orense	1	790	790.00
Burgos	8	1,089	136.13	Oviedo	23	7,958	346.00
Cáceres	15	1,799	119.93	Palencia	26	3,322	127.77
Cádiz	19	3,148	165.68	Pontevedra	3	303	101.00
Canaries	6	6,952	1,158.67	Salamanca	10	1,685	168.50
Castellón	36	4,101	113.92	Santander	32	4,345	135.78
Ciudad Real	27	6,452	238.96	Segovia	2	145	72.50
Córdoba	10	1,238	123.08	Seville	29	3,599	124.10
Coruña (La)	26	8,365	321.73	Soria	2	637	318.50
Cuenca	11	2,430	220.91	Tarragona	109	13,424	123.16
Gerona	192	26,059	135.72	Teruel	11	1,752	159.27
Granada	6	584	97.33	Toledo	21	5,666	269.81
Guadalajara	33	1,879	56.94	Valencia	8	1,067	133.38
Guipúzcoa	31	6,442	207.81	Valladolid	31	3,779	121.90
Huelva	18	3,315	184.17	Biscay	40	5,855	146.38
Huesca	14	1,622	115.86	Zamora	3	522	174.00
Jaén	16	3,688	230.50	Zaragoza	8	1,402	175.25
León	10	1,321	132.10	Total	1689	351,743	208.26

Source: See Table 1.

The friendly society model spread unequally throughout Spanish territory, being more concentrated in the industrial zones of eastern Spain, Madrid and the Basque Country, where the working class suffered more uprooting of families and a greater dependence on wages in an urban environment. This unequal impact can be seen in Tables 1 and 2. In absolute terms, the highest numbers of friendly societies and members were concentrated in the provinces of the Spanish Levant, the coastal provinces of Catalonia (Barcelona, Gerona and Tarragona), the Balearic Islands, Alicante and Castellón. As well as this eastern sector, there was also concentration in the two other most industrialised areas in Spain, the province of Biscay and Madrid. This distribution is maintained if we consider the density of these societies in accordance with their number and the number of members per 100,000 inhabitants (Table 3). The high incidence in the regions of Cataluña and the Balearic Islands led to the creation of the Catalan Federation of Mutual Provident Societies (*Federación de Mutualidades de Catalunya*) in 1896 (the first in Spain) which, with successive transformations and a change of name, encompassed most of the friendly societies in this region. In its evolution it went on from 51 mutuals in 1896, to embrace 106 in 1898, 554 in 190 and 747 in 1915 with 167,623 members (Moreta i Amat, 1991; Sola i Gussinyer, 1994 and 2003; Duch, 2019).

The incidence of these societies was less in the regions of the centre and south of Spain, such as eastern Andalusia, Extremadura and Castile-La Mancha. In rural areas, the population preferred to protect their livelihoods, harvests and livestock through formulas of solidarity rather than seek sickness and old-age coverage. In the case of Navarre, for example, of the 12 institutions included in the statistics of 1904, only 6 correspond to friendly societies, the rest are credit cooperatives or mutual livestock societies. Anyway, the incidence of friendly societies could vary within the same agricultural world depending on the type of property, with little presence in the areas with large estates where powerful landowners exercised a strong paternalism and control, which impeded any form of association among workers, and a different story in the areas with smallholder farming. This is not a strict rule, as other factors could also have an influence, but it should be taken into account.

Table 3. Density of friendly societies per province 1904

Province	Number of associations per 100,000 inhabitants	Number of members per 100,000 inhabitants	Province	Number of associations per 100,000 inhabitants	Number of members per 100,000 inhabitants
Barcelona	54	11,782	Granada	1	1,018
Gerona	64	8,707	Guadalajara	16	938
Castellón	11	6,319	Jaén	3	777

Balearics	21	4,613	Teruel	4	712
Madrid	8	4,509	Cádiz	4	695
Badajoz	4	4,196	Huesca	5	662
Tarragona	32	3,974	Seville	5	648
Alicante	7	3,444	Murcia	2	542
Guipúzcoa	15	3,232	Salamanca	3	525
Álava	6	2,890	Cáceres	4	496
Albacete	4	2,569	Soria	1	423
Ciudad Real	8	2,006	Málaga	0,9	420
Canaries	1	1,938	León	2	342
Biscay	12	1,880	Zaragoza	1	332
Palencia	12	1,725	Burgos	2	321
Santander	11	1,574	Córdoba	2	271
Toledo	5	1,503	Ávila	1	231
Valladolid	7	1,356	Orense	0,2	195
Logroño	5	1,343	Zamora	1	189
Coruña	3	1,279	Valencia	0,9	132
Huelva	6	1,270	Lugo	0,6	101
Oviedo	3	1,269	Segovia	1	91
Lérida	9	1,222	Pontevedra	0,6	66
Navarre	2	1,149			

Source: See Table 1.

There were different social coverage goals among the societies created in the nineteenth century. A few were created by professional groups to cover old age. This was the case of the Sociedad Médica General de Socorros Mutuos, promoted by the contributors and editors of the Bulletin of Medicine, Surgery and Pharmacy in 1835, which covered old-age pensions for the doctors, surgeons and pharmacists who were members that had not reached the age of 38 when they joined.[3] However, in the great majority the coverage offered was sickness provision. For most societies providing this coverage, the aim was cash benefits to make up for the lack of earnings from work during the time off due to these circumstances. This was the case of the Sociedad de Socorros Mutuos de Artesanos, founded in Vitoria in 1849 with 89 members and which had 1,025 members, 945 active and 80 honorary, by 1898. During this period, 1849-1898, the society paid out 1,300,000 pesetas in aid to the sick and those unfit for work, and for funerals for the deceased.[4] This cash benefit, which predominated in the nineteenth century, was gradually modified with the introduction of medical and pharmaceutical provisions, which explains the growth and

[3] Biblioteca Virtual del Patrimonio bibliográfico. *Estatutos de la Sociedad Médica General de socorros mutuos*, Madrid, 1847. In 1860, the Sociedad Artístico-Musical de Socorros Mutuos was created for the same purpose. Biblioteca Nacional de España M-15-163. *Anuario y estatutos de la Sociedad Artístico-Musical de Socorros Mutuos 1882-1883*, Madrid, 1983. This society granted lifelong pensions to members unable to perform or produce their art, but only until ¼ of their social capital was reached. In any event, those affected in such cases could apply for exceptional, although limited, pensions.

[4] Repositorio Documental Universidad de Valladolid, LEG_22_1_n1702. *Sociedad de Socorros mutuos de Artesanos de Vitoria. Cuentas Generales del año 1898*. Vitoria, 1899. For a broader study on this society, see Marín (2015: 243-262).

expansion of these services during the first decades of the twentieth century. In 1905, when a friendly society was created in Almácera, in the province of Valencia, cash benefits still comprised the main social purpose. In its regulations, aid of 2 pesetas a day for 40 days was established for sick members, to be reduced to 1 peseta for the following 20 days. A medical certificate from the society's doctor was always required. In these cases, the patient could resort to the charity hospital, specifically Santo Hospital de Valencia, and could continue to receive the cash benefit while in hospital.[5] In the societies where the primary objective was to provide monetary aid, the main job of the society's visiting doctor was to monitor the sick, helped by inspectors and auxiliary personnel.[6] Most societies, of course, made explicit exclusions for chronic illnesses, epidemics or infirmities related to bad social behaviour (alcoholism, venereal diseases, etc., including suicide).

A process of transition had begun in some societies in the late nineteenth century, with the increase of spending on doctors' fees, pharmaceutical expenses and doctors' assistants (*practicantes*)[7]. This is what seems to occur with the La Ovetense friendly society founded in 1859, in whose balance sheet of 1881 medical (1,500 reales per quarter), pharmaceutical and doctors' assistant expenses accounted for 43.23 per cent of the society's expenditure, compared with 39.70 per cent spent on pensions. The society's articles included the right to a pension in the event of sickness, which corresponded to 5 reales a day for the first 8 months, after which subscribers only had the right to medical care, medicines and travel expenses. As a result of this process in the first decade of the twentieth century, the friendly societies had strengthened their provision of medical services, which from then on would become the main enticement for new members to join. In 1904, the Sociedad de Socorros Mutuos de Dependencia Mercantil in Valencia included 1 or more licensed surgeons in its statutes, whose charges would be the appropriate percentage of the fees collected from full members as estimated by the Board. Moreover, treatment by an eye specialist, a dentist and a bloodletter was included.[8]

In 1910, La Honradez, a friendly society of doormen, office boys and clerks in Madrid, had established a complex organisation of medical services that was included in its

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[5] Biblioteca Nacional de España C-2475-29. *Reglamento de la Sociedad de Socorros mutuos de Almácera bajo el patrocinio de Santo Tomás de Villanueva*, Valencia, 1905.

[6] Biblioteca Nacional de España, C-2529-55. *Reglamento de la Sociedad de Socorros mutuos Destosense*, Tortosa, 1912. In this society, the doctor was appointed with the title of "Médico-fiscal" (literally a fiscal doctor), as well as appointing inspectors and visitors who took responsibility for supervising the sick.

[7] Biblioteca Virtual de Asturias. Memoria de la Ovetense. *Sociedad de socorros mutuos fundada en el año 1859. Estado de la Sociedad a 31 de diciembre de 1881*. Fondos Comisión PMH — Signatura 452 (12).

[8] Biblioteca Nacional de España, 47/412877. *Estatutos y Reglamento de la Sociedad de Socorros mutuos de la Dependencia mercantil de Valencia fundada en 1886*, Madrid, 1904.

statutes and regulations.[9] The society had a medical team, admitted by public tender, divided into four levels depending on years of seniority. Each step up the scale brought the doctor a salary increase of 250 pesetas. The members and their families enrolled in the social register could request medical care at home or visit the corresponding doctor's surgery in the area. In the first case, after notification, the doctor was to visit the patient within a deadline of 6 hours. If another doctor was requested, this had to be justified and the time limit was not applied. The doctor in question had to treat the patient at home or in the surgery, including surgical operations if necessary, and also perform an initial check-up for members and inform the society of any chronic cases. The society included coverage of specialities: an obstetrician-gynaecologist for difficult births, an auxiliary obstetrician, childbirth teachers, an eye specialist and a dentist. This society had already been transformed from a traditional friendly society into a medical coverage society, although it maintained the original term in its denomination out of respect for tradition.

The expansion of the medical and pharmaceutical provision of friendly societies in Spain (1914-1936)

In the Spanish case, during the first decades of the twentieth century, friendly societies covered to some extent the state's passivity in matters of public health in general, and the shortcomings of charitable healthcare coverage in particular. It should be borne in mind that, unlike insurance against industrial accidents (1900/1933), old age (1909/1922), maternity (1923/1931) and unemployment (1932), the Spanish government did not legislate, regulate or finance the risk of sickness before the Civil War (1936-1939).[10] Consequently, healthcare coverage remained in the hands of private initiative and under a legal regime of complete freedom before the coup d'état of 1936. During this period, the state's responsibility was limited to protecting the public against any abuses or fraud committed by the different funds or societies providing private insurance, whether in terms of healthcare provision or of an economic nature.[11] Meanwhile, the public authorities only

[9] Biblioteca Nacional de España, C-2618-4. *Estatutos y Reglamento de la Sociedad de Beneficencia y Socorros Mutuos de Porteros, ordenanzas y empleados de Madrid*, Madrid, 1910. Its main social purpose was to aid members in accordance with the regulations in the event of sickness, but it also covered funeral expenses and provided a retirement pension on reaching the statutory retirement age or in the event of physical disability. Another enticement for potential members was the establishment of primary or elementary classes for members' children.

[10] The first year refers to the approval of a voluntary system and the second to its transformation into compulsory insurance.

[11] According to the National Welfare Institute (INP, 1927: 80 and 98), there were three state inspection mechanisms: Civil Governors, the *Comisaría General de Seguros* and the *Comisaría Sanitaria Central*.

took responsibility for financing charitable medical care, earmarked exclusively for those who possessed an official certificate of poverty. In this way, the welfare of a large part of the population depended on their capacity to access private medical services, an alternative that was beyond the means of most people.

In fact, the stance of Spanish governments during this stage was quite paradoxical from several points of view. On the one hand, they defended the introduction of a compulsory sickness insurance with broad coverage and substantial duration in the questionnaire prior to the International Conference on Sickness Insurance held in Geneva in 1927 (INP, 1927: 47). However, they did not advocate or push through any legislative measure to implement state sickness insurance. This passivity was justified with the argument that the country's social needs in this respect were already met. In particular, the authorities emphasised the key work in healthcare coverage of thousands of Spanish workers employed by friendly societies and private insurance companies (INP, 1927: 22) (Tables 4 and 5).

Table 4. Distribution of insured according to risks covered

(percentages)

Type of coverage	1915	1918	1921	1925
Sickness (1)	35.25	36.76	37.11	36.56
Funeral expenses	7.58	6.02	5.62	7.41
Maternity (2)	1.12	1.47	1.23	1.47
Disability	12.30	12.65	12.50	11.86
Old age	3.08	2.67	2.52	2.72
Death	19.02	20.98	22.63	22.65
Medical treatment (3)	9.73	9.21	8.28	7.80
Pharmaceutical treatment (4)	8.25	6.54	5.98	5.71
Widowhood	2.64	1.76	1.53	1.32
Orphanhood	0.31	0.20	0.23	0.20
Other risks	0.53	1.61	2.20	2.16
No data	0.20	0.13	0.16	0.13
Total of 1+2+3+4	54.36	53.98	52.61	51.54
Total	435,123	692,953	821,840	1,048,027

Source: INP (National Welfare Institute; *Instituto Nacional de Previsión*) (1927: 101).

Table 5. Data sent to the International Labour Conference (1927)

(totals in current pesetas)

	Funds or FSs		Fees			Cost of the FSs medical service provision		
	Number entities	Number members	Of members (%)	Of protectors and patrons (%)	Total	Medical care (%)	Pharmaceutical care (%)	Total
1915	1,274	143,993	94.83	5.17	2,954,317.11	38.08	61.92	230,337.59
1916	1,332	198,953	94.62	5.38	3,565,824.64	35.10	64.90	279,915.19

1917	1,391	245,989	93.37	6.63	4,405,979.00	35.38	64.62	307,408.24
1918	1,438	262,630	90.34	9.66	3,919,305.93	31.06	68.94	458,087.25
1919	1,477	278,320	90.40	9.60	3,654,651.62	28.81	71.19	515,657.86
1920	1,514	303,640	88.59	11.41	4,781,800.29	35.56	64.44	597,251.94
1921	1,553	318,321	90.36	9.64	5,014,344.49	31.07	68.93	750,801.61
1922	1,628	338,144	93.51	6.49	6,468,298.56	40.80	59.20	654,344.17
1923	1,680	352,630	93.36	6.64	8,239,695.48	39.46	60.54	771,091.25
1924	1,722	366,065	93.22	6.78	9,159,124.71	38.04	61.96	885,561.32
1925	1,770	398,999	94.17	5.83	9,855,338.09	37.66	62.34	1,008,962.89

Source: INP (1927).

On the other hand, the mistrust between the friendly societies (mostly of worker origin) and governments prevented the creation of collaborative mechanisms to develop and implement state sickness coverage. As part of this impasse, the Spanish delegation at the Geneva Conference also showed itself to be against subsidising friendly societies, for three reasons: this would oblige the societies to accept anybody who applied as a member, which would create problems in ideologically motivated organisations; it would promote the creation of a network of societies that were eligible for subsidies but not very efficient; and it would hamper the constitution of friendly societies in smaller towns, aggravating territorial imbalances. Nevertheless, during the 1920s and 1930s the state did end up granting, upon request, small economic subsidies, funded from the General State Budget, to workers' mutuals offering medical and pharmaceutical care (Table 6). In fact, In the 1880s the state had already published public tenders in order to subsidise the friendly societies with budget funds. During this preliminary stage, the subventions awarded amounted to 200,000 pesetas a year, a much higher figure than those awarded at the beginning of the twentieth century (Montero, 1988: 84). Taken together, all these subsidies implicitly reveal official recognition of the work carried out through popular solidarity in a field which concentrated the greatest failings of the state welfare system. However, the small number of societies subsidised and the limited quantity of official aid in the early twentieth century rule out the idea of a system of healthcare provision that was privately managed but subsidised by the state.

Table 6. Official subsidies to Workers' Mutuals with medical-pharmaceutical care

State Budget	No. of subsidised societies	Total subsidy (nominal pesetas)	Average subsidy per society (nominal pesetas)
1924	96	75,000	781.3
1925	76	35,000	460.5
1926*	76	17,500	230.3
1927	101	35,000	346.5
1929	96	35,000	364.6
1930	68	35,000	514.7

1931	101	50,000	495.1
1933	178	75,000	421.4
1935**	42	37,500	892.9

Source: Gaceta de Madrid of: 22/03/1925 (No. 163); 10/11/1926 (No. 314); 26/10/1927 (No. 299); 11/04/1928 (No. 102); 4/12/1929 (No. 338); 11/01/1931 (No. 11); 30/12/1931 (No. 364); 21/12/1933 (No. 355); 30/11/1934 (No. 334); 22/11/1935 (No. 326). Notes: * Refers to the budget for the second half of 1926. ** Refers to the first two quarters of 1935.

So what were the causes that led the state to abandon healthcare coverage? The historiography suggests that the main factors of the state's abandonment could be the complex infrastructure, the high cost of management demanded by the insurance in relation to the state's financial capacity, and the obstacles interposed by the medical profession and the private insurance companies (Martínez, 1984; Cuesta, 1988; Rodríguez-Ocaña, 1990 and Porras, 1999). However, the most serious of these obstacles was without doubt the lack of modernisation of the tax system which made it difficult for the state to increase its income through direct taxation and, thus, impeded the creation of all the healthcare infrastructure necessary to apply sickness insurance to the entire population. In this respect, it should be remembered that, as from 1845, when the Mon-Santillán reform tried to transform the tax system typical of the Old Regime into another compatible with the liberal system, there were various attempts to direct the Spanish system of public finances towards a progressive model that would base the majority of its income on direct taxes. However, these attempts failed, in most cases due to the resistance of the wealthy classes, and the result was a low tax burden, low tax collection and a high public debt (Comín, 1994). On the other hand, the opposition of the majority of employers, medical associations, mutuals and insurance companies, who felt their private business interests to be at risk, continued. Even workers showed themselves to be unwilling to accept an insurance based on contributions, as they were hoping for greater state coverage without having to pay contributions, as was the case with old age pensions. Nevertheless, in spite of the severe obstacles, we can point out two initiatives that were intended to promote state coverage of the risk of sickness.

First of all, an interesting political debate took place during the first decades of the twentieth century between representatives of the friendly societies and representatives of the state. The topic was, above all, the issue of healthcare (Vilar, 2010). The National Conference on Sickness, Disability and Maternity Insurance, held in Barcelona in 1922, served as a forum for the non-profit making entities where they could voice their legal and economic demands.[12] One of their main complaints was in relation to the lack of legislative

[12] INP (1922) and the interesting reflection on this document in Cuesta Bustillo (1994: 409-422). The representatives of the Federation of Friendly Societies of the Province of Barcelona assumed a prominent role at this forum.

protection that they had suffered throughout their long history. In contrast to other European countries, where friendly societies benefited from specific legislation, workers' mutuals in Spain continued functioning under the generic law of associations of 1887. In order to solve this problem, an ambitious preliminary draft law was presented. It contained 30 articles which pursued two fundamental objectives: to constitute a more solid legal framework for their operations and to guarantee their active participation in the incipient system of state welfare.

As had occurred in other countries, collaboration between the state and friendly societies could have served as a guide for the development of sickness insurance in Spain, but no agreement was reached. Both the presentation of the preliminary draft law by the friendly societies' representatives and its reception by the state were riddled with contradictions. On the one hand, the societies showed a desire to collaborate, which required a metamorphosis of the mutual system, but without concealing their rejection of having their activities controlled by the authorities. Although they were aware of the fact that they were risking a good part of their possibilities of survival in the process, they were at no time prepared to lose their own personality and autonomy.[13] In this sense, it is notable that the request for state financial aid always occupied a secondary position in their demands. They were aware of the fact that accepting money from the state would require allowing the authorities a greater degree of control and intervention, something that was not desirable from their point of view. On the other hand, the state implicitly recognised the important work carried out by the workers' mutuals, but completely ignored their demands through a legislative silence and a lack of information.

The lack of understanding between the state project and the friendly societies, mainly related to the healthcare coverage of their members, resulted in a missed opportunity in the legislation of sickness risk in Spain. The Spanish government's late intervention in sickness coverage prolonged the survival of the friendly societies, which had been losing market share with the implementation of other state insurances, a factor that was already revealed as decisive in Rivera (1994: 142). Thus, for example, the approval of maternity insurance in 1929 led to the abandonment of the midwife service that the mutuals had been offering to women related to their members since the end of the second decade of the twentieth century.[14]

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[13] *Conferencia Nacional de Seguros de Enfermedad, Invalidez y Maternidad* (1922: 18). The representatives of the friendly societies maintained that the vigilance of their members obviated the need for professional inspection.

[14] This was the case, for example, of the Montepío de la Caridad, a society founded in Palma de Mallorca in 1857 and which operated until 1951. In 1918 it had incorporated the service of two midwives, a service that was continued until 1930. As from 1931 this service disappeared from the society's list of expenses.

The second attempt to legislate sickness insurance before the Spanish Civil War was the work of the socialist Labour Minister, Largo Caballero, who tried to get a project of sickness insurance underway during the first two years of the Second Republic (1931-1936). The bureaucratic process became drawn out as the political make-up of the government changed during the second two-year period of the Republic. Finally, the project was presented at the beginning of 1936, but now included in a wider scheme intended to bring about the unification of all different types of social insurance. Its main objective was to incorporate Spain into the European trend which advocated an integrated and universal insurance. However, the partial failure of the coup d'état of 18 July 1936 and the posterior outbreak of the Civil War prevented the passage of this legislation (Porras, 1999).

While these attempts to approve a state sickness insurance were taking place, the friendly societies survived as a way to cover the risk of sickness among the common people. Accounting data indicate the increasingly significant weight of medical and pharmaceutical provisions compared with monetary pensions, verifying the concentration of objectives in healthcare coverage. However, during the Primo de Rivera dictatorship and the Second Republic a series of factors were accumulating that explain the start of the crisis of this model. On the one hand, the previously mentioned increase in state intervention, as in the case of maternity insurance, eliminated some coverage needs. On the other hand, the creation of private insurance companies, created especially by the medical profession, and employers' relief funds, increased the private offer of coverage. The lack of interest of young workers in the friendly societies must also be taken into account. This led to an increase in the average age of members, with the consequent increase in costs and medical fees. In some cases the number of supporting members went down in view of the increase of class conflicts during the Second Republic (Rivera, 1994). The *coup de grâce* for the friendly societies came from the Franco regime and the approval, finally, of a state-run compulsory sickness insurance.

The cost structure of La Protección, one of the oldest friendly societies founded in Majorca in 1856, allows us to see how most of the funds were devoted to sickness benefits and medical fees in the first decades of the twentieth century. However, the former lost weight in the total expenditure after the First World War, while the medical costs increased until they accounted for more than the half of the society's spending in the 1930s. At this juncture, protection of the income of the sick lost importance compared to the provision of medical and pharmaceutical care. Nor should it be overlooked that the cost of medical fees increased during the Second Republic (1931-1936), and especially in the first years after the Civil War, when medical associations approved substantial salary increases. In particular, Fullana and Marimón (1994) affirm that the society's most serious problem

occurred in 1940, when the practitioners demanded substantial increases in their fees, approved by the medical association. This resulted in a 30 per cent increase in the *montepío's* expenses. Meanwhile, some medical specialties were gradually incorporated into the insurance coverage during this period, including, among others, surgeons, ophthalmologists, dentists and the services of midwives.

Table 7. Expenditure of Montepío La Protección (1901-1950)
(as percentage of total)

	Porter	Sickness benefit	Death benefit	Medical fees	Medical expenses	Other medicines	Total
1911	6.66	40.60	7.20	33.51	2.00	10.00	9,381.01
1913	6.56	49.41	6.69	33.14	2.06	2.11	9,713.44
1915	8.25	36.62	8.03	43.24	2.40	1.42	7,465.63
1917	8.89	39.14	9.10	38.55	3.01	1.28	8,235.42
1918	8.93	41.18	9.57	34.89	3.86	1.54	8,879.69
1919	9.78	29.30	6.52	45.09	1.61	4.85	6,893.85
1920	7.95	14.70	3.74	33.73	0.74	39.10	13,341.52
1930	11.95	24.31	6.61	54.46	2.08	0.56	9,069.81
1931	11.72	28.56	5.97	50.91	2.10	0.71	9,211.05
1932	12.27	28.08	5.68	50.69	1.33	1.92	8,797.85
1933	13.92	20.37	4.51	57.74	1.81	1.62	7,753.85
1934	13.63	23.90	4.41	55.95	0.90	1.18	7,923.55
1935	14.74	13.90	8.19	57.69	1.28	4.16	7,323.00

Source: *Archivo del Reino de Mallorca*, Gobierno Civil. Asociaciones 1583/55.

On the other hand, despite the fact that it is not perceptible in the analysis of the expenditure of the mutual societies studied, there are qualitative sources that indicate that, during these years, medical advances and the application of new treatments and medicines (sulphonamides...) increased pharmaceutical costs, upsetting the accounts of the mutual societies. The advances in bacteriology and immunology, thanks to the discoveries of Pasteur and Koch, galvanised pharmacological medicine. In 1928, Sir Alexander Fleming discovered the first antibiotic, penicillin, and the drugs started to come into circulation during the following decade, although they did not come into general use until the Second World War (Menéndez-Navarro and Rodríguez-Ocaña, 2003: 207-16). Although in Spain in the 1930s most pharmacists continued to prepare their ointments from magistral formulae and using traditional methods, these professional practices had their days numbered. Industrially produced medicines would end up taking over the market (Rodríguez Nozal, 2007: 137).

Industrial medication was legalised in Spain by the Stamp Act of 1892 and its corresponding implementing regulation. The Royal Health Council (*Real Consejo de Sanidad*) defined this product as "those medicines whose composition is wholly or partially

unknown and which are dispensed in boxes, jars, bottles or packets with labels that state the name of the medicine, its uses and the dosage". After several failed attempts, the first Spanish regulation for the manufacture and sale of pharmaceutical specialities was published in 1919, but this legal measure was not actually implemented. Finally, the regulation of 1924 established the basic conditions. Medical and pharmaceutical advances undoubtedly affected the already precarious budgets of the friendly societies (Table 7). In particular, the impact of the Spanish influenza of 1918-1920 can clearly be seen in society expense accounts.

From a territorial point of view, mutual insurance coverage in Spain continued to be very unequal, being concentrated above all in the most industrialised regions with a greater weight of urban population and wage-earners (Catalonia, the Basque Country, Madrid and Valencia). According to the figures available, the majority of friendly societies (not dependent on any company) were concentrated in Catalonia, which was home to 73.39 per cent of these societies and 56.26 per cent of their members in 1915 (INP, 1927: 99). In particular, the province of Barcelona – the most industrial in Spain at this time – set itself up as the dynamic centre of Catalan associationism. In 1896 the Catalan Federation of Mutual Provident Societies was founded, the first of its kind in Spain, which then became the Federation of Friendly Societies of the Province of Barcelona in 1918. The intention was that the *Mancomunidad de Cataluña* (a federation of the four Catalan provincial councils) intervene directly in fomenting, regulating and organising social welfare in Catalonia. These demands were finally met in the Constitution of 1931 and the Catalan Autonomy Statute, which recognised the exclusive competence of the Catalan government over its mutual institutions. Later, the Catalan Act of 1934 established the legal bases for cooperatives, mutual societies and agricultural trade unions and dedicated a specific chapter to the Federation.[15] Catalan legislation was pioneering in Spain, where the outdated and imprecise law of associations of 1887 continued in force.

Meanwhile, in the country's other main industrial zones, such as Asturias, Biscay, Guipúzcoa or Madrid, there was a greater number of societies linked to large companies typical of the Second Industrial Revolution (large-scale iron and steel industry, electricity, textiles, paper industry and transport), which had developed later and were of a more modern nature. This trend had already begun in the late nineteenth century in areas such as Biscay, where employers' *montepíos* were created in the iron and steel and transport

[15] For more on these aspects, see the official website (link: http://www.mutualitats.com), Moreta i Amat (1991) and Sola i Gussinyer (1994: 71-86). In 1935 the federation spread to the whole of Catalonia and became known as the Federation of Friendly Societies of Catalonia. These laws were repealed after Franco's victory in the Civil War.

industries in the 1880s (Pérez Castroviejo, 2010: 137). In some cases, the management offered programmes of healthcare coverage with the aim of improving their workers' working and living conditions and thereby reducing strike action. In other cases, the management realised that in order to improve the conduct of their workers and maintain the loyalty of the employees most difficult to replace, it was necessary to combine discipline with a system of incentives geared towards supplementing wages and/or social coverage (Martínez Vara, 2006: 105). Hence, these companies went from offering the services of staff doctors and nurses to attend to accidents that occurred in the workplace to creating associations with medical staff from outside the company who provided their members (workers of the company) free medical and pharmaceutical care. These associations were usually funded by employees' fees and by considerable contributions from the company itself. On occasions, the association entered into an agreement with an outside sanatorium for surgical operations and hospital convalescence, when this was required by the member, while the wage for the working days lost due to being off sick was the responsibility of the respective companies. This was the case with some electricity companies in Madrid, as Aubanell (2002) explains. Members' relatives could also voluntarily join the association on payment of the corresponding fees.

This phenomenon also spread to public companies such as tobacco factories or railway companies, sometimes located in less industrial zones. It seems clear that the high costs of the systematised system of protection limited the viability of the mutual societies founded by companies to firms of a certain size and number of workers, which had the capacity to organise and administrate complex programmes of welfare and healthcare coverage (Aubanell, 1998). On the contrary, smaller companies could not meet these costs, so they opted for more paternalistic and interim practices.[16]

The functioning of these company mutuals had some special characteristics, as the majority were controlled by the firms and were funded by fees deducted from the workers' wages (around 2 per cent of the wage) supplemented by contributions from the company itself, as can be seen in different case studies (Aubanell, 2002; Martínez Vara, 2006; Vilar, 2010; Martínez Marín, 2015). Generally speaking, the company also reserved for itself the tutelage and patronage of the society, controlled the board of directors, where there was a minority workers' representation, and supervised the system of benefits. In most cases the benefits and provisions were of better quality than in the workers' friendly societies, as they offered specialised medical attention for employees and their families, medicines in approved pharmacies, hospital admissions and surgical operations, and also a cash benefit.

[16] For more on the origin of the first company hospitals and the setting up of health care services within companies, see Menéndez Navarro (2010).

In larger companies with a high risk of industrial accidents (such as, for example, in the mining operations of Rio Tinto Company in Huelva or La Unión in Cartagena) they installed their own hospitals and dispensaries to attend to workers who had suffered an accident and to carry out appropriate medical examinations (Menéndez Navarro and Rodríguez Ocaña, 1992; Martínez Soto, Pérez de Perceval and Sánchez Picón, 2012). Some of these facilities improved over time, setting up competent medical teams and incorporating some specialist hospital treatment. All in all, the workers who benefited from these systems were a minority as the average size of companies in Spain before the Civil War was fairly small (Soto Carmona, 1989: 67).

Final reflection

In conclusion it may be affirmed that the friendly societies in Spain, as in all the other countries that are industrialised today, fulfilled two key functions. On the one hand, they played an important economic role by providing aid to workers affected by the temporary or definitive inability to work (sickness, accident or old age); on the other hand, they reduced the uncertainty and helplessness that such situations created for workers' families. This solidary association spread in Spain from the late nineteenth century, despite the low purchasing power of the workers and the state's mistrust of workers' associationism. For these societies, sickness was the scheme with greatest coverage and the one which, in the long term, drove their dissemination and expansion.

In the first stages of development in the second half of the nineteenth century, cash aid to make up for lost wages while sick was the main help provided by these institutions. To this end, each society set up a bureaucratic and regulatory framework based on the figure of a supervisory doctor during the period of sickness and also auxiliaries who controlled fraud and infringements. Benefits were small, but nevertheless alleviated the lack of income for up to a few months while workers were unable to work, although they were not able to solve the problems of chronic illnesses. Over time, this initial pecuniary aid gradually lost weight in the expenditure of these entities, with the medical and pharmaceutical care of members being promoted as the twentieth century unfolded. The structure of these societies was modified with the creation of ever more complex medical teams and the introduction of coverage by specialists such as obstetrician-gynaecologists, midwives, dentists and eye specialists.

As with the process that Murray described for the United States, the decline of the friendly societies in Spain started in the 1940s. However, this was not so much due to the

competence of private insurance companies, as in the former case, but rather owing to state intervention with the passage of compulsory sickness insurance and the exclusion of mutual associations from the system, as well as the rising cost of medical and pharmaceutical fees. Only a few friendly societies survived, by adopting the form, structure and management of health insurance companies. The rest languished, concentrating on recreational and social activities for their last years.

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