

Medicine, social security, and occupational disabilities in Spain in the first half of the twentieth century *

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Relying on legislative, medical, institutional, media, and labor sources, the article examines how the issue of worker disabilities was addressed during the first half of the twentieth century. It shows how specialized medical care developed and evolved, along with a social safety network, with the ultimate aim of integrating those with occupational disabilities back into work and society.

KEYWORDS: occupational medicine; re-education; persons with disabilities; Instituto Nacional de Previsión; Spain; twentieth century.

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The number of occupational accidents, a negative effect of the use of machinery inherent in the Industrial Revolution, continues to be a phenomenon of increasing social interest in our day, due to the high human and economic cost that it causes. For this reason there are many forums, both at national and international levels calling for greater knowledge of the subject in order to establish suitable preventive strategies to reduce their incidence and consequences. Recent historiography has also called for greater attention to the subject, which was hardly studied until the end of the twentieth century (Cooter & Luckin, 1997). In the effort to respond to this demand, we shall devote the pages that follow to highlighting the change in Spanish society's approach to the problem of the work disabled in the first half of the twentieth century.

As we shall show, the first target of the measures adopted was the improvement of living conditions by means of financial compensation (Montero, 1988; Cuesta, 1988; Samaniego, 1988); but they also sought not only the relief and treatment of the damages caused by occupational accidents but also their prevention and avoidance (Bachiller, 1984 and 1985; Bernabeu; Perdiguero; Zaragoza, 1992 and 2000; Rodríguez, 1993; Martínez-Pérez, 1992, 1994, 1998 and 2001; Medina; Rodríguez, 1992; Menéndez; Rodríguez, 1992 and 2003; Bartolomé, 2004). However, the functional and professional rehabilitation of work disabled and invalids and, therefore, their social reintegration were initially delayed (Martínez-Pérez & Porras, 2003). This type of measure slowly gained ground until it became a fundamental objective for the Medicine and the society of the inter-war period (Doriguzzi, 1994, pp. 89-121; Stiker, 1997, p. 129; Cooter, 2000, p. 372; Hamonet, 2004, p. 62). As we shall see, these changes in the approach to the problem of occupational accidents implied not only the establishment of policies of social protection, but also the design and implementation of progressively more specialized medical assistance. This assistance meant the incorporation of medical technologies (in the sense used by Stanton, 1999) and the creation of a new setting for a new clientele: that of the work disabled. Thus, from the prevailing 'medical' or 'individual' model of incapacity (Barnes; Mercer & Shakespeare, 2003, pp. 20-27), with these new therapeutic resources -functional and professional rehabilitation- it was hoped not only to facilitate the treatment of the victims of occupational accidents, but also their social reintegration.

The main target of this work is the analysis of the role that was played throughout the first half of the twentieth century by certain Spanish doctors and the National Insurance Institute (INP) in the establishment of the more specialized medical assistance that

encouraged the return of the disabled to work and their reintegration into society. It is also our intention to try to show the main strategies and resources used to generate a clientele to which they could apply their new proposed measures.

Liability insurance to deal with work accidents at the beginning of the twentieth century

As it happened in other neighbouring countries, such as France (Porras, 2004; Porras, forthcoming a), the resistance to state interventionism was slowly overcome in Spain in the final years of the nineteenth century and early years of the twentieth, and state interventionist policies were introduced in response to the so-called 'social question'. In this sense, one of the first measures was the creation of the Commission of Social Reforms (CRS) in 1883 (Reformas Sociales, 1985; Álvarez, 1971; Álvarez, 1988, pp. 147-153; De la Calle, 1988; Palacio, 1988, pp. 23-51). From that moment on, not only hygiene and safety at work, but also matters concerning retirement funds and aid for patients and work disabled, as well as mutual aid societies, were the province of this Commission. It is no wonder, then, that its first practical achievements were the creation of the Home for Work Invalids (AIT) in Madrid in 1887 (Palacios, 1990, p. 6; and undated, p. 52) and the drafting and initial application of the Law of Work Accidents of 1900. Both initiatives had a different character, dealing with the problem of work victims from different approaches: the former dealt with it from charity, whereas the latter resorted to occupational insurance, one of the incipient forms of social protection of the time.

The AIT was inaugurated in 1889. Its function was 'to house unmarried or widowed workers, without young children, who as a result of accident have been rendered absolutely invalid for work' (Ministerio Gobernación, 1892, p. 11), and who could neither earn a living nor count on family support to survive. In keeping with this, the centre became a place of refuge, where no type of measures of functional and occupational rehabilitation was contemplated. On the other hand, the Law of Work Accidents of 1900, based like the French law of 1898 on the principle of 'occupational risk', was intended to be a useful resource to improve the situation of the workers (excluding those engaged in agricultural activities) faced by the effects of workplace accidents (Montero, 1988, pp. 119-146 *et seq*). The law granted the right to compensation and medical and pharmaceutical assistance to employees affected by an accident or physical harm, the result of which was temporary or permanent incapacity for work, or death (1). As we see, the economic situation of the work disabled and invalids could be improved by the indemnification established by the law, as well as by the right to

¹ 'Proyecto de Ley aprobado (...) sobre accidentes del trabajo en los establecimientos industriales y mercantiles'. *Diario de las Sesiones de Cortes. Congreso de los Diputados, 108, 18-1-1900, Apéndice 3º.*

receive medical aid until their return to work or their being declared permanently disabled.

Nevertheless, the law omitted measures that might contribute to helping the injured and disabled to return to work, since it did not envisage their functional and/or professional rehabilitation. In spite of this, the law favoured medical intervention in work accidents not only for forensic reasons, but also to provide specialized attention that would be more and more specific and complex. In fact, according to the Professor of Surgery at the Central University of Madrid, Alejandro San Martín (1847-1908), there might arise 'a new specialty' whose object would be the 'vigilance and assessment of the accidents of industry and other forms of human work' (San Martín, 1903, p. 5). In his opinion, this specialty should be run by 'labourist (*obrero*) doctors', 'doctors expert in workers', 'healing specialists' or 'traumatists'. These new specialists, according to San Martín, should be surgeons with broad training in internal Medicine and many other specialties and diagnostic and therapeutic resources (among others, the use of massage, hydrotherapy, electricity and orthopaedic mechanics). As it will be seen, the development of this specialized interest (which in fact gave rise to the development of different specialties –Occupational Medicine, Traumatology, and Orthopaedic Surgery or Rehabilitation) involved the incorporation of various medical technologies and the appearance of new frames of reference. In fact, institutions were created far different from the old-fashioned AIT, where this new approach to the problems of victims and work disabled was developed.

The Law of Work Accidents of 1900 represented an important step, although it had some deficiencies and flaws. The hindrances were first noticed during its preparation, and became more evident when it came to be applied, firstly, by the CRS, and, from 1903, by its successor, the Institute of Social Reforms (IRS) (Palacio, 1988, pp. 53-135). The result was that the latter, whose responsibilities included those of 'preparing the legislation of work in its broadest sense' and 'encouraging social and governmental action in favour of the improvement or well-being of the working classes' (Article 1, Royal Decree of 23 April 1903, *Gaceta de Madrid*, 29 April), prepared a new bill in 1904. With this bill, it was hoped to resolve some of the main controversial points of the Law of 1900. As well as the advisability of extending the Law to agriculture, clarifying and extending the concept of accident (to include the acceptance of occupational illness), it put forward the key point of the type of insurance to be established, or the need to introduce a guarantee in the style of a National Insurance Fund against Work Accidents. The proposals on the type of required insurance focused either on a system of obligatory insurance similar to that of Germany,

defended by the working sector (Montero, 1988, pp. 161-164), or a system of insurances controlled by private insurance companies. These subjects again appeared in the course of the debate registered in the IRS between November 1905 and June 1907, some changes being made in the new Bill which did not satisfy all the demands of the workers' representatives and the insurance companies (Montero, 1988, pp. 175-189). After this long process of negotiation, the Bill was presented to the Parliament on several occasions from 1910 onwards with scarcely any change to its content.

The creation of the National Insurance Institute (Inp) and the establishment of a system of subsidized independent insurance

Simultaneously with the application of the Law of 1900 and at the beginning of its reform, a new institution – the future INP – was being developed to organize a system of subsidized independent insurance (different, therefore, from the obligatory German social insurance) in response to the different risks (work accidents, illness, disability, old age, unemployment...). This system sought to offer an answer to the 'social question' in line with the new international tendencies in the area of social protection. A leading role, both in this laborious task and in the process of reform of the 1900 Law, was played by the insurance technician Jose Maluquer Salvador (Montero, 1988, pp. 210-221). This author, taking as a model national and international prototypes (the initiatives of some Spanish Savings Banks and Pension Funds, and the National Insurance Funds of Belgium and Italy), drew up the characteristics of the new institution and, at the same time, started to overcome the resistance of the more reticent Spanish sectors to state interventionism. All of this made it possible for the IRS to draft the INP Bill (by means of a report in which Maluquer was also involved) and for it to be approved on 2 November 1905 (Instituto, 1916). The creation of the INP was finally achieved in 1908 (Decree of 28 February 1908, *Gaceta de Madrid*, 29 February). The new Institute was constituted as an independent body with technical organization, national character, subsidiary responsibility on the part of the State (with respect to its financial bases), but permitting the collaboration of private enterprise. Its purpose was to establish the different subsidized free insurance.

The foregoing clearly shows the important role of Maluquer, both in the process of gestation and creation of the INP and in the attempted reform of the Law of Work Accidents of 1900. In both cases, the type of insurance to be established was a central point. In my opinion, these circumstances and the actual aims of INP explain some of the differences to be found in the projects for reform

² 'Proyecto de Ley leído por el Sr. Ministro de la Gobernación reformando la de accidentes del trabajo'. *Diario de las Sesiones de Cortes. Congreso de los Diputados, n° 28, 18-7-1910, Apéndice 4º.*
Proyecto de Ley leído por el Sr. Ministro de la Gobernación reformando la de accidentes del trabajo. *Diario de las Sesiones de Cortes. Congreso de los Diputados, n° 20, 5-6-1916, Apéndice 3º.*

of the 1900 Law, presented to Parliament in 1910 and 1916 by the then ministers of the Interior, Fernando Merino and Joaquín Ruiz Jiménez. In effect, unlike the Law of 1900, these projects contained a chapter III with the title 'Insurance against work accidents', and gave an important role in the development of this insurance to the mercantile insurance Companies and, above all, to the INP (2). Thus, in article 29 of that chapter it was stated that 'in INP there would be created a section of mutual insurance of work accidents completely independent from its other operations'. None of these projects was approved.

The 1922 law. New legislation on work accidents

New calls for work accident insurance

Although the objective of the INP was the establishment of a system of independent subsidized insurances, its strategy changed, following the economic-political-social crisis of 1917. Although Spain did not take part in the Great War, this crisis was the expression of the effects of this conflict and of the international revolutionary upsurge of the years 1917-1921, and it was particularly pronounced in the parliamentary, military, and union fields. Placed in this new critical situation, the outdated Spanish political system was forced to consider measures that, like social insurance, might promote social peace. This internal state of affairs, the scant development achieved by voluntary insurance among Spanish workers, and the value acquired by social insurance at national and international levels (Martínez, 1988, pp. 326-330; Martínez, 1990, pp. 277-281; Porras, 1999, p. 163) led the INP to set itself up as the defender of compulsory insurance. Its defence would be especially active after the experience of the influenza pandemic of 1918-19 (Porras, 1993 and 1994) and of the end of World War I (Cuesta, 1992, pp. 321-334). Likewise, workers' demands intensified between 1919 and 1922 (Cuesta, 1988, pp. 702-719), a period in which intense parliamentary activity was also registered on this subject. In fact, new projects for the reform of the 1900 Law were put forward, until at last the new Law of Work Accidents of 1922 obtained its approval.

On the other hand, in parallel and as it had happened in nearby countries such as France (Porras, 2004; Porras, forthcoming a), the occupational rehabilitation of work victims became very relevant in Spain in the wake of the impact caused by the great number of disabled from the Great War, and the social value that their rehabilitation had received. True, Spain did not take part in the conflict, but it did participate in the general upheaval. In fact, an

important change of attitude took place among Spanish doctors, as some of them felt attracted by the apparent possibilities offered by the development of prosthetics, restorative surgery, and new specialties -such as orthopaedics and traumatological surgery (Cooter, 1993) or rehabilitation (Climent, 2001; Águila, 2000; Águila *et al.*, 2001a and 2001b)- in the approach to workplace victims. Specifically, Antonio Oller (1887-1937) and Manuel Bastos Ansart (1887-1973) would be two of these doctors who were especially interested in the subject of the professional rehabilitation of the work disabled. The interest of the former, the leading character in charge of the creation and introduction of Occupational Medicine in Spain (Bachiller, 1984), was linked to the experience that he acquired in the treatment of work victims during his stay in Switzerland. This country, like Germany, Belgium, or Italy, had attended to the rehabilitation of work disabled before the Great War (Vitoria, 1974-75; Oller, 1924, p. 128; Oller, 1923, p. 2), creating specialized centres. Oller was in charge of one of them prior to 1918, the moment when this doctor first called attention to the value of 'the rehabilitation of the disabled'. In his opinion, this was a 'most essential factor neglected by the State', since 'well-directed' rehabilitation could '[transform] a useless man into a capable worker'. Hence his conviction that it was 'time that the Institute of Social Reforms took care of this subject' (Oller, 1918, p. 380).

The 1919 project for the reform of the 1900 Law of Work Accidents, which was not approved, echoed Oller's demand since, although it did not include workers' demands for the establishment of compulsory work accident insurance, it did incorporate the rehabilitation of the work disabled (3). This would be carried out in the Special School for Work Disabled, created for that purpose and which would be located in the Vista Alegre estate, property of the then minister of the Interior.

Although this project did not get off the ground, it is an example of the existence of a new state of opinion concerning the problems of the work disabled and of the role that these disabled could play in Spanish society (4). In fact, unlike their French colleagues, Spanish doctors saw in the professional rehabilitation of work disabled an opportunity to improve their social position (Martínez-Pérez & Porras, 2003). A new appeal, made by Manuel Bastos on the occasion of the intensification of the War of Morocco in 1921 (5), was made in the debate on the new Law of Work Accidents of 1922. In the newspaper *El Sol* this military surgeon called for the creation of 'an institute of rehabilitation of the crippled and disabled from campaigns' (Bastos, 1921). Bastos justified his demand by the great importance that he believed an institute of these characteristics had 'not only to settle the sad consequences of the war, but also to undertake (...) in peacetime the reconstruction of those crippled

³ 'Proyecto de Ley leído por el Sr. Ministro de la Gobernación modificando la de 30 de enero de 1900 sobre accidentados del trabajo'. *Diario de las Sesiones de Cortes. Congreso de los Diputados*, nº 34, 18-11-1919, Apéndice 3º.

⁴ Further evidence of this state of opinion is the speech of Álvaro López Núñez in the Ateneo in San Juan Despi in 1918 about the rehabilitation of workers disabled at work ('Cordialidad...', 1918, pp. 273-275).

⁵ I have dealt with the effect this conflict and the Great War had on the approach to the work disabled in Spain in Porras, (forthcoming b).

by industrial accidents'. That same year, in response to Bastos' request, the 'Clinic of Orthopaedic Surgery and Rehabilitation' was set up in the Military Hospital of Carabanchel (Madrid) (Bastos, 1924, p. 603; Torres, 1996, pp. 136-137).

In my view, the appeals made by Oller and Bastos should be seen as exponents of the new state of opinion then present among Spanish doctors in relation to the physically disabled, and of the attraction exerted on them by the new surgical and rehabilitative treatments widely used with the disabled of the Great War. This attraction was sufficiently positive, as we have seen, that they sought to obtain the setting-up of professional rehabilitation of work disabled in 1919, and, unlikely what happened in France, achieved its introduction with the new Law of Industrial Accidents of 1922. And the fact is that, as we can gather from the words of Bastos quoted above, and as this military surgeon would confess years later, Spanish doctors were aware of the small number of military disabled needing rehabilitation. So that, in order to be able to find a public on whom to apply the new therapeutic resources it was necessary to '*discover* invalids' (6) to rehabilitate; and they saw that this could easily be done 'among the victims of work accidents' (Bastos, 1936, p. 211).

⁶ Italics in the original.

The establishment of the professional rehabilitation of the work disabled

However, the 1922 law did not include the requested compulsory work accident insurance, but it did include rehabilitation. So Article 23 stated that 'a special service of rehabilitation of the work disabled will be organized by the Ministry of Employment' (7). This order was embodied in the creation of the requested Institute for the Vocational Rehabilitation of Work related Disabled (IRPIT), assigning it such responsibilities as functional retraining, occupational rehabilitation, and the social trusteeship of the disabled. In order to fulfil these functions, the Institute was divided into three sections - medical, technical, and administrative - each with its own director and separate tasks. Thus, the medical section, directed by Oller, took care of the functional retraining clinic (Figure 1), clinical consultations, the laboratory and the orthopaedics and prosthetic service. The roles of the technical section (directed by the engineer César Madariaga) were vocational guidance, courses of occupational rehabilitation, factories, and agricultural operations (Oller, 1923, pp. 10-15; Oller, 1924, pp. 132-138; Instituto, 1932). With these characteristics and the obligation of the IRPIT to register all its disabled for the compulsory retirement pension and to pay the corresponding contributions to the INP, the Institute was inaugurated in June 1924 (*ABC* newspaper,

⁷ 'Ley sancionada por S. M. modificando la de Accidentes del Trabajo de 30 de enero de 1900', *Diario de las Sesiones de Cortes. Congreso de los Diputados, nº 1*, 1-3-1922, Apéndice 8º.

18-6-1924). However, its activities did not begin until 1925 (Mallart, 1928, pp. 5-15). From that moment on there was a suitable setting for the incorporation of the new medical technologies that were going to enable an approach to the problem of the work disabled from an angle which had been put off until then: that of social reintegration by means of their rehabilitation and vocational guidance (Figure 2). The work carried out at IRPIT achieved national and international recognition, receiving visits of doctors from different countries and members of the International Labour Organization (ILO) ('La vida del Instituto...', 1925, pp. 86-97; Crónica del Instituto..., 1929, pp. 375-381; Bachiller, 1985, p. 32). Emphasis was laid on the great role it played in the change of ideas and social attitudes to the capacities of the work disabled, as well as to disability in general and the way to combat it (Martínez-Pérez & Porras, 2003).

However, the economic crisis of 1929 had a negative effect on the activity of the IRPIT, since the rehabilitated patients of the Institute had problems in finding employment and in returning to their workplace (Instituto, 1932, pp. 37-38; Mallart, 1931, pp. 282-285; Bastos, 1936, pp. 210-213). Employers preferred workers who were not invalid or disabled and at that moment there were plenty of these. So that, as Bastos pointed out, 'adverse circumstances had completely distorted the work of the Institute' (Bastos, 1936, p. 213).

The Law of Work Accidents of 1932: The establishment of obligatory insurance and creation of the *clínica del trabajo* (occupational health clinic)

The situation of the IRPIT did not improve with the implementation of the new Law of Work Accidents of 1932 (8) and the eventual establishment of compulsory work accident insurance. On the contrary, the activity of the Institute continued to deteriorate, being transformed on 5 June 1933 into the National Institute of Rehabilitation of Invalids (INRI). From that moment on their functions were the rehabilitation of all types of disabled (Palacios, undated, pp. 67-90 and Palacios, 1990, pp. 18-29), with the exception of work disabled. According to the new Law, the rehabilitation of the latter was organized around the compulsory work accident insurance and the newly created National Industrial Accident Insurance Fund. As a result, INP gained much greater importance. Specifically, 'functional retraining' was assigned to the Fund's 'Medical Service', which was run by the medical Consultancy of INP. In order to fulfil its aims, INP's Occupational Health Clinic was created, located in Madrid at the junction of the Avenues of Reina Victoria and Pablo Iglesias in a building provided by the Spanish Red Cross. Here were transferred the resources of

⁸ 'Ley promulgada modificando la de Accidentes del trabajo en la industria', *Diario de Sesiones de las Cortes Constituyentes de la República española*, n^o 193, 1-3-1932, Apéndice 12.

the old Institute of Professional Rehabilitation (Jordana, 1933, pp. 10-19), and most of the doctors and of the professionals of the old IRPIT also joined (Clínica..., 1933). In fact, the management of the new Clinic -equipped with a specialized hospital (an old ambition, mentioned in *El Socialista*, Torres, 1924), doctor's offices, a physiotherapy and mechanotherapy centre, and artificial limb factory- was in the hands of Oller, the former director of the medical section of IRPIT and adviser to INP (Instituto, 1934; Oller, 1935 and 1936).

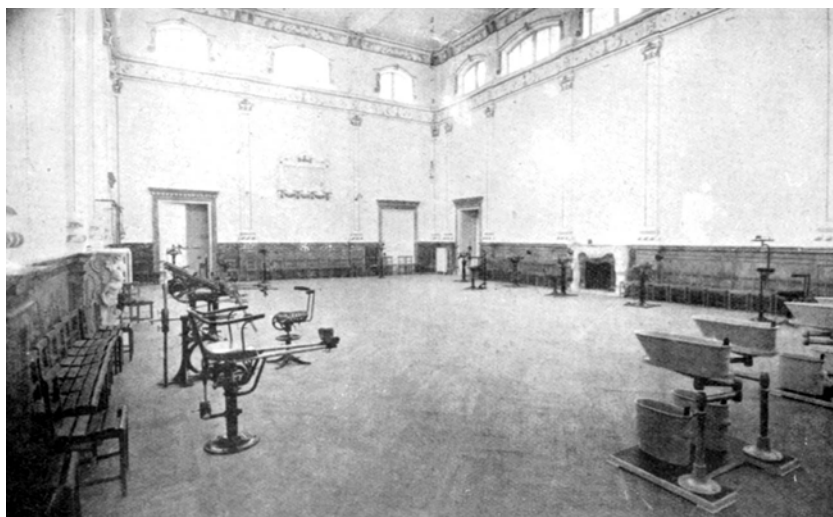


Figure 1 –Physiotherapy Room of the Institute for the Vocational Rehabilitation of Work-related Disabled. (Madariaga, 1931, Photo 15).



Figure 2 – School of Rehabilitation of the Institute for the Vocational Rehabilitation of Work-related Disabled. (Madariaga, 1931, Photo 11).

INP's Occupational Health Clinic was from then on responsible for 'the functional retraining of workers suffering from work accidents, and the examination of previously declared disabilities'. It was also set up as a teaching and research centre at the service of the National Industrial Accident Insurance Fund (Instituto, 1935, p. 3). As we can see, the new institution, where functional retraining occupied an important place, was conceived as a key piece in order to provide more specialized attention to the work victim. The Clinic also made it possible to continue with the training of the new specialists in Occupational Medicine already undertaken by IRPIT ('Primer Curso...', 1929). We should see this more specialized health attention in the context of the process of health modernization undertaken during the Second Republic (Jiménez, 1994; Huertas, 1995). One way of obtaining a greater development of this specialized attention, I believe, may have been one of the new features incorporated in the new Law of 1932. I refer to the possibility of taking disciplinary measures against any worker who refused to undergo an operation deemed appropriate by the employer's doctor (Jordana, 1933, p. 18). According to article 72 of the regulation of the Fund, this action would be carried out by a specially appointed commission, after the examination of the worker by the Fund's medical service.

The outbreak of the Civil War and the conversion of the Occupational Health Clinic into a field hospital put an abrupt end to the development reached in this new stage of the occupational rehabilitation of work accident victims.

The rehabilitation of work invalids after the Civil War

The activity of the Occupational Health Clinic resumed in 1941 with the adoption of Temporary Incapacity Insurance (Clínica Nacional del Trabajo, 1959 and 1964), and continued until 1966, when all its staff were transferred to the Rehabilitation and Traumatology Service of the La Paz Hospital Complex (Climent, 2001, p. 247). It received a new impulse with the introduction of Compulsory Illness Insurance in 1944 and the recognition –at least in theory- of the rehabilitation and professional retraining of workers in the Insurance Decree of 1944 (Águila, 2000, pp. 102-103). However, the situation of penury in general, and in the Clinic in particular during the years of the post-war period limited the practical realisation of the measures of rehabilitation and professional retraining (Climent, 2001, pp. 251-253). As Palanca, Director General of Health at the time, graphically said years later, 'under those circumstances, one could not even think about the rehabilitation of the disabled' (Palanca, 1970, p. 92). In this sense, a very good example is what happened when poliomyelitis arrived

and spread throughout Spain in the late forties. Faced by this situation, and under the influence of the UN Universal Declaration of Human Rights (1948) and of the prominence given to the work and social retraining of invalids and disabled after World War 2 (Cooter, 2000, pp. 374-375), Spanish doctors called for the urgent adoption of state measures to combat disability. In their opinion, they believed it was necessary to create specialized retraining services, to publicize rehabilitation, and to establish a National Board to coordinate this fight. And under the Decree of 6 June 1949 the National Sanitary Campaign against Disability was set up. To this end, the National Board of the Campaign against Disability was created ('Decree of 6 June 1949 establishing the National Sanitary Campaign against Disability', *BOE*, 201, 20 July 1949). Nevertheless, this campaign had little practical effect, limiting itself more or less to two meetings of the Board, the creation of the Central Clinic of the Campaign against Disability and to a meagre budget to take care of the expenses of the campaign (Águila, 2000).

It was necessary to wait until the mid-fifties before the rehabilitation of invalids acquired a new impulse. This new situation was due to rather more favourable internal conditions, the increasing demand for this type of measures by the medical community, the continued presence of polio (Águila, 2000, p. 255 *et seq.*; Climent, 2001, pp. 253-256), as well as the role played by certain international organizations. In fact, the Conference of the ILO in June 1954 approved comprehensive recommendations on the professional rehabilitation of the work disabled (Gómez, 1959, pp. 264-265). Months later, the General Assembly of the Spanish Society of Surgery, Orthopaedics and Traumatology (SECOT), echoing these recommendations, called for the modification of the Law of Work Accidents. Their objective was to establish obligatory rehabilitation treatment for all the victims that, in the opinion of the doctor, might achieve some improvement in their work capacity. At the same time, SECOT called for the creation of specialized centres, the development of the fight against disability, and the need for specialists (Gómez, 1959, p. 259). This demand was partly answered in the new Law of Work Accidents of 1956, which introduced in chapter VIII of its Regulations the modern concept of rehabilitation, and fixed the victims' rights and obligations (9). In fact, the law contemplated the suspension of financial benefits if the worker, without due cause, refused to undergo medical or rehabilitative treatment.

In order to proceed to the application of the new law, a complete plan of the National Industrial Accident Insurance Fund was prepared. It included among other things the reorganization and extension of the National Occupational Health Clinic and other existing centres, as well as the creation of new specialized centres.

⁹ 'Texto refundido de la Legislación de Accidentes del Trabajo. Decreto de 22 de junio de 1956', *BOE*, 15 de julio de 1956.

The realization of this plan took place slowly over the following years. In fact, a proper development of Rehabilitation in Spain was not obtained until the sixties, having obtained its recognition as a medical specialty on 6 June 1969 (*BOE*, 19 July, 1969). To this new situation contributed not only the new political and economic conditions, but also the recorded epidemics of poliomyelitis (Águila et al., 2002) and, most particularly, the establishment of a Social Security System by means of the Basic Law of Social Security of 1963 and its reform in 1966. Indeed, the new services of Rehabilitation were organised around this system and the structures created (Águila, 2000, pp. 193-195, 365-366; Águila, et al., 2001 a and b). However, although the ultimate aim was the restoration of the injured to the workplace, these services basically developed medical rehabilitation, hardly touching the phase of occupational rehabilitation. This was left basically in the hands of the Employer's Mutual Associations (Águila, 2000, pp. 149-150; Águila et al., 2001 a, p. 244). Still the real reintegration of the victims to the world of work after their rehabilitation was difficult. The later adoption of some legislative measures was necessary, such as the granting of assistance to 'Centres of Protected Employment for Disabled Workers' (Ministerial Order 7 November 1968) or the introduction of quotas for disabled workers. It was also necessary to carry out publicity campaigns to overcome the prejudices against the work capacity of the rehabilitated disabled and to obtain their progressive incorporation into the labour market.

Conclusion

In view of the foregoing, it seems clear that the inclusion of the rehabilitation of work disabled for the first time in the Law of 1922 was related to the important social role played by these measures during the Great War, and the demands afterwards made by some Spanish doctors. On the other hand, it may be said that the establishment of the Compulsory Work Accident Insurance in the Law of 1932 granted greater prominence to INP and favoured a greater degree of specialization in the subject of rehabilitation of the work disabled, reaching yet higher levels with the later establishment of a Social Security System. However, the important roles played by some Spanish doctors and by INP in the introduction and realization of the rehabilitation of work disabled in the first half of the twentieth century were modified by the political, social, economic and sanitary conditions that coincided at each moment.

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