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Book review: The conquest of health: mortality and modernisation in contemporary Spain (In Spanish: La conquista de la salud. Mortalidad y modernización en la España contemporánea), V. Pérez Moreda, D.-S. Reher, A. Sanz- Gimeno (2015)

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The conquest of health. Mortality and modernisation in Contemporary Spain (In Spanish: La conquista de la salud. Mortalidad y modernización es la España contemporánea). By Pérez Moreda, V, Reher, D-S and Sanz- Gimeno, A (2015).

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At the end of the 19th century today's developed countries began the so called 'epidemiological transition' from a world in which childhood deaths and infectious diseases were common to one in which childhood deaths were rare (Costa, 2013). However, there were clear exceptions in such a process and the authors of the book above argue for the so-called 'Spanish exceptionalism', namely as 'lagged modernisation' of the country that only compared to that of Eastern Europe. The authors above combine in this text an extensive factual knowledge and rich data of both economic and demographic history of Spain, to discuss, in an accessible and descriptive manner the phenomenon. The book contains a fascinating examination of the so-called 'urban health penalty' paradox, which is explained by economic and institutional reforms alongside public health investments.

Although too lengthy to make an easy read, it is probably the more up-to-date material available on Spanish population health history. Certainly, this is a first step into a huge research endeavour towards identifying the underpinnings of health transition Southern Europe. Although it does not explicitly mention Cutler, Deaton, and Lleras-Muney (2006), they show that consistently with them, mortality reduction follows the same phases although the timing in Spain was delayed compared to other European countries. Then the authors pick on several factors that contribute to explain the reduction of mortality in Spain including poverty and illiteracy, limited maternal health information, low maternal education, and technological backwardness. The latter can be traced back to the failure of the dissemination of liberal ideas, and hence to translate in policies, which effectively entailed a delay in the diffusion of preventive health information compared to other European countries.

Whilst, as expected, the introduction of new technologies (e.g., vaccines and antibiotics) exerted a marked influence on a second wave of mortality reduction (e.g. by confronting diseases such as diphtheria and smallpox as well as tuberculosis), the authors argue that the first wave of mortality decline took place long before such technologies were incepted. Hence, only health prevention, and more specifically the diffusion of health, nutrition and hygienic information (that before were adopted only by an elite before) can underpin such an effect. Part of the latter can be attributed to the professional role of medical doctors in disseminating health information, and more widely the development of far reaching communication campaigns, as well as infrastructural improvements. The latter lead to a shift

in the number of deaths from non-communicable diseases, which displaced the rest. Nutritional improvements in turn explained the reduction in fertility and, overall explain the health effects of urbanisation.

As in other European countries, Spain exhibited an urban penalty in mortality (‘mortality being higher in urban as opposed to rural areas’) until the second third of the 20th century. The latter is especially true among overall less resilient males, and it was mainly driven by high prevalence of respiratory related diseases in cities. Consistently the change was associated with improvements in education and infrastructure (such as sewers and water safety). Part of such effects took place after a process of late industrialisation and rapid urbanisation. However, after the first quarter of 20th century such penalty disappeared. Strikingly, the authors argue that the urban penalty in Spain was explained not only by higher density and city size, but by unhealthier lifestyles and a more conflictive life in cities. In contrast, after 1930, an expansion on urban health infrastructure investment, and a process of physicians’ migration to cities lead to the reversion of the urban penalty, to become an advantage. These results are very much in line with Deaton (2013) who argues for the need of some state capacity to take advantage of technological improvements. Democracy as some studies show (Costa-Font and Gil, 2013) might have had an important impact in technology diffusion by providing a political voice to the poor. However, what the authors did not explore is whether, similarly to mortality, other wellbeing indicators improve in the same direction, such as changes in human heights. The latter suggests that estimates of a Preston curve on mortality fail to linearly fit necessarily the Spanish data.

Some issues worth examining in future research include the health effects of a reduction of information and transport costs, as well as those of wider processes of migration. The latter mechanism could underpin some of the findings. Second, the descriptive analysis carried out in this book is of course very detailed, but one would expect further research to employ regression analysis to be able to control for a number of composition and contextual effects that could influence the magnitude of the study estimates. Third, the role of democracy and, more generally, the expansion of ideas of social reform might be responsible for the reduction of health illiteracy. A careful analysis of the effect of democracy on health is needed. Finally, the fact that health services remained underdeveloped in Spain until the development of social security in the late 1960s shows that the role of health care as an entity expanding quality of life has been rather modest. Some of the issues to better understand include the effect of population composition, and more specifically ageing, in the demand for technological change (Breyer et al, 2010).

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