

The Transylvanian Health Campaign of 1938

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*Motto: "I know, however, that there are three higher commands;
they are the troops, the roads and public health."
King Carol II*

Introduction

THE FIRST part of the twentieth century witnessed a dramatic fight against infectious diseases, the scientific development of transfusion, the emergence of more complex diagnostic tests and the development of social medicine. Since the latter part of the nineteenth century, health authorities in Romania had been trying to find various ways to systematically organize the public healthcare system. Remarkable progress had been made even before the First World War, with the organization of healthcare in rural areas, the use of preventive vaccination methods, the mandatory declaration of contagious diseases, etc.

Disease prevention has been a major concern for Romanian legislators, from the first Health Act of 1874. In 1910 there was a major step forward with the healthcare law drawn up by Ion Cantacuzino, which stipulated the mandatory declaration of infectious diseases. Public authorities and the police were required to perform any action imposed by doctors to maintain public health.

Another law, published in 1930, was called *The Law of Health and Healthcare*. This new law introduced, as a general prevention measure, the idea of vaccination in a pandemic. Other important ideas introduced by this law were educating the population for health and health promotion.

Demographics

WHEN TRYING to outline the demographic situation of Transylvania between the two world wars, we realized that we do not have enough data to know the exact demographic situation of each year, but we must approximate it starting from one of the three censuses that took place in that period, namely the Hungarian one of 1910 and the Romanian ones of 1930 and 1940.

Although we have these censuses that provide reliable data, there are other variables that affect the accurate comparison of demographic information, and these are related to the interwar territorial changes between Romania and Hungary, Czechoslovakia and Yugoslavia. In terms of demographic evolution, the period during which new borders were formed and that of the two world wars can be divided into four parts:¹ 1911–1914, the period that brought an unprecedented demographic development, 1915–1919, the time of World War I and of the Romanian union, a period characterized by a severe lack of demographic information, 1920–1930, a period characterized by calm and stable demographic phenomena, and after 1930 a period in which valuable information appear both from census data and from the reorganization of demographic statistics.

From the study of demographic data² we see an increase in the number of births (from 177,738 to 265,222), and also deaths (from 127,391 to 188,582) between 1910 and 1914, but the population number is on the rise (from 50,347 to 76,640). This is followed by a period of decline in the number of births during World War I, between 1915 and 1918, by almost 60% to 83,115, this figure being registered in 1918. At the same time, the number of deaths increased or remained constant, peaking in 1915 at 205,635. After 1920, population growth is positive again with a yearly average of about 45,000, while the number of births and deaths begins to decline, so that in 1935 there are 138,488 births, 108,483 deaths and a population growth of 30,005.

Demographic data for the 1910-1920 periods was obtained from the Hungarian statistical publications.

16 counties were part of Transylvania in 1930: Alba, Braşov, Ciuc, Cluj, Făgăraş, Hunedoara, Mureş, Năsăud, Odorhei, Sălaj, Sibiu, Someş, Târnava Mare, Târnava Mică, Trei Scaune and Turda.

Transylvania's population³ was 3,140,041 inhabitants at the census of 1930, of which about 18% in urban areas and the remaining 82% in rural areas. The population was divided into 57.8% Romanians, 24.4% Hungarians, 9.8% Germans, 3.2% Jews and 4.4% other nationalities. An interesting aspect is the appearance of Hebrews in this census, since there was no information regarding this population at the census of 1910. Another interesting aspect is that, although all other nationalities share the same distribution of about 80% in rural areas and 20% in urban areas, among the Hebrews the proportions are reversed, with 56.2% in urban areas and only 43.8% in rural areas. The smallest number of people lived in Făgăraş County, 94,215, and the most inhabited was Cluj County, with 345,041 inhabitants.

Only one city in Transylvania exceeded 100,000 inhabitants, the city of Cluj, and only one city was between 50,000 and 100,000, namely Braşov.⁴

Health organization

HEALTHCARE IN Romania, therefore also in Transylvania, was governed by the Health and Healthcare Act⁵ of 1930, also known as the “Moldovan Law.” This law arose from the need to gather together all the provisions found in various laws on the organization of healthcare and the changes made to the 1910 Health Act.

Healthcare staff was composed of medical staff, support staff (health workers, midwives, care nurses, teachers) and administrative personnel.⁶ Doctors were divided into several categories, namely general health inspectors, county MDs and heads of municipal physicians, doctors from district hospitals, physicians, doctors from medical laboratories, ambulatory physicians, and school physicians.

In 1934 there were a total of 48 physicians working in the urban districts of Transylvania, that is, one doctor for every 9,573 inhabitants.⁷ For rural constituencies there were 256 doctors, one for every 11,007 inhabitants.⁸

Regarding the number of state hospitals, there were 12 general hospitals, equipped with a total of 1535 beds and 8 specialized hospitals (TB, obstetrics, ophthalmology, orthopedics, cancer, mental afflictions).⁹ Beside these hospitals, there were those of the Ministry of War, which were divided into three categories: garrison hospitals, which were the smallest and were not found in Transylvania, division hospitals with a capacity of 100 beds, located in Tg. Mureș and Alba Iulia, and army hospitals, which were the largest, with a capacity of 300-400 beds, located in Brașov, Sibiu and Cluj.¹⁰

Although compared to other historical regions the most pharmacies in the country were in Transylvania, 145 pharmacies in urban areas and 196 in rural areas, their coverage, however, was not sufficient, the difference between areas being huge. Therefore, in urban areas there was a pharmacy for every 3000-5000 residents while in rural areas there was one for at least 7,000 inhabitants (Făgăraș County), up to 28,000 residents in Sălaj county.¹¹

Population health

SOCIAL ILLS, a title that comprised tuberculosis, syphilis, malaria, pellagra, granular conjunctivitis, cancer, leprosy and rabies were still insufficiently combated; therefore there was a high level of morbidity and mortality. Between 1930 and 1937 the number of cases almost doubled.¹² Of these, the most common disease in Transylvania was tuberculosis, as in 1932 there were 8,868 patients.¹³ Another common disease was pellagra.¹⁴ The presence of these diseases was mainly caused by the living conditions and diet of peasants. Nutrition lacked diversity, the main food being corn, which made up about 50% of the total grain consumption.¹⁵ Additionally, meat and milk were lacking from the diet, but potatoes were widely consumed.

Another public health problem was the occurrence of infectious diseases. Although some diseases such as plague, cholera, scarlet fever and measles were not a threat anymore, being brought under control in the '30s, due to certain control measures put in place by the government,¹⁶ others still caused serious problems. This can be seen from the figures which showed a total of 106,021 illnesses across the country in 1932, which resulted in 8,305 deaths.¹⁷

These were the health conditions in 1938, when an unprecedented health campaign was decided, in an attempt to solve many problems that were not only about health, but also about hygiene and living conditions.

The implementation of the Romanian health campaign

THE HEALTH campaign of 1938 was inspired by the concern of King Carol II of Romania, who realized that health is an important public asset and should be preserved and enhanced. The attention that King Carol II gave to health emerges from his speech of 1937 which puts this problem immediately after national defense: "After the primacy of national defense, the primacy of public health must follow."¹⁸ The campaign lasted for two months, from early August to late September and was organized and conducted by the Ministry of Health and Social Works. Named "The health offensive" (article), it also received help from the local authorities.

The campaign had 6 goals¹⁹: health record enforcement, full implementation of collective hygiene measures, implementation of individual hygiene measures and control of swimming-pools and school premises, social disease control measures and propaganda measures. The campaign was conducted in both urban and rural areas.

This campaign, which addressed a population of nearly 20 million people, was organized by dividing the country into 10 inspectorates,²⁰ each inspectorate being assigned 6-8 counties. The 10 inspectorates were Bucharest, Craiova, Constanța, Iași, Cernăuți, Chișinău, Cluj, Sibiu, Timișoara and the municipality of Bucharest.

To organize this action, the authorities used medical personnel engaged in health services and also trainees, residents and hospital interns. Some of them were hired temporarily, for these activities only. Nurses, midwives and so-called health agents were also used and each team consisted of two people. Doctors were asked to hold lectures about public health issues at the end of the day. There were, thus, more than 9,100 conferences about sanitation,²¹ hygiene and other public health issues. The medical staff was organized in 429 teams. In addition to the medical staff, a number of 144,706 other people (priests, teachers, police officers, administrative staff, etc.) were used. A total of 152,497 people contributed to this campaign.²²

The Ministry of Health provided logistical support for this activity. Both medical supplies and medical equipment and supplies for vehicles were made available to staff. 25 bathing-car trains were also used, consisting of a shower car with 40 showers, a dressing-undressing car, a water tanker, a car for the personnel and for the disinfecting and disinfecting oven.²³ During this campaign more than 1.4 million individuals were bathed,²⁴ meaning more than 23,000 daily, "which implies that our population is willing to take a bath, free of charge if possible."²⁵ Additionally, over 2.7 million people were disinfested using a petroleum-based solution.²⁵

The campaign targeted not only individuals, but also farms, wells, latrines, stables etc. At that time there were over 4.2 million households in the country, of which more than 85% were in rural areas. Almost 74% of all households were visited during the two months of the campaign, of which half were cleaned and 6% disinfested.²⁶

The most important part of this campaign was the examination of people and the discovery and treatment of their diseases. About 7,770,000 individuals were examined, over 42 thousand X-ray examinations were conducted, more than 77 thousand blood samples were analyzed and more than 360 thousand injections were administered.²⁷ An important result of this campaign was also the drawing up of health monographs of the communities. These monographs had a standard format comprising five chapters and an

appendix providing data on geography, topography, vegetation, climate, demography, the hygienic-sanitary status of the household, health organization and infrastructure and many other defining elements of the locality in question.²⁸

The campaign of 1938 in Transylvania

TRANSYLVANIA WAS divided between two health inspectorates, the General Health Inspectorate of Sibiu, which included nine counties (Sibiu, Alba, Târnava Mică, Târnava Mare, Făgăraș, Brașov, Odorhei, Ciuc and Trei Scaune), and the Cluj General Health Inspectorate, which also included nine counties (Bihor, Cluj, Maramureș, Mureș, Năsăud, Sălaj, Satu Mare, Someș and Turda). Both inspectorates reported to the Institute of Hygiene and Public Health in Cluj.

The working procedure had been established in both inspectorates before the campaign began. A form was devised that was to be filled out for each visited household. The attached sheets included information on the health of each member of the family, findings on the hygiene of the household as well as proposals to improve conditions, where needed. Before the beginning of the campaign, each team's itinerary was also established. Four teams, consisting of 3-6 doctors, 1-2 health workers, one care nurse and additional personnel²⁹ were assigned to each county.

The visit of the team was announced in each locality 3-4 days ahead of time, and the people were explained the purpose of the visit and the role of the team. To cover as many villages as possible during the two months, the teams stayed for a maximum of 2 days in each village, and the more populous municipalities were visited by 2-3 teams simultaneously. In most municipalities, the population complied with the visitors' requests, being aware of the fact that all these actions were in their best interest. Some people prepared even better, whitewashing houses, repairing wells and latrines and cleaning the ditches in front of houses. Of course, there were people who refused to understand this campaign's role and they opposed the medical team's actions, in which cases the team was assisted by law enforcement officers.

Besides the visiting teams, there was also a mobile radiology team at the Inspectorate of Sibiu, consisting of a radiologist, two care nurses and a driver with a mobile radiological truck,³⁰ and seven villages in Turda County were chosen by the Inspectorate of Cluj for a survey conducted by the Ministry on rural nutrition.³¹

This survey was conducted in four districts of the country and served to establish the quantity and quality of food in different areas, and the nutritional needs of the rural population. Two care nurses went to each village where they visited 10-20 families chosen from all levels of society and filled out a form provided by the ministry.

Returning to the campaign itself, it must be noted that each inspectorate was assigned two bathing-car trains, which operated continuously for two months.

Given the scale of this campaign, unprecedented in Romania at that time, the results were as expected. Thus, over 75% of the 935 communes under the Inspectorate of Sibiu were visited,³² in 3 counties (Făgăraș, Târnava Mare and Odorhei) this figure was 100%, and in Alba county only 31%, due to the large distances between households

and the mostly mountainous terrain. Regarding the medically examined population, it reached a rate of 44% in the Inspectorate of Sibiu³³ and 22.1% in the Inspectorate of Cluj,³⁴ resulting in a total of 1,822,117 people examined throughout Transylvania.³⁵ The examination of the population was not limited to a mere physical check-up, but for some of them it also included radiological examination and lab tests. Over 26,000 people received radiological examinations,³⁶ of which over 22,000 by the mobile radiological team that acted under the jurisdiction of the Inspectorate of Sibiu.³⁷

As the result of the examinations, which were very thorough, an impressive number of new cases of disease, both social and infectious-contagious, were found. Tuberculosis was the most common disease, with 8,008 new cases found, in addition to the already existing 8,967. The second illness, by the number of newly discovered cases, was syphilis. 6,024 new cases of the disease were discovered, adding to the existing 8,296. For tuberculosis and syphilis, there is a huge difference between the number of cases in the two inspectorates, more than three times as many being discovered in Cluj than in Sibiu. Cancer was third, with 3,249 new cases, the number of patients newly discovered in Sibiu being twice as large as in Cluj. This was followed by malaria, with 2,090 new cases, cancer with 707 new cases, pellagra with 101 new cases and trachoma with 80 new cases. There was no case of leprosy, neither before nor during the campaign.³⁸

With regard to infectious diseases, pertussis was first (1,912 new cases), followed by influenza (1,292 new cases), dysentery (954 new cases), typhoid fever (433 new cases), scarlet fever (262 new cases), measles (219 new cases), diphtheria (107 new cases), erysipelas, tetanus, chicken pox and mumps with 10-20 cases each. The flu was a special situation, with many cases, due to the outbreak of an epidemic in Alba County during the very campaign.

Personal hygiene, although not at a very low level compared to other regions of the country, was still not satisfactory. Thus, having access to the bathing-car trains, 112,819 people were bathed, representing 9% of all those examined. Additionally, 11,723 people received a haircut and 11,634 were disinfested.³⁹

The health campaign dealt not only with personal hygiene and sanitation but also with the hygiene of households. This involved the assessment and verification of houses, wells and latrines. The campaign was not limited to verification, the participants also acted to remove garbage, to clean stables and yards, to clear the ditches in front of houses, to rebuild roads and footbridges. 67.2% of households, 71.1% of wells and 66.4% of existing latrines in the Inspectorate of Sibiu and 44.4% of households, 35.4% of wells and 29.6% of existing latrines in the Inspectorate of Cluj were visited. Of all households visited, about 20% were cleaned and drained, 44.6% of latrines were drained and 26.2% of latrines in the Inspectorate of Cluj were rebuilt, with 4% and 2.4% respectively in the Inspectorate of Sibiu.⁴⁰

Beside the practical work of examination, inspection, drainage and reconstruction, health education activities were also conducted. These activities had been addressed, on the one hand, to each individual, care nurses going from house to house to give advice on matters of personal hygiene and infant care and, on the other hand, to the masses, by way of public conferences on various topics pertaining to hygiene, infant care or disease prevention. A total of 1,689 conferences were held, of which about two-thirds in the Inspectorate of Cluj.⁴¹

An example of the campaign's progress was in Braşov County. This county, where the majority of the population was Romanian (60.7%), was situated in the first place nationwide with regard to several indicators, including the lowest child mortality rate⁴² (109 ‰), the smallest number of illiterates⁴³ (15%), and the largest number of villages in very good sanitary conditions.⁴⁴ Not only was the progress of the campaign quite notable, but many of the activities had been started long before they were scheduled to be undertaken in the campaign. Thus, in Braşov County, all 47 villages were examined, 29 during the campaign and the remaining 18 before it.⁴⁵ The propaganda in favor of this campaign was very intense. Besides the 36 public conferences held by doctors from Braşov and by physicians from the municipality districts, the issue was also covered by the *Gazeta de Transilvania* newspaper,⁴⁶ not only once, in passing, but several times within the 2 months of the campaign. Various pieces of information about the progress of the campaign in Braşov County, participating physicians and the results obtained appeared in the 58th, 61st, 64th, 79th, 80th, 88th and 89th issues of the newspaper.

Conclusions

As A RESULT of this campaign a nationwide report was compiled regarding all health-related concerns. Measures had been taken to improve personal and collective hygiene, to combat social and infectious-contagious diseases, and to better promote health.

This campaign was a real success. The results were felt immediately in all areas of concern: sanitation, hygiene and healthcare. The mobilization of the Health Ministry's entire apparatus was necessary, and also the help of other ministries.

Regardless of the area where the activities took place, it led to a change in lifestyle for the people in that locality, but also to the knowledge of existing diseases and to an improvement in the status of hygiene.

Although health campaigns had been conducted in Romania before that time, none had been so thorough; none had included such a large part of the population, nor had obtained such remarkable results on all levels.

The measures of the health authorities in 1938 represented for Transylvania not only a method of mapping the health situation of the territory, but a basis for preventive actions for the entire population. The campaign of 1938 was part of the earlier sporadic concerns of teachers Obregia or Iacob Felix, Popescu Azuga, Zaharia Petrescu or Nica Leon and, last but not least, of Ion Bordea from Braşov, who was the director of the Romanian Health Service between 1905 and 1922 and published a valuable paper: "The Romanian health service and public hygiene in the years 1905–1922."⁴⁷

Any attempt to understand the health situation in Transylvania in the early twentieth century cannot succeed without an analysis of information from the campaign of 1938.

Developing a health monograph about the Transylvanian villages not only allowed for an objective analysis of their state of development, but also made it possible for the local authorities to take concrete measures in order to improve the health of the population.



Notes

1. Sabin Manuilă, *Aspects demographiques de la Transylvanie* (Bucharest, 1938), 4.
2. Ibid., 6.
3. Ibid., 72.
4. Ibid., 74.
5. G. Banu, *Sănătatea poporului român* (Bucharest, 1935), 55.
6. Ibid., 290.
7. Ibid., 293.
8. Ibid., 297.
9. Ibid., 305.
10. Ibid., 427.
11. Ibid., 308.
12. Keith Hitchins, *România 1866-1947* (Bucharest, 1996), 367.
13. G. Banu, *Sănătatea poporului român* (Bucharest, 1935), 173.
14. Oana Andreescu and Liliana Rogozea, "Aetiology Theories About Pellagra At The End Of The Nineteenth Century And Early Twentieth Century In The Vision Of Romanian Doctors," *Bulletin of the Transylvania University of Braşov*, Series VI: Medical Sciences • Vol. 6 (55) No. 2, 2013, 93–98.
15. Keith Hitchins, *România 1866–1947* (Bucharest, 1996), 366.
16. Ibid., 367.
17. G. Banu, *Sănătatea poporului român* (Bucharest, 1935), 149.
18. Min. Sănătăţii şi Asistenţei Sociale, *Probleme şi realizări în 1938* (Bucharest, 1939), 109.
19. Ibid., 17.
20. Ibid., 63.
21. Ibid., 44.
22. Ibid., 44.
23. Ibid., 165.
24. Ibid., 68.
25. Ibid., 68.
26. Ibid., 78.
27. Ibid., 68.
28. Liliana Rogozea, "Sanitary monograph of Râsnov town—and the sanitary campaign from 1938," *Bulletin of the Transylvania University of Braşov* 3 (52) (2010), Series VI: Medical Sciences, 107–114.
29. Min. Sănătăţii şi Asistenţei Sociale, *Probleme şi realizări în 1938* (Bucharest, 1939), 163.
30. Ibid., 165.
31. Ibid., 27.
32. Ibid., 170.
33. Ibid., 173.
34. Ibid., 258.
35. Ibid., 94.
36. Ibid., 94.
37. Ibid., 175.
38. Ibid., 96–97.
39. Ibid., 100–101.
40. Ibid., 102–103.
41. Ibid., 105.

42. Ibid., 1369.
43. Ibid., 1367.
44. Ibid., 175.
45. Ibid., 1373.
46. Florin Leășu, Oana Șanta, Liliana Rogozea, "Sanitary Monograph Of Holbav – And The Sanitary Campaign From 1938," *Bulletin of the Transylvania University of Brașov* 4 (53) (2011) Series VI: Medical Sciences, 151–156.
47. Liliana Rogozea, "O carte uitată pe nedrept - Serviciul Sanitar al României de Ion Bordea," *Ars medica* 2 (October-December 2001): 34–37.

Abstract

The Transylvanian Health Campaign of 1938

Disease prevention has been a major concern for those working in healthcare in Romania. The first part of the twentieth century witnessed a dramatic battle against infectious diseases and the development of social medicine. Since the latter part of the nineteenth century, the health authorities of Romania had sought various ways for systematically organizing public healthcare. Remarkable progress had been made even before the First World War, with the organization of healthcare in rural areas, the use of preventive vaccination methods, the mandatory declaration of contagious diseases etc.

Health campaigns represented a form of discovering new cases of disease, sanitizing localities and educating the population for health and health promotion. Several health campaigns took place in the first half of the 20th century, but none was so comprehensive, or acted on so many levels, or had the results of the 1938 health campaign.

Keywords

health campaign, social diseases, infectious diseases, hygiene, sanitation