

Chief County Physicians Medical Careers in Transylvania in the Second Half of the Nineteenth Century and the Early Twentieth Century

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Eligibility for the role of county chief doctor was conditional not only upon academic training and professional experience, but also upon political considerations, family networks, and even upon the “benevolence” of the lord-lieutenant.

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AS A physician, he started his career here at a time when we did not have many medical professionals. For a long time, he was the only protector of the vulnerable and single-handedly built the public health system. The exemplary mode in which he performed in these roles is reflected in the respect and trust he gained among the ecclesiastical and secular elites, as well as among the ordinary people who used his services.¹

These flattering observations are taken from the obituary of Doctor József Molnár published by the newspaper *Csíki Lapok* (Pages of Csík). For five decades he worked tirelessly to modernize the healthcare system of Csík (Ciuc) County in his role as chief seat and county physician, and he was involved in the founding of the first public hospital at Miercurea-Ciuc (Csík-szereda, Szeklerburg).² The sad news of the demise of the retired doctor was also relayed by the central periodical

Pesti Hírlap (Newsletter of Pest),³ which confirmed his status as a high-ranking provincial official.

Doctor József Molnár was a member of the select group of chief county physicians (Ro. *protomedic comitatens*; Hu. *megyei főorvos*) in Transylvania. His long career in the public service was highly successful and his professionalism earned him the respect of the community. The question may be asked, however: how representative is his career path for the entire socio-professional group? Our aim has been to identify the general characteristics of this group starting from the biographies of individuals who functioned as chief physicians in the Transylvanian counties after their administrative reorganization of 1876 and after the new healthcare act came into effect in the same year. Biographical data for the doctors were sourced from various sources: periodicals, yearbooks of medical and administrative staff—a part of which have now been entered into the Transylvanian Health Database (THD) under development at the Center for Population Studies, Babeş Bolyai University, Cluj-Napoca—, obituaries, and specialist literature.⁴

The earliest systematic measures for improving the sanitary and healthcare system in Transylvania were projects introduced at the time of enlightened absolutism. A decree issued by Maria Theresia in 1752 stipulated that all counties were to employ one physician in the public system.⁵ The *Hauptsanitätsnormativ* (*Generale Normativum in Re Sanitatis*), an imperial decree of 1770, organized the health system, introduced standards for the practices of doctors, midwives, and pharmacists, and established programs for combating epidemics. The Transylvanian medical system was headed by a health Commission accountable to the Gubernium and led by the province's *protomedicus*. The health officers (*physicus*, *physici*),⁶ employed by the administrative services of the local authorities, were responsible to him and were chiefly in charge of controlling epidemics.

During the Dual Monarchy, the public health system was regulated via the aforementioned Law XIV/1876, a comprehensive legislative instrument aligned to the standards of modern medicine.⁷ The Ministry of the Interior became the highest decision-making organism in health matters. At county level,⁸ the public health system was coordinated by the chief county physician or the chief city physician (in the royal, free towns, which had their own jurisdiction). Physicians in communes, sanitary circles (Ro: *cerc sanitar*; Hu: *közegészségi kör*), and districts were subordinated to the latter. The chief county physician was elected by the county administrative council for 6 years, from among candidates proposed by the health commission. The candidate had to be a Hungarian national, without a criminal record, be the holder of a medical degree recognized in Hungary and prove that he had the relevant experience. His roles included the control

of epidemics, the supervision of vaccination campaigns, the monitoring of the county medical personnel, the sanitary inspection of public buildings, control over public budgets allocated to the care of the poorer residents, participation in military recruitment, and compiling monthly reports to be presented to the county administrative commission.⁹ Law XXI/1886 introduced some changes in the status and role of the chief county physician: art. 80 stipulated that some civil servants in the county's central administration, including the *protomedicus*, should be appointed by the lord-lieutenant for an indefinite period.¹⁰

The county physicians were at the top of the local medical hierarchy and were included among the high-ranking officials of the county's central administration. After the administrative reorganization of 1876, Transylvania was divided into 15 counties and two free royal towns with their own jurisdiction. During the period 1876–1918, the office of chief county physician in the 15 counties was held by 44 individuals (see the Appendix). The present study aims to examine the social and educational background, the marital strategies, and the professional development of these physicians in an attempt to uncover common traits and individual characteristics among this well-defined socio-professional group. The key questions that arise are: were there noticeable signs of upward mobility compared to their original environment? To what extent did nationality influence access to these positions? Did the possession of a degree influence one's chances on the marriage market? Was the role of chief county physician the pinnacle of a medical career? What were society's perceptions of the holders of medical degrees?

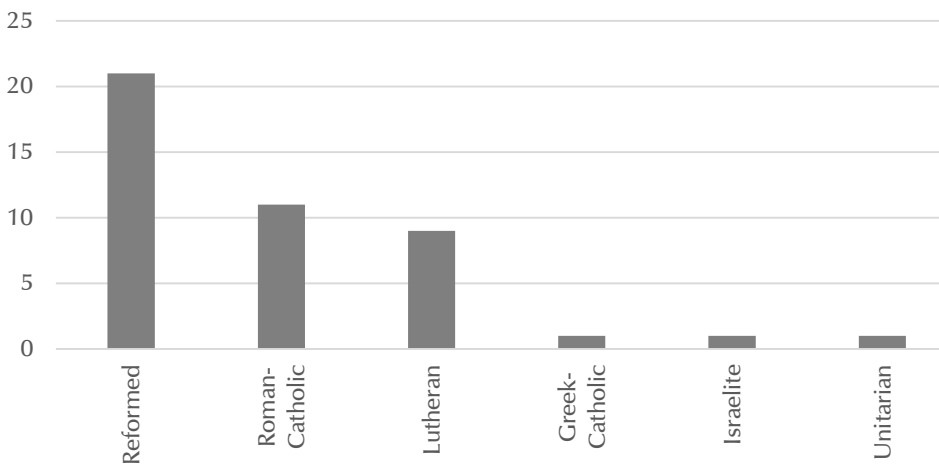
Confessional Affiliation

IN TRANSYLVANIA, confessional affiliation is an indicator of nationality, in a context where in the yearbooks of the medical and administrative staff and in the Magyar-language press, non-Magyar names are often Magyarized and names do not always show precisely someone's nationality. The confessional configuration of the group under study here shows that, out of the 44 chief physicians, 29 were Magyars, 3 were Catholics of Armenian origins, 9 were Saxons, 1 was Jewish, and 1 was Romanian (see Graph 1).

The only Jewish doctor of the analyzed group for the period 1876–1918 in Transylvania was Dr. Henrik Lesmann, the chief physician of Făgăraș County between 1906 and 1918. He was born in 1862 at Oláhújfalú (Nou Român, Goldbach) (Fogaras/Făgăraș County), where his father, David Lesmann, was a landowner. He studied at the Roman-Catholic Gymnasium in Cluj (Kolozs-

vár, Klausenburg) and at the State Gymnasium in Sibiu (Nagyszeben, Hermannstadt) (1881).¹¹ Between 1881 and 1883 he studied medicine at Cluj University and between 1883 and 1886 in Vienna,¹² where he gained his M.D. degree in 1887. He started his career as a military doctor,¹³ and continued as district physician at Făgăraș (Fogaras, Fogarasch) between 1898 and 1905.¹⁴ From 1906, alongside his activities as *protomedicus*, he also taught as a teacher and school doctor at the State Gymnasium in Făgăraș.¹⁵ Beyond his demanding duties in the service of the county (which included writing reports on the inadequate sanitary conditions in some of the local schools),¹⁶ Doctor Lesmann was also a member of the Hungarian Society for Natural Sciences,¹⁷ as well as of the Eötvös Masonic Lodge. In the latter capacity he suggested, in a session of March 1913, that on the occasion of the annual anti-smallpox vaccination of children, there should be a provision of money for mothers who looked best after their children. Impressed with the “beauty and Masonic inspiration of the idea,” the lodge voted in favor of granting a sum of money for the doctor’s cause, a sum which was doubled to 1,000 crowns in 1916.¹⁸ He was married to Jeannette, the daughter of the merchant Adolf Eisenstein from Brașov (Brassó, Kronstadt),¹⁹ and his son Jenő studied chemistry at the Technical University in Berlin.²⁰ He died in 1918 at Făgăraș.²¹

GRAPH 1. THE CONFESSIONAL AFFILIATION OF THE CHIEF COUNTY PHYSICIANS



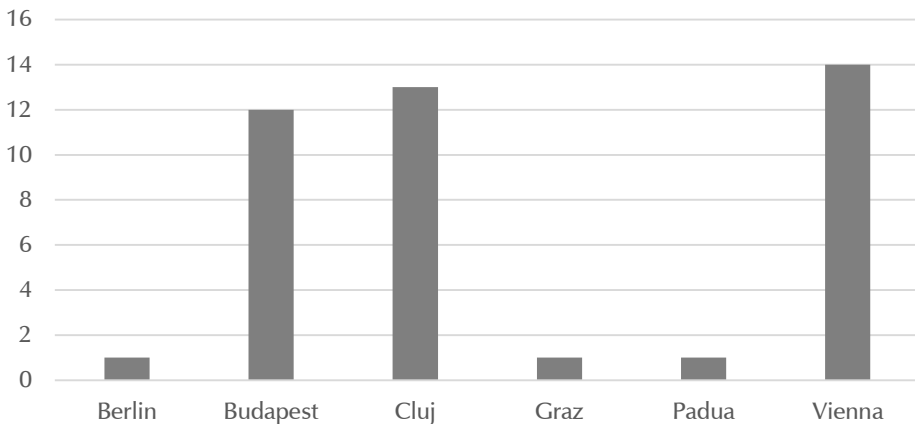
Făgăraș was also the home of Ștefan Pop, the only ethnic Romanian chief county physician in the period 1884–1896.²² Born at Șard, in Alsó-Fehér (Alba de Jos) County, in 1835, he attended secondary school at Cluj and studied medicine in Vienna between 1856 and 1861, where he gained his M.D. degree in

1862. When he enrolled at university, his father was already deceased and his matriculation certificate listed his guardian, who was a priest.²³ In 1874 he was appointed chief physician of Năsăud (Naszód, Nussdorf) District.²⁴ After the district was abolished in 1876 and before his appointment as chief physician of Făgăraș County, he worked as city physician in Năsăud.²⁵ He was married to Elisabeta, the daughter of the major of the gendarmes Dumitru Rus, originally from Rebra (Nagyrebra, Gross-Rebern).²⁶ An ordinary member of the Astra cultural society,²⁷ he died in 1897 at Făgăraș.

Academic Training

BEFORE THE founding of Cluj University in 1872, the main destination for medical studies had been Vienna, followed by Budapest. Cluj gained ground after 1872: 13 out of the 22 physicians who obtained their diploma after 1872 chose the Transylvanian university, presumably also for reasons of proximity and accessibility (see Graph 2).

GRAPH 2. UNIVERSITIES ATTENDED BY THE FUTURE CHIEF PHYSICIANS



Social Mobility

UNIVERSITY MATRICULATION certificates are the most eloquent sources for the occupation of the students' fathers.²⁸ To facilitate the analysis, we opted for seven occupational categories, based on socioeconomic similarities (see Table 1). A total of 10 physicians were the sons of priests (one of

whom was a Reformed bishop.²⁹) The next category in terms of size was that of public officials (seven in total, including a chief of police, a city senator, a county *registrator*, a commissioner for roads, and a postmaster). Six of the county physicians came from families of physicians and pharmacists (5 physicians and one pharmacist), four of the fathers had a legal background (a judge for the royal tabula, a professor of law, a solicitor, and a notary). The list of fathers with academic training also includes an engineer and a gymnasium professor. A further seven physicians come from families of landowners, industrialists, and a merchant. Very few (more precisely, two) come from modest social backgrounds (one farmer and one artisan).

TABLE 1. THE OCCUPATIONS OF CHIEF PHYSICIANS' FATHERS, FATHERS-IN-LAW, AND CHILDREN

Occupational groups	Fathers	Fathers-in-law	Children
Priests	10	–	1
Landowners, industrialists, merchants	7	9	–
Physicians and pharmacists	6	3	11
Law	4	6	2
Civil servants	8	5	1
Other (higher education)	2	1	4
Farmers and artisans	2	–	–

Dr. Gyula Pállfy, chief physician of Turda-Arieș (Torda-Aranyos) County between 1905 and 1909, was born at Moldovenești (Várfalva, Burgdorf), in Turda-Arieș County, in a family of farmers. He was the only physician of the Unitarian confession in the group analyzed here.³⁰ After studies at the Unitarian Gymnasium in Cluj (1882), he studied medicine in Cluj (10 semesters) and in Budapest (1884/5) and obtained his degree in medicine in Cluj in 1887. From 1886 he was awarded a grant of 300 forint.³¹ Shortly after graduation, Dr. Pállfy became physician in Seps District (Trei Scaune/Háromszék County), and subsequently physician in Turda District until 1905,³² when he was appointed chief county physician. He was active in this position until his death in Turda (Torda, Thorenburg) on 15 January 1909, at the age of 47.³³

When one examines the matrimonial alliances of the chief physicians, one notes that most of their fathers-in-law had backgrounds in law (vice-chairman of a law court, jurist academician, district judge, communal notary, solicitor, and one professor of law/deputy). Others were civil servants (*exactor comitatens*, *registrator comitatens*) or landowners. A father-in-law's socioeconomic status was an important factor in matrimonial alliances, but the prospective son-in-law's

position as a physician enjoyed a prestige that also helped in the pursuit of an advantageous marriage.

Social mobility becomes evident when one examines the occupations of the third generation, i.e., the children of the *protomedics*. There was a marked preference for medicine and other secular professions that required higher education, whereas in the first generation, that of the fathers, priesthood amounted to circa 23 per cent. Although social mobility, albeit visible, was not very marked across the professional configuration of the three generations in terms of social status and prestige, among the youngest generation one can observe a preference for secular professions and an option for higher education.

Career Paths

FOR MOST civil servants, appointment to a leading position in the county's central administration was the pinnacle of their careers, as few provincial officials had access to jobs in the state's central bodies. The public health system of the Dual Monarchy, as devised by the liberal legislators in Budapest, was (at least in theory), compatible with the requirements of modernity and aligned with the Western models.³⁴ The prospect of a career in this system appear to have been attractive to the graduates of medical schools: in 1896, of the 4,637 practicing physicians in Hungary, 2,161 (circa 46 per cent) worked in the public service.³⁵

The first tier of the system comprised commune and sanitary circle physicians, subordinated to the district physician. Larger cities had a city *protomedicus*, secondary city physicians, and local community physicians. In terms of jurisdiction, all of them were accountable to the chief county physician, and in cities with their own jurisdiction to the city *protomedicus*. The highest body overseeing the health system was the Ministry of the Interior.³⁶

Looking at the career paths of the 44 chief physicians in the present study, one notes that hierarchical progression was not based on rigid rules. However, there were certain stages that had to be observed by all individuals. These career stages can be reconstructed from the yearbooks of the medical and administrative staff, combined with data from the periodical publications. Most of the chief physicians appointed to this position immediately after the administrative reorganization of 1876 had held the same position in the preceding local jurisdictions and their career paths showed a particular pattern. We have therefore opted to distinguish between two categories: 1. the first series appointed after the Health Law of 1876 came into force; and 2. the next series of physicians appointed after 1886 for an indefinite period.

The first series of county *protomedics* appointed after 1876 entered the public system mostly directly from the position of jurisdiction physician, having practiced privately for some time. Before 1848, *protomedics* were appointed directly by the Gubernium, which sometimes caused frictions with the local authorities. Such is the case, for example, of Dr. Lajos Fejérvári (1807–1884), appointed as physician of the Odorhei (Udvarhely, Oderhellen) Seat in 1836.³⁷ A report on the debates of the seat assembly of April 1842, published by *Erdélyi Híradó* (Transylvanian news), shows that, although the local authorities had lodged five requests for the revocation of the doctor, the Gubernium decided to keep him in office.³⁸ In 1843 there was a new request for Doctor Fejérvári to be dismissed because he did not perform well in his job and did not enjoy the seat's trust.³⁹ The complaints of the local authorities did not prevent Fejérvári from keeping his job as *protomedicus* of the Odorhei Seat for 41 years. He retired voluntarily at the end of 1877, because he had lost his sight. He did not receive, however, a pension from the county. Instead, the minutes of the county assembly where he announced his retirement recognized his work for the benefit of the community.⁴⁰ One may wonder whether Fejérvári was supported by family relations in securing a leading position in the local administration. His father, József Fejérvári, had been commissioner for roads of Alba de Jos County, and later city councilor in Aiud (Nagyenyed, Straßburg am Mieresch),⁴¹ while his father-in-law, József Szakács (1799–1851) had been county registrar in Odorhei.⁴²

An entirely different case was that of Pál Balogh (1835, Dej–1913, Deva), chief physician of Hunedoara (Hunyad) County between 1875 and 1913. He arrived at Deva (Déva, Diemrich) as a young doctor and had a private practice in the early 1870s. The lord-lieutenant liked him so much that he appointed him chief county physician. “In his pleasant, welcoming house, Doctor Balogh received the cream of the Transylvanian social elite.”⁴³ Doctor Balogh's association with the Nopcsa family was well known at the time: it would appear that the family served as a source of inspiration for Mór Jókai's rather unflattering portrait of the character called Fatia Negra in his novel *Szegény gazdagok* (Poor rich, 1860). Doctor Balogh kept his post until his death.⁴⁴

Equally rapid was the career progression of József Nagy (1846–1889), *protomedicus* of Cluj (Kolozs) County between 1876 and 1889. He completed his medical studies in Vienna in 1871 and returned to Cluj in 1873. His return was announced by the *Magyar Polgár* (Magyar citizen) newspaper, which expressed the conviction that “Cluj society will support this excellent medic, who has already demonstrated with a few happy cases of patient recovery that his extraordinary theoretical training is coupled with outstanding practice.”⁴⁵ Before returning to Cluj, the young doctor, the son of the highly respected Reformed Bishop Péter Nagy,⁴⁶ had announced his engagement to Katinka Dózsa, the

daughter of the late doctor of law, professor, and deputy Elek Dózsa.⁴⁷ By 1874, József Nagy was already *protomedicus* of Cluj County,⁴⁸ a position he retained until his death in Cluj, on 26 January 1889, at the age of 43.⁴⁹

The office of chief county physician was not the last job for all the representative of this first generation. Márton Harmath (1818–1890), *protomedicus* of Turda-Arieş County between 1876 and 1883, had been *protomedicus* of Torda (Turda) County as early as 1861.⁵⁰ In parallel to this, he also worked pro bono at the hospital in Turda, built in 1850 with donations from the local noble elite to cater for patients with syphilis and elevated to the rank of public hospital in 1857.⁵¹ Doctor Harmath's career in service to the county ended in 1883, when the county assembly chose another candidate, the young doctor Lajos Szentpéteri (1851–1901) for the office of *protomedicus*. Although the older doctor's 30 years in this office were "a testimony of his honesty and hard work," the ruling party imposed his own candidates to leading county offices and chose the younger doctor who had "obtained a medical diploma in Graz."⁵² Doctor Harmath continued his career as a forensic doctor (*törvényszéki orvos*) until he died in Turda on 17 June 1890.⁵³

Another *protomedicus* who lost his job temporarily was József Molnár (1820–1902). Born at Sanislău (Szaniszló, Stanislau), in Szatmár (Sátmar) County, József Molnár graduated in 1846 at Budapest University. His father, Károly Miller, had also been a physician. The son settled at Miercurea-Ciuc shortly after graduation, first working privately before becoming seat *protomedicus* in 1861. In 1870 he Magyarized his name.⁵⁴ After the political change of 1867, he continued his career as chief physician until 1878, when the county assembly decided to replace him with doctor József Spányik (1836–1908).⁵⁵ However, József Molnár did not stay away for too long: in 1883 he was re-appointed and remained in office until he retired in 1898.⁵⁶ His name is associated with the founding of the first public hospital in Miercurea-Ciuc. Alongside his roles as *protomedicus* and hospital director, he also worked as a forensic doctor and prison medic and was a member of expert commissions of the county administration.⁵⁷ He was married to Lotti Kállai, the daughter of the historian and jurist Ferenc Kállai, a member of the Magyar Academy. They had seven children, of whom Károly became hospital chief doctor (he died at the age of 38), and József became a lawyer and a deputy in the Hungarian Parliament.⁵⁸ As for doctor Spányik, after his short stint as *protomedicus* of Ciuc County (1878–1883), he returned to his career as an army doctor and was appointed regimental doctor in the active contingent.⁵⁹

Once Law XXI of 1886 came into force, the position of chief county physician was to be held for indefinite periods only and hence no longer depended on the political machinations taking place during local elections. With the exception

of those who were of active age when political changes occurred in 1918, the physicians in the aforementioned second category retired or died while still in office. Most worked in the lower echelons of the health administration before being appointed county *protomedicus* (sanitary circle physician, district physician, city physician, hospital physician). One such example is Doctor Sándor Kolosvári, born in Cluj in 1877 in the family of Sándor Kolosvári, a jurist and university professor. He graduated from the Medical Faculty in Cluj in 1903 and entered the public health service in 1907, first as physician of Nagykalota (Călata) District (Cluj County), before becoming local community doctor (Hu.: *kerületi orvos*, Ro.: *medic districtual*) in the city of Cluj in 1909. In the following year he was appointed *protomedicus* of Turda-Arieş County, a position he held until 1918.⁶⁰

Some of the future *protomedics* had embarked on an academic career in Cluj before joining the administration. Such was the case, for example, of Zsigmond Bodor, Géza Farkas, and Gyula Filep. Of these, Gyula Filep (1871, Páncélcseh/Panticeu–1937, Cluj) was the one who obtained the most distinguished academic results. The son of the postmaster Zsigmond Filep, the future doctor studied at the primary school of his native village, then enrolled at the Reformed College in Cluj where he achieved “only the highest grades” before obtaining his baccalaureate in 1889. He also obtained consistently excellent results at the Medical Faculty in Cluj and was the first student at Cluj University to be awarded the title of doctor *sub auspiciis regis*.⁶¹ The graduation ceremony was attended by the minister for religion and public education, Gyula Wlassics, who, in his role as representative of the emperor-king, handed the doctoral ring to the young candidate. He started his career as a junior doctor at the Clinic for Internal Medicine in Cluj, and later he was granted a nine-months state bursary to study surgery abroad. Upon returning to Cluj, he was a university assistant for a while and in 1903 was appointed chief county physician. After 1905 he worked as a private university professor of hygiene as well as a supply professor of public health. After 1918, he retired from the position of *protomedicus* to focus on his private medical practice in Cluj. Later he accepted positions as professor of hygiene and school doctor at several Reformed school and institutions. As early as 1893 he had been professor of hygiene/public health of the Reformed Theological Faculty, a position he kept until 1927. In the 1930s he was the director of the Reformed Hospital in Cluj (founded in 1932). He died in Cluj on 12 July 1937, at the age of 66.⁶²

Like doctor Filep, there were other *protomedics* who, after the shift in political power in 1918, decided to leave office and turn to private medical practice (József Vékás in Dej/Dés, Desch), Felix Pildner in Sighișoara/Segesvár, Schäßburg, Aladár Meskó in Deva), but this was not the only option. Some decided

to leave Transylvania altogether and continue their medical careers in Budapest. This was the case of the aforementioned Doctor Sándor Kolosvári, who in the interwar period worked as district chief health inspector and royal adviser for health in the Hungarian capital.⁶³ Doctor Géza Haynal (Botoșani, 1860–Budapest, 1938), chief county physician of Beszterce-Naszód (Bistrița-Năsăud) County in 1915–1918, held similar positions in Budapest. His grandfather, József Haynal (1785–1866), former prime judge of the city of Târgu Mureș (Marosvásárhely, Neumarkt), had had to emigrate to Botoșani in Romania after his participation in the 1848 Revolution. His father, Imre Haynal, was a pharmacist in Botoșani.⁶⁴ Géza Haynal obtained a medical diploma in Budapest in 1888.⁶⁵ Before being appointed *protomedicus*, he worked as attending clinician at the hospital in Bistrița (Beszterce, Bistritz).⁶⁶ He was married to Marianne Zareczky, the daughter of the vice-president of the tribunal in Selmecebánya (today Banská Štiavnica, in Slovakia). One of their sons, Imre, became a doctor, Jenő a bank clerk,⁶⁷ András a Dominican monk, and the daughter, Elma, an opera singer.⁶⁸

The only doctor in our sample who kept his position even after 1918 in the Romanian administration was Doctor Sándor Veress, the *protomedicus* of Ciuc County from 1898 to 1928. He was born in Kétegyháza (Békés County) on 8 October 1860. His father, Ferenc Veress, was a landed estate administrator at Cervenia, in Romania.⁶⁹ Sándor went to secondary school in Brașov and at the Reformed College in Cluj before studying medicine also in Cluj, where he graduated as a doctor in 1886. He practiced as a physician at Aita Mare (Nagyajta, Aitau) (Trei Scaune County), then as an army doctor, and a hospital physician. Later he became county *protomedicus* and director of the county hospital in Miercurea-Ciuc and also worked as a forensic doctor.⁷⁰ He was married to Izabella, the daughter of the lawyer Ede Tiltscher from Gheorgheni (Gyergyószentmiklós, Niklasmarkt).⁷¹ He was dismissed in 1928 after 30 years as chief county physician. The Cluj newspaper *Ellenőr* criticized the manner in which the Romanian newspaper *Cuvântul* (The word) reported on the replacement of the Magyar Dr. Veress by Dr. Nicolae Antonescu, who claimed to have found “a great mess” in the health service and argued that the legislation and regulations had not been applied, and district physicians were not monitored adequately. As a consolation to Dr. Veress, the Hungarian newspaper mentioned the description in a Bucharest periodical of the university clinics in Cluj when they were taken over by the Romanian administration: “the Hungarian clinics were so squalid and neglected that they could hardly be refurbished,” a criticism which “needless to say, nobody found worthy of a response.”⁷²

One general characteristic of the career path of a county *protomedicus* was, as we have seen, a cumulation of roles and positions. Many took on positions as school physicians and professors of hygiene in the secondary schools of the

county seats. Often they were also members of the board of governors of the schools (Dr. Lesmann, school physician and professor of hygiene at the State Gymnasium in Făgăraș; Dr. Károly Magyar, at Bethlen College in Aiud; Dr. Mihály Hantz, at the State High School for Sciences in Brașov; Dr. Ferenc Szabadi, boarding school physician at the high Catholic Gymnasium in Odorhei; Dr. Friedrich Nussbächer, chairman of the boarding school of the Civic School for Boys in Bistrița; Dr. Mihály Hantz, member in the governing board of the Civic School for Girls in Brașov, etc.). Some of the county physicians also had jobs as hospital physicians/directors, forensic doctors, prison doctors, or doctors in thermal spas, etc. Others were also members of the county administrative commissions, of local and national medical associations,⁷³ published studies in specialist journals, and some also found time for leisure activities: Aladár Meskó, *protomedicus* of Hunedoara County between 1914 and 1918, was a music lover and a composer;⁷⁴ Károly Agyagási, *protomedicus* of Maros-Torda (Mureș-Turda) County between 1890 and 1918 wrote poetry and fiction,⁷⁵ Dr. Károly Magyar, *protomedicus* of Alba de Jos County from 1884 to 1901, had a passionate interest in history, discovered and published archival documents.⁷⁶

The professional longevity of some chief county physicians was affected by administrative reforms, the political maneuverings around the appointment of officials in the county central administration (until Law XXI/1886), and even by their personal “affinity” with the lord-lieutenant. However, 18 of the 44 doctors in our sample remained in office for more than 20 years, and 24 of them were still *protomedics* when they died.

The image of many chief county physicians in the press was a flattering one, full of respect and consideration, a sign that they were seen as important members of their communities, as professionals whose opinion was to be trusted, and as capable individuals who could be trusted with the organization of a hospital, the administration of a school, etc.

Conclusions

THE *PROTOMEDICS* were officials at central level in the counties and were responsible for the coordination of the public health system at local level. The analysis of the biographies of the 44 chief county physicians in Transylvania in the period 1876 to 1918 shows that their career paths shared some features, but also had particularities arising from their personal skills and choices or from the political and socioeconomic context in which they worked.

The examination of the family background, matrimonial strategies and the career options of their descendants does not indicate a marked social mobility

among county chief doctors: most of them come from families with a high socioeconomic status and tended to enter marital alliances with families of a similar status. One significant difference can be observed in the career choices of the first and third generations: almost one quarter of the *protomedics* come from priests' families, but their descendants mostly opt for secular careers, based on higher academic studies.

The professional trajectories of the *protomedics* allow us to distinguish between two types of career developments. Many of the physicians who were appointed to their administrative post immediately after the adoption of the Health Law of 1876 had held similar positions in the previous jurisdictions and were appointed directly to the position of *protomedicus* in the public service. Later series had held lower-level roles in the public system (sanitary circle physician, district physician, hospital physician, etc.) and benefited from the changes introduced by Law XXI/1886, which stipulated that the position of chief county physician was to be held for an indefinite period.

Eligibility for the role of chief county physician was conditional not only upon academic training and professional experience, but also upon political considerations, family networks, and even upon the “benevolence” of the lord-lieutenant. Once obtained, the office increased the prestige of the holders: for most of them it marked the pinnacle of their careers and the consolidation of a privileged position in society. Echoes of the professional and even of the family events in the lives of *protomedics* were often relayed as far as the country's capital city.



APPENDIX

LIST OF CHIEF COUNTY PHYSICIANS IN TRANSYLVANIA (1867–1918)

County	Name	Years in office
Alsó-Fehér (Alba de Jos)	József Bocz	1876–1883
	Károly Magyar	1884–1901
	Vilmos Dobozy	1902–1918
Beszterce-Naszód (Bistrița-Năsăud)	Gottfried Haupt	1876–1883
	Frigyes Nussbacher	1884–1914
	Géza Haynal	1915–1918
Brassó (Brașov)	Frigyes Tartler	1878–1899
	Mihály Hantz	1900–1917

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Table—*Continued*

County	Name	Years in office
Csík (Ciuc)	József Molnár	1867–1877; 1883–1898
	József Spányik	1878–1883
	Sándor Veress	1898–1918
Kolozs (Cluj)	József Nagy	1876–1889
	Géza Farkas	1890–1906
	Gyula Filep	1907–1918
Fogaras (Făgăraș)	Lajos Bruszt	1876–1880
	István Pop	1881–1896
	György Szabó	1898–1905
	Henrik Lesmann	1906–1918
Hunyad (Hunedoara)	Pál Balogh	1876–1913
	Aladár Meskó	1914–1918
Maros-Torda (Mureș-Turda)	József Péterfi	1878–1889
	Károly Agyagási	1890–1918
Udvarhely (Odorhei)	Lajos Fejérvári	1876–1877
	Ferenc Szabadi	1878–1900
	József Lengyel	1901–1918
Szeben (Sibiu)	Ágoston Arz	1876–1886
	Hermann Süßmann	1888–1906
	Henrich Schuller	1907–1918
Szolnok-Doboka (Solnoc-Dăbâca)	László Gajzágó	1876–1893
	Ödön Hankó	1894–1916
	József Vékás	1917–1918
Nagy-Küküllő (Târnava Mare)	Frigyes Krausz	1876–1913
	Bódog Pildner	1914–1918
Kis-Küküllő (Târnava Mică)	János Felszegi	1876–1889
	Zsigmond Bodor	1891–1897
	Béla Báthori	1898–1918
Háromszék (Trei Scaune)	Mihály Antal	1877–1906
	Sándor Nagy	1907–1911
	Vilmos Dadai	1912–1918
Torda-Aranyos (Turda-Arieș)	Márton Harmath	1876–1883
	Lajos Szentpéteri	1884–1901
	Dániel Vajda	1902–1904
	Gyula Pálffy	1905–1909
	Sándor Kolosvári	1910–1918

Notes

1. *Csiki Lapok* (Csíkszereda) 14, 37 (10 September 1902): 1.
2. Ibid.
3. *Pesti Hírlap* (Budapest) 24, 248 (10 September 1902): 8.
4. The studies on Transylvanian students were especially helpful: they feature excerpts from their matriculation documents. Miklós Szabó, Zsolt Simon, and László Szögi, *Erdélyiek külföldi egyetemjárása 1849–1919 között*, 2 vols. (Marosvásárhely: Mentor Kiadó, 2014); Victor Karády and Lucian Nastasă, *The University of Kolozsvár/Cluj and the Students of the Medical Faculty (1872–1918)* (Budapest: Central European University; Cluj: Ethnocultural Diversity Resource Center, 2004).
5. Péter Balázs, *Egészségügyi szabályozás a XVIII. század végén Magyar Királyság és Erdély I. Rendeletek és tervezetek: 1770–1793* (Budapest: Magyar Tudománytörténeti és Egészségtudományi Intézet, 2016), 86–89.
6. Balázs; Teodora Daniela Sechel, “The Emergence of the Medical Profession in Transylvania (1770–1848),” in *Cultural Dimensions of Elite Formation in Transylvania (1770–1950)*, edited by Victor Karády and Borbála Zsuzsanna Török (Cluj-Napoca: Ethnocultural Diversity Resource Center, 2008), 95–114.
7. Oana Habor, *Incursiuni pe tărâmul medical transilvănean (1876–1914): La născu- cea dintre sensibilitatea tradițională și provocările modernizării* (Cluj-Napoca: Mega, 2015), 38–69.
8. See Judit Pál and Szilárd Ferenczi, eds., *Cadrul legislativ al administrației din Transilvania în epoca dualistă (1867–1918)* (Cluj-Napoca: Mega, 2020).
9. 1876. évi XIV. törvénycikk a közegészségügy rendezéséről, accessed 9 Sept. 2022, <https://net.jogtar.hu/getpdf?docid=87600014.TV&targetdate=&printTitle=1876.+%C3%A9vi+XIV.+t%C3%B6rv%C3%A9nycikk&referer=1000ev>.
10. 1886. évi XXI. törvénycikk, accessed 9 Sept. 2022, <https://net.jogtar.hu/ezer-ev-torveny?docid=88600021.tv&searchUrl=/ezer-ev-torvenyei%3Fkeyword%3Dme gyei%2520f%25C5%2591orvos>.
11. Karády and Nastasă, 264.
12. Szabó, Simon, and Szögi 2: 25.
13. *Rendeleti Közlöny a Magyar Királyi Honvédség számára* (Budapest) 16, 26 (28 April 1889): 201.
14. Transylvanian Health Database (THD).
15. *Állami gimnázium Fogaras: Iskolai értesítő* (Fogaras: n.p., 1909), 9–58. Dr. Henrik Lesmann is listed among the professors at the gymnasium starting from 1903. He gave lectures on healthy nutrition, the damaging effects of alcohol and smoking, on healthy homes, body and work hygiene, on illnesses and first aid techniques.
16. *Néptanítók Lapja* (Budapest) 42, 5 (4 February 1909): 19.
17. *Magyarország orvosainak évkönyve és címértára* (Budapest) 25 (1915): 254.
18. Adolf Szabó, *Az Eötvös-páholy hetvenéves története* (Budapest: Márkus, 1947), 21; Béla Fónagy, *Az Eötvös-páholy főmesterének beköszöntő beszéde. 1917. január 17.* (Budapest: n.p., 1917), 11.

19. *Székely Nemzet* (Seps-Szentgyörgy) 4, 117 (29 July 1886): 4.
20. Szabó, Simon, and Szögi 2: 25.
21. *Budapesti Orvosi Újság* 26, 49 (5 December 1918): 418.
22. THD.
23. Szabó, Simon, and Szögi 2: 152.
24. *Budapesti Közlöny* 8, 112 (17 May 1874): 1.
25. THD.
26. Viorel Rus, *Documente istorice despre comuna Rebra, județul Bistrița-Năsăud*, accessed 14 Sept. 2022, https://www.academia.edu/9608367/REBRA_BISTRIT%C8%9AA_N%C4%82s%C4%82UD_ROMANIA_documente_istorice.
27. Transylvanian Association for Romanian Literature and the Culture of the Romanian People, founded in 1861 in Sibiu.
28. See note 4.
29. Péter Nagy, bishop of the Reformed eparchy of Transylvania in the period 1864–1884. *Ellenzék* (Kolozsvár) 5, 216 (16 September 1884): 1.
30. Karády and Nastasă, 293.
31. Karády and Nastasă, 293.
32. THD.
33. *Budapesti Hírlap* 29, 17 (21 January 1909): 10; *Orvosi Hetilap* (Budapest) 53, 4 (24 January 1909): 90.
34. See László Kiss, “A magyar közegészségügy fejlődése a közegészségügyi gondolkodás kialakulásától az állami közegészségügyi rendszer kiépítéséig,” Ph.D. thesis, Budapest, Eötvös Loránd Tudományegyetem Társadalomtudományi Kar, Szociológia Doktori Iskola, 2015.
35. *Gyógyászat* (Budapest) 38, 2 (9 January 1898): 29–31.
36. 1876. évi XIV. törvénycikk.
37. *Magyar Polgár* (Kolozsvár) 11, 293 (23 December 1877): 2.
38. *Erdélyi Híradó* (Kolozsvár) 16, 29 (12 April 1842): 176.
39. *Múlt és Jelen* (Kolozsvár) 3, 18 (3 March 1843): 70.
40. *Magyar Polgár* 11, 293 (23 December 1877): 2.
41. József Pálmay, *Udvarhely vármegye nemes családjai* (Székely-Udvarhely: Betegh Pál Könyvnyomdai Műintézete, 1900), 68.
42. Pálmay, 224.
43. *Budapesti Hírlap* 33, 30 (4 February 1913): 11.
44. Ibid.
45. *Magyar Polgár* 7, 275 (30 November 1873): 3.
46. *Magyar Polgár* 18, 214 (17 September 1884): 4.
47. *Budapesti Közlöny* 7, 101 (2 May 1873): 84.
48. *Magyar Polgár* 8, 153 (9 July 1874): 3.
49. *Kolozsvár* 3, 23 (28 January 1889): 2–3. The newspaper published a poignant obituary, describing the late doctor as a pleasant, empathetic, and altruistic person, with outstanding professional skills.
50. *Gyógyászat* 1, 19 (11 May 1861): 400.
51. *Sürgöny* (Buda) 3, 128 (7 June 1863): 2.

52. *Ellenzék* 4, 297 (29 December 1883): 2.
53. *Kolozsvár* 4, 137 (19 June 1890): 3.
54. *Csiki Lapok* 14, 37 (10 September 1902): 1.
55. Dr. József Spányik, the son of a doctor with the same name, had the merit of embracing the revolutionary ideas of Dr. Semmelweis on the ways of combating puerperal fever. See dr. László Kiss, “Semmelweis erdélyi híve: ifjabb Spányik József (1836–1908),” *Orvosi Hetilap* (Budapest) 161, 52 (2020): 2206–2209.
56. *Csiki Lapok* 14, 37 (10 September 1902): 1.
57. *Magyarország tiszti cím- és névtára* (Budapest) 15 (1896): 194.
58. *Hargita Népe* (Csíkszereda) 18, 14 (19 January 2006): 7.
59. *Székegy Nemzet* 1, 5 (9 January 1883): 5.
60. THD.
61. Distinction awarded to graduates who had sat for all their exams, had obtained excellent results in their doctoral studies, and submitted their dissertation. At the graduation ceremony, the candidate was handed, on behalf of the emperor (by a high-ranking representative, usually a minister), a valuable doctoral ring. This was common practice prior to 1848 and was reinstated in 1895. In that year the University of Cluj was also granted the right to designate one single graduate across all departments who had distinguished himself and was deemed worthy of graduation sub auspiciis regis. *A Pallas nagy lexikona*, vol. 15, *Simor-kódex—Tearózsza* (Budapest: Pallas, 1897).
62. *Pesti Napló* 47, 61 (3 March 1896): 1, art. “Sub auspiciis regis”; *Keleti Újság* (Kolozsvár) 20, 157 (14 July 1937): 3.
63. The obituary of his wife Ilonka Ónodi Szabó, accessed 5 Sept. 2022, <https://dspace.oszk.hu/handle/20.500.12346/197757#>.
64. *Geneológiai Füzetek* (Kolozsvár) 6 (1908): 150–152; Béla Kempelen, *Családkönyv I. Nemes családok, polgárcsaládok* (Budapest: author’s own publication, 1940), 65–66.
65. *Magyarország orvosainak évkönyve* 25: 238.
66. THD.
67. Kempelen, 66.
68. *Magyarság* (Budapest) 5, 153 (29 July 1924): 6.
69. Karády and Nastasa, 355.
70. *Magyarország orvosainak évkönyve* 2: 247; József Szinnyei, *Magyar írók élete és munkái*, vol. 14 (Budapest: Hornyánszky, 1914), 1120.
71. The obituary of István Veress, Dr. Sándor Veress’s 4-year-old son, who died at Chi-uză (Solnoc-Dăbâca/Szolnok-Doboka County) at his grandparents’ estate, on 30 April 1895, accessed 15 Sept. 2022, <https://dspace.oszk.hu/handle/20.500.12346/600444#>.
72. *Ellenőr* (Kolozsvár) 15, 11 (31 May 1928): 15.
73. The Association of Physicians and Pharmacists, The Magyar Society of Natural Sciences, etc.
74. From *Keleti Újság* 16, 197 (30 August 1933): 4 we learn that the retired doctor was the conductor of the orchestra founded at Deva by members of the junior branch of the Hungarian Party. *Magyar Lapok* (Nagyvárad) 1, 266 (21 November 1936):

8 reports that the same orchestra performed some of the doctor's compositions (a waltz, a sonata, etc.) at musical soirées in Deva.

75. Árpád Szállási, "Agyagási Károly emlékezete," *Orvosi Hetilap* 130, 8 (19 February 1989): 415–416.

76. Dr. Károly Magyari, "Regesták Alsófehérvármegye levéltárából," *Magyar Történelmi Társ* (Budapest), new ser., 8 (1907): 80–120.

Abstract

Chief County Physicians: Medical Careers in Transylvania in the Second Half of the Nineteenth Century and the Early Twentieth Century

The aim of the present study was to analyze the background and medical careers of historic Transylvania's chief county physicians in the period 1876–1918. The local and central newspapers, as well as other periodicals, were—along with the yearbooks of the medical and administrative staff, obituaries and specialist literature—the main sources of our research and the biographies of doctors showed both similarities and differences in their socio-professional evolution. For most of the subjects studied here, a role as chief county physician was the pinnacle of their career and ensured prestige in society. Besides their professional training, access to this position was also helped by family networks.

Keywords

Transylvania, public health system, chief county physician, career, society