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HEALTH SYSTEM AND HEALTH STATUS
OF THE INHABITANTS OF SALAJ COUNTY
(1919-1949)

Thesis Summary

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**HEALTH SYSTEM AND HEALTH STATUS
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Key words: health service, doctors, prostitution, alcoholism, epidemic diseases, social diseases health propaganda

The basis of the documentation of this doctoral thesis is represented, in a considerable proportion, by unpublished sources belonging mainly to the *Sanitary Service of Sălaj County*, but also to other funds and collections kept at the National Archives of Sălaj County. The Sălaj County Sanitary Service Fund has provided a broad documentation platform on the basis of which it was possible to reconstruct the image of the health system in Sălaj between 1919 and 1948. This fund contains information on medical personnel, training, competences, etc.; the evolution of epidemics in the county; data on hospital institutions in Sălaj and reports of the their activities related to the movement of sick people in hospitals; prevention of the spread of diseases; vaccination and revaccination campaigns; control of social diseases (syphilis, tuberculosis etc.), monitoring prostitution; inspection of public premises including schools to check their hygienic and sanitary conditions; coercive measures against those who violated sanitary legislation etc. Likewise, the sanitary monographs complete the sources by providing details on: the geographical setting: relief, climate, population; sanitary administration in the years 1937-1938; sanitation; infant mortality, general mortality; deaths by cause; number of cases of contagious diseases and social diseases between 1928-1937.

Moreover, in addition to the documentary information extracted from the collection of the Health Service of the County of Sălaj, the research for the proposed thesis was also supported by the study of other archival collections in which data related to the topic treated are found as follows: *Prefecture of the County of Sălaj* with the *Prefect*, *Subprefect* or *Personal file* structures; parish funds, *Collection of Parish Civil Status Registers*; school funds; gendarmerie funds and other public order structures; judicial funds; hospital funds; bank funds; *Provisory Committee* fund (1949), fund of the "*Sălăjeana*" *Cultural Society of the students of Sălaj in Cluj* (1930-1931), *Ioan Danciu personal collection* (1873-1981).

At the same time, collections of laws, press or general works with similar content were researched, which allowed not only to observe the degree of harmonization of the functioning

of the health system in relation to the health legislation in force, but also to observe the parallelism of the information in the documents studied with other information stated in different media or works with similar topics.

The theme and the period analyzed in this thesis have a broad character of novelty, bringing to attention topics and sources that have not been the subject of analysis and research by other scholars so far, except for studies that deal tangentially with the issue as parts relating to the monographs of some localities. The existing historiography does not identify any study dealing with the overall treatment of the medical system in Sălaj in the time segment 1919-1949.

Accordingly, the approach of this research topic is to analyze the particularity of the functioning of the health system in the county of Sălaj as an integral part of the Romanian health system, but especially the involvement of health authorities in identifying solutions to improve the dysfunctions impacting on the health of the county's population.

From this perspective, this thesis has been structured into five chapters dealing with: the specific legislative framework; the status and professional and numerical evolution of senior health personnel; analyses reflecting epidemic and social disease trends, the impact of alcoholism and prostitution on public health and health propaganda as part of the disease prevention process.

Therefore, the **first chapter** was dedicated to the analysis of some of the most relevant specific laws and their adequacy to the needs of a Romanian society faced with major challenges in terms of public health. Therefore, there was a need to harmonize the legislative frameworks with the political-administrative, economic-social and ideological changes of the society after the 1918 Union. Consequently, the functioning of the Transylvanian health system was adjusted on the basis of the provisions of Decree XXI of 1919. This decree, illustrating the principles of social medicine intended indiscriminately for the entire population, was a compilation which unified in its structure several articles of the previous sanitary legislation. In spite of its provisional character, Decree XXI of 1919 aimed at organizing the Transylvanian sanitary field in such a way that it became operational.

This whole set of health legislation was completed by other normative acts which, after the unification of the legislative framework, continued with other laws regulating both administrative principles of the Health Services and the constant improvement of personnel

policies, the establishment of functional protocols on the prevention and control of epidemic and social diseases, the functioning of the pharmaceutical sector and the regime of medicines, the prevention and control of diseases, mother and child protection, etc.

However, regardless of the moment of their appearance, the Health Laws have tried to legitimize the criteria of functioning and organization of the health field by implementing concepts capable of regulating the evolution of this system and linking it to reforming principles that ensure its modernization.

In spite of these intentions, frequent changes in legislation have put the health system in a never-ending process of adaptation and transition that has been reflected in the poor quality of health services.

Another topic documented and analyzed in this thesis, through the **second chapter**, refers to the senior medical staff and captures the evolution of this professional body in different time stages between 1919-1949.

Therefore, the numerical evolution of physicians, the impact of the lack of medical personnel in the management of public health problems, the measures implemented by the state to cover the chronic shortage of physicians in disadvantaged social environments, etc. were some of the topics pursued through this research. Although, the Administrative Reform of 1925 led to an increase in the number of physicians in the county of Sălaj, it still remained insufficient. Therefore, the undersizing of the number of physicians generated overcrowding of the existing ones, which led to a state of exhaustion that provoked reactions from physicians manifested by professional disinterest or by their migration to the private area.

At the same time, the difficulties doctors faced not only as a result of logistical shortages, but also due to the successive changes of political regimes that influenced their professional career were addressed. Thus, the dynamics of the professional development of doctors during the inter-war period as well as during the Hungarian occupation after August 30, 1940 or after the Second World War and the establishment of the communist regime were highlighted. Doctors had to face various processes of ethnic and ideological cleansing, which increased the pressure on their work, amplifying their instability and insecurity. All this turbulence had a negative impact on the quality of medical care.

It was also highlighted the contribution that professional associations have made in promoting the interests of doctors, advocating for increasing their social role and visibility in the communities in which they work.

Following a chronology similar to that of the chapter on the senior medical staff, **the third chapter** tackles the issue of epidemic and social diseases, following the dynamics of their incidence in different periods, starting from the inter-war years to the post-war period and the installation of the communist regime, with the highlighting of the particularities of each time period between 1919-1949.

Through this chapter we have followed the trends of increase and decrease in the manifestations of different diseases, the management of epidemic problems with the observation of dysfunctions in the system that have led to difficulties in limiting the consequences caused by different pathologies. Also, the problems related to the faulty evaluation of the incidence of diseases through the submission of contradictory reports or the effort of doctors to find solutions for the control and prevention of diseases were also revealed.

At the same time, the negative impact of the lack of specialized personnel, as well as the precariousness of the sanitary infrastructure and logistics in the process of optimizing public policies on the prevention and control of epidemic or social diseases was highlighted. Circumstances caused by states of war or complicated economic problems in the period 1919-1949 led to a widespread impoverishment process and negatively influenced the physical vitality of the population, making them more vulnerable from a medical point of view. This state of affairs led to an increased risk of disease, especially as the situation was aggravated by the ignorance of the inhabitants of the county of Sălaj with regard to hygiene and access to professional medical services.

In order to complete the description of the public health components and the way in which society, decision-makers and the medical world have positioned themselves in relation to the phenomena of alcoholism and prostitution, a **fourth chapter** has been documented, which deals with these topics considered important for the medical and moral state of the county's inhabitants.

The analysis of the phenomenon of alcoholism highlights the impact of excessive alcohol consumption on the society of Salaj county in the period 1919-1949, causing numerous behavioral disorders and medical disorders among the population. The alcohol consumption situation became profoundly harmful as the habit was extended to children and took on worrying dimensions among young people. These issues forced the authorities to implement some remedial measures despite the fact that alcohol abuse was tacitly tolerated by the state, as this industry was one that contributed substantially to the state's coffers.

The legislative changes and the prohibition of the sale of alcohol to young people or the encouragement of temperance societies should have contributed to limiting alcohol consumption. However, alcoholism tended to become a problematic phenomenon in the context of the fact that our analysis showed that drinks were consumed not only in special places but mainly in households, being produced by the population in a homemade way.

From a medical point of view, alcohol has been one of the disruptive factors in the health of the population, leading not only to increased infant mortality or cases of congenital malformations, but also to the emergence of associated comorbidities or the uncontrolled spread of serious diseases such as tuberculosis or syphilis. In addition to the medical problems alcohol has also had a massive impact on social behavior, which has tended to worsen as a result of excessive alcohol consumption, leading to violent behavior by consumers.

In view of these behavioral distortions, civil society and the medical world tried to counteract the phenomenon by taking positions publicized by the press or by public conferences in which alcoholism was presented as the source of medical and social dysfunctions that made vulnerable not only the economic stability of society but also the genetic strength of future generations.

Another subject that has generated much controversy in society has been prostitution, whose evolution has been analyzed since the period immediately after the end of the First World War, looking for the roots of this phenomenon precisely during the course of the First World War when prostitution became an easy form of survival. This sub-chapter traces the trajectory of prostitution in different time stages, highlighting the particularities of each of them. Thus, in the case of the inter-war period, we have revealed the fluctuations in the number of prostitutes, their social affiliation, the presence of clandestine prostitution and its risks, the medical control of prostitutes, etc. At the same time, we have emphasized in this chapter the impact that the

measures implemented by the 1930 Health Law and subsequent legislation had on the evolution of this phenomenon. The dissertation on the course of prostitution continues with the period of the Hungarian occupation after August 30, 1940 and the period during the communist regime, which, through measures that were questionable to say the least, deconstructed this phenomenon and put an end to a tumultuous evolutionary process.

In spite of the fact that the medical world supported the benefits of regulating prostitution, society, through the voice of the church and beyond, challenged the practice as not only immoral, but also as a primary source of the emergence and transmission of sexually transmitted diseases. Although the observations of doctors following medical checks on prostitutes proved that legalized prostitution was not the source of venereal disease infection, the authorities, spurred on by the general opinion of society, ordered controversial legislative measures banning brothels. This contributed to the expansion of the clandestine practice of prostitution and increased the risk of the emergence and spread of sexually transmitted diseases. After a rather complicated period for the practice of prostitution, the post-war period, under the decisions of the new regime, came with the introduction of control measures which degenerated into real abuses. Thus, these actions evolved towards an outcome that criminalized the practice of prostitution and legalized its parasitic nature. Consequently, this perspective called for the moral purification of practitioners before they were reintegrated into the ranks of the new type of society.

The fifth chapter aims to expose the role of health propaganda in educating the masses in order to activate their interest in disease prevention. Thus, doctors as well as the press and representatives of the elite unleashed a veritable informational frenzy that was both educational and a warning about the danger that various diseases posed to public health.

Modern information media, which were themselves a curiosity for the general public, helped to disseminate health information effectively. Thus, the cinema became an ally of doctors, and by means of thematic films, explained at length in the preamble, they succeeded in surprising the audience and consciously involving them in the process of preventing certain diseases.

In addition to this method of information, the press and public conferences were other means of informing the population about the importance of personal hygiene and sanitation, the

dangers and methods of combating social diseases such as syphilis or tuberculosis, alcoholism and the dangers it can trigger, the prevention of infant mortality, etc.

Although the topics propagated in society were roughly the same, the approaches differed according to the historical stage and the political regimes that succeeded each other during the period 1919-1949.

Thus, if in the inter-war years public information was aimed exclusively at health education of the population, during the Hungarian occupation, this activity, managed by a special organization set up for this purpose, the *Green Cross*, took on nationalist and discriminatory nuances. Similarly, the health-related themes that were disseminated among the masses in the name of health education in the post-war period almost invariably sought to incriminate the old regime for the precarious health of the population.

Therefore, this thesis aimed to highlight the efforts to modernize and streamline the medical sector despite traditional treatment practices, still very present in the life of the communities in the region. However, the awareness of the usefulness of scientific medicine was only a matter of time, and the materialization of its role as an alternative in solving complex medical problems made it gain ground even though it was confronted with a massive wave of rejection from the population.

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