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ABSTRACT

**The myth of the district doctor: Written and oral histories of the
graduates of the medical university of Târgu Mureș
(1948–1989)**

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1. Research Objective and Justification of Topic Selection

In my doctoral dissertation, I collected and interpreted stories related to medical education in Târgu Mureș. The focus of the research lies in analyzing individual memories and life histories, with particular attention to the social and constructed nature of remembering. My goal is to uncover the historical, social, and memorial mechanisms that shaped medical roles and identities during the period of socialism in Romania. The title of the dissertation, "The Myth of the District Doctor," refers to a cultural and memorial construct surrounding the key figure of rural healthcare. As the dissertation centers around the district doctor, a deep understanding of this professional role is essential. I found it important to explore when the term "district doctor" emerged, in what historical and social context, and what responsibilities and expectations were attached to it in each era. Due to its significance, several chapters return to a more detailed presentation of this role.

Most of the dissertation is structured around issues concerning medical education in Târgu Mureș. Therefore, I begin with a detailed historical background, which lays the foundation for understanding the myth that plays a defining role in shaping medical identity. Since myths reinforce communal self-definition, the history of the university also contributes to this understanding.

The story of the university in Târgu Mureș exemplifies the situation of minority education, which I emphasize throughout. I aimed to present events with historical accuracy, while interpreting them from an anthropological perspective. The work seeks to create both a historical and diagnostic portrait of medical education in Târgu Mureș, thereby also shedding light on the context of careers that began there.

In August 1945, a decision was made regarding the structure of the Hungarian university's faculties and departments. On August 3rd, a ministerial decree announced that the buildings of the cadet school in Târgu Mureș would be handed over to the Faculty of Medicine, which was officially transferred on September 16th. The formation of the medical faculty is crucial to the topic and also plays a key role in the history of the independent Hungarian university. The independence of medical education in Târgu Mureș in 1948 became possible through its separation from Bolyai University. From that year onward, the institution functioned as an independent unit of Hungarian-language higher education. This is why the year 1948 is designated as the starting point in the dissertation title – a year that marks not only an

administrative, but also a symbolic beginning for the history of medical education in Târgu Mureș.

2. Theoretical Framework and Methodology

The sources for this dissertation include life history interviews, alumni commemorative volumes, tombstones, memoirs, interview collections, and archival materials.

My research focuses on the development of district doctor identity, particularly how this identity is formed within both written and spoken life narratives. The study was grounded in life interviews, constructed in accordance with the narrative interview method. I applied content analysis as well as the analytical model developed by David G. Mandelbaum, which is aimed at exploring the morphological structure of life stories. This model divides individual lives into distinct life phases, whose turning points appear as milestones.

In nearly all the interviewees' stories, the role of the district doctor emerges as central – involving the circumstances of starting a career, the experience of being assigned to a post, relationships with rural communities, and everyday interactions with the healthcare system. At the same time, the narratives prominently feature memories of university years, the journey to becoming a physician, and recollections related to professors and classmates – experiences that shape medical identity early on.

The stories clearly demonstrate that the identity of a district doctor cannot be understood in isolation, limited only to the early career stage. It is important to uncover the cultural, institutional, and communal frameworks that are present in the narratives of becoming a doctor. This realization led me to include written sources – primarily autobiographies, alumni publications, and commemorative books – alongside the interviews. These written memories not only reinforced what was spoken but also added new layers of interpretation to the historical and social context of the district doctor's role.

The analysis of the texts involves both quantitative (numeric) and qualitative (narrative) methods. From a quantitative perspective, I compiled and structured recurring themes and experiences (such as career paths, placements, migration, status changes). From a qualitative angle, I focused on the mode of narration, the personal tone, shared memory points, and forms of remembrance.

The genre classification of the texts also played an important role. These alumni publications are not strictly memoirs or autobiographies but represent a unique genre – the class chronicle – which combines features of autobiography, sociography, chronicle, and documentation.

This dissertation adopts an interdisciplinary approach, drawing on medical anthropology, memory studies, narrative psychology, social history, and life history interview methodologies. The narrative approach is particularly emphasized, as it allows for the analysis of how doctors interpret their own life stories and professional vocations.

3. Source Base and Research Corpus

The sources used in this research encompass a diverse range of documents, which allow for a comprehensive examination of the biographical representations of medical identity.

The sources used in this study can be divided into three main categories:

1. Institutional History Sources:

During my research in the State Archives of Târgu Mureș, I primarily examined statistical reports and official documents concerning the structure and functioning of the institution, with a particular focus on materials from the academic years 1963 and 1964.

2. Biographical and Autobiographical Writings:

A crucial category in the research includes career history texts written by or about doctors:

- Photo albums of medical tombstones, which lend themselves to narrative interpretation
- 553 autobiographical texts published in jubilee volumes (written 40 or 50 years after graduation)
- Independently published memoirs
- Interviews and reports published in the press (later also compiled in books)

3. Life History Interviews:

Although listed as the third group in the dissertation, the six life history interviews I conducted serve as primary sources and play a pivotal role throughout the thesis. These interviews form the empirical foundation of the research and are central to the narrative analysis of medical identity and career paths.

The source volumes provided not only a large sample for analysis but also deeper insight into the working conditions, societal respect, and utilization of Hungarian doctors in Romania. The

class books function as collections, offering readers a glimpse into the lives, experiences, and achievements of both average and outstanding physicians, thereby presenting a broader perspective on the medical world.

4. Theses

A The goal of this dissertation was to explore the life paths and experiences of doctors who graduated from the Medical University of Târgu Mureș, focusing on how the role and meaning of the district doctor evolved within the healthcare system of socialist Romania. The district doctor – as a primary figure in public healthcare – held not only a professional but also a social and symbolic position during this period.

The myth of the district doctor appears as a constructed and reproduced figure in both spoken and written narratives. Based on the autobiographical content examined in the dissertation, a narrative structure emerges that can be interpreted on three main levels:

- The Social Layer

The district doctor, as the "people's doctor," symbolizes a sense of belonging to local communities and a commitment to their well-being. Through commuting between villages, working in clinics and patient homes, and building personal relationships with patients, the district doctor became a visible and respected figure in the community fabric. The social myth emphasizes that the doctor is always where they are needed – even if the system often pushed them to peripheral areas. This mythmaking is evident in autobiographical texts where doctors describe harsh living conditions, unprofessional work environments, and their own committed, even heroic, efforts.

- The Political Layer

The district doctor was one of the key drivers of the socialist healthcare system. Their significance was dual: on the one hand, they represented equal access and the modernization of public health; on the other hand, they were expected to be loyal and disciplined citizen-professionals, constantly monitored and molded by the regime. Simultaneously, the party apparatus repeatedly attempted to integrate doctors into the party's ranks.

- The Biological / Life Course Layer

Becoming a district doctor was almost universally tied to the beginning of young doctors' careers. Assignments, the challenges of starting out, adapting to unfamiliar environments,

overwork, and a desire to prove oneself contributed to shaping this phase into a kind of rite of passage. The myth of youth – characterized by physical and mental strength, flexibility, vocation, and idealism – is strongly linked to this role.

Placing the six life interviews side by side reveals the following picture: Péter Mihály documents the history of the university, Ferencz László writes local historical studies, Bérczes Judit records her experiences and thoughts, commemorates her class, and reflects on aging, Kovalszki Péter deals with the fate of the diaspora. G.I. withdraws into the background and memorializes her husband, Gálfy Zsuzsánna recounts her personal assignment experience and tells the story of a commuting doctor.

Péter Mihály and Bérczes Judit both wrote autobiographical texts; analyzing these reveals that what they express in writing is sometimes nuanced or revised in oral narration. These spoken additions and clarifications offer new perspectives for interpreting life narratives.

Medical Career Paths

Among the six interviewees, three chose an academic career, which allowed them to avoid extended periods of district medical practice. One interviewee emigrated, while two pursued careers specifically within the field of district medicine. These choices were shaped by various motivations and opportunities, which were explored in detail during the interviews.

Their career paths clearly illustrate the relationship between social mobility and status history. The choice of the medical profession involved a range of advantages and challenges, depending on which aspect of the communist regime they had to confront.

Although the generational experiences often diverged, the life paths also intersected at several points: in the balancing of family and professional roles, in the assumption of social responsibilities, and in the opportunities and limitations presented by specific historical periods. The interviewees frequently reflected on forms of negative adaptation, pointing out the life models they consciously chose not to follow. What was affirmed in writing was sometimes revised or nuanced during spoken interviews, offering alternative interpretations.

These life histories shed light on lesser-known dimensions of doctors' lives: their worldviews, adaptation strategies, and the role of institutional experiences. While their stories often center around career development and university-related events, many also reflect on broader issues – events that may not have dramatically altered their personal lives but were still felt important enough to include. Not all turning points in the institution's history aligned with

individual milestones. However, district medical service consistently marked the beginning of their professional journeys, representing youth, energy, and dedication. Some moved on to other specialties in search of professional fulfillment, while others, through committed effort, solidified their social status.

The narratives reveal strong elements of self-reflection and criticism of the system. Many of these individuals had to endure a series of historical traumas due to global power shifts, and their adaptation struggles are clearly present in their stories. By providing a historical perspective, I emphasized how the university became a site of interethnic conflict, turning the experience of minority status into a central element of many medical life stories. These dynamics can also be traced in the careers of university faculty.

The defining moments of these medical careers form a kind of mosaic of contemporary history. The pieces don't always fit together perfectly – some overlap, others remain exposed. Yet in these small details, internal processes are revealed – things we know little about – and it is through the subjective experience of these events that the broader picture is completed.

Finding loopholes was not just a survival tactic but also a sign of differing attitudes toward the system. For doctors, informal opportunities that emerged alongside formal structures allowed them to avoid unfavorable assignments, choose locations based on family or community ties, or even take advantage of privileges (like residential priority) offered by the sociopolitical context.

Both vertical and horizontal networks functioned – often as a result of state-imposed restrictions – forcing everyone to make use of unofficial channels to ensure daily survival, whether in employment, basic healthcare, or access to food staples. These informal practices reflected the politics of redistribution.

A New Intellectual Class?

“With the acceleration of economic and technological development and the evolution of the division of labor, individuals gained more opportunities to leave the social class they were born into – sometimes driven by economic factors, other times by political forces.” (Kemény 1992: 61)

The medical life stories presented in this dissertation make visible the transition between social layers, the process of integration into the medical profession, and the adaptation to a new milieu and lifestyle. For many doctors, becoming a physician served as a genuine channel of

social mobility: young people from peasant or working-class backgrounds entered the intellectual elite, acquiring new identities and social prestige.

In the socialist Romania, there was a clear political intention to open higher education – including medical training – to students from “popular” (working-class or rural) backgrounds. In many cases, this indeed created opportunities for social ascent, even though it came with ideological constraints, compromises, and demands for conformity.

The narratives often reflect how choosing the medical profession fulfilled family expectations (promising advancement or upward mobility), while also aligning with personal ambition and a desire to serve the community. The life paths reveal that these individuals did not only enter a new social class – through their scientific, social, and cultural embeddedness, they also helped shape a new intellectual class.

The medical careers examined show that the practice of remembering is closely tied to an individual’s current life stage. Remembering is inherently linked to both the possibility and necessity of recollection. For older generations, retrospective life stories often reflect on completed stages of life, while for younger or still active doctors, such narratives are often missing or remain unwritten.

The collected life histories demonstrate that institutional and systemic reflection – particularly regarding criticism of the regime – tends to appear most prominently in the stories of those who have already reached the end of their careers or consider their active phase concluded. In this sense, remembering is not only an act of recalling the past, but also one of identity construction – a process through which roles, relationships, and values are reinterpreted. Meanwhile, doctors who are still active or shaped by the current system rarely reflect publicly on the institutional or societal pressures they face, in part because they are still living those experiences. Therefore, these stories differ not only in completeness but also in their degree of reflexivity, often revealing generational differences.

Medical careers took various directions: some doctors remained in lower-level positions, some left the profession entirely, while others achieved success internationally or became key figures in domestic academic life. These diverse trajectories are reflected differently in their recollections: failure or stagnation is often left unspoken, while success stories are eagerly told and become part of the collective memory that shapes the social status of the medical profession.

Stories critical of the regime mostly appear in the narratives of those who have moved beyond it – whether due to age, emigration, or professional independence. Events that are still ongoing or part of the narrator’s present life are rarely processed in a reflective way. These current experiences haven’t yet been integrated into the past and cannot easily be turned into tellable stories. Thus, the dynamics of spoken and silenced stories must always be interpreted at the intersection of historical time and individual life trajectory. Generational differences and life-stage-specific reflections also influence how, why, and with what effect remembering occurs.

The medical profession, like many others, was closely tied to internal migration within the country. Doctors’ lives were shaped by work and national interests. Their specialization choices and career decisions were made in specific historical contexts, and these decisions still influence their current situation. In this way, the past is not merely a memory but becomes an inherited experience that continues into the present.

Memory Strategies and Remembering Communities

Doctors’ memories – especially those that reflect critically on the flaws of the regime – serve as sources for the formation of a counter-myth. Through this counter-myth, doctors not only reflect on the system with a critical eye, but also construct their professional identities in opposition to it. The doctor, who was expected to serve a “perfect” and “fully developed” socialist society, often saw that society from the perspective of illness and patients. These illnesses frequently originated from the structural deficiencies of the regime (e.g., food shortages, inadequate workplace safety). Thus, doctors often acted as corrective agents of the system’s failures.

The commemorative volumes created by former students of the medical university in Târgu Mureș represent a unique form of medical memory culture, going beyond the simple recording of individual life paths. They reflect collective acts of remembrance, centered not only around medical careers but also around shared student years, institutional experiences, and the challenges and successes of starting a career – all of which reconstruct the sense of community belonging.

According to Vilmos Keszeg’s analysis, remembering is not only about recalling the past but also a strategic act: the structuring, narration, and recording of memories serve as a form of cultural self-affirmation. It becomes an act of memory politics, in which participants redefine their place not only within the medical profession but also within national and regional

communities. In this way, commemorative volumes become media of collective memory – simultaneously documents and tools for identity formation (Keszeg 2022).

In these retrospective acts, participants often emphasize the “small stories” – personal anecdotes, subtle details, moods, and relationships take center stage. Together, they form a larger narrative in which the community recognizes itself. The symbolic significance of reunions and alumni publications lies precisely in this: they provide an opportunity to reassess the medical profession, collectively reflect on the past, and – through the act of shared writing and reading – to shape the group’s historical self-image.

These volumes also respond to a kind of memory gap – to a historical experience that was never officially articulated at the institutional or societal level, but is preserved in individual recollections. Thus, writing serves not only to reinforce individual identity, but also to recreate professional communities – all within a constantly changing social and cultural context.

Alumni reunions play an especially important ritual role in the practice of remembering. These gatherings with the institution, professors, and former classmates encourage recollection, retrospective storytelling, and interpretation of individual life paths. The act of reflection contributes to self-evaluation, to the reinforcement of professional identity, and to the prestige of the institution itself. During these reunions, former classmates once again form a community – shifting from a community of memory to a community that actively remembers together.

The medical education program in Târgu Mureș produced a particularly rich body of memorial material. In my analysis, I identified and examined 553 autobiographical texts from the alumni volumes. Independent autobiographical publications further expand the available body of life history sources.

The institution’s minority status, the situation of Hungarian-language medical education, and the turning points brought about by political change have all contributed to alumni trying to understand, interpret, and record their experiences through writing and memory. The autobiographical texts often reflect a desire to seek truth, to document, and to distill collective historical experience from individual fates. These recollections are not merely personal narratives, but texts that shape and interpret collective memory and professional identity, while also articulating the lived experience of minority status.

The medical life stories analyzed in the dissertation clearly indicate that autobiographical storytelling plays a significant role for the medical professionals who began their careers during

the socialist period. It functions as a practice of self-representation, through which a professional community constructs and presents its self-assessment in narrative form. The importance of this is evidenced by the regular collection and publication of career histories in commemorative volumes, as well as by the fact that doctors frequently appeared in public as authors or interview subjects to share their personal stories.

5. New Scientific Contributions

The dissertation offers a new perspective on the history of Hungarian medical education in Romania, exploring its social, political, and memory-related dimensions. It highlights how the medical profession became both an instrument of social control and a bearer of minority identity. The research contributes to interdisciplinary scholarship in medical anthropology, critical medical history, and memory studies. Its findings provide an interpretive framework for situating current healthcare narratives within their historical context.

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