

THE 1938 SANITARY CAMPAIGN IN BRAȘOV COUNTY

FLORIN LEAȘU¹, OANA ANDREESCU², DANIELA DRUGUȘ³, LILIANA ROGOZEA⁴

^{1,2,4}“Transilvania” University Brașov, ³University of Medicine and Pharmacy Iași

Keywords: health campaign, social inquiry, contagious diseases, disinfection, disinfestation
Abstract: Organizing health campaigns in Romania at the beginning of the twentieth century was a proof of the concern that our country had begun to pay to population's health. In the 1938 health campaign, Brașov County was an example of organization, implementation and provision of human and material resources and the preparation of monographs for the localities in the county.

At the end of XIXth century and the beginning of XXth century, Romanian medicine was characterized by a discrepancy between the development of medical science and practice at the same time with failure to effectively apply this knowledge, particularly in rural areas, Romania being a predominantly agrarian state with 91.9% of the population of the Old Kingdom living in the countryside.(1)

However, public health concerns would become increasingly complex, leading even to important public health campaigns, such as the one of 1938, which can be considered a model of organization not only of health education, but also of identifying and mapping diseases. “Out of the public health campaigns developed in Brașov, the most complex is the one from 1938, presented in Gazeta de Transilvania issues: 58, 61, 64, 79, 80, 88 and 89”.(2)

Organised in a time when countries around the world took important steps towards public health, and especially the control of chronic infectious or social diseases, the campaign of 1938 was proof that such actions were feasible once health system coordinating structures focused on technical aspects rather than on politics.

Brașov County before 1938

Compared to other regions, Brașov County (figure no. 1) benefitted from better living, education and culture, and consequently had a better health system in place. Strengths like lowland location of the villages, electrification, water supply, a favourable economic situation, contained contagious diseases, tuberculosis vaccination since 1934 are offset by weaknesses like the trend of moving from the countryside to towns with people returning only at old age, eventually leading to the decline of rural population, neglect of preventive medicine until 1934, and promiscuity of housing generated by occupational migration to industrialized areas.

The emerging concern for the health system materialized in the allocation of significant sums to healthcare workers, to childcare, to fighting epidemics, and to assistance granted to the poor. In 1937-1938 villages engaged in competition for the building of baths and setting up of local dispensaries, bearing testimony to the authorities' and the population's awareness of the importance of hygiene and health care.

In its central part the map of Brașov County reveals compact villages, mainly inhabited by Saxons and Romanians.

These were industrialized, electrified, and eight of them benefitted from running water; also certain urban achievements were present, like roads, pavements, schools, parks, public baths, and open air swimming facilities.

Figure no. 1. Brașov County in 1938



The villages located further away from the centre towards the borders of the county were engaged in agriculture and forestry. As these settlements were scattered in the hills and mountains, they were less equipped in terms of utility. Their population was made up of Romanians and Hungarians.

Of the three ethnic groups, it was the Romanians who had more children, this population increasing from 59.3% in 1930 to 60.70% in 1937, while the Hungarian and Saxon populations registered steady decrease. That was because of the natural increase of the population which was 12.2‰ for the Romanians but only 5.7‰ for the Hungarians and 4‰ for the Saxons.(3)

In terms of ensuring health and hygiene in localities, 8 villages of Brașov County had aqueducts/water supply, while the others benefitted from many and relatively good wells, providing drinking water at depths between 2 and 15 meters; exceptions were the villages Ghimbav, Zizin and Feldioara, where the water was scarce and found at greater depths. Cobblestone streets and pavements, gutters and ditches were present in all villages, and municipalities of localities crossed by

¹Corresponding author: Florin Leășu, B-dul Eroilor, Nr. 29, Cod 500036, Brașov, România, E-mail: r_liliana@yahoo; Phone: +40268 270 830
 Article received on 12.09.2014 and accepted for publication on 07.11.2014
 ACTA MEDICA TRANSILVANICA March 2015;20(1):15-17

PUBLIC HEALTH AND MANAGEMENT

rivers built canals. In total 37 local dispensaries and 2 communal-school baths were set up. Dispensaries were organized into 16 health districts, and for every 7 400 inhabitants there was a physician. In addition there were 16 public pharmacies and 57 midwives covering 44 villages.

A serious setback, however, was the lack of waste disposal and latrine cleaning service. Those chores completed individually under poor hygienic conditions.

Organization of the health campaign

The campaign was organized by the Ministry of Health and local authorities under the title "Sanitary Offensive".(4)

Implementation of the programme and the campaign logistics were decided at the meeting of all county head physicians held at Sibiu Health Inspectorate. The Braşov County head physician collaborated with the County Prefect's Office to establish the human and material resources needed to run the campaign, in addition to those provided by the Ministry of Health.

The 29 villages selected for the study were the least developed ones as to both economy and culture and included Tohanul Vechi, Tohanul Nou, Zărneşti, Poiana Mărului, Holbav, Râşnov, Bran, Sohodol, Simon, Moieciu de Jos, Moieciu de Sus, Holbav, Crizbav, Fundata, Peştera, Şirnea, Măgura, Prejmer, Budila, Dobârlău, Mărcuş, Întorsura Buzăului, Vama Buzăului, Barcani, Sita Buzăului, Târlungeni, Satulung, Cernatu.(5,6,7,8,9,10,11)

In other villages, the study was conducted with the support and guidance of local physicians. The involvement and support of the municipalities materialised in supplying, in total or in part, the team members' meals, and in making available the dispensaries by sharing drugs from their reserves and providing the needed tools. The bath-train and mobile radiological investigation unit operated according to a schedule such as to reach all municipalities in the county.

Seven physicians sent out by the ministry participated in the study conducted on the 29 villages, as well as the county's head physician, 15 physicians from districts in the county, nine nurses, 56 municipal midwives, two health workers and 8 specialist physicians. Daily, physicians had to fill in the patients' files, whose first page was subsequently transcribed by municipalities in order to have a clear record of the population, and a protocol. At the end of the campaign they were used for devising the final report, which included photographs taken during the campaign - the bath-train (figure no. 2), radiological examinations in the field etc. Expenses totalled 53 000 lei, of which 10 000 were for ambulance transport, 10 000 lei for prints, cards and dissemination, 26 000 lei for daily allowances and 7 000 lei for miscellaneous.(12)

Campaign Results

In the 29 surveyed villages, representing 61.5% of all villages in Braşov County, 15 553, *i.e.* 92% of the households were visited; a number of 52 745 persons were medically examined, representing 72.27% of the inhabitants of the targeted villages and 44.6% of the inhabitants of the entire county, respectively. The examination proved that 44 898 persons, *i.e.* 85% were healthy, and the remaining 15%, *i.e.* 7 847 individuals suffered from various conditions, including, *inter alia* 33 cases of whooping cough, 3 cases of measles, 1 case of typhoid fever, 4 cases of dysentery, and 1 case of mumps. Social diseases were present in a more alarming number: 366 cases of syphilis, 291 cases of tuberculosis, 46 cases of cancer, 1 case of pellagra. However, upon further testing including Wassermann and fluoroscopy, many cases of syphilis and tuberculosis were not confirmed. Further identified were: 107 cases of sexually transmitted diseases, 645 cases of respiratory diseases, 428 cases

of circulatory diseases, 1 198 cases of digestive diseases, 368 cases of genital-urinary disorders, 442 dermatoses (to a great part scabies), and 53 patients with neuropsychiatric diseases.(12)

Contagious cases were isolated, the inhabitants were dewormed and contaminated homes were disinfected. As known, disinfection has to follow a number of rules to render it more efficient: the method has to be simple, human health is not to be harmed, its effects are not to be minimized, and last but not least, it should be cost efficient. Disinfection means were grouped by pathogens, infectious material, and condition.

Clothes were dewormed and the hair of 1099 people had to be cut. The bath-train had a flow of 1 000 visitors per day, adding up to a total of 11 056 individuals.(12)

In the villages Zărneşti, Tohanul Vechi, Poiana Mărului, Râşnov and Bran consultations were made by specialists from Braşov for whom equipment and tools were supplied.

The visited households were rated 50% good (clean, maintained), mediocre 36% and 14% poor (the yard and outhouses did not meet construction hygiene and cleanliness requirements). A number of 1 629 dirty wells were cleaned. Wells belonged either to individual private courtyards, shared by two yards or were located on public streets. By comparison the situation of toilets was more serious: survey teams discovered 5 510 unhygienic toilets. They were cleaned, 1 689 of them were repaired and 658 were rebuilt.(12)

Health education actions of the population included conferences and lectures given by physicians with a focus on the importance of making prevention into a habit. The topics addressed the major identified infectious diseases, social diseases and general childcare issues, as well as housing sanitation and healthy diet.

Figure no. 2. Bath-train in 1938



Conclusions:

In the wake of the campaign a report was devised at county level, including all issues related to the health of the population and measures taken to improve personal and collective hygiene, to fight social and infectious diseases and to promote health.

Regardless of the area where the activities took place, yielded a change in the lifestyle of the people of that village, increased their knowledge of existing diseases and improved the general hygiene status.

Although health campaigns had been previously conducted in Romania, none was as thorough as the 1938 one, which covered a significantly large part of the population, and produced major results on all levels.

Devising the health monograph of Braşov County's villages entailed an objective analysis of their development level and served as a basis for the concrete measures implemented by the authorities in view of improving the general health of the population.(13)

REFERENCES

1. Mezincescu D, Leonte V, Gheorghiu C, Pupeză I. Sănătatea publică în România. In: Enciclopedia României. București: Imprimeria Națională; 1938.
2. Leașu F, Șanta O, Rogozea L. Sanitary Monograph of Holbav – And the Sanitary Campaign from 1938. Bulletin of the Transilvania University of Brasov. 2011;4(53):151-157.
3. Manuilă, S. Aspects demographiques de la Transylvanie. București: Imprimeria Națională; 1938.
4. Stinghe V. Realizările medicale la Brașov, de la Unire încoace. Gazeta Transilvaniei. nr. 24. 1944. Brașov.
5. Campania Sanitară. Gazeta de Transilvania nr.58. 1938. Brașov.
6. Campania Sanitară. Gazeta de Transilvania nr.61. 1938. Brașov.
7. Campania Sanitară. Gazeta de Transilvania nr.64. 1938. Brașov.
8. Campania Sanitară. Gazeta de Transilvania nr.79. 1938. Brașov.
9. Campania Sanitară. Gazeta de Transilvania nr.80. 1938. Brașov.
10. Campania Sanitară. Gazeta de Transilvania nr.88. 1938. Brașov.
11. Campania Sanitară. Gazeta de Transilvania nr.89. 1938. Brașov.
12. Panaitescu V. Probleme și realizări în Campania din 1938. București: Editura Medicală; 1938.
13. Rogozea L. Sanitary Monograph of Râșnov Town and the Sanitary Campaign from 1938. Bulletin of the Transilvania University of Brașov. 2010;3(52):107-114.