

SANITARY MONOGRAPH OF RÂŞNOV TOWN – AND THE SANITARY CAMPAIGN FROM 1938

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Abstract: *Developing sanitary campaigns in the county of Braşov emerged as absolute necessity under the conditions of the first half of the 20th century and especially during the period in-between World Wars. The case study comprised within the article herein – led to achieving the sanitary monograph of Râşnov town, valuable information source even within current period.*

Key words: *sanitary campaign, sanitary monograph, Braşov medicine history.*

1. Introduction [3, 4, 7]

What happened in the first half of the 20th century at Braşov were not determinant medical facts for the evolution of humankind. Braşov remains an organization and coagulation model of the local community in order to face the medical issues brought along by a sanitary system with many problems. It is likewise the place where the doctors were actively involved in the prevention activity; therefore it might be a model for other localities. The apparition of hospitals, balneary structures, the elaboration of books and treaties have made Braşov a city wherein the medical staff honored its presence and proved that, inclusively in a provincial town, medical life might have important achievements for the respective community.

2. Organization of public health [1, 2, 5, 6, 7, 8]

The county sanitary service was an active organism, in permanent search for

optimal methods of morbidity and mortality reduction.

This way, through the actions organized in 1933 there are: disinfections, children's BCG anti-tuberculosis vaccination (63% in 1932), anti-smallpox vaccination, preventively sending children to seaside, isolating TB patients.

We likewise remark the modern manner of obtaining the data upon the sanitary situation within education units „*detailed and precise sanitary surveys were worked upon by the circumscription doctors on all schools throughout the county, knowing thereby the schools under all necessary hygienic aspects*”.

Organizing public health at Braşov has a few particularities; this way there are worth noticing the quality of the sanitary monographs of the localities within Braşov County, a permanent preoccupation for achieving balanced medical circumscriptions and the development of public health campaigns.

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3. Public health campaigns. The campaign from 1938 [9, 10, 11, 12, 13, 14, 15]

Out of the public health campaigns developed in Braşov, the most complex is the one from 1938, presented in Gazeta de Transilvania numbers: 58, 61, 64, 79, 80, 88 and 89. The campaign was initiated by the Ministry of Health under the title "Sanitary Offensive" and benefited from the support of local authorities. Out of the lot of villages where the campaign unfolded, the localities: Cristian, Vulcan. Ghimbav, Hălchiu, Feldioara, Rotbav, Măieruş, Bod, Sânpetru, Hărman. Satunou, Purcăreni, Zizin missed; deemed as having a better living standard; but in their case the decision was "to be examined by the doctor of the respective circ., according to the same method of the teams."

The localities wherein the teams went were: Zărneşti, Poiana Mărului, Holbav, Râşnov, Țânțari, Crizbav, Apața, Prejmer, Budila, Mârçuș, Dobârlău, Tărlungeni, Satulung, Cernatu, Sita Buzăului, Vama Buzăului, Bran, Simon, Moeciul de sus și de jos, Fundata, Șirnea, Peștera, Măgura, Tohanul vechi și nou, 29 of the 47 village clusters undergoing the campaign, which represents 61.5%.

The team consisting in 7 examining doctors, named by the Ministry of Health, whereto the circumscription doctor, the nurse and local midwives, the town hall delegate add, established several working formations, which would search every locality: „visiting all houses, all families, writing the found facts in the family sheets; the day result being recapitulated in the day reports, and all day reports in a village being concentrated in an overall report of the respective village."

The campaign was an occasion to ensure medical assistance "Necessary consultations are immediately provided; and

specialized consultations are 1-2 times a week given by the primary doctors from Braşov, who go into the respective villages 1-2 times a week, in clusters of 7-8 individuals." Beside the consultations, disinfections were initiated, samples were taken for para-clinical explorations, radioscopies were effected, medicines were administered.

Both examining doctors and primary doctors were under obligation to give lectures, in the end of the day, upon themes of public health.

On community level, measures of administrative order were discussed.

For Braşov „special attention is given to tuberculosis and syphilis (pellagra and malaria are not issues tangent to the county); then dwelling, industry sanitation, street sweeping, watering, garbage removal, toilet cleaning."

During the campaign, the Ministry sent to Braşov the Baths-Train and Roentgen motor vehicle apparatus. "The baths-train, consisting in water cistern and boiler, an air oven under pressure for disinfections, a wagon with 40 warm water showers, a dressing-undressing wagon and 2 wagons for the staff is functioning in railway stations from dawn till evening." During the campaign, in the baths-train "11075 individuals were bathed, which means 1.000 per day. Among these, there were 4878 children, 3502 men and 2696 women", "which imply that our population is willing and is applied to take a bath, if it is possible and free." Likewise "1096 individuals were cropped and trimmed, 1077 persons were de-loused through petroleum-oil unction and the clothes of 1470 individuals were disinfected-de-loused, especially workers, gypsies, tramps".

Roentgen apparatus had been used in Braşov for 5 days, making approximately 700-800 examinations per day, confirming many known cases of tuberculosis and

registering others.

In the campaign, the following doctors were involved: dr. Nicolae Căliman, chief doctor of the hygiene laboratory, dr. Ulpiu Ștefan, chief doctor of Brașov town, dr. E. Colbazi, dr. Moșoiu, dr. Jakab, dr. M Papp doctors at Mărzescu hospital, dr. O.Pecurariu, dr. T Prișcu, dr. E. Dorea, dr. M. Suciuc-Sibiau, dr A. Wolf, dr. Citter, dr. R. Dorca, doctors of the Polyclinic Ambulatory from Brașov, dr. Lazarovici, military doctor.

In the 29 examined village clusters, there are 16711 households, whereof were examined “15553, which is 92 per cent ... The rest could not be examined, as either some houses were abandoned, not dwelled or the dwellers had emigrated for some time farther in order to work.” 52745 inhabitants were examined, which is 72.7% out of the population of the examined villages, whereof 85% were healthy.

As regards the hygienic conditions, in the 29 localities, only 2 were noted to have centralized water system (aqueduct), in the rest fountains existing: 3704 hygienic, 1629 not hygienic, however 7732 houses existed without their own fountain; likewise 4203 houses had no toilet, 5510 were hygienic, and 5117 not hygienic. The majority of the houses were in wood, (8574), the rest being of stone (7429) and earth (119).

There were given 36 conferences on medical education, whereof 18 by the doctors of the central team and 6 by the circumscription doctors.

4. Sanitary monographs of the localities [16]

One of the most important results of the sanitary campaign was the elaboration of the locality sanitary monographs.

The sanitary monograph of every locality had a standard format, which comprised: a plan draft of the locality under study, 5

chapters and appendices.

The sanitary cartography of all issues ensured not only a very good knowledge of the territorial situation, the possibility of conceiving programs of sanitary education or coherent prophylactic actions on the level of the entire county, but also a modality of becoming acquainted with the neuralgic points in sanitary organization and the possibility to take adequate measures in case an epidemy broke out.

Chapter I comprised information upon: geographic position (altitude, latitude and longitude, political borders and subdivisions, surface, distances, railways, water ways, roads etc.), topography (description of hills, field valleys), geology (superficial stratum, foundation stratum, special phenomena), hydrography (rivers, lakes, pools, river courses, subterranean waters), vegetation (forests, plants, aquatic plants), terrain surface yielding corn, wheat, vineyards, orchards, vegetable gardens etc.), fauna (wild, domestic animals), number and nature of industries, use of the water motric force (dams, plants, turbines, canals, irrigations), works of public utility (streets, parks, street lighting, aerial gas, electricity).

Chapter II is dedicated to climatic data: temperature (minimal, maximal, medium, thermal curve), humidity, precipitations (rain, season distribution, maximum of precipitations), snow, ice, fog, winds (wind speed, season conditions).

Chapter III – Population has the following subchapters: population (details upon the census from the previous years), population classification (sex, marital status, age groups), population density, races and nationalities, religion, education (analphabetism, school attendance, local publications), local administrative organization, inhabitants' occupations, economic status (landlords and house owners, working hours, pauperism, cost of a working day, women and children at work

in industry or agricultural works, pregnant women's work).

Chapter IV – entitled Sanitary Genius comprises the following items:

1. *water feeding (public or private property, feeding source, quality of drinking water, recommendations),*
2. *drainage and sewerage,*
3. *human excretion removal (sewerage and other methods,*
4. *dung heap collection, depositing and use,*
5. *garbage collection, depositing and use,*
6. *human graveyards (surroundings, plantations, proximity of drinking water sources etc.)*
7. *animal corpse collection, animal graveyards,*
8. *sanitary status of the buildings,*
9. *salubrity of the school buildings (building state, cubing, natural lighting, heating, yard, latrine),*
10. *prophylaxis measures (anti-larvae, of disinfection, deratization, de-lousing) – drying closets, disinfection ovens, ambulances,*
11. *food control (meat, milk) – butcheries, food halls, food markets,*
12. *quantity of consumed drinks, annually, at the pub or at home,*
13. *different other problems of sanitary genius (public baths, sanitary status of the terminal points of the communication paths).*

We note for this chapter not only the great quantity of required information, but also the fact there is about very pertinent information on the hygiene of the locality, individuals. We have however no proof that these information were followed by concrete actions of sanitary systemizing.

Chapter V: The sanitary administration comprises the answer to the following issues:

1. organizing the State sanitary service

(official doctors, duties and administrative powers, organizing the work, efficacy). Proposals

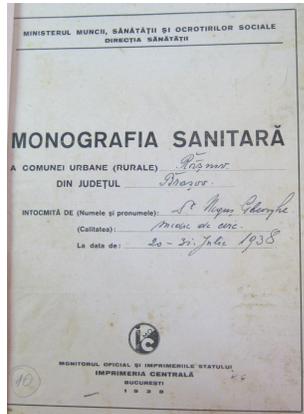
2. midwives, nurses or charitable sisters, sanitary agents, veterinary agents etc., (number and professional training)
3. hospitals, dispensaries, care houses, laboratories; information upon the juridical status of buildings wherein they function (property, rent etc.)
4. private doctors (number, the way of exercising their profession)
5. social State protections
6. particular associations of social protection; the subvention received from the State.

Chapter V gives us pertinent information upon the sanitary infrastructure of the region, as well as upon the available human resources under both State and private regime.

Chapter VI – facultative – is an economic analysis upon the budget, based on the administrative expenses of the village (appreciating if there is a deficit or not), the raised taxes, the village borrowings, the budget of the public health services, the analysis of the public health budget, the cost of public health per capita.

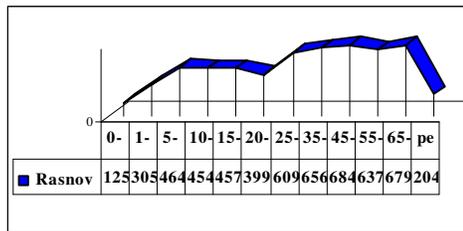
Chapter VII entitled biometry consists in the tables III-VII.

We exemplify the manner in which this type of monograph was achieved through the data contained by the Râşnov locality monograph; we note that in 1938 this locality had 5673 inhabitants, the majority being women (2952), 2401 being married, 184 widowers and 16 divorced. During the respective period, in Râşnov there lived Romanians (the majority) – 3447, Germans – 1825, Hungarians – 129, Jews – 24 and other nationalities 248. (table I and table II).



Sanitary Monograph of Râșnov - cover

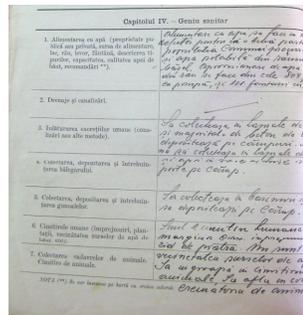
The repartition on age groups is presented in the following graph:



Repartition on age groups in Râșnov during 1938

In Râșnov, 2 protection associations function, a Romanian and a Transylvanian Saxon one; a medical dispensary; and the medical staff serving this population consists in 7 persons: 1 official doctor, 1 protection nurse, 2 midwives and 3 private doctors.

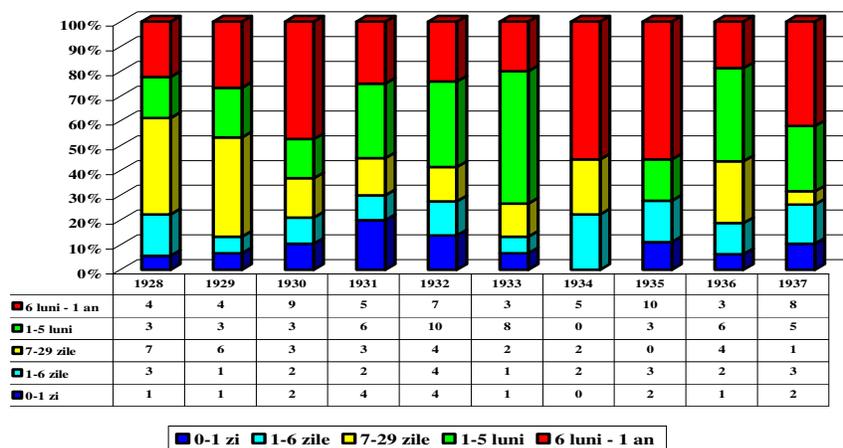
For the health budget, there is allotted 2,12% out of the overall village budget (78614 out of 3714210), the cost of public health per capita being of 14 lei, one third of the health budget money being used for paying the medical staff.



Sanitary monograph of Râșnov

Table III in the Monograph analyzes the population movement during the period 1928-1937, noting that the birth rate average is of 25.5%, varying between 21% in 1935 and 31% in 1930, the average mortality is of 15.65%, varying between 13% in 1933 and 1934 and 21% in 1932, and the infantile mortality has an average of 13%, varying between 10% in 1929 and 20% in 1932. In conclusion there is about a population surplus of 9.37% (minimum 5.5% in 1931 and 12.5% in 1929).

Table III contains the data during the period 1928-1937 as regards infantile mortality on age groups and months, the majority of deceases being registered between 6 months and 1 year, as it ensues from the following graph:



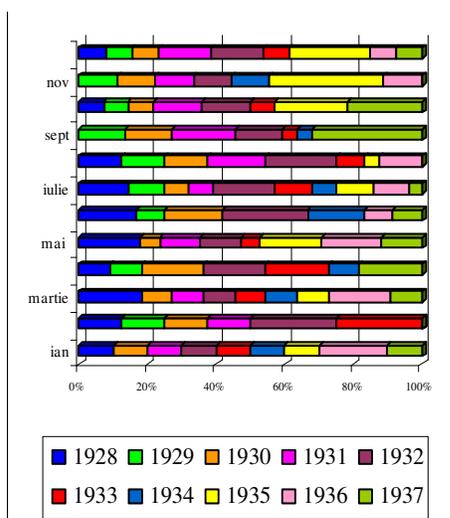
Repartition on age groups of the deceases in Râşnov during 1938

As regards the deceases according to the month, we note that most deceases occurred in the month of July (28 out of the total of 179), with a peak in the month of September 1937.

Table with the infantile mortality in Râşnov

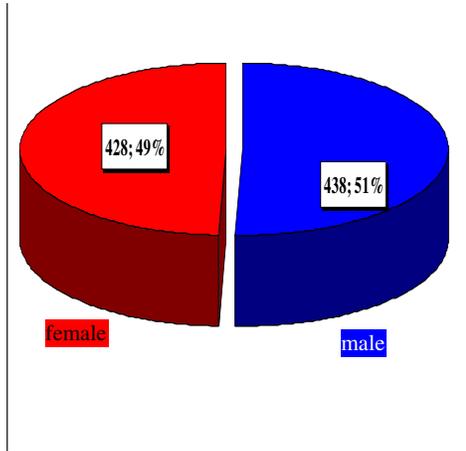
	01	02	03	04	05	06
1928	1	1	2	1	3	2
1929	0	1	0	1	0	1
1930	1	1	1	2	1	2
1931	1	1	1	0	2	0
1932	1	2	1	2	2	3
1933	1	2	1	2	1	0
1934	1	0	1	1	0	2
1935	1	0	1	0	3	0
1936	2	0	2	0	3	1
1937	1	0	1	2	2	1

	07	08	09	10	11	12
1928	4	3	0	1	0	1
1929	3	3	3	1	1	1
1930	2	3	3	1	1	1
1931	2	4	4	2	1	2
1932	5	5	3	2	1	2
1933	3	2	1	1	0	1
1934	2	0	1	0	1	0
1935	3	1	0	3	3	3
1936	3	3	0	0	1	1
1937	1	0	7	3	0	1

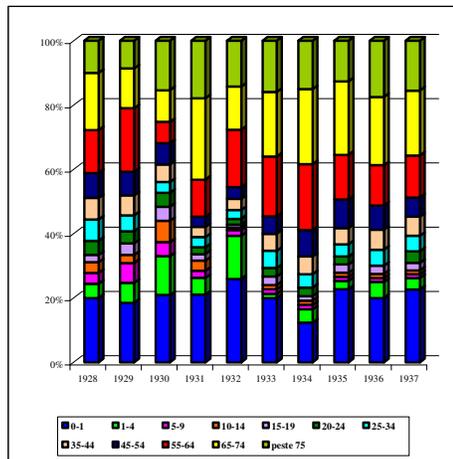


Repartition on years of the mortality in Râşnov

General mortality affects, as we would expect, extreme ages, under 1 year and above 55 years, general mortality being higher for the masculine sex than for the feminine one.



General mortality on sexes

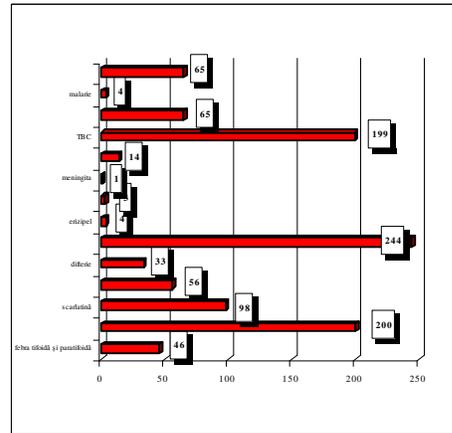


General mortality on ages in Râșnov during the period 1928-1937

The main decease causes were, for the children, congenital malformations and the childhood diseases, the diarrhea and the enteritis, and, for the adults and elders, the heart diseases, the pulmonary tuberculosis, the pneumonia, there existing however a high number of deceases because of senility.

The main contagious affections and social diseases affecting the population of Râșnov during the period 1928-1937 are presented in the graph no. 5.

To be noted that if the number of the tuberculosis cases is relatively constant, varying between 14 and 31 cases per year, in the case of measles and flu, we note there is an incidence peak in 1935.



Frequency of contagious and social diseases in Râșnov

To be noted that during this period, in Râșnov, there was recorded no case of: exanthematic typhus, smallpox, lethargic encephalitis, malignant pustule, tetanus, chicken pox and pellagra and there was recorded no case of homicide.

A subsequent comparative analysis of the data obtained from the monographs of Brașov localities would be very useful in order to have a much clear image upon the evolution of the epidemiologic data. There is likewise useful to compare these data with the national ones.

If we analyze the water sources from 1938 we might conclude that the living standard for the respective period was adequate; this way we note there are 49 fountains with wooden casing, 52 fountains with stone casing, 804 fountains with pump, 4 springs or drinking fountains, the water stratum being at 1-8 meters depth and the water quality being appreciated to be good.



“Gazeta Transilvaniei” newspaper, 1938

Likewise, the dwelling conditions were good enough, 1308 houses being in stone and only 38 in wood and 16 huts. The majority of the houses consisted in 3 rooms (805), 2 rooms (341); there is however a number of 10 dwellings with one room and also 190 dwellings with 4 or even more rooms. The majority of the houses in Râşnov had latrines (1321) and only 25 had no latrines. All these data connected to the living conditions may also be correlated with the education level, only 2% out of the population being analphabet.

Conclusions

The sanitary campaign from 1938 led to developing sanitary monographs that may be taken as model by the sanitary authorities from any period.

References

1. Bordea I.: Serviciul Sanitar al României, Igiene Publică, 1905-1922, Tipografia „Cultura”, 1924-
2. Ioanid L.: Organele sanitare locale vor întreprinde anul acesta importante acţiuni menite să amelioreze starea sanitară a populaţiei din oraş şi judeţ, *Drum nou* nr. 1328, 1949.
3. Rogozea L.: Aspecte ale medicinei braşovene în perioada interbelică, *Acta medica Transilvanica*, nr.1, 2003, pg.56-60.
4. Rogozea L.: *Braşovul iatro-istoric*, Ed. Universităţii Transilvania, 2006, 217 pg.
5. Rogozea L. : O carte uitată pe nedrept – „Serviciul Sanitar al României” de Ion Bordea, *Ars medica*, nr. 2, octombrie-decembrie 2001.
6. Rogozea L.: *Personalităţi ale medicinei româneşti*, vol. 1, Ed. Universităţii Transilvania, 2006.
7. Stinghe V.: Realizări medicale la Braşov dela unire încoace, *Gazeta Transilvaniei*, nr.24, 1944, pg. 4.
8. Vătămanu N.; Brătescu G.: *O istorie a medicinei*. Bucureşti: Ed. Albatros, 1975, 346 pg.
9. ^x_x – Campania sanitară, *Gazeta Transilvaniei*, nr.58, 1938.
10. ^x_x – Campania sanitară, *Gazeta Transilvaniei*, nr.61, 1938.
11. ^x_x – Campania sanitară, *Gazeta Transilvaniei*, nr.64, 1938.
12. ^x_x – Campania sanitară, *Gazeta Transilvaniei*, nr.79, 1938.
13. ^x_x – Campania sanitară, *Gazeta Transilvaniei*, nr.80, 1938.
14. ^x_x – Campania sanitară, *Gazeta Transilvaniei* nr.88, 1938.
15. ^x_x – Campania sanitară, *Gazeta Transilvaniei*, nr.89, 1938.
16. ^x_x – Monografia sanitară a oraşului Râşnov, nr.89, 1938.