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Aspecte iatro-istorice privind bolile sociale din România la sfârșitul secolului XIX și în prima jumătate a secolului XX

Iatro-historical aspects regarding social diseases in Romania in the late nineteenth century and the first half of the twentieth century

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Keywords: social diseases, pellagra, alcoholism, tuberculosis, 1890÷1940 period

Rezumat

Bolile sociale au afectat un număr impresionant de indivizi la sfârșitul secolului XIX și începutul secolului XX. Datorită efectelor acestor boli la nivel social și economic, a măsurilor sanitare, organizatorice, legislative care au decurs din aceste efecte și care au încercat să se opună cauzelor și să soluționeze starea sanitară a populației, s-a considerat interesantă și necesară adunarea, ordonarea și interpretarea acestor date prezentate în literatura acelei perioade.

Lucrarea este structurată în șase capitole. În primul dintre ele este prezentat cadrul istoric, economic și social care a favorizat răspândirea acestui tip de patologie și care a determinat apariția medicinei sociale, ca ramură a științelor medicale. În capitolele 2, 3 și 4 sunt analizate principalele boli sociale (pelagră, alcoolism, tuberculoză) în contextul social și economic al perioadei și sunt prezentate aspecte de ordin epidemiologic, clinic, terapeutic, organizatorice și legislative. În capitolul 5 se face cercetarea gradului de accesibilitate al populației unui oraș din România, Brașov, la informații de natură medicală, cunoscut fiind faptul că educația și prevenția puteau juca un rol important în răspândirea bolilor sociale.

Rezultatele analizării și interpretării datelor prezentate sunt grupate în concluziile din ultimul capitol.

Short Abstract

Social diseases affected a significant number of individuals in the late nineteenth and early twentieth century. Taking into consideration the effects of such diseases on a social and economic level as well as the sanitary, organizational and legislative measures which arose from these effects and tried to oppose the causes and solve the health problems of the population, it seemed interesting and necessary to gather, order and interpret the data presented in the literature of that period.

The paper is structured in six chapters. The first presents the historical, economic and social background that favored the spread of this type of pathology and determined the development of social medicine as a branch of medical sciences. Chapters 2, 3 and 4 consider the main social diseases (pellagra, alcoholism, tuberculosis) in the social and economic context of the period and present a series of epidemiological, clinical, therapeutic, organizational and legislative aspects. Chapter 5 includes a research of the accessibility degree for the population of a town in Romania, Brasov, to health-related information, in the light of howlack of education and prevention could have played an important role in the spread of social diseases.

The results of analyzing and interpreting the data presented are grouped into the conclusions included in the last chapter.

ABSTRACT

Introduction

Bringing some public health issues back to present from the period between the late nineteenth and first half of the twentieth century can help solve the great problems of the present and to set out further lines to follow in terms of social medicine.

The paper has a synthetic character and aims to capitalize truths and information with respect to the main social diseases of Romania in the period under analysis, information gained through the study of more than 350 references, with over 60 figures, 25 tables and 19 graphs.

The bibliographic sources were selected after examining several materials found at the *National Archives*, the *History of Medicine Library* within the *Public Health Institute of Bucharest*, the archives of "*George Baritiu*" *Library in Brasov*, the *Digital Library of the Central University Library "Lucian Blaga" of Cluj-Napoca* and other online sources. This information once picked, was ordered, systematized and analyzed so that, at the end, it would be able to draw some conclusions.

Chapter 1. Iatrogenic-historical aspects about Romania in an international context, at the late nineteenth and first half of the twentieth century

Introduction

The late nineteenth century and the early twentieth century represented for Romania a stage full of major historical events, with real consequences for its future development from economic, social, cultural and scientific points of view.

Thus, Romania was at the end of the nineteenth century and the first half of the twentieth century a part of a range of Eastern European countries which tended to integrate into the development mainstream of Western European countries.

Romania's socio-economic development context in the late nineteenth and the first half of the twentieth century

Socially in Romania, at the end of the nineteenth century and the early twentieth century, most of the population belonged either to the new working class or to the peasantry, mainly indebted by the agrarian law of 1864, these classes represented a favorable environment conducive to the spread of diseases (Hitchins, 1998; Mocanu, 2007). Over 80% of the population used to earn their living from agriculture (Irimescu, 1929; Irimescu, 1931; Setlacec, 1995, p. 39).

The development of medicine in Romania

Romanian bases of modern medicine were laid relatively late, largely simultaneously with the modernization of the Romanian Principalities. However by the middle of the nineteenth century it could be observed a full integration of Romanian medicine in the dynamics of modern European medicine, many prominent Romanian medical personalities being honorably included in the history of medicine of the last centuries (Medicina Românească, 2013).

The beginnings of social medicine in Romania

The social, economic and sanitarian context determined high level representatives of the Romanian medicine such as: Stephen Rock, Jacob Felix, Vasile Sion, Victor Babes, Gheorghe Banu, Iuliu Moldovan, Ioan Cantacuzino, Mircea Dan Mezincescu, Sabin Manuilă, Peter Rîmneanțu etc. to be involved in the development of public health and social medicine in Romania.

Social diseases (tuberculosis, alcoholism, pellagra) affected an impressive number of individuals during the above-mentioned period. Due to the effects of these diseases on social and economic levels and to the sanitarian, organizational, legislative measures that derived from these effects while attempting to resist the causes and resolve the health state of the population, it was considered interesting and necessary to collect, order and interpret these data presented in the medical literature of that period.

Chapter 2. Pellagra in Romania during 1890 ÷ 1940

Introduction

Pellagra is due to a severe deficiency in the intake of niacin, also known as vitamin B3 or PP (pellagra Preventing factor), being the consequence of an unbalanced diet based on low niacin and tryptophan cereals.

History

Pellagra was first described in 1762 by Don Gaspar Casal, a Spanish court physician who noticed this disease among farmers in the province of Asturias, the disease was initially called "*mal de la Rosa*". The first who describes the disease as "*pellagra*" is Francesco Frapolli in Milan in 1771 in "*Animodversiones in morbum vulgo pellagra*", the name derived from "*Pella-agra*" ("*rough skin*" in Italian) (Neagoe, 1900).

The etiology of pellagra

Pierre Thouvenel is the first who accurately signals the connection between maize and pellagra and he is considered the promoter of *maidica hypothesis* (Bordea, 1924; Coșmulescu & Daniel, 1943, p. 7; Harris, 1919). Joseph Goldberger found that the factor that prevents pellagra from occurrence is not a protein and calls it factor PP (*Pellagra-Preventing factor*, a factor that prevents pellagra) (Abbreviation for pellagra-Preventing Factor, 2014). In 1926, Joseph Goldberger concludes that this factor is part of the vitamin B complex, being the heat-resistant part of soluble vitamin B complex, saying it is contained in large quantities in dry yeast.

Only late in 1937 did the chemist Conrad Elvehjem find that the nicotinic acid was very effective in treating black tongue of dogs. Future clinical trials have confirmed that nicotinic acid (niacin) was the PP factor (Rajakumar, 2000; Chacko, 2005).

Pellagra in Romania

Between the eighteenth century and the twentieth century when it experienced an endemic evolution pellagra recorded an impressive number of cases, especially in Spain, Italy, France and Romania.

The first cases of pellagra on the territory of present-day Romanian country, are described around 1830, in Moldavia where it was known as "*piles bump/ulceration*". Professor Jacob Felix describes the disease in Muntenia, where in Muscel County in 1859, it was known as "*ancient pox/syphilis*" (Neagoe 1900; Nitzulescu, Sibi & Slătineanu, 1939).

Although originally described as isolated cases, the number of patients grew rapidly, affected by the fact that Romania was a predominantly agricultural country, in which maize cultivation was intensively made owing to its advantages. In the early twentieth century Romania was considered the third maize exporter in the world.

The first statistics of the population suffering from pellagra was made in 1882 by Dr. Jacob Felix, who found about 4,500 pellagra patients (Neagoe, 1900; Nitzulescu, Sibi & Slătineanu, 1939). Subsequently the number of pellagra patients in Romania increased from a few thousands to tens of thousands, value which was maintained even in the 4th decade of the twentieth century when the other countries did not describe but isolated cases of pellagra. The evolution of morbidity proportional to 100,000 people yet registered a decline in Romania after the annexation of Transylvania, after the agrarian reform of 1921 by which most of the peasantry was appropriated and owing to the contacts with allied soldiers and enemies who educated the peasants how to improve their diets. This apparent decrease in the number of patients sick with pellagra was caused by the political conditions and was not the result of anti pellagra actions. This led subsequently to the increase of their number reaching the prewar values (Petrescu, 1905; Nitzulescu, Sibi & Slătineanu, 1939; Banu, 1935; Flor, 1900; Grecu, 1935).

Treatment of pellagra

Because of the endemic nature of this disease , by the ordinance no. 63549 of October 18 (May 15) 1893, The Ministry of Agriculture, Industry, Trade and Lands, led by Petre P. Carp, designated Doctor Ioan Neagoe to do a research on the measures taken and on the results obtained against pellagra in Italy and Austria. The result of these investigations was summarized in the report submitted to the Ministry on March 3, 1894. By this report, the doctor Neagoe recommended the setting-up of rural bakeries, hospices for pellagra sufferers which could be used as a hospital, as a school (to educate patients in terms of work in the field, cleaning the house, gardening, small industry, silkworm culture, dairy industry, food preservation and cooking, carpentry, weaving) and as a job during hospitalization according to the Italian example (Neagoe, 1900). He also recommended that training in baking, growing vegetables and canned food production should become objects of study in rural schools (Neagoe, 1894).

As a result of his recommendations, in 1896 the first hospice for pellagra sufferers was founded at Pănčești-Dragomirești in Romanian County as an additional practical school of agriculture, by the Ministry of the Interior in collaboration with the Ministry of Agriculture. This hospice had only 40 beds. The objective of hospitalization was especially for these patients to acquire knowledge of housekeeping and agriculture (Flor, 1900). In 1903, 1904, 1909, another three pellagra centres were set up (Bordea, 1924).

Due to the large number of patients sick with pellagra most of them were hospitalized in rural and county hospitals in which, through a circular of March 1902, The Health Services Directorate ordered the county and rural hospitals to reserve from April to October, half of the number of beds for hospitalization of pellagra patients (Bologa et al, 1972, p.232).

Unfortunately these forms of treatment only temporarily improved their health condition and only changing economic and social conditions could contribute to the disappearance of the disease.

As a preventive measure, in article 63 of the *Food Hygiene Law* of 1900 it was forbidden for the maize and expired cornmeal to serve as food for people, the millers were prevented from grinding raw and gone bad maize and official doctors had to take part in sampling for analyses that were then sent to the Institute of Chemistry (Bordea, 1924).

In 1906, Health Services Directorate ordered in 26 rural hospitals to organize a service feeding of patients with pellagra (Bologa et al, 1972).

Chapter 3. Alcoholism in Romania between 1890 ÷ 1940

Introduction

The history of alcohol and its consumption is, according to various historical documents, very ancient origins. Arab sources consider the term "*Algol*" refers to an evil spirit, a malevolent spirit (Bălinișteanu, 2008).

Benjamin Rush, well-known as the father of American psychiatry, was the first who considered, in 1835, binge drinking as a disease, an idea that appeared in his book *Medical Inquiries and Observations upon the Diseases of the Mind*- (Dr. Benjamin Rush and His Views on Alcoholism, 2011). Alcoholism as a disease was recognized by the *American Medical Association* and the *American Psychiatric Association* in 1933 when it was included in standard nomenclature of diseases

(Vrasti, 2002).

Alcohol abuse was recorded more frequently since the mid-nineteenth century as a consequence of progress in international industrialization, progress which also included the production of industrial alcohol, leading to the emergence on the market of much cheaper alcoholic products (Andreescu & Rogozea, 2014).

General considerations concerning alcohol consumption in Romania in the analyzed period (1890 ÷ 1940)

The development of alcoholic beverage industry found a favorable ground in the social conditions present at that time (end of XIX century - beginning of XX century) in Romania.

Owing to the socio-economic background, basically considered agrarian, it came up the idea to mainly develop those industry branches related to agriculture (Basilescu, 1910). Among these branches, the alcohol production seemed, even in the perception of the population, as the most favoured by the Romanian Government (Meissner & Petrea, 1924; Axenciuc, 2000).

Comparative alcohol consumption in Romania and worldwide

Analyzing several statistics from the late nineteenth and early twentieth century it can be concluded that the level of alcohol consumption at the national level over the years remained relatively constant values 9÷10 liters / capita. With this level of alcohol consumption in the late nineteenth century, in a classification by country (Chart 3.1), Romania was ranked in the first part of it (Urechia, 1902; Cuza, 1897; Obregia, 1925).

Although the largest quantities of alcohol were consumed in the country, relative to/proportional to the number of inhabitants it is clear that heavy alcohol drinkers were townspeople and the idea that peasants were large consumers proved to be wrong. In addition, it was found that in big cities the consumption was higher.

Thus (chart 3.2):

- 4,800.000 rural inhabitants consumed 36,675.410 liters of wine, 1,227.060 liters of beer, 24,248.190 liters of spirits;
- 1,300.000 urban inhabitants consumed 35,011.950 liters of wine, 6,695.050 liters of beer, 19,506,360 liters of spirits (Urechia, 1902).

These large quantities of alcohol consumption ensured through the taxes collected on the

trade in alcoholic beverages over 10% of local and state budgets (Tamaş, 2012).

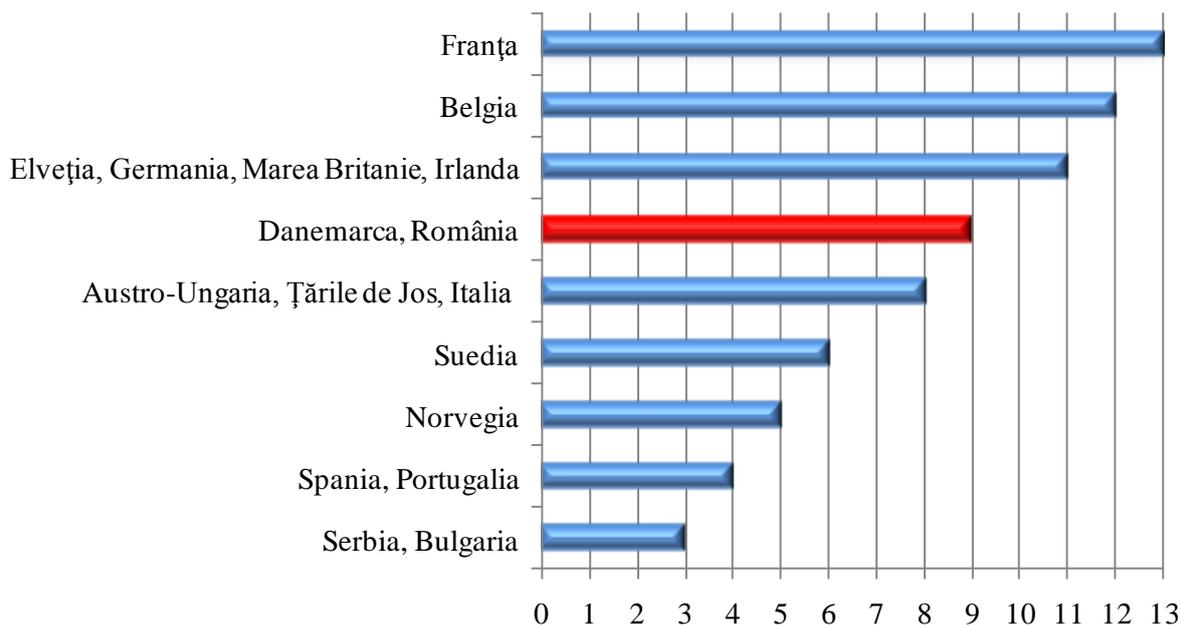


Chart 3.1. Classification of the European countries from 1895 on alcohol consumption in liters (by Cuza, 1897).

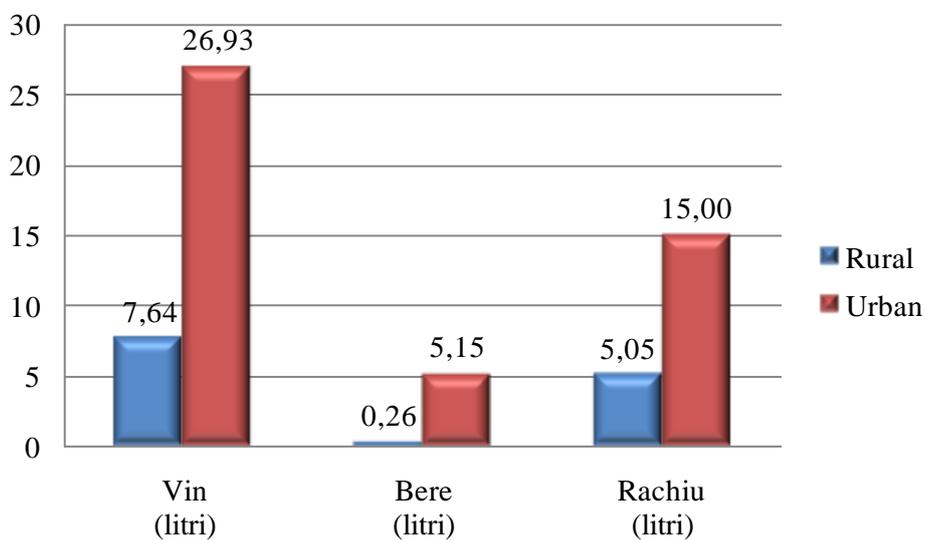


Chart 3.2. Alcohol consumption of rural/urban population in Romania proportional to the number of inhabitants in 1901 (by Urechea, 1902).

The impact of alcohol consumption on the population health

On the other hand large quantities of alcohol consumption reflected on the population health, both through direct effects and by fostering the emergence of other social diseases: tuberculosis, pellagra, syphilis, resulting in high costs.

The economic impact of alcohol consumption

The expenditure determined by the state's financial efforts for solving the health problems caused by alcoholism implied additional expenses as a result of days off, processes and pensions, which led to costs that exceeded the amount of tax charged (Manliu & Cosmescu, 1923; Obregia, 1925).

Despite these costs, Romania being a predominantly agrarian country that found a profitable and important market for its products in the alcohol industry, gave the impression that the decrease in alcohol production was only possible when for these raw materials or for the alcohol an economic market was ensured, at least equally profitable; or, at that time there was not a more cost effective service than the alcohol production.

Strategies for combating alcoholism worldwide

To combat alcoholism worldwide different strategies were considered.

The most radical was the strategy adopted by the United States on January 16, 1920, by "*Volstead Act*" which provided for the constitutional instituting of prohibition. To be effective, this law needed a very well organized administrative and police services and also an educated, disciplined population with a moral power of solidarity with the decisions that were made. Despite the material and organizational efforts of the American State, the results were not as expected (Zolog, 1928; Manuilă, 1932; Thornton, 1991).

A second anti-alcohol strategy was to restrict alcohol consumption, alcoholic beverages being sold only on the basis of individual card which allowed to buy a well-established amount of alcohol and the sale of alcohol was leased to companies whose purpose was not to get any material benefits. This strategy was adopted successfully in Sweden and Finland, the amount of alcohol decreased from 46 liters of pure alcohol / capita in the mid nineteenth century to less than 2 liters of pure alcohol/capita in the early twentieth century (Comșia, 1928; Manuilă, 1932).

A third possibility to combat alcoholism was considered to be the state's monopoly on the

production of spirits and alcoholic beverages, this measure failed because the states constrained by the financial depression to increase their revenues, resorted to even encourage alcohol consumption, alcoholism becoming a convenient source of revenue for the state (Manuilă, 1932).

Strategies for combating alcoholism in Romania

Analyzing the local situation and anti-alcohol strategies from other countries, it can be concluded that in Romania all conditions were detrimental to any prohibitive measure: no public education, lack of discipline and responsibility of the executive and control bodies, lack of skills and responsibility of main actors; the geographical position facilitated smuggling from all the neighboring parts, the production of alcoholic beverages represented an important sector of the Romanian agriculture and industry which could not be neglected without consequences. To these was added the important capital of the alcohol industry that made illusory any prohibitive measure (Moldovan, 1927).

From a legislative point of view the Romanian state adopted several laws. The first law drafted in Romania, which aimed to restrict the alcohol consumption was in 1867 "*The Law on spirits tax*", a law which provided for differentiated taxes according to the types of beverages and which was modified in subsequent years according to the political interests. Between 1884 ÷ 1887 an effective law was adopted which consisted in setting-up a tax on degree or 1 leu / bucket and not on an acre (Comșia 1928; Manuilă, 1932).

In 1908 "*The Law on Spirits Monopoly in rural communities and the measures against drunkenness in rural communities.*" was issued. This law restricted the number of pubs according to the number of heads of a family and the operational hours. Both pub tenders and alcoholic beverages buyers had to meet certain conditions (*Lege pentru monopolul vânzării băuturilor spirtoase în comunele rurale și măsuri contra beției, 1908*).

In 1930 under the Article 339 of the *Health and Medical Protection Law* the medical officer of health was allowed to intervene in reducing the number of pubs where alcohol was consumed, if alcoholism was too pronounced in a community. Also the same power enabled 20% of the village population to vote, this first law granted women the right to vote under the same conditions as men (Manuilă, 1932; Legea nr.236/1930).

The emergence of societies and anti-alcohol publications in Romania

Alongside were constituted and operated several anti-alcohol societies which tried to complement and boost the anti-alcohol actions of the State, within these societies took an active part of the medical, legal and theological personalities of the time, as alcoholism is a concern at the interference of several professions such as: medicine, sociology, justice, theology.

The first temperance meeting was founded in 1847 in Brasov, led by Ioan Petricu (Roșu, 2009).

In 1897 the first anti-alcohol society was founded – *The Romanian League against Alcoholism* - League founded in Iași. The society appointed Alexandru Dimitrie Xenopol as chairman on March 14 1897 who delivered the following message: "*Run away from drunkenness folks like from the plague! Better than a glass of plum brandy in the morning try to drink a glass of warm milk with a piece of bread to see how good it is to increase your resistance!*" (Posse, 1901b). It is noteworthy that at the first national congress of doctors in Romania, the constitutive congress, held in 1897, "*Alcoholism*" was treated as a conference. In 1900, *The Congress of General Association of Physicians* was entirely dedicated to the alcohol issue (Possa, 1900). The League Activity was pursued from 1908 until after The World War II by the *National Temperance League* based in Bucharest (Rotar, 2008).

Later, in 1927, *The Temperance League* was based in Bucharest (Rotar, 2008).

In parallel, some other associations were established such as *the Association for Civil and political empowerment of Romanian women* or *Anti-alcohol temperance Meeting of theologians from Blaj* (Rosu, 2009).

Chapter 4. Tuberculosis in Romania, a serious social disease in the late nineteenth and in the first half of the twentieth century

Introduction

Tuberculosis, a classic example of a social disease, is known from ancient times. The urban areas creation favored the epidemic development of this disease which resulted in enhancing the scientific concerns for the disease (Andreescu, 2013).

Robert Koch, who discovered the tuberculosis bacillus in 1882, said: "If the importance of a

disease for humanity can be measured by the number of deaths, the tuberculosis may be considered more important than the most feared infectious diseases like plague and cholera. One in seven people die of tuberculosis "(Robert Koch: Nobel Prize in Physiology or Medicine, 2011).

Tuberculosis in Romania

In the late nineteenth and the early twentieth century, in Romania tuberculosis was in the early stages of spreading, in which mortality and morbidity were higher in the city (Nasta 1943) so, due to the process of industrialization the links between village and town were emphasized .

The first statistical analyses on tuberculosis were made by Professor Iacob Felix. He mentioned that in 1897, 12.385 patients with pulmonary tuberculosis were seen (Felix, 1901). In the following statistics the number of tuberculosis patients continued to grow year after year (Chart 4.1) in 1938 they recorded only in rural areas 119,000 tuberculosis patients being considered in the first part of the twentieth century, the 5th cause of mortality, causing numerous casualties that were reflected in high economic losses (Banu, 1935; Ciucă & Nasta, 1939).

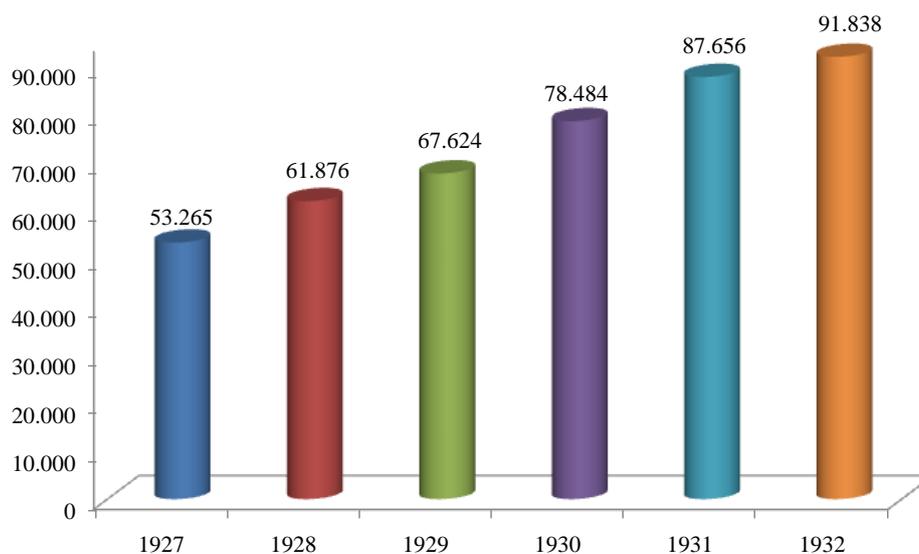


Chart 4.1. Data on mortality caused by tuberculosis in the period 1927÷1932 (by Banu, 1935).

Out of the 19,875 deaths from tuberculosis in 1930, 14,611 (73.5%) were aged 15÷45 years, moreover considering that 70 to 80% of deaths from tuberculosis fall within this age range (Manicatide, 1931; Irimescu, 1931).

Principles of combating tuberculosis

Due to the implications determined by this medical condition at the economic, social, health level, tuberculosis should have been considered a national problem, a public issue, and therefore this combat as a general problem.

The most common and useful form to fight tuberculosis, in the early twentieth century, for lack of a specific treatment, in most countries, was considered providing beds for tuberculosis sanatoriums. First appeared in Germany in 1859 in Goerbersdorf, they expanded rapidly, so that western countries finally managed to hold thousands of beds in which patients were provided sufficient durations of treatment courses, sometimes over a year.

In Romania, the first legislative measures on tuberculosis were adopted relatively late, by the sanitary laws in 1898, 1910, 1926 and 1930. The laws of 1910 and 1926 providing for the isolation of patients with tuberculosis in sanatoriums founded by the Ministry of Interior and later by the local authorities. Although these laws were submitted for that period, they could not be applied due to the small budget of the Ministry of Health and of the derisory funds for social assistance by the local budgets (Pele & Pele, 2009; Irimescu, 1932).

Thus, out of the approximately 20 euro / capita for public health only 1-2 lei were allocated to combat tuberculosis (Irimescu, 1932b; Irimescu, 1931; Lipsurile și mizeria asistenței tuberculoșilor, 1936). That's why an attempt was made to allocate some other funds to fight tuberculosis. They came from The Insurance House, Independent CFR House (through a funds resulting from a flat tax on train tickets) , the State Lottery (The Public Lottery law provided that 60 % of the benefit to be used to combat social diseases), 2 % of the benefits of state monopoly on alcohol had to be invested in hospices for the patients sick of tuberculosis and alcoholism, The Romanian Post Directorate was due to contribute to the health funds because of a higher stamp value from 5 to 6 lei, and, last but not least, out of the funds derived from the efforts of private companies. Unfortunately, these funds were allocated irregularly and inconsistently (Pele & Pele, 2009; Lipsurile și mizeria asistenței tuberculoșilor, 1932; Irimescu, 1931).

Before the spreading of tuberculosis and the totally inadequate and inefficient combating possibilities of the Romanian State it appeared necessary to organize the anti-tuberculosis combat within private companies.

In September 1901 the "*Society for the prophylaxis and the free of charge treatment of poor sick with tuberculosis people*" was founded by Professor Petrini-Galați and the Professors Ioan Cantacuzino and Ștefan Irimescu, having Queen Mary as honorary president, who was also involved in the support of this society. This was the first non-governmental society in Romania. At

that society's initiative, in 1902 the first tuberculosis dispensary was founded, and in 1906 the first 80 beds for patients sick with tuberculosis were functional in *Filaret Hospital* (Proca, 1902; Pele & Pele, 2009).

The Society for Combating Tuberculosis in Children, in 1908, *the Society for Tuberculosis Isolation* in 1913 and *the Society for the Study of Tuberculosis* in 1930 joined the group of combating societies. Analyzing the results of these activities they concluded that their power to impose effective legal measures was limited. Therefore Professor Ioan Cantacuzino proposed bringing all antituberculosis societies together under the leadership of a single organization, the *National League against Tuberculosis*, league that was founded in 1934 (Pele & Pele, 2009; Miloşescu & Miloşescu, 2012).

As a result of the public and private efforts, in 1943 there were around 5,000 beds for tuberculosis patients in sanatoriums and hospitals, far too small for the approximately 500,000 patients (estimated) and 40,000 deaths from tuberculosis annually. This was reflected in shortening the hospitalization length of time, which had an average of only 45 days, insufficient to achieve stable therapeutic results and to admit a large number of advanced cases with little chance of obtaining clinical improvement. (Cânciulescu, 1943; Unificarea și raționalizarea luptei împotriva tuberculozei, 1943; Tuberculoza boală vindecabilă, 1936)

Under these circumstances, in Romania, the healthcare institutions were very few and the combat was engaged especially for preventing tuberculosis.

The introduction by Doctor Ioan Cantacuzino in 1926, 2 years after the mass vaccination in France through Calmette vaccination method, represented a strategic method to decrease mortality and morbidity among Romanian children, the most effective and sound measure taken against tuberculosis in Romania. The number of vaccinated people increased year after year, Romania being after France the second country in the number of vaccinated children; thus, in 1937 there were 448,000 newborns vaccinated both in urban and in rural areas. All comparative studies carried out on vaccinated and unvaccinated infants showed a significant decline in both mortality and overall mortality of tuberculosis. (Cantacuzino, 1931; Ionescu-Mihăiești *et al*, 1939; Irimescu, 1932b; Athanasiu, Barbulescu & Ionescu, 1931).

As a result of the efforts to combat tuberculosis at the end of decade four of the twentieth century, Romania was among the countries with the highest level of mortality as can be seen in Table 4.18 (172 deaths per 100,000 inhabitants) (Ciucă & Nasta 1939; Daniello, 1947, p. 174).

Table 4.18.

Comparative values reported for 1939 concerning the mortality of tuberculosis per 100,000 inhabitants worldwide (by Daniello, 1947, p. 169).

Country	Mortality	Country	Mortality	Country	Mortality
Denmark	34	Belgium	68	France	137
Holland	41	Scotland	70	Portugal	148
Australia	42	Sweden	75	Romania	172
United States	47	Italy	76	Poland	183
Germany	50	Switzerland	81	Japan	207
Egypt	52	Norway	86	Brazil	250
Canada	53	Austria	100	China	400-500
Palestine	56	Spain	122	Alaska	437
England	62	Czechoslovakia	124	Greenland	550

Chapter 5. Pellagra, tuberculosis and alcoholism reflected in Brasov press in the late nineteenth and early twentieth century (1890 ÷ 1940)

Introduction

During the analyzed period, the local press was represented by periodicals in three languages of majoritarian nationalities: *Gazeta Transilvaniei* (in Romanian), *Die Karpathen*, later *Kronstädter Zeitung* (in German) and *Brassói Lapok* (in Hungarian).

In *Gazeta Transilvaniei*, a Romanian local newspaper, an impressive number of articles were published where the efforts to improve the health system were made public, as well as the problems and the solutions found in this regard, the reports on the population health condition and the articles with an important educational and informative medical role. These articles were written by physicians from Brasov, and by medical personalities of that time for the readers, they were mostly represented by the inhabitants of Brasov city. These articles appeared under headings like "Hygiene", "The People's Doctor" or "Our Doctor". Owing to the existence of a branch of the Society for tuberculosis prophylaxis, this subject has been treated extensively in newspaper columns, various aspects being approached by its members.

Instead, in the newspapers published in German and Hungarian, the medical information was far fewer presented mainly in the form of particular cases, advertising products or medical institutions etc., bringing together such information from almost all of Transylvania.

Chapter 6. General conclusions

1. The period between the end of the nineteenth century and the early twentieth century was characterized by a myriad of historical national and international events that marked the social and economic life of Romania. Although Romania made efforts in this period to turn from an agrarian state into an agro-industrial one, most of the population continued to belong to the peasantry class with low living standards. Over 80% of the population relied on agriculture as a unique source of income which provided up to 80% of the economy income.
2. In the analyzed period, Romania was the greatest European maize producer, ranking third in the world, fourth in wheat production and fifth in areas planted with vines. Agricultural products sent to other foreign sale markets represented 40% of the export value, although investments in agriculture were low (10.6% of investments in economy in 1938) and production / hectare was lower than the European average.
3. The precarious economic situation was reflected in Romania's ability to invest in health and social protection. In Romania, in the early 30s, only 3% of GDP from the state budget was allocated for the Ministry of Labour, Health and Social Welfare, a significantly lower value compared to the budgets of other European countries. Lack of financial resources made it impossible to enforce many laws and measures adopted by Romania despite legislative provisions considered progressive for that period.
4. Affecting a large number of people (hundreds of thousands of patients), the social diseases (pellagra, tuberculosis and alcoholism) found in the socio-economic context an environment that favored their occurrence. This led not only to significant expenditure of the health system but it also generated significant losses in the economic and legal system.
5. Pellagra occurrence is related to the start of intensive cultivation of maize in Europe because of its advantages (a significantly greater agricultural crop productivity) in the context of the famine that haunted the western Europe in the mid-nineteenth century by scab destroying the potato crop.
6. Unlike tuberculosis and alcoholism which caused victims even among members of the wealthier classes, constituting a danger to them, pellagra was strictly related to the poor economic

situation. This may be the reason why the measures taken in Romania against pellagra received less financial support (compared with tuberculosis and alcoholism) and why they had neither the impulse nor the support from the private societies.

7. The development of the alcoholic beverages industry in Romania found a favorable ground for development. On the one hand, the occurrence on the market of industrial alcohol determined a large number of consumers in the needy classes, attracted by the low prices, and on the other hand, the predominantly agrarian economic basis explained the state policy to support those industries that used products derived from agriculture. In addition, alcoholic beverages levies represented a 10% of the state budget and a more important one of the local budgets.
8. The costs incurred by alcohol consumption could be found not only in the health system. Losses were also generated in the legal and economic systems far greater than the amount of taxes collected.
9. There were attempts to impose anti-alcohol legislation with important provisions whose enforcement was not restricted by the lack of budget, but (unlike the anti-tuberculosis and anti-pellagra provisions), by the political and economic interests of the ruling political classes.
10. In this socio-politico-economic context the anti-alcohol societies grouped theologians and jurists around their medical staff. They spurred the adoption of a series of anti-alcohol laws and campaigned through conferences, publications for temperance for raising the social, economic and cultural awareness of the poor.
11. Tuberculosis is a social disease that affected the greatest number of people, mostly young age people and disadvantaged social classes, also affecting other category of persons, resulting in significant losses of workforce and intensive consuming of financial resources in the health system.
12. Since 1898 several sanitarian laws were issued which aimed at various aspects of tuberculosis and contained important provisions. Their enforcement was limited by the lack of financial resources. Unlike other social diseases, there was an attempt to supplement the funds allocated to the combat against tuberculosis by the money obtained from *The Insurance House*, *The State Lottery*, *the Romanian Post Office Directorate*, *The Alcohol Monopoly*, *The Autonomous CFR House*, some private funds etc., funds that however proved to be insufficient and that were often directed towards other destinations.
13. The introduction of BCG vaccination in April 1926 by Ioan Cantacuzino was the most significant and sustained measure against tuberculosis in Romania, resulting in a decrease in child mortality to the vaccinated children.

14. Although the social diseases were recognized as state affairs, there were no political or legislative measures aiming to address this pathology as a whole. Even private societies, consisting mainly of doctors directed their actions against each type of pathology.
15. Following the example of Brasov in the analyzed period, a multicultural and multilingual city, it can be concluded that the population used to have access to the necessary medical information for setting the bases of a medical education which allowed an efficient prophylaxis. Perhaps the low cultural level, the high degree of illiteracy, the habits and the low material possibilities of the majority of the population limited their implementation.
16. Overall, the social diseases of the analyzed period showed a series of significant implications that affected the young Romanian State, the state that wanted to have a say in Europe, trying to this end to cope with the necessary requirements for the acceptance in Western Europe, both in terms of its domestic social policy and state issues relating to economic policy and domestic social protection. Unfortunately, despite all endeavors of politicians and charities, the Romanian State did not find the best way to solve the problem of those social diseases; this was mainly due to the lack of funding from the state budget and to the lack of interest of the wealthy.

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Name and type of organisation providing education and training "Lucian Blaga" University of Sibiu – Romania

Dates October 2006 – February 2008

Title of qualification awarded Master's degree in emergency medicine

Principal subjects/occupational skills covered Emergency Medicine

Name and type of organisation providing education and training: TRANSILVANIA University of Brasov – Romania, Faculty of Medicine

Dates: June 2005

Title of qualification awarded: MD

Principal subjects/occupational skills covered: Internal Medicine

Name and type of organisation providing education and training: TRANSILVANIA University of Brasov - Romania

Dates: Mai 2000 – June 2000

Title of qualification awarded: Advanced course in internal medicine, hematology

Principal subjects/occupational skills covered: Hematology

Name and type of organisation providing education and training: Cantonal Hospital Luzern, Switzerland

Dates: June 1999 – July 1999

Title of qualification awarded: Practical and theoretical course for emergency medical assistance

Principal subjects/occupational skills covered: Medical emergency care

Name and type of organisation providing education and training: Targu-Mures – Romania Emergency Medical Service and Extrication

Dates: January 1995 – October 2000

Title of qualification awarded: Specialist

Principal subjects/occupational skills covered: Internal Medicine

Name and type of organisation providing education and training: Craiova University of Medicine and Pharmacy – Romania, Faculty of Medicine

Dates: September 1988 – September 1994

Title of qualification awarded: Bachelor's degree - doctor

Principal subjects/occupational skills covered: Medicine

Name and type of organisation providing education and training: Cluj-Napoca University of Medicine and Pharmacy – Romania, Faculty of Medicine

Personal skills and competences

Mother tongue(s) Romanian

Other language(s)

Self-assessment

European level (*)

German

Understanding				Speaking				Writing	
Listening		Reading		Spoken interaction		Spoken production			
B2	Independent user	C1	Proficient user	C1	Proficient user	B2	Independent user	C1	Proficient user

English	B1	Independent user	B2	Independent user	B2	Independent user	B1	Independent user	B2	Independent user
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(*) [Common European Framework of Reference for Languages](#)

Social skills and competences	<ul style="list-style-type: none"> - Team spirit due to professional context - Easy communication due to professional context
Technical skills and competences	Knowledge of using ultrasound in medicine because the skills obtained through specialization
Computer skills and competences	Basic Knowledge
Driving licence	B category
Additional information	<p>PUBLICATIONS</p> <p>Book: "Electrocardiography guide for students", Oana Andreescu, Mirela Serbanoiu, Mirela Nan, Oana Falup-Pecurariu, Raluca Badea, Lux Libris Publishing House, Brasov, Romania, 2006</p> <p>Book: "Urinary symptoms, signs, investigations", Camelia Scârneciu, Ioan Scârneciu, Laurențiu Nedelcu, Oana Andreescu, Lux Libris Publishing House, Brasov, Romania, 2009</p> <p>RESEARCH GRANTS AND CONTRACTS</p> <p>"Research on the pleiotropic effects of the lovastatin, simvastatin, pentoxifylline and verapamil on the development of malignant hemopathy and chronic hepatitis", CEEEX 1997 / 2006</p>