

## TUBERCULOSIS AND SYPHILIS. THE SOCIAL IMPACT ON CARAȘ COUNTY IN THE INTER-WAR PERIOD

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The precarious subsisting means and social dismay present within the World War I previous years became the virulent conditions of a precocious issue of media to favor the contagious diseases development. Precarious hygiene and lack of sanitary education – the last one a lacunar presence in the large population, led to an alarming incidence of the contagious diseases and made them a sanitary epidemic question with a real social impact in the county of Caraș during the inter-war period.

Tuberculosis and syphilis were identified for the most circulated social diseases. They are similar in what concerns the medium they develop in, and the progressive infection rate, even if their symptomatology and diagnosis are different.

A bacterium called *Mycobacterium tuberculosis* releases tuberculosis, which is one of the oldest diseases as that bacterium was identified in the case of a bison fossil of 17,000 years. Called *phthisis* in the Greek language, it preponderantly affects the pulmonary area, but also other system as the bone or the nervous ones.

Hippocrates had yet taken tuberculosis for a hereditary disease but the medical-scientific research of Villemin and Koch sanctioned the hypothesis of including tuberculosis in the contagious diseases range.<sup>1</sup>

A lot of factories stand for spreading tuberculosis: the human habitats agglomeration, incapacity of heating dwellings during the winter time, physical overworking and more than this, the low qualitative and quantitative nutrition. The first element in efficiently controlling tuberculosis consisted in a good

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<sup>1</sup> Dr. Gheorghe Polatos, Tiberiu Cipau, Mișcarea, “Contribuțiuni la studiu contagiunii tuberculozei,” *Mișcarea medicală română* X, 3–4 (Craiova, March-Avril 1937): 286.

nutrition, with vitamin A (from fat food), vitamin C (from fresh vegetables and fruits, especially citric fruits) together with fish oil to rived calcium.<sup>2</sup>

For syphilis, it became a perpetual concern of medical researchers as the most virulent venereal disease. The responsibility of contamination in this case belongs undoubtedly to any individual as long as it s a direct contact infection the flagellum germs penetrating blood through any insignificant plagues. But the sexual unprotected contact rests the most decisive element in spreading the bacteria of *Treponeum Pallidumera*.

Perpetuation of the clandestine prostitution was implicitly directly tied to the exponential increasing of the cases of syphilis. The promiscuous women during the Romanian inter-war years represented in essence a controversial and sensible subject and they were taken for harmful in the society based on moral principles.

To eradicate the harmful effects of such a practice they had to lock it in a restrictive frame of legal rules.<sup>3</sup> It was possible due to an attentive supervision of the law enforcement agents stipulated in a medical agreement after a rigorous control<sup>4</sup>, and under the local authorities' preliminary notification. The Sanitary Law came into force in 1930 forbidding brothels and other establishments where they practiced activities connected to carnal desires, but allowed women prostituting on condition that they had a medical personal record emitted by the sanitary authorities.<sup>5</sup> Any actions to consciously transmit venereal diseases no matter how were taken for offence including the new-born children nursing by women who knew they are infected with syphilis. Such illegal facts might lead to 3 months to 1 year of imprisoning.<sup>6</sup> The young women under the age of 16 were totally interdicted to send their body for financial advantages.<sup>7</sup> Using of contraceptive sheath was from far the most certain method against venereal diseases, and still is today, the advertising spots in Caraş County inter-war period frequently promoting it in papers.<sup>8</sup>

<sup>2</sup> Dr. I. Sârdarescu, "Noui priviri asupra alimentaţiunei la tuberculoşi," *Mișcarea medicală română* III, 6–7 (Craiova, iunie-iulie 1930): 178–180.

<sup>3</sup> Matei Cozma, "Sporirea boalelor sociale și cauzele lor," *Societatea de Măine* III, 21 și 22 (Cluj, 23 și 30 mai 1926): 400.

<sup>4</sup> Ioan Scurtu, *Viața cotidiană a românilor în perioada interbelică* (București: Rao, 2001), 256; Ioan Scurtu, Gheorghe Buzatu, *Istoria Românilor în secolul XX* (București: Paideia, 1999), 85.

<sup>5</sup> Scurtu, *Viața cotidiană a românilor*, 257; Scurtu, *Istoria Românilor*, 85.

<sup>6</sup> "Law No. 236 July, 14, 1930, cap. II, Combaterea boalelor venerice, art. 296, p. 1325," în Consiliul Legislativ – Colecțiuni de legi și regulamente (ianuarie 1930–31 decembrie 1930) Tom. VIII, partea I-a, B, București 1931.

<sup>7</sup> Lucian Popescu, *Timișoara interbelică și universul social din România* (București: Cartea Universitară, 2004), 118.

<sup>8</sup> Advert in the newspaper *Glasul Muncitorului Român* II, 12 (Reșița, 30 september 1934): 4; 17 (14 november 1934): 4; 18 (11 november 1934): 4.

Discussing concomitantly on the two maladies is based on some similar medical aspects. Both the diseases might become exponentially chronic with clinical power reactions. Uncured the lesions produced by the two diseases lead frequently to death.

The mortality rate caused by tuberculosis in 1928 in countryside, representing 93.20% from the total, stands for an argument.<sup>9</sup> Tuberculosis also represented the most lethal disease in Romania in 1935 according to the statistics, with 53.8% in the case of the age of 20–24 from the total number of the defunct persons.<sup>10</sup>

So, it was a high incidence both in tuberculosis and syphilis in the inter-war period from the statistics point of view.

It is why I believe to be interesting an objective approach of the social impact of these medical phenomena in the inter-war time in Caraş County, based on a fair analysis of the primary sources coming in the most of the cases from the National Archives-Office Caraş-Severin.

A punctual analysis therefore concerning medical causes and results of the two diseases calls an evaluation of data providing from annual reports on sanitary situation sent to the Ministry of Work, Health and Social Care. The reports were sent by the County Sanitary Office under a primary carry physician's direction in charge with controlling and directing the sanitary units in the county.<sup>11</sup>

For the physicians in Caraş County in 1935, we might underline the presence here of some graduates of universities like these in Modena and Bologna (Italy), Vienna (Austria) or Budapest (Hungary), together with the most of the ones who graduated universities in Cluj or Bucharest (see Annex 1).

The report referring to 1931 shows that tuberculosis, a disease of poverty and misery, was also present in rural economically developed environments; concubinage between physiological immature persons, giving birth to vulnerable children in front of tuberculosis infection, was the main cause of such a situation.<sup>12</sup> Vrani, Vărădia, Cacova and Ticvani were the most touched villages in Caraş County from this point of view.<sup>13</sup>

For syphilis, the gravity of that disease was given especially by malformations

<sup>9</sup> *Anuarul statistic al României 1928* (Bucureşti: Tipografia Curţii Regale, 1929), 474.

<sup>10</sup> Ioan Scurtu, coord., *Istoria Românilor. România întregită (1918–1940)*, vol. VIII (Bucureşti: Editura Enciclopedică, 2003), 170.

<sup>11</sup> Serviciul Judeţean al Arhivelor Naţionale Caraş-Severin (SJANCS), *Serviciul Sanitar al Judeţului Caraş, Raport anual asupra stărei de sănătate şi de igienă a Jud. Caraş între anii 1934–1935 şi 1938–1939*, Invent No. 1466, File No. 2/1934–1939, f. 9; “Law No. 236 din 14 iulie 1930, cap. II, Serviciul sanitar şi de ocrotire judeţean, 1275–1276,” (Bucureşti, 1931).

<sup>12</sup> SJANCS, *Serviciul Sanitar al Judeţului Caraş, Raport anual asupra stărei de sănătate şi de igienă a Jud. Caraş pe anul 1931*, Invent. No. 1466, file no. 1/1931–1932, f. 4.

<sup>13</sup> *Ibid.*, f. 12.

in the case of newborns in the families suffering from venereal maladies.<sup>14</sup> The acute lack of sexual education objectively made for the young people implicitly lead to failing control and prevention of that medical disease.<sup>15</sup>

A larger action of the regional doctors was necessary in the areas with many cases of syphilis, including setting of local village surgeries in cooperation with the local authorities.<sup>16</sup>

For syphilis, the most usual treatments consisted in arsenic or mercury injections.<sup>17</sup> Spirocid, treatment with arsenic, was administrated punctually in the case of people with thin veins, women and children especially; Casbis, a treatment with bismuth, was also used in intramuscular injections.<sup>18</sup>

Uclarsyl, Sintarsan, Novarsenobensol, Sulfarsenol, Mocol<sup>19</sup>, Acetylarsan (a French product of Poulenc Frères et Uzines du Rhones)<sup>20</sup>, Bismuthion (product of Ch. Couturiex Labs)<sup>21</sup>, Senobenzol (intravenous)<sup>22</sup>, Neo-Cardyl (injections based on bismuth)<sup>23</sup>, Salyrgan<sup>24</sup>, Solmuth (bismuth administrated cutaneously) and Treparsol (based on arsenic orally administrated) were other medicines used in treating syphilis.<sup>25</sup>

There were strictly and concrete medical procedures in treating syphilis.

Wassermann sero-reaction was the method to trace out and identify the venereal diseases; Salvarsan<sup>26</sup> and especially Neosalvarsan were used to eradicate and sterilize the hotbed.

The proper treatment began with soluble mercury injections to avoid Herxheimer reactions, and went on with Neosalvarsan. There were also efficient cures, as the solutions and ointments with hydrargyrumoxycyanatum (mercury

<sup>14</sup> "Combaterea sifilisului," *Clujul* II, 5 (Cluj, 3 februarie 1924): 3.

<sup>15</sup> S. Manuilă, "Educația sexuală," *Societatea de Măine* I, 6 (Cluj, 18 mai 1924): 136–137; "Tuberculoza și sifilisul în Banat," *Românul* XIII, 1 (Oravița, 10 august 1939): 3.

<sup>16</sup> Dr. N. Antonescu, "Apostolatul medicului sanitar," *Roata* II, 6 (Oravița, 10 februarie 1929): 3.

<sup>17</sup> SJANCS, *Serviciul Sanitar al Județului Caraș, Raport anual asupra stărei de sănătate și de igienă a Jud. Caraș pe anul 1935–1936*, Invent. no. 1466, file no. 1/1935–1936, f. 2.

<sup>18</sup> Advertising in *Mișcarea medicală română* III, 3 (Craiova, martie 1932): 107.

<sup>19</sup> SJANCS, *Spitalul C.A.S. Caransebeș*, Invent. no 74, file no. 90/1940, f. 211.

<sup>20</sup> Dr. Gogu Constantinescu, "Tratamentul Syfilisului cu Acetylarsan," *Mișcarea medicală română* V, 5–6 (Craiova, mai-iunie 1932): 357.

<sup>21</sup> Advert in the newspaper *Mișcarea medicală română* V, 5–6 (Craiova, mai – iunie 1932): 353.

<sup>22</sup> Advert in the newspaper *Mișcarea medicală română* VII, 1–2 (Craiova, ianuarie – februarie 1934): 1.

<sup>23</sup> Advert in the newspaper *Mișcarea medicală română* VII, 11–12 (Craiova, noiembrie – decembrie 1934): 1.

<sup>24</sup> Advert in the newspaper *Mișcarea medicală română* III, 6–7 (Craiova, iunie-iulie 1930): 177.

<sup>25</sup> Advert in the newspaper *Mișcarea medicală română* IV, 1–2 (Craiova, ianuarie – februarie 1931): 33.

<sup>26</sup> SJANCS, *Spitalul C.A.S. Caransebeș*, Invent. no 74, file no. 9/1928, f. 2.

cyanide), quinine and calomel, as: the disinfectant ointment Neisser-Siebert (hydrargyrymbichloratum 0.3 g; nytroclorath 1.0 g; tragacanth 2.0 g; amyl 4.0 g; gelatine 0.7 g; alcohol 25.0 g), and an ointment (hydrargyrumoxycyanatum 0.06 g; pure lanoline 15.0 g).

The treatment could last for 3 years at least within the post-second latency, and the watch period might be from 10 to 15 years.

In the third stage of that disease, especially in neurosyphilis, the treatment could have lasted for long, indefinite time, according to the limits of tolerance of the body. The patient might be taken for recovered only when the sero-reaction and the cerebrospinal fluid indicated the irrevocable recession of the lesions. The treatment included pyretogenic products and medicines based on iodine especially.

Congenital syphilis was also frequently present. The treatment was similar to that administrated to the adults, the dose being proportional to the body-weight. For the newborn the treatment began with 1g, and raised to 2 for the some months old children. The fractions were cyclical administrated within 4 days with one day of respite; the maximum accepted doze was of 1.5centigram/kg bodyweight.<sup>27</sup>

There were also empiric medical treatments usually in rural milieu, with copper sulfate applying on wounds and sulphur the patients' bodies with smoke providing from some roots of plants.<sup>28</sup>

In the case of tuberculosis the inter-war time methods were efficient in the incipient stage of that disease; pure metalloid iodine combined with camphor, the so-called Metaliido-Camphoric intramuscular injections.<sup>29</sup> The sanatorial cure and collapse therapy were yet the primary in treating tuberculosis, with aero therapy as an adjuvant with remarkable results, so that it was also used as an autonomous treatment.<sup>30</sup>

Treatment with Sanocrysin<sup>31</sup> and different diets, especially Gerson diet (diet without salt)<sup>32</sup> were also some of the curative actions against tuberculosis.

<sup>27</sup> Dr. I. Bozac, "Combaterea boalelor venerice," *Svastica Banatului* II, 45 (Timișoara, 4 noiembrie 1928): 3.

<sup>28</sup> SJANCS, *Spitalul C.A.S. Caransebeș*, Invent. no 74, file no. 9/1928, f. 2.

<sup>29</sup> Dr. V. Stavilla, "Tratamentul Tuberculozei Pulmonare la început, a tuberculozei ganglionare și a diverselor forme de tuberculoze prin Metaliido-Camphoric," *Mișcarea medicală Română* VI, 7-8 (Craiova, iulie-august 1933): 540.

<sup>30</sup> Conf. Dr. N. N. Stoichiță, "Auroterapia în tuberculoza pulmonară," *Mișcarea medicală Română* X, 1-2 (Craiova, ianuarie-februarie 1937): 118.

<sup>31</sup> General Dr. Vasilescu, "Tuberculoza," *Mișcarea medicală Română* I, 6-7 (Craiova, iunie-iulie 1928): 350.

<sup>32</sup> Dr. I. Sărdărescu, "Noui priviri asupra alimentațiunei la tuberculoși," *Mișcarea medicală Română* III, 6-7 (Craiova, iunie-iulie 1930): 182.

The allowed nutrition consists in: fresh meat (100g/ a day, 5 days a week), viscera, fresh fish, and beer, red wine, coffee, and some cocoa, milk (1–1.5 l/ a day), kefir, butter and fresh unsalted cheese, fruits, compote, green salads, and unsalted bread, macaroni, eggs, sugar, honey and olives.

For spices: pepper, dill, parsley, onion, laurel, lemon, garlic, celeriac, and vanilla, clove, raisins and nuts were recommended. The rigorous cure consisted in seven meals a day (see Annex 2).<sup>33</sup>

Such a diet offered 1.5g albumin/ kg, 2.7g fat/kg, and 3.7g carbohydrates/ kg with an energetic value of 40–50calories/kg. A correct cooking and a strict program along of 3 months at least were also recommended. The main trump of such a cure consisted in the high level of vitamins the patient might assimilate.<sup>34</sup>

The advertising special milieus promoted some medical products as: Gadil Wassermann (injection based on sturgeon liver oil, lecithin, iodine, guaiacol, eucalyptus and menthol – in bone tuberculosis especially)<sup>35</sup>, Crynoton (syrup)<sup>36</sup>, and Expector (syrup).<sup>37</sup>

In what concerns tuberculosis prevention we might note that BCG (the abbreviation of Bacillus Calmette-Guérinn) vaccine had been firstly administered in 1921 to a newborn from a phthisical family – and that one completely got over that illness after.<sup>38</sup> Special trained medical assistants operated in that new medical field. There were two stages within the procedure: the first vaccination and the rappel. Three dozes were orally administrated to the newborns within the 10 days first days after coming into the world.<sup>39</sup>

Two were the pathogenic directions that they had to consecutively implement. The first one referred to separating the newborn from his mother with Koch bacillus, and BCG vaccination. Having applied the two measures, after the critical time of the first living years, an adequate hygiene and nourishment,

<sup>33</sup> Ibid., 182–183.

<sup>34</sup> Ibid., 183–184.

<sup>35</sup> Advert in the newspaper *Mișcarea medicală română* IV, 1–2 (Craiova, ianuarie – februarie 1931): 37; V, 5–6 (mai-iunie 1932): 384; VI, 1–2 (ianuarie-februarie 1933): 86; 3–4 (martie-aprilie 1933): 217; 9–10 (septembrie-octombrie 1933): 675.

<sup>36</sup> Advert in the newspaper *Mișcarea medicală română* VI, 5–6 (Craiova, mai-iunie 1933): 2.

<sup>37</sup> Advert in the newspaper *Mișcarea medicală română* VII, 1–2 (Craiova, ianuarie-februarie 1934): 1.

<sup>38</sup> Dr. Laurian Segall, “Vaccinul BCG,” *Mișcarea medicală Română* I, 6–7 (Craiova, iunie-iulie 1928): 354.

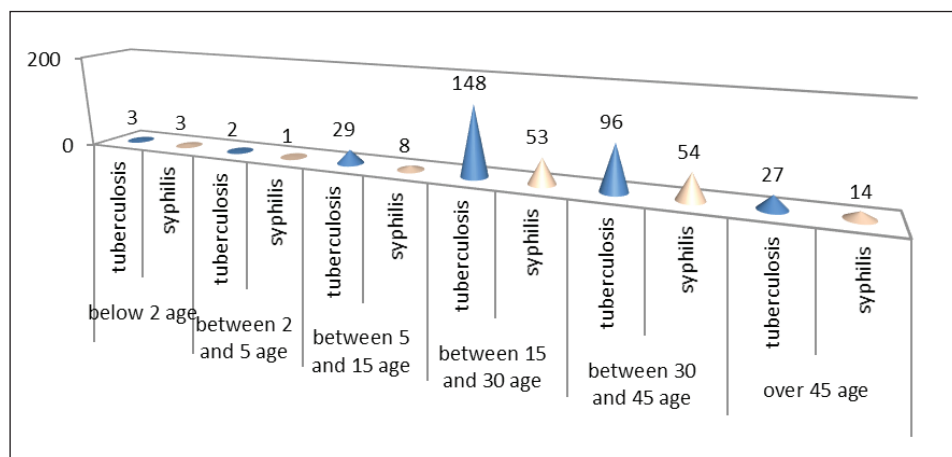
<sup>39</sup> Dr. Ghitea Iosif, “Vacinarea antituberculoasă cu B.C.G. in plasa sanitară “Model Breasta-Dolj,” *Mișcarea medicală Română* X, 7–8 (Craiova, iulie-august 1937): 543; “Lupta contra tuberculozei infantile,” *Roata* V, 4 (Oravița, 5 mai 1934): 2.

and an optimal climate were the measures to increase immunity and protect the children and teen-agers.<sup>40</sup>

The dwellings where they traced out Koch bacillus were suggested to be hygienized by boiling the objects the patient had entered into contact and whitewashing the inside walls.

Dispensaries were set by the sanitary doctors, in the areas deeply affected by tuberculosis, to isolate the patients and treat them there for a little payment<sup>41</sup>; those ones establishments were supported by the Society for Tuberculosis Prophylaxis.

The objective evaluation of the phenomenon of the social diseases in Caraș County in the inter-war time might take some data into consideration: age, social environment, and last but not least, the ratio between the cured persons and the dead; a quantitative value of the ones still affected by contagious diseases is the result of such an analysis.



Tuberculosis and syphilis in Caraș County in 1931 according to the ill persons' age<sup>42</sup>

From this point of view, in 1931 a massive part of 48.53% was identified within the category of 15 to 30 year-old, and 1.7% was attributed the infantile ages, in the case of tuberculosis.

For syphilis, 9.02% of the ill persons were under 15 years, 39.84% in the

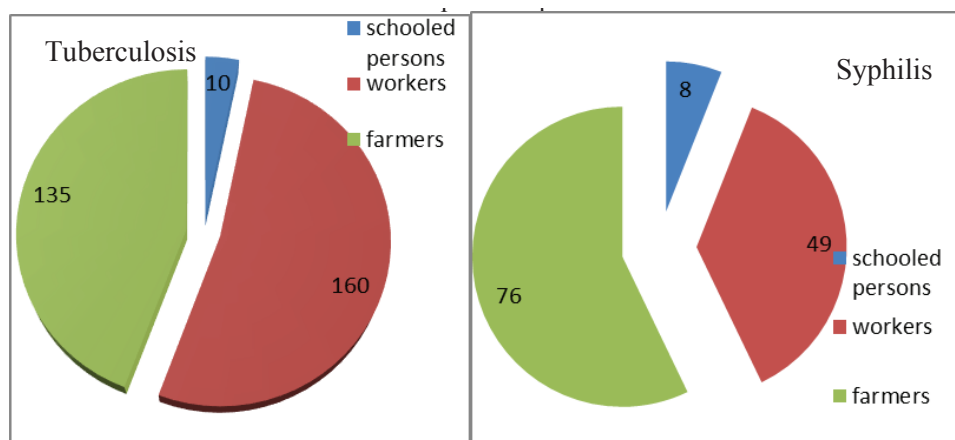
<sup>40</sup> Dr. Marius Nasta, "Directive noi în profilaxia tuberculozei în copilărie și adolescență," *Mișcarea medicală Română* XI, 9–10 (Craiova, septembrie-octombrie 1938): 626.

<sup>41</sup> Dr. N. Antonescu, "Apostolatul medicului sanitar," *Roata* II, 7 (Oravița, 17 februarie 1929): 3.

<sup>42</sup> SJANCS, *Serviciul Sanitar al Județului Caraș, Raport anual asupra stărei de sănătate și de igienă a Jud. Caraș pe anul 1931*, Invent. no. 1466, file no. 1/1931–1932, f. 8.



category of 15 to 30 years old, 40.6% in the category of 30 to 45 years, and 10.53% in that of over 45 years old.<sup>43</sup>



Tuberculosis and syphilis in Caraș County in 1931  
according to the ill persons' profession<sup>44</sup>

Comparatively, there are differences given by any disease in the statistical analysis. The farmers formed the largest part in the case of tuberculosis, 52.45%, and the workers in the case of syphilis, 57.14%.

Caraș County Sanitary Service organized in November 24, 1931 a meeting to train sanitary agents in applying correct and unitary measures in medical procedures all over the county. Goian Petru from Oravita circuit, Cherciu Danila, from Bocșa Montana, Curea Constantin and Epure Pavel from Bozovici, and Mera Gheorghe from Cacova took part in. The local agents' activity was put in light, especially the case of Cracosin Petru, belonging to Bozovici circuit, for controlling an epidemic episode in the village of Patas, together with Doctor Ruva Liviu, and with the help of the local gendarmerie.<sup>45</sup> 868 cases of tuberculosis and 367 of syphilis were gratis investigated in Caraș County at the end of 1931.<sup>46</sup>

From 194,710<sup>47</sup> which represented the total population in Caraș County, 0.42% was the percent of tuberculosis infections, with 0.04% up to the syphilis infections. The main part of the ill persons came from the previous years as in 1931 only 305 persons were affected by tuberculosis and 133 by syphilis.

<sup>43</sup> Ibid.

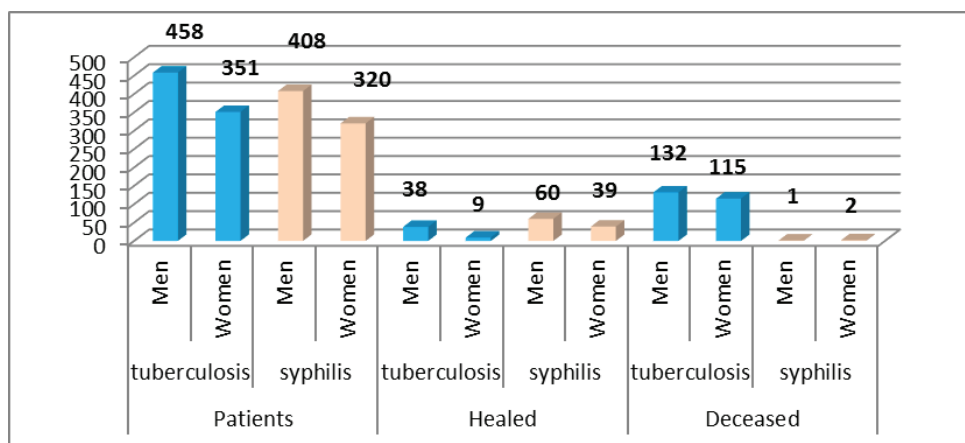
<sup>44</sup> Ibid.

<sup>45</sup> Ibid., f. 9.

<sup>46</sup> Ibid., f. 8.

<sup>47</sup> Ibid., *Raport anual 1934*, Invent. no. 1466, file no. 2/1934–1939, f. 10.





Incidence of tuberculosis and syphilis in Caraș County, in 1931<sup>48</sup>

The mortality rate in the case of tuberculosis was of 30.53%, comparatively to 6.46%, the percentage representing the cured persons. For syphilis the situation was diametrically opposite, with 13.60% cured persons, comparatively to 0.37% representing the dead. Both the diseases affected mainly the male, the difference being of about 13%.

513 cases of tuberculosis were registered at the end of 1931, on the increase comparatively to the previous year (504 cases); there were also 625 cases of syphilis, 30 cases more than those at the end of 1930.<sup>49</sup>

Consequently the plan to control the social diseases in 1932 includes different measures: building a medical establishment to isolate the cases of tuberculosis, and supplement of necessary materials in medically controlling the cases of syphilis.<sup>50</sup>

Evaluation of social diseases in Caraș County sets 1934 as the chronologic reference point of some measures that Dr. I. Costinescu, the Health minister, approved: beginning of Marila Sanatorium building, to treat pulmonary diseases, and setting of two new circuits, at Berliste and Vermes, respectively.<sup>51</sup>

The report on sanitary and hygienic situation in Caraș County on 1934 shows that there were 939 cases of tuberculosis, with only 50 cured persons, and 167 died persons.<sup>52</sup> So, comparatively with 1931, the cases were on the increase

<sup>48</sup> Ibid., *Raport anual asupra stărei de sănătate și de igienă a Jud. Caraș pe anul 1931*, Invent. no. 1466, file no. 1/1931–1932, f. 8.

<sup>49</sup> Ibid., f. 11–12.

<sup>50</sup> Ibid.

<sup>51</sup> Ibid., *Raport anual 1934*, Invent. no. 1466, file no. 2/1934–1939, f. 2–3.

<sup>52</sup> Ibid., f. 15.

in 1934 (with 130 persons), but the mortality rate decreased from 30.53% (1931) to 17.78% (1934). For syphilis, 29.53% increasing percent comparatively with the cases in 1931, 23.23% decreasing percent for cured persons, and 4 times more dead persons.<sup>53</sup>

They registered an increased epidemiologic situation due to tuberculosis in the next year, around Reșița and Anina, and also in rural richer somehow localities: Vrani, Mercina, Cacova, Ticvanu Mare, and Ticvanu Mic and Varadia.<sup>54</sup>

For 1935, a reverted symmetrical situation was registered. Cases of tuberculosis decreased with 7.56%, those ones of syphilis increased with 10.07%. Mortality rate in change was relatively constant. There were 167 dead persons of tuberculosis in 1934, and 165 in 1935. For syphilis, there were 12 dead in 1934 and 9 in 1935.<sup>55</sup>

The same year they went on with building the new sanatorium of 300 beds, near Oravița, at Marila under the control of the League against Tuberculosis<sup>56</sup>, and the Central Hospital Oravița, with 85 beds.<sup>57</sup>

There were 20 circuits in Caraș County in 1935, 18 in the rural localities (Berliște, Berzovia, Bocșa Română, Bocșa Montană, Bozovici, Brebu, Carașova, Cacova, Ciclova Montana, Dalboșeț, Moldova Nouă, Răcășdia, Reșița Română, Socol, Sasca Montană, Steierdorf, Secășeni, and Vermeș)<sup>58</sup>, and 2 in the towns of Reșița Montană and Oravița. Giving their increased dimensions, the two circuits in Reșița and Bozovici needed supplementing the number of specialists with a doctor each of the villages of Dalboșeț, circuit of Bozovici, and Zorlențu Mare, circuit of Reșița.<sup>59</sup>

The medical activity was deeply determined by the allocated fund in Caraș County. The balance of 1935–1936 indicates a positive difference of 116,744 lei in the case of incomes, to the detriment of expenses rate. The amount above surpassed with 56,471 lei the surplus in the previous financial year.<sup>60</sup>

13 sanitary agents were working in Caraș County, a too low number to cover the activity within the 20 circuits.<sup>61</sup> 828 gratis consultations regarding tuberculosis and 969 regarding syphilis were performed during 1935 by the medical stuff in 1935.<sup>62</sup>

<sup>53</sup> Ibid., f. 16.

<sup>54</sup> Ibid., f. 22–23.

<sup>55</sup> Ibid., f. 25–26.

<sup>56</sup> Ibid., f. 26.

<sup>57</sup> Ibid., f. 34.

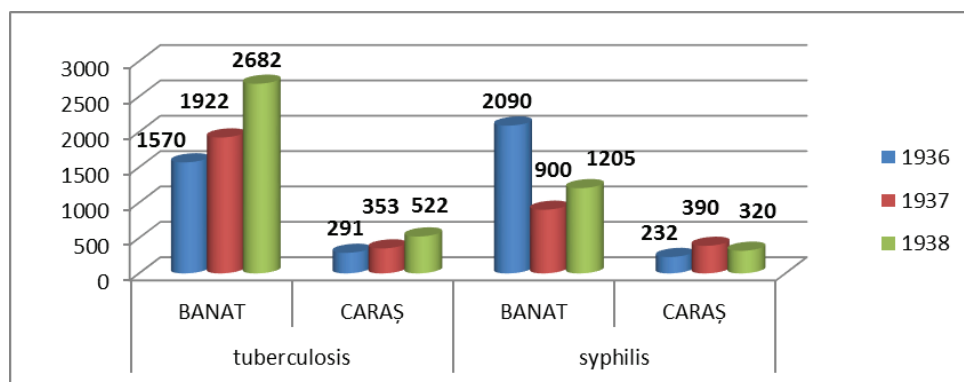
<sup>58</sup> Ibid., f. 51.

<sup>59</sup> Ibid., f. 32.

<sup>60</sup> Ibid., f. 31.

<sup>61</sup> Ibid., f. 33.

<sup>62</sup> Ibid., *Raport anual 1935*, Invent. no. 1466, file no. 1/1935–1936, f. 2.

Tuberculosis and syphilis cases between 1936 and 1938<sup>63</sup>

For tuberculosis and syphilis cases in Banat and Caraş, a comparative analysis shows essential differences for any of these maladies. So, the ratio Banat-Caraş in the case of tuberculosis covered a limited interval, from 18.53% to 19.46%; for syphilis in 1937 the cases in Caraş County increased significantly to 390, and that meant an extra number of 162 cases comparatively to the previous year. A contrasting value reported to the situation in the Banat, with 2090 cases in 1936, and only 900 in 1937.

When speaking about tuberculosis we might note that both in the Banat and Caraş County the trend was on the increase, the difference between 1938 and 1936 being of 70.82% in the Banat and of 79.38% in Caraş County. An oscillating image is in chance the one referring to syphilis. In the Banat, they registered 2,090 cases in 1936, decreasing to 1,205 in 1938, with an intermediary value, of 900 cases in 1937. For Caraş County, an asymmetrical image was given by the 232 cases in 1936 that increased at 390 in 1937, a maximum value, to easily decrease, at 320 new cases, in 1938.

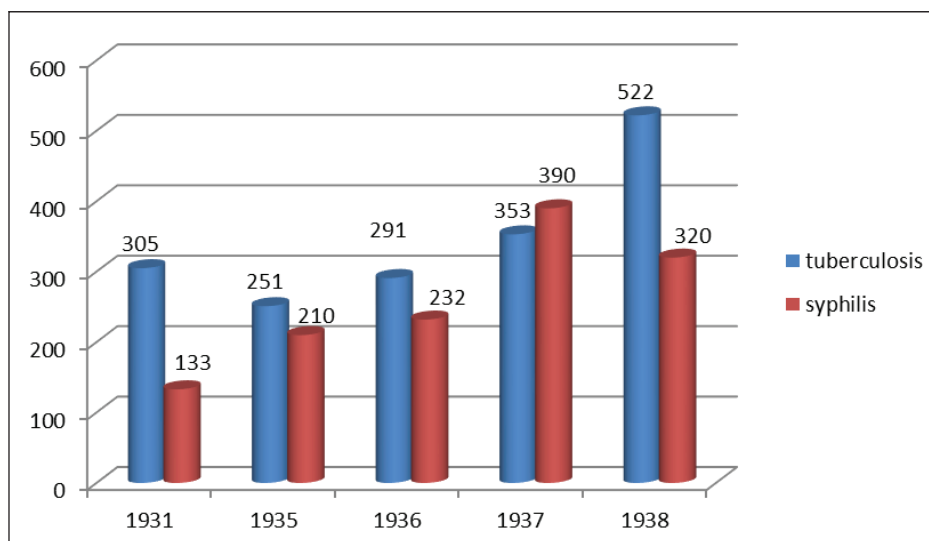
At the end of the inter-war time, the medical records show a number of 1,198 cases associated to tuberculosis, with 531 new cases in 1939. They also registered 125 cured persons and 200 dead persons, all in 1939.<sup>64</sup> For syphilis, the records look like follows: 1,213 cases, with 27.37% registered in 1939, 178 cured persons and 23 deceased.<sup>65</sup>

<sup>63</sup> *Anuarul statistic al României 1937 and 1938* (Bucureşti: Tipografia Curţii Regale, 1939), 137, 139, 147; *Anuarul statistic al României 1939 and 1940* (Bucureşti: Tipografia Curţii Regale, 1940), 205.

<sup>64</sup> SJANCS, *Serviciul Sanitar al Judeţului Caraş, Raport anual 1934*, Invent. no. 1466, file no. 2/1934–1939, f. 48.

<sup>65</sup> *Ibid.*, f. 47.

The annual cases report is taken for the objective evaluation of the social impact of the two diseases. For the long period between 1931 and 1938, the analysis offers an integral image of the evolution by disseminating of the two lethal bacteria. On the basis of the census at the beginning of the third decade in the 20<sup>th</sup> century, the situation of cases related to the whole population of Caraş County is as follows: tuberculosis cases – 0.16% (1.6 to one thousand people), and 0.06% (0.6 to one thousand people) – syphilis cases in 1931. But annually the cases of both the diseases increased, so the authorities were called to pay more attention to stop the situations able to generate pandemics.



Annually evolution of the cases of tuberculosis and syphilis in Caraş County

There were 4 hospitals in 1928 in Caraş County, two of them having been built and administrated by private funds, and two ones belonging to the Work Ministry. There also were 15 chemist's shops – 5 ones in the towns and 10 in the villages.<sup>66</sup> In 1935 the last ones increased to 20 (see Annex 3).

The two public hospitals in Reşiţa and Anina in 1935 were administrated by the Social Insurance House; Velicsék Sanatorium at Bocşa (with hydrotherapy facilities up to Dr. Lahmann's sanatorium in Dresden<sup>67</sup>) and the Hospital of Aurora Banatului Resort at Steierdorf<sup>68</sup> (also known as Sommerfrische), at

<sup>66</sup> *Anuarul statistic al României 1928* (Bucureşti: Tipografia Curţii Regale, 1929), 470.

<sup>67</sup> Dr. Emil Grădinariu, Ion Stoia-Udrea, *Ghidul Banatului* (Timişoara: Editura Oficiului de Turism al Jud. Timiş-Torontal, 1936), 253.

<sup>68</sup> SJANCS, *Serviciul Sanitar al Judeţului Caraş, Raport anual 1935*, Invent. no. 1466, file no. 1/1935–1936, f. 4.

714m high in the middle of a dense forest of coniferous trees recommended in treating pulmonary diseases<sup>69</sup>, were the two private medical establishments in the county.

Hospitals in Caraș County in 1935<sup>70</sup>

Nr. crt.	Name/ location	Set in function in	Managed by	Support	Capacity	Distinct rooms for infection cases	Distinct rooms for tuberculosis cases
1	Hospital of the Social Insurance House Reșița	1933	Central Social Insurance House Bucharest	public	120	yes	yes
2	<i>Aurora Banatului</i> Resort Steierdorf	1893	Dr. Gllinger Ioan	private	120	yes	yes
3	Anina Hospital	1912	Central Social Insurance House Bucharest	public	60	yes	yes
4	Velicsék Sanatorium Bocșa	1910	Dr. Velicsék	private	50	yes	no

The sanitary infrastructure in Caraș increased once the County Hospital in Oravița was inaugurated in 1937.<sup>71</sup> But there were some deficiencies and nonconcordant situations in the case of the County Hospital in Oravița that affected the medical progress. The sewerage was out of the legal normative and increased the risk to infecting the local people. Also, there was no a special pavilion for contagious diseases or a hygiene lab; the only one in the area was the lab in Timisoara at that time.<sup>72</sup>

Setting medical establishments to treat and isolate the tuberculosis cases was one of the necessities the local authorities frequently noticed. In 1934, under Dr. G. Costinescu's direction, the National League against Tuberculosis tried hard to build such sanatoria; at Marila Sanatorium, close to Oravita, was

<sup>69</sup> Grădinaru, Stoia-Udrea, *Ghidul Banatului*, 278.

<sup>70</sup> SJANCS, *Serviciul Sanitar al Județului Caraș, Raport anual 1935*, Invent. no. 1466, file no. 1/1935–1936, f. 4.

<sup>71</sup> Ionel Bota, *Medicină și societate în Banatul Montan. Oravița și Valea Carașului în perioada 1700–1950* (Reșița: Editura TIM, 2006), 13.

<sup>72</sup> I. Liviati, "Lipsuri mari de la Spitalul din Oravița," *Românul* XIII, 3 (Oravița, 27 august 1939): 3.

one of them, placed at over 700m high. The construction began in 1935 and ended in 1943 given the events during World War II.

The phenomenon of epidemic maladies was one of the main objectives of the sanitary milieu in the inter-war period. As an essential element within a solid civilization, health needed financial efforts in infrastructure and human resources, especially in the countryside. But penury of locations to isolate patients, persisting insalubrity in certain social milieus and lack of a deep sanitary education were the main factors that contributed to failing the fight against these lethal maladies.

## ANNEX 1

Doctors in Caraş County in 1935<sup>73</sup>

Nr. crt.	First name, name	Activity form (private/public)	Graduated of	Beginning of the medical work	Post in (at) Locality/ year
1.	Ioan Fira – primary county doctor	public	Cluj University	1920	Oravița 1920
2.	Eugen Goldner – diocitor Bocşa Montană circuit	public	Cluj University	1909	Bocşa Montană 1917
3.	Mihai Mătarîngă doctor Moldova Nouă circuit	public	Cluj University	1920	Moldova Nouă 1920
4.	Dimitrie Ilohoiu	public	Cluj University	1922	Reşița 1920
5.	Iuliu Ignea	public	Budapest University	1920	Reşița 1921
6.	Victor Brebeu	public	Cluj University	1925	Bocşa Română 1925
7.	Remus Mioc	public	Cluj University	1923	Cacova 1923
8.	Dimitrie Carabaşiu	public	Cluj University	1923	Oravița 1925
9.	Cornel Daneţi	public	Cluj University	1925	Sasca Montană 1925
10.	Roşu Cornel	public	Cluj University	1921	Reşița
11.	Liviu Ruva	public	Bucharest University	-	Bozovici 1929
12.	Țeicu Ioan	public	Budapest University	1923	Oravița 1923
13.	Kocsis Iosif	public	Vienna University	1928	Berliște 1928
14.	Tocitu Ioan	public	Bucharest University	1933	Berzasca 1933
15.	Missits Gheorghe	public	Cluj University	1933	Steierdorf 1933
16.	ŞiclovanHorea	public	Bucharest University	1933	Secaş 1933
17.	Mihailovici Alexandru	public	Bucharest University	1933	Socol
18.	Bonea Ioan	public	Moderna (Italy)	1933	Vermeş
19.	Belu Nicolae	private	Cluj University	1921	-
20.	Bauman Izidor	private	Budapest University	1921	-
21.	Manea Stefan	private	Cluj University	1916	1923
22.	Flotz Adalbert	private	Budapest University	1923	1923

<sup>73</sup> SJANCS, *Serviciul Sanitar al Judeţului Caraş, Raport anual 1935*, Invent. no. 1466, file no. 1/1935–1936, f. 5–6.



Nr. crt.	First name, name	Activity form (private/public)	Graduated of	Beginning of the medical work	Post in (at) Locality/ year
23.	Popovici Ioan	private	Budapest University	1920	1922
24.	Dörfl Carol	private	Vienna University	1920	1921
25.	Kurtzveil Hugò	private	Vienna University	1920	-
26.	Bekovics Emeric	private	Budapest University	1920	1920
27.	Funkc Carol	private	Budapest University	1922	1924
28.	Guhr Geza	private	Budapest University	1922	-
29.	Marian Ilie	private	Budapest University	1920	1927
30.	Velicsék Stanislav	private	Budapest University	1906	1906
31.	Sayler Iuliu	private	Cluj University	1889	Tirol 1901
32.	Freireich Simion	private	Cluj University	1913	Bozovici 1913
33.	Brânzei Silviu	private	Cluj University	1926	Macoviște
34.	Feldman Slavin	private	Bologna (Italy)	1927	Dognecea 1927
35.	Carol Luft	private	Vienna University	1924	Văliug 1927
36.	Muntean Gheorghe	private	Iasi University	1926	Reșița 1927
37.	Buhari Piroska	private	Cluj University	1929	Reșița 1930
38.	Ciprian Foaș	private	Cluj University	-	Reșița
39.	Gheorghe Runcan	private	Bucharest University	1930	Oravița 1931
40.	David Jurca	private	Cluj University	1933	Anina
41.	Gheorghe Cadariu	private	Cluj University	1933	-
42.	Mihai Ollinger	private	Bucharest University	1931	Steierdorf 1933
43.	Ion Manguica (senior)	private	Budapest University	1920	Oravița
44.	Ionel Manguica (junior)	private	Cluj University	1926	Oravița 1926
45.	Adalbert Tribus	private	Bucharest University	1931	Tirol 1933
46.	Edmund Schlesinger	private	Bucharest University	-	Zorlențu Mare
47.	Irina Schatzman	private	Cluj University	-	Reșița
48.	Nicolae Zorleanu	private	Bucharest University	1926	Reșița
49.	Constantin Bratilo-vean	private	-	-	Reșița
50.	Mollnar Francisc	private	-	-	Berzasca
51.	Moise Dubovan	private	-	-	Reșița

## ANNEX 2

### Recommended diet in tuberculosis<sup>74</sup>

- 7 o'clock – a fat soup (1/3 l milk, rice, maize amidon, tapioca or semolina; half an egg, a spoonful of butter, sugar, lemon, vanilla; a large spoonful of saturate oil fish
- 9 o'clock – coffee with much milk, bread, butter, jam or honey; a teaspoonful of “mineralogen”
- 10 o'clock – fresh fruits or compote
- 12 o'clock – soup, meat, fish, eggs or macaroni; just one fruit, a teaspoonful of “mineralogen”
- 16 o'clock – coffee or cocoa with much milk, cakes, butter, jam or honey
- 18.30 o'clock – supper – meat, fish or eggs, cheese and a fruit; 5 teaspoonfuls of “mineralogen”
- 20.00 o'clock – a fat soup as at breakfast, a spoonful of saturate fish oil

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<sup>74</sup> Dr. I. Sărdărescu, “Noui priviri asupra alimentaţiunei la tuberculoşi,” 183.

## ANNEX 3

Chemist's shops in Caraș County in 1935

Nr. crt.	Name	Locality	Setting date
1.	Națională Farcas <sup>1</sup>	Reșița	-
2.	Gruici <sup>2</sup>	Reșița	-
3.	Negru <sup>3</sup>	Reșița	-
4.	Brada <sup>4</sup>	Reșița	-
5.	Vulturul Negru <sup>5</sup>	Oravița	1909
6.	Sfântul Gheorghe <sup>6</sup>	Oravița	1908
7.	Salvator <sup>7</sup>	Reșița	1893
8.	Maria Ajutătoare <sup>8</sup>	Reșița	1922
9.	Sfânta Treime <sup>9</sup>	Bocșa Montană	1905
10.	Îngerul Păzitor <sup>10</sup>	Berzasca	1924
11.	Hygeno <sup>11</sup>	Moldova Nouă	1911
12.	Providența Divină <sup>12</sup>	Bozovici	1892
13.	Sfântul Antonie <sup>13</sup>	Bocșa Montană	1924
14.	Sfânta Mărie <sup>14</sup>	Sasca Montană	-
15.	Salvator <sup>15</sup>	Vărădia	-
17.	Sfânta Treime <sup>16</sup>	Steierdorf	1891
18.	Sfânta Trinitate <sup>17</sup>	Anina	1914
19.	Sfânta Maica Mărie <sup>18</sup>	Cacova	-
20.	La Vulturul <sup>19</sup>	Reșița	1931

NOTE: **1.** Advert in the newspapers *Vasiova*, VII, 1 (Bocșa, 1 ianuarie 1935): 8; *Națiunea*, II, 5 (Reșița, 8 februarie 1935): 4; 38 (29 septembrie 1935): 2; 27 (8 iulie 1935): 4; 41 (19 octombrie 1935): 3; *Glasul Muncitorului Român*, II, 1 (Reșița, 15 iulie 1934): 5; 4 (5 august 1934): 3; 7 (26 august 1934): 4; 10 (10 septembrie 1934): 4; **2.** Advert in the newspapers *Națiunea*, II, 16 (Reșița, 21 aprilie 1935): 2; 31 (4 august 1935): 2; *Glasul Muncitorului Român*, II, 2 (Reșița, 22 iulie 1934): 4; 5 (12 august 1934): 4; 8 (Reșița, 2 august 1934): 4; **3.** Advert in the newspaper *Deșteptarea*, III, 110 (Reșița, 29 mai 1932): 4; **4.** Advert in the newspapers *Glasul Muncitorului Român*, II, 2 (Reșița, 29 iulie 1934): 4; 6 (19 august 1934): 4; 9 (9 septembrie 1934): 4; 12 (30 septembrie 1934): 4; *Națiunea*, II, 40 (Reșița, 12 octombrie 1935): 4; 29 (20 iulie 1935): 2; 45 (23 noiembrie 1935): 4; **5.** SJANCS, *Serviciul Sanitar al Județului Caraș, Raport anual asupra stărei de sănătate și de igienă a Jud. Caraș pe anul 1935–1936*, Invent. no. 1466, file no. 1/1935–1936, f. 7; **6.** Ibid; **7.** Ibid; **8.** Ibid; **9.** Ibid; **10.** Ibid; **11.** Ibid; **12.** Ibid; **13.** Ibid; **14.** Ibid; **15.** Ibid; **16.** Ibid; **17.** Ibid; **18.** Ibid; **19.** Ibid.

## IMPACTUL SOCIAL AL TUBERCULOZEI ȘI SIFILISULUI ÎN CARAȘUL INTERBELIC

### *Rezumat*

Igiena precară și lipsa educației medicale, inoculate lacunar în rândul maselor, au condus spre o incidență îngrijorătoare a maladiilor contagioase, transformându-le în problematici sanitare cu caracter epidemic, de un real impact social în interbelicul cărașan. În sfera preocupărilor medicale s-au identificat tuberculoza și sifilisul ca fiind cele mai răspândite din aria bolilor sociale. Diferite ca și simptomatologie și diagnostic, acestea prezintă similitudini atât din punct de vedere al mediului de dezvoltare cât și al ratei progresive de infectare.

Cauzele răspândirii tuberculozei au constat într-un cumul de factori, ce fac referire la aglomerarea habitatului locuibil, imposibilitatea asigurării unui ambient climatic pe timp de iarnă, epuizarea cauzată de surmenajul fizic, toate acestea culminând cu o subnutriție atât cantitativă, cât și calitativă.

Sifilisul, cea mai virulentă afecțiune din cadrul bolilor venerice, a devenit o perpetuă preocupare a oamenilor de știință din sfera medicală. Responsabilitatea contaminării revine, fără echivoc, individului, deoarece îmbolnăvirea se produce doar la contact, datorită faptului că germenii flagelului pătrund în sânge prin cele mai insignifiante plăgi.

Sănătatea, ca element esențial în angrenajul unei civilizații solide, a necesitat anumite eforturi financiare orientate în zona de infrastructură și de încadrare a resurselor umane, în special în mediul rural. Penuria spațiilor de izolare a pacienților, insalubritatea încă persistentă în anumite areale sociale și lipsa unei educații sanitare impregnate în subconștientul populației au constituit principalii factori ce au contribuit la insuccesul în lupta pentru eradicarea acestor afecțiuni letale.