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"Separation is Required in Our Special Situation": Minority Public Health Programs in Interwar Transylvania

Zsuzsa Bokor
Romanian Institute for Research on National Minorities
zsbokor@yahoo.com

This paper presents the distinctive manner in which the Hungarian public health system in Transylvania was built up, parallel to the state structures in the interwar period. In several policies and public health projects, the young medical generation of the 1930s formed the basis of the biologically based ethnic community of Hungarians in Transylvania. This process was presented by them as part of ethnic survival and made the presence of the doctor necessary. The paper discusses the foundation of minority health institutes and also the discourses around the formation of these.

Keywords: public health, interwar, Transylvania, Hungarian doctors, minority health protection, maternal and infant protection

Having found itself in the position of a minority after World War I and the collapse of the Habsburg Monarchy, the Hungarian minority in Transylvania developed numerous survival strategies[1] aimed mostly at its survival as a cultural and linguistic community. Public health, which in turn-of-the-century Hungary had already had a solid institutional foundation and a large number of specialists,[2] underwent major changes in interwar Transylvania. The health problems of the community were only sporadically part of minority policy, and these issues were left, in general, to civilian philanthropic organizations.[3] In the 1930s, however, this took an interesting turn when the number of Hungarian doctors increased, and the previously civilian-initiated public health programs were professionalized and gained new momentum and a new function as part of a specific minority community-building project. The main issues of European

1 See Bárdi, "Románia magyarságpolitikája 1918–1989."

2 See Kiss, "Egészség és politika"; Turda, *Eugenics and Nation in Early 20th Century Hungary*.

3 Among them, it was mainly women's religious organizations and their umbrella organization, the Central Secretariat of Hungarian Minority Women in Romania (Romániai Magyar Kisebbségi Nők Központi Titkársága). See Bokor, "A székely nagyasszony testőrei"; Bokor, "A mi kis világunk"; Bokor, "Minority femininity at intersections."

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public health discourses came to the fore: saving the nation, the race, the health of the peasants, the dangers of venereal diseases, alcoholism, and the protection of infants and mothers. The alleged biological element of community building, which built on a strong turn-of-the-century tradition, became more prominent in the various discourses.

The short period which forms the chronological framework for my discussion here begins with the search for a strategy by a new generation of the group of so-called erdélyi fiatalok (Transylvanian youths) and the process in which they were involved in 1930 of constructing a new minority identity. The period under discussion came to a close with the outbreak of World War II, the Second Vienna Award (1940), the dismantling of minority institutions, and their integration into the Hungarian national institutional network.

In this article, I examine the manner in which the Hungarian public health system in Transylvania was built up parallel to rather than as part of the state structures in interwar Romania. This public health movement was not particularly ambitious, which is not surprising given the lack of financial resources. In addition to studying minority health policy, in this article, I also examine how an alleged biological basis of Transylvanian Hungarianness was formulated and how this notion of biological racial kinship or ethnicity figures in these discourses and the ways in which the scientific paradigm of eugenics, which was extremely popular at the time, especially in the Eastern and Central European medical sphere, became part of the construction of minority identity.

The Hungarian Medical Profession in Transylvania in the Interwar Decades: The Labor Market and Problems of Recruitment

In 1919, when Transylvania was made part of Romania, the newly formed political-administrative authorities began taking over the most important and biggest university of the region, the university in Kolozsvár (today Cluj-Napoca, Romania). The Kolozsvári Magyar Királyi Ferencz József Tudományegyetem (Franz Joseph Hungarian Royal University of Kolozsvár) and its Faculty of Medicine moved to Budapest and then to Szeged in 1921. Very few of the leading figures remained in Transylvania, as the new Romanian state obliged intellectuals, including doctors, to take an oath of loyalty to the Romanian state and nation, which contributed to the mass emigration of Hungarian intellectuals. The change was also reflected in the decline of the number of medical students,

as the number of Hungarian students who enrolled in the Romanian university was negligible, mainly due to a lack of language skills.[4] As Victor Karady and Lucian Nastasă have emphasized in their monograph, for the authorities, the university meant a "symbolic process of nationalization of the region in the framework of the "Great Romanian" nation state.[5]

The Transylvanian medical profession dwindled after 1919, and its labor market opportunities became more limited. Hungarian doctors were less often employed in state institutions, and most of them pursued their work in private practice. There were only a few "Hungarian hospitals"[6] in the country, all of them in large cities. However, these institutions could provide a living for a very limited number of doctors, and it is also clear from the sources that the recruitment of the urban medical elite was mainly favored by private hospitals. In 1937, 80 percent of the 7,669 doctors in Romania lived in cities, while the vast majority of the population lived in villages. According to contemporary statistics, a significant number of doctors working in Hungarian-majority villages were also of Romanian nationality, making communication difficult between patients and doctors.[7]

The Hungarian doctors of the period who lived and worked for the most part in one of the major cities, were scientific specialists in at least one field of medicine. They reported mostly on diagnoses, data, and research in medical journals, without interpreting them in any ethnic context. They did not play any particular role in minority organizations, and they did not explicitly embrace, as a group, any specific political credo. They were not particularly involved in any kind of health policy or minority policy. Most of the Hungarian-language medical forums, such as *Egészség* (Health), *Erdélyi Orvosi Lap* (Transylvanian Medical Journal) (1920–1925), *Praxis medici* (1924–1940), *Clinica et laboratorium* (1932–1949), and *Orvosi Szemle* (Medical Review) (1928–1938) were professional journals that did not discuss health policy issues pertaining in any specific way to the Hungarian communities. It is also noteworthy that, unlike their Romanian counterparts, they did not talk in public about the so-called "social diseases," such as syphilis and other venereal diseases, which were considered among the biggest problems in

4 Gidó, *Oktatási intézményrendszer és diákpopuláció Erdélyben 1918–1948 között*.

5 Karady and Nastasă, *The University of Kolozsvár/Cluj*, 68.

6 Hungarian-run, mostly church-owned institutions.

7 Jancsó Béla. Az orvosi pályaválasztás akadályai, 45–52. Az Erdélyi Múzeum-Egyesület Gyűjteményei, Jancsó Béla papers.

Romania in the postwar period. The Hungarian-language press also tended to interpret the press statements made by Romanian doctors and health officials.[8] Although they occasionally gave lectures to wider audiences, this was not the main orientation of this elite group. In the Medical Section of the Transylvanian Museum Association (Erdélyi Múzeum Egyesület Orvostudományi Szakosztálya, hereinafter referred to as EME), departmental meetings were exclusively meetings among experts, and although lectures held to the wider public on health care and health issues were among the subjects addressed at these meetings, these experts also held talks that were intended for members of the more educated middle classes, who lived for the most part in the cities. In the decade after World War I, Hungarian doctors rarely addressed public health problems in their publications in medical journals or other forums. There were no organizations, no clearly articulated concepts of public health policy, and certainly no notions of minority health policy[9] behind the few publications on the subject, which were usually related to the highlighted diseases of the time, such as tuberculosis, syphilis, infant mortality, etc. (which were referred to as "social diseases," or *bolile sociale* in Romanian).[10]

During the first decade of the interwar period, the medical elite was undergoing a process of disintegration, though at the same time, the members of this elite were searching for new opportunities for institutionalization and for the security provided by the old institutions.[11] The medical elite was looking inwards, and largely ignoring the questions faced by contemporary society.

8 See Bokor, *Testtörténetek*.

9 See for example Goldberger, *Mit kell tudni*; Szelle, *A vérbaj*; Sándor, *A tüdővész*. Ede Goldberger's work on syphilis was published in six editions and also in Romanian translation.

10 Shortly after the collapse of the Habsburg Monarhy and the establishment of Romanian power in Transylvania and much of Partium and Banat, in February 1919, the Social Work Department of the Transylvanian Governing Directorate (Resortul de Ocrotiri Sociale al Consiliului Dirigent al Transilvaniei) published the organizational plan of the Outpatient Clinics, which set out the principles of their operation. This document identified the most pressing health concerns as venereal diseases, tuberculosis, and infant mortality in urban and rural areas. See Stanca, "Ambulatorul policlinic."

11 In April 1933, the Welfare Association of Hungarian Minority Doctors in Romania (Romániai Magyar Kisebbségi Orvosok Jóléti Szövetsége) was founded, an advocacy organization for doctors which tried to restore the internal security provided by prewar medical institutions and to make up for financial losses and uncertainties after the war. (Péter H., "A romániai kisebbségi orvosok.")

Hungarian Patients Should Be Treated by Hungarian Doctors:[12] *The Ethnicization of Medical Interests*

In the 1930s, there was a pronounced outward shift, with the medical elite becoming more sensitive to and engaged with the problems faced by the surrounding ethnic community. This was a period during which doctors, marginalized on ethnic grounds by the new state apparatus, also sought to organize themselves on ethnic grounds.

The Romanian state was neglecting the Hungarian communities, and this neglect had become a major talking point among the Hungarians, with experts criticizing the state's failure to participate in the modernization of health care in settlements populated by Hungarian-majorities. It is almost impossible to compare the situations in different regions under the jurisdiction of the Romanian public health system, which was underdeveloped from the outset. In 1938, the Ministry of Health did an extensive survey of the health situation in Romania.[13] Some of the reports submitted by the health inspectors provide useful information regarding the circumstances in the localities with Hungarian majorities, pointing out that the health conditions in these regions were a cause for concern. The health campaign, organized and conducted by the Ministry of Health and Social Works (and given the title "Sanitary Offensive"), resulted in the publication of monographs containing data about geography, topography, vegetation, climate, demography, household hygienic and sanitary conditions, sanitation infrastructure, and sanitation organizations in the Romanian regions. Nearly 74 percent of households were visited during the two-month campaign, 7,700,000 individuals were examined, over 42,000 radiological examinations were done, over 77,000 blood tests were taken, and over 360,000 injections were given. Although all the administrative regions, counties, and cities are included in these numbers, the case studies that suggest a more active medical presence are from localities with a Romanian majority. The Report of the General Inspectorate of Health of Sibiu/Szeben County points out that public health conditions in some of the cities of the Székely Land (Gyergyószentmiklós/Gheorgheni, Székelyudvarhely/Odorheiu Secuiesc, Csíkszereda/Miercurea Ciuc) were not satisfactory, as was also the case in the rural region of Csík/Ciuc and Udvarhely/Odorheiu. The report also notes that the situation in Csík

12 Györke and Gspann, "A fiatal erdélyi magyar orvosi nemzedék," 84–85.

13 Ministerul Sănătăţii şi Asistenţei Sociale, *Probleme şi realizări*, vol. 1–3.

County was the worst in terms of hospital beds, with a total of 100 beds and one hospital bed for every 1,571 inhabitants.[14] These data underline the concerns voiced by Hungarian doctors at the time and offer a rough impression of the ways in which the health policy of the period had clear disadvantageous consequences for Hungarian-speaking communities.[15] The data also shows, however, that most of the Romanian regions were also underdeveloped from the perspective of health care. The survey results were not satisfactory anywhere, at least not by European standards. In the rural area of Csík County, there were 15 doctors per 100,000 inhabitants (a detail mentioned several times by Hungarian doctors). The same was true in Udvarhely County, and there were only 21 doctors total in Háromszék County. But this sum was not below the national average. In fact, in the villages in Romania, the ratio was even worse, since according to calculations, there were 9.6 doctors for every 100,000 people.[16]

In Hungary, this ratio increased after World War I (some historians have contended to say this was due to the migration of doctors from the territories annexed by the surrounding states), as there were suddenly 56 doctors per 100,000 inhabitants. This brought Hungary up to the level of Western European countries. In 1921–1922, France had 62 doctors per 100,000 inhabitants, Germany had 73, Denmark 60, and Norway 40.[17]

The living conditions of Hungarian doctors were explained in the various sources by their ethnic belonging, and their employment barriers were associated with the region's underdevelopment. However, for some of the physicians of the time, the idea of having Hungarian doctors treat Hungarian patients seemed like a promising project. Transylvanian Hungarian physician Béla Schmidt, who organized a Hungarian-language midwife-training course in Târgu Mures/ Marosvásárhely after the war, made the following proposal:

> Thus, there remains nothing left but to build and awaken racial consciousness on a stronger and broader basis. An awakened and lively racial consciousness can bring with it the hope that the young Hungarian doctor can also hope to find a job. Because the idea of a "Hungarian patient being treated by a Hungarian doctor" will only become a reality if Hungarian national consciousness is strengthened and revived.[18]

14 Stoichiţia and Comşa, "Evidenţa sanitară a inspectoratului general sanitar Sibiu," 159.

15 Comes, "Judeţul Ciuc"; Pop, "Jud. Odorhei"; Creţu, "Jud. Trei Scaune"; Macavei, "Jud. Mureş."

16 *Praxis medici,* no. 6 (1937): 260.

17 Szabó, *A magyar egészségügyi ellátórendszer a két világháború között*, 41.

18 Schmidt, "Hozzászólás," 112.

As Schmidt's suggestion clearly illustrates, one of the issues at hand was that Hungarian doctors needed Hungarian patients in order to earn a livelihood. For Schmidt, the development of Hungarian national consciousness (and thus of a system of relations between patients and doctors that was founded on a notion of ethnic or national belonging) was a prerequisite for the ideal positioning of Hungarian doctors.

The feeling of professional deprivation among doctors was therefore closely linked to a series of social and administrative factors. However, the main cause for concern, beyond the feelings of neglect and professional marginalization, was the fact that the institutionalization of public health in Romania was part of a larger ethnicizing discourse used by the leading Romanian medical elite: the notion of Romanian identity as a fundamentally racial, biological identity lay at the core of these health politics. According to this discourse, the nation was defined by biological factors, and thus ethnic minorities were considered dysgenic elements and not part of the biological body of the nation.[19] This biological definition of the nation provided a pretext and justification for eugenics, which was closely linked to biopolitical interventionism and radical health regulation measures. It is also noteworthy that the board of these public health institutes was represented by a medical elite that was engaged in this discourse.

By the 1930s, a new generation had emerged in the elite layer of the Transylvanian Hungarian medical community which took an active role in communicating scientific knowledge to the lower classes and did not perceive its work merely as a scientific task, but rather undertook the project of saving "the people" as a kind of missionary endeavor. Most of the doctors involved in the public health movement had graduated from Romanian universities after World War I, but most of them were socialized in religious communities, and almost all of them were members of a Church. Although they were also members of the EME's medical section, they usually distanced themselves from the EME's medical elite.

Before analyzing the work of this group, I will discuss some elements of the context: first, the idea of népszolgálat, or "work in the social service of the people," which was the alleged moral basis of their work, and second, the research and service projects undertaken in rural areas in which the doctors were involved.

19 On this issue see Turda, *Eugenism și antropologie rasială în România, 1874–1944*.

The Christian Socialist Idea of Népszolgálat *(Work in the Social Service of the People)*[20] *and* Népközösség *(Community of the People)*

Young Hungarian intellectuals, dissatisfied with the minority politics of the elites in the 1920s, developed a new model of social organization in the 1930s, and the subject of Hungarian minority policy in Transylvania has generated a body of secondary literature too vast to summarize here.[21] I would like instead briefly to touch on the idea of work in the social service of the people (népszolgálat) promoted by young intellectuals as an essential part of the ideological context in which the new generation of physicians worked. Népszolgálat was more than a political idea, as it sought to unite a highly stratified society, the whole minority community, or the so-called népközösség or "community of the people." According to Nándor Bárdi,[22] the Transylvanian Hungarian Christian socialist national and social attitude had two parallel theological foundations. For Catholics, the encyclical Quadragesimo Anno of Pius XI and its social teachings were decisive, and they formed the foundation of the social spirituality advocated by Áron Márton (1896–1980), an ethnic Hungarian Roman Catholic prelate and bishop of Gyulafehérvár/Alba Iulia. Márton distanced himself from any extremist nationalist ideas. He formulated his ideological standpoint as follows: "We demand freedom, but we are in a hurry to bury liberalism. We are calling for social care, and a radical reform of society, but we cannot go with Marxism. We undertake the sacred duty of loving the race, but the worship of blood is heresy."[23] Protestant authors promoted a critical view of the nation, based on a moral foundation: this moralized view of community was laid down by the Reformed Bishop Sándor Makkai in his work, *Magunk revíziója* (The Revision of Ourselves).

Creating new foundations for a society by reevaluating existing infrastructure, traditions, and human resources was evidently an enormous plan for a community.[24] As Dezső Albrecht, one of the young elite leaders of the community, stated in 1937, "[b]efore the war, Transylvanian Hungarian society was not receptive to social or deeper national issues, its spirit was also fragmented in many directions,

20 Work in the Social Service of the People (Volksdienst).

21 See Bárdi, "A romániai magyarság"; Bárdi, "Románia magyarságpolitikája"; Bárdi, *Otthon és haza*; Egry, *Etnicitás, identitás, politika*; Bottoni, "National Projects"; Bárdi et al., *Népszolgálat*.

22 Bárdi, "A népszolgálat genézise," 11.

23 Márton, "A mi utunk," 265.

24 Zsuzsa Török introduces an interesting perspective while analyzing this new generation of the Hungarian elite, especially the journal *Hitel*. She asks how "national minority," a political term, is filled with meaning in the context of antagonistic nation states. (Török, "Planning the National Minority.")

the conservative-nationalist conception of the aristocracy and the nobility, the radicalism of the urban bourgeoisie and intelligentsia were equally insensitive to social work, social organization, and social forces in general."[25]

The idea of working in the social service of the people was incorporated into a holistic view of the nation, in which the collective care of body and soul were prioritized. Albrecht captured the essence of the Hungarian community as follows:

> The protection of body and soul through the cultivation of body and soul. [...] An abandoned ethnic organization, deprived of the beneficent assistance of the state, whose natural development of its national existence has been blocked, is forced to rely on these fourfold activities: 1. Protection of the soul, i.e., the protection of morals, 2. Protection of the body, or health, 3. Ensuring prosperity, i.e., economic protection, 4. the cultivation of culture, i.e., the protection of literacy. These four activities are preserved and encouraged by political activity.[26]

Rural Healthcare Programs in the 1930s

Several rural programs were created in Romania after the war, and the discourse of the populist "national ontology"[27] also gained an important place in public discussions. Rural culture and rural lifestyle were given more and more attention in the life of the Hungarian minority as well. The figure of the peasant became the seed of national revival. Similarly to Dimitrie Gusti's sociological research school,[28] the Sarló-mozgalom, or Sickle Movement, of the Hungarian minority community in Czechoslovakia, and the Szegedi Fiatalok Művészeti Kollégiuma, or Art College of the Szeged Youth, various monographic research projects[29] were launched by the intellectuals gathered around the journal Erdélyi Fiatalok (Transylvanian Youth). Thus, turn towards village and peasant culture and life was not a passing interest among a small group of intellectuals. It was a pillar of minority policy and the foundation of a unified social vision for the minority. The intellectuals who represented the renewal of Hungarian culture, identity, and wellbeing among Romanian Hungarians, like their Czechoslovakian

25 Albrecht, "Társadalmunk átalakulása," 181.

26 Ibid.

27 Trencsényi, *A nép lelke*, 372.

28 Dimitrie Gusti (1880–1955) was a Romanian sociologist who invented the sociological monographic method. Gusti favored and theorized first-hand intensive observation of social units and phenomena, as well as interdisciplinarity. Their research work was carried out through intensive collaboration within the field of social sciences, but also with doctors, agronomists, and schoolteachers.

29 See Szabó T., "Az első munkatábor."

counterparts, "wanted to address, orientate, and integrate the village masses into their minority society organized on a national basis."[30] The self-help cooperatives were excellent examples of this social organization. The Mészkő cooperative, initiated by Ferenc Balázs,[31] enjoyed varying degrees of success,[32] and the Ágisz cooperatives launched by Sándor Kacsó[33] were able to employ intellectuals, such as doctors, lawyers, economists, whose salaries were paid by the community itself through monthly contributions.

The Hungarian initiatives in Transylvania differed both from the village research movements in neighboring countries and the Romanian Gusti movement in that the entire activity of social organization had to be planned and implemented without any state support, and village education projects and research became integral parts of the efforts to strengthen the ethnic minority community. Since these initiatives had no state support, the ecclesiastical world, which had contributed to the upbringing of this generation and in which this movement could operate, was even more powerful.

The doctors of the new generation also proclaimed the need for a new approach, emphasizing their responsibility for the wellbeing of the community. The critique of the elitism of the previous medical generations played an important role in the self-definition of the new generation of doctors: "We need a selfless (and not a materialistic) soul, a new generation of Hungarian doctors who are less demanding, who see the human and Hungarian depths of the issue, and who are self-aware in their willingness to address this issue. And Hungarian society must make every effort to help them so that they can be properly organized to provide the most elementary initial opportunities for settling in the village."[34]

The doctors involved in the endeavor—András Nagy, Béla Jancsó, Ernő Manyák, Kálmán Parádi, Elek Bakk, Béla Schmidt, and Lajos Küttel—were the best-known medical figures of the movement. They did not create independent medical organizations, but they were linked to the basic idea of social service. They worked in church organizations and cooperatives, and they were involved in the scientific research done by the new intellectuals.

30 Bárdi, "A népszolgálat genezise," 18.

31 Ferenc Balázs (1901–1937) was a Hungarian writer and Unitarian priest from Transylvania.

32 Kárpáti, "Az Aranyosszéki tervek," 92.

33 Sándor Kacsó (1901–1984) was a Transylvanian Hungarian writer, editor, publicist, and politician.

34 Jancsó Béla, Az orvosi pályaválasztás akadályai, 48. Az Erdélyi Múzeum-Egyesület Gyűjteményei, Jancsó Béla papers.

Since the idea of work in the social service of the people was part of a Christian-based social stance, the doctors who joined for the most part had strong ties to the Church. They were mostly young doctors from the medical department of the Katolikus Népszövetség Orvosi Szakosztálya[35] (Roman Catholic League of People): András Nagy, Ernő Manyák, Kálmán Parádi, Lajos Küttel, Béla Schmidt, and teachers from denominational schools, like Béla Jancsó. However, it was not unusual for them to be involved in programs organized by other denominations.

How can improvements be made to public health without a supportive public health policy? The medical elite of the 1930s claimed that there had to be a separate public health system for the Hungarian minority, because this community was very different from the majority ethnic group. The idea of institutionalized minority public health, integrated into state health policy but also somewhat separate from it, was conceived in the mid-1930s. Experts usually cited the shortcomings of the post-war Romanian health system as an argument for the establishment of a minority health policy, but they also noted the state's alleged lack of concern for minorities. The ethnocentric nature of state public health measures meant that Hungarian settlements were left out of the development process and were given less attention by the Romanian authorities.

In the initial phases, cooperation with the state was still a priority, as Béla Schmidt noted in a later issue of *Magyar Népegészségügyi Szemle* (Hungarian Public Health Review) in 1937.[36] Schmidt still thought that results could be achieved in minority health policy through the Hungarian political party Országos Magyar Párt, or OMP (National Hungarian Party),[37] and he felt that a public health protection department should be established as part of this policy. The primary task of this department would have been the biopolitical mapping of the Hungarian population. The other ethnic health policy program, which was formulated by András Nagy,[38] drew up a specific minority health

35 The Medical Section of the Roman Catholic League of People was founded in the autumn of 1935, with András Nagy as its president. In his memoirs, Nagy summarized the goals of the Section as follows: "the aim being to take stock of those doctors who belong to the Church not only because they were baptized into it but also because of their behavior, to make them aware of their activities and conduct, especially in the matter of abortion, and to give moral support to their work." Nagy, *Lót visszanéz*, vol. 1, 173.

36 Schmidt, "A magyar népegészségügyi védelem megszervezése."

37 The Magyar Party was a political party in interwar Romania. It was founded in 1922 by the Hungarian aristocracy and was intended to represent the rights and interests of the Hungarian ethnic community.

38 András György Nagy (1905–1982) was a Hungarian medical writer and public writer.

policy.[39] This program, however, considered the work of the OMP useless and, in contrast to Schmidt, it called for the establishment of a new health governing body, independent of politics, based on the Church, and building on the younger generation of the 1930s: "This health policy is the work of younger generations."[40] It was not organized against the state, but rather envisioned a public health program that would run parallel to the state institutions. An alternative to state care would have been the creation of a controlling public health body, a "silent association of doctors doing Christian social work," "a body entrusted with the health care of the minority churches."[41]

In his health policy program, András Nagy devised a plan for the creation of institutions, and he offered an explanation for the alleged necessity of a parallel minority health policy:

> We have different problems which are in many ways different from those of the predominant people, and the same problems manifest themselves in a different way in a Hungarian ethnic context. […] However, the birth and death rates differ from one ethnic group to another, the causes of mortality are different, and each suffer from different diseases.[42]

The minority health system was envisaged to be as complete as the state health system. It had to be based on research and censuses, and its operation had to be ensured by a public health management center which placed emphasis on the training of health personnel and medical students, the creation of health institutions with Church support and private funding, and conveying medical knowledge to the public with the help of village doctors, trained doctors and teachers, the press, and by prevention and treatment.

The Main Problems of Hungarian Minority Health Policy

Demographic indicators: birth rates, emigration

The increased concern of the Hungarian elite in Transylvania about demographic indicators can be observed after the publication of the results of the 1930

39 Nagy, "Egészségpolitikai vázlat"; Nagy, "Adatok az erdélyi magyarság népegészségügyéhez"; Nagy, "A népegészségvédelem megszervezése."

40 Nagy, "Egészségpolitikai vázlat," 58.

41 Nagy, "Egészségpolitikai vázlat."

42 Nagy, "Egészségpolitikai vázlat," 59.

census.[43] According to the 1930 census, Hungarians constituted 7.9 percent of the total population of Romania (18,057,028). Most of them (94 percent) lived in Transylvania.[44] According to the new data, there was a decrease of nearly 200,000 compared to 20 years earlier.[45]

The other demographic phenomenon that was a cause for concern was the large scale of emigration. According to some data, 197,000 Hungarians left Transylvania between 1918 and 1922.[46] The emerging concern surrounding the demographic data was also significantly influenced by the Romanian interpretation of the census data. In Romanian public opinion, the reception of the data was dominated by anti-revisionist views and the fears voiced by Sabin Manuilă, the head of the Romanian Demographic Institute, who was in charge of the Romanian census in 1930. Manuilă did not hide his joy at the fact that the Hungarian population in Transylvania was decreasing, and he also regularly influenced public opinion concerning the Romanianization of the region. "Time," he said to Romanian newspapers, "quickly brings the definitive consolidation of the Romanian ethnic mass and at the same time grinds down the country's ethnic minority groups."[47] He also added that "[e]thnic minorities are becoming fewer and fewer in our country, in a country whose population is growing vertiginously."[48]

Many of the medical activists wondered how birth rates in the minority community could be increased. An array of public health education materials illustrates clearly the areas of life in which doctors wanted to make a difference. The series launched by Ágisz Hasznos Könyvtár (Ágisz Useful Library) from Brassó/Braşov[49] undertook the publication of a number of health protection

43 Venczel, "Öt oltmenti székely község"; R. Szeben, "Transsylvania népmozgalma"; Nagy, "Az egyke Kalotaszegen"; Daróczi, "Egy kalotaszegi falu"; Kós, "Egy falu mezőgazdaságának rajza"; [N. n.], "Ciucmegye egészségügyi helyzetképe"; Nagy, "Szórvány és beolvadás."

44 The former was a census based on mother tongue, the latter on nationality. On the problems of data and data collections see the work of Attila Seres and Gábor Egry. They provide a good summary of the census' mismanagement of data and the use of census data for political purposes. See Seres and Egry, *Magyar levéltári források*.

45 Varga E., "Az erdélyi magyarság főbb statisztikai adatai."

46 See Varga E., "Az erdélyi magyarság főbb statisztikai adatai"; Horváth, "A migráció hatása."

47 Doctorul Ygrec, "Acţiunea revizionistă în lumina demografiei. Conferinţa de la Fundaţia Carol."

48 Vrânceanu, "Ştiinţă şi revizionism," 1.

49 Parádi, *A balesetek megelőzése*; Bakk, *Rajtad is múlik*; Herskovits, *Ismerd meg a fertőző betegségeket*; Schmidt, *A vérbaj*, vols. 1–2.

brochures, and the Reformed Church's journal *Kiáltó Szó* (Word of Outcry) also published a special edition of articles by Béla Jancsó.[50]

The main concern of this health policy was the perceived need to control demographic trends, and infant health, maternal health, and the one-child issue were given priority. It is perhaps no coincidence that the tangible results of this health policy were most visible in the discussion of birth rates, which may have been due to doctors' active cooperation with the Hungarian women's associations and women's religious organizations in Transylvania.

Maternal and infant protection

A broader social interest among Hungarian doctors in preventive care for infants emerged during World War I. In the public mind, the fate of the nation was inextricably linked to the health of the next generation and, of course, to the birth rates. The preoccupation with the health of future generations and the protection of mothers and infants was most powerfully expressed in the activities of the Országos Stefánia Szövetség az Anyák és Csecsemők Védelmére (National Stefánia Association for the Protection of Mothers and Infants).

After World War I, doctors had an even more important role in defending the supposed biological integrity of the community.[51] As was the case in Hungary, the new medical authorities in Romania made proposals concerning efforts to resolve the chaos in the wake of the war and to remove remnants of the previous political system. After World War I, a newly formed biopower provided for the security of the nation's health in Greater Romania. During this period, a range of reforms were introduced directly attaching the body and human sexuality to fertility in an attempt to control women's sexuality, to put women's bodies in the service of a eugenic ideal, and "to increase the rate of healthy births."[52]

Transylvanian Hungarian doctors also took on these tasks. They were the only ones qualified to give precise instructions to the community regarding its alleged biological integrity. And since childbirth and nursing were the mothers' domain, they provided a broad amount of information, including subjects such

50 Béla Jancsó (1903–1967) was Hungarian doctor, publicist, critic, and medical writer.

51 See Bucur, *Eugenie şi modernizare*. See also my articles on Romanian eugenics and venereal diseases in interwar Romania: Bokor, *Testtörténetek*; Bokor, "Women and eugenics in interwar Transylvania"; Bokor, "Enemy of the World in City and Village."

52 Bucur, *Eugenie şi modernizare*, 338.

as childbirth, childrearing, and issue ranging from children's shoes to bacteria, children's psychology, and the role of fresh air in children's growth.

In the following, I discuss some concepts included in the public health programs conceived by Hungarian medical doctors in Transylvania. I examine the initiatives of Lajos Küttel, the infant protection activism of András Nagy, and some brochures edited for mothers in the interwar period.

Lajos Küttel's name appeared in the Transylvanian Hungarian public discourse in the mid-1930s, as he regularly gave lectures to large audiences in Kolozsvár on inheritance, racial biology, and eugenics.[53] In 1935, as a doctor in Torockó/Trascău, he started a model campaign in his own village. The idea of the demonstration district[54] or "public health demonstration district" came from the United States. Essentially, a public health demonstration district was an experimental colony the aim of which was to establish and test "model health institutions."[55] While the campaigns in Eastern Europe (including Romania and Hungary) were supported by the Rockefeller Foundation,[56] the Torockó project was carried out on a voluntary basis by the local intellectuals and the district doctor.[57] In the infant clinic, 42 babies were examined regularly and vaccinated, and mothers were given advice on infant care. The doctor organized training courses on infant protection for nurses among local volunteers.[58] These nurses spent one day a week in the clinic and visited families with babies. The infant unit kept family registers and monitored the health situation of families.

Küttel planned to extend the model campaign to the whole of Transylvania, and he intended the Torockó infant protection action to serve as a model. In his policy paper, regarding the organization of child protection actions among the

53 In the series of educational lectures held by the EME in 1934 and in the lecture series held by the Ferenc Dávid Society in 1935, the authorities did not allow his lecture on race theory.

54 On public health demonstration districts in Hungary see Kiss, "Egészség és politika."

55 Pfeiffer, "A mintajárás," 72.

56 Romania, like most European countries, collaborated with the Rockefeller Foundation. The collaboration with Rockefeller also resulted in the establishment of the Institute of Hygiene and Public Health (Institutul de Igienă şi Sănătatea Publică) in Bucharest (1927), as well as in Cluj and Iasi (1930), and it also provided some finances for the Institute of Statistics (Institutul Central de Statistică). Several Romanian doctors and statisticians received Rockefeller fellowships in America (such as Sabin Manuilă, Iuliu Moldovan, and Gheorghe Racoviţă). This financial support also was directed toward Romanian national institutions (very few of Hungarian ethnic specialists were employed in these institutions, and none of them received fellowships).

57 Some data on this work was published in *Magyar Népegészségügyi Szemle:* N. N., "Figyelmet érdemlő kezdeményezés"

58 N. N., "A D.F.U.N.Sz. Csecsemővédő tanfolyama."

Roman Catholic, Reformed, and Unitarian and Evangelical Churches in Romania (hereinafter referred to as Draft[59]), he reports on the infant protection activities in Torockó and develops the operational plan for a Transylvanian Hungarian Church-based infant protection association. The infant protection association was never actually created, but the women's associations all made the problem of infant protection a priority, and in the autumn of 1936, the Unitarian Women's Association organized a course on infant protection with Küttel. The course included lectures on the physical and psychological development of children, healthy ways of feeding, alternative infant feeding, formula feeding, general hygiene, and illnesses. Five of the 16 lectures were on heredity and eugenics, which were Küttel's main areas of interest.

The Draft was one of the most remarkable initiatives of the Hungarian medical organization in the interwar period, as it modeled all the possibilities and perspectives that these two decades offered for the development of the public health movement: infant protection as a privileged field of minority biopolitics; the necessity of public health organization; the exclusive role of the Churches in the organization; and the extreme importance of the defense of the minority community understood as a biological community.

The Draft offers an unusual biological anthropological point of view: the reason for making mothers aware of the maternal instinct to provide care was to reverse the selection mechanism of nature. In this process of awareness-raising, Küttel considered morally and religiously sound infant protection important, but he claimed that in the circumstances faced by the minority community, Hungarians in Transylvania must prioritize the national objective, which was to "increase the strength of the nation." This is noteworthy because he expected Church support to implement the plan, but he wanted to involve the Church not as a moral authority but as a management unit, since it was the most organized body for the ethnic community.

The Draft proposes a eugenically-oriented project that goes beyond turn-of-the-century charity infant care and focuses on a new paradigm, the improvement of the national community's demographic indicators. In his 1936 treatise on eugenics Átörökléstan és eugénia kérdések (Heredity Theory and the Questions of Eugenics),[60] Küttel argues in favor of negative eugenics in the sense of Mendelian eugenics, supporting his arguments with Scandinavian, German,

59 Küttel Lajos. Vázlat a romániai római katolikus, református, unitárius, evangélikus egyház gyermekvédelmi akciójának megszervezéséről. Magyar Unitárius Egyház Kolozsvári Gyűjtőlevéltára.

60 Küttel, *Átörökléstan és eugénia*, also published in the EME's journal, "Eugéniai kérdések és az örökléstan."

and American examples, while positive eugenics is discussed in just one short chapter. He writes in first person plural, emphasizing not only his own position but also making the reader feel coopted. He is explicit in his contention that the large rural populations in Central Europe with high birth rates represent a "lower social stratum" than the populations of the modern, secularized Western states, and he claims that "the higher social strata is, on average, composed of more intelligent, healthier, and more industrious people than the lower social strata, on average."[61] The Catholic doctor András Nagy criticized Küttel for not taking Catholic views into account and for having composed a treatise the purpose of which was to promote and pass the German sterilization law for the Hungarian public.[62] Küttel replied with the phrase attributed to Galileo Galilei: "eppur si muove," or "and yet it moves."[63]

Despite Nagy's objections, there are common grounds in his work and Küttel's career. Both were members of the Medical Section of the Catholic League of People, and Nagy was well acquainted with Küttel's professional activities, both the Torockó demonstration district and his interest in eugenics. Küttel's work inspired Nagy to devise a plan for a public health center that was even more complex than the one in Torockó, which would become the nursing home (or health home or midwives' house) in Csíksomlyó/Şumuleu Ciuc. This home started out as a network of midwives but later grew into a complex maternity hospital which helped women from the rural area of Csík County provide care for their newborn babies. The nursing home as an institution for infant protection was also promoted by the Romanian Sanitation Law in 1930. Iuliu Moldovan,[64] who signed the law, stressed that rural medical dispensers should be more than just places to cure illness. He suggested that small institutions employing a doctor and a midwife should also do preventive work, and he proposed the name "nursing home" (casă de ocrotire) instead of "dispensary,"[65] placing emphasis on prevention instead of treatment.

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61 Küttel, "Eugéniai kérdések és az örökléstan," 56.

62 Nagy, "Új könyv az ütközőponton."

63 "As for the objection that the view advocated by my book does not coincide with the view of certain ecclesiastical circles, my only reply is that it does not follow that I am wrong. 'Eppur si muove'." Küttel, "Új könyv az ütközőponton," 120.

64 Iuliu Moldovan (1882–1966) was a Romanian doctor who organized the Health and Welfare Service in Transylvania at the end of World War I and also served as the president of ASTRA (see footnote 83). He was the Undersecretary of State at the Ministry of Labor, Health, and Social Welfare and founder of the Transylvanian Romanian eugenic school.

65 Moldovan, "Casă de ocrotire sau dispensar rural?" 3–6.

In 1937, due to the joint efforts of the Roman Catholic Church, the Society of the Sisters of Social Service (Szociális Testvérek Társasága),[66] the President of the Catholic Women's Association, Mrs. Paula Bethlen (née Jósika, the wife of György Bethlen), and the physician András Nagy, the Salvator Egészségház (Salvator Nursing Home) was established. Initially, it employed a team of midwives who carried out family visits, provided prenatal and postnatal care, and offered assistance with home births in villages around Csíkszereda/Miercurea Ciuc. In 1938, it became a maternity hospital and employed a full-time doctor. In the beginning, it provided social support only for women for whom it would have been risky to give birth at home, mainly because of their health or hygienic conditions.[67] Between September 1938 and August 1940, 100 births were registered at the nursing home. Women usually stayed in the maternity ward for 10 days, during which time they received thorough "training" in childcare. This was a very specific, direct form of infant protection, education for the mother, the rewriting of former popular customs (which according to doctors were difficult to change), healing practices, and hygiene rules.

These two projects offer a good insight into how different ideologies can underlie similar types of initiatives. While Küttel was interested in improving the supposed biological quality of the ethnic community, and he emphasized that his work was not a form of charitable activity. András Nagy, in contrast, embraced Áron Márton's idea of work in the social service of the people and regarded his own policy as a philanthropic social program. It is also interesting to observe the different roles assigned by policymakers to the Church.

Handbooks for Mothers: "Childcare Has to Be Done without Sentimentality, Almost Mechanically"[68]

The press (e.g., *Magyar Nép*, or Hungarian Nation, *Harangszó*, or Toll of the Bell) and health magazines (*Magyar Népegészségügyi Szemle* or Hungarian Public Health Observer) regularly published articles aimed at mothers. The most complex materials were the medical booklets and brochures regarding healthy mothering and infant care.[69] Most of these booklets were written for general use, but some

66 A Roman Catholic religious institute of women, a society of apostolic life, founded in Hungary in 1923 by Margit Slachta (1884–1974).

67 Nagy, *Lót visszanéz,* vol. 2, 234.

68 Kacsó and Jancsó, *A szoptató anya és gyermeke,* 54.

69 Kacsó and Jancsó, *A szoptató anya és gyermeke;* Nagy, *A csecsemő gondozása.*

contained the curriculum for a specific course, usually a denominational course, and therefore provided mother and baby care wrapped in the dogmatic teachings of the respective Church. For example, the course Anyák iskolája (School for Mothers),[70] which was organized by the Roman Catholic Women's Association, discusses the principles of Christian marriage, stresses the importance of having children, and condemns birth control. In addition to marriage, parenting, and social issues, the most important chapter on health issues was written by András Nagy.

The doctor monitored the development of individuals from the beginning of their lives, through several types of supervised activities:

1. Prenatal care. The full medicalization of pregnancy is justified by the dangers of pregnancy. Nagy described pregnancy as follows: "the maternal condition [...] imposes a great burden on the mother, may be harmful to her health, and is almost as dangerous to her life as pneumonia, as is proved by the great number of diseases and deaths associated with pregnancy and childbirth."[71] On the level of discourse, a new register of feeling was introduced: that of deterrence, which was not an encouraging but rather a terrifying discursive practice intended, presumably, to instill doubt or fear of the possible consequences.
2. Giving birth following medical instructions. In the 1930s, doctors were rarely present for births. Midwives trained in medical institutions were expected to assist at birth. In anticipation of the eventuality that women might have to give birth without assistance, infant care booklets covered all the details of labor and delivery and gave precise instructions to the woman giving birth. Giving birth was not seen as a normal, natural human action anymore, but rather was considered a scheduled medical act.
3. Postpartum control. The aim was to protect the mother's health during the puerperium by emphasizing basic hygienic principles and delegitimizing old folk practices and popular traditional knowledge.
4. Requirements/rules for the care and feeding of the infant. These subjects were addressed in the most extensive chapters in the information booklets. These chapters dealt with every aspect of the newborn infant's care: cleaning, swaddling, dressing, breastfeeding, alternative feeding methods,

70 Anyák iskolája. A Szociális Testvérek Társaságának Levéltára, Kolozsvár.

71 Kacsó and Jancsó, *A szoptató anya és gyermeke*, 8.

etc. They emphasized the importance of strictness in breastfeeding and specified the duration of feeding and the length of time between two feedings: "strictly, precisely, at the same time."[72]

5. The outsourcing of infant care to the medical sector, the complete elimination of local "superstitious" healing practices and popular traditional healers (the doctors called them charlatans), and the acceptance of the doctor as the only legitimate healer. On the one hand, this is a responsibility, but on the other hand, the doctor–parent relationship also implies the social judgements of the mother: "The physical and mental development and health of the child is proof of how caring, good, and clever the parents are, and especially the mother. Such parents and mothers always seek in good time the advice and help of the one who has learned it and whose sacred duty is to give such advice and help: the doctor."[73]
6. Rules for childrearing. The authors of the booklets encouraged as little physical contact as possible between mother and baby, and care for babies was to be done without any sentimentality to avoid illness. They condemned kissing and rocking infants, as well as unscheduled feedings and comfort feeding of the newborn,[74] mentioning that healthy infants do not cry but stay in their beds all day long. "If it is necessary to care for the infant, it has to be done without sentimentality, almost mechanically, because the satisfaction of the baby's wishes will give it a few minutes of pleasure but will be harmful later in life. If he sees that his wish is not fulfilled when he cries, he stops crying and stops trying to achieve something by crying."[75]
7. Infant protection was regarded as important not simply for the health of newborns or because of demographic indicators, but also because it offered the promise, from a longer-term perspective, of a healthy youth with a strong character and a sense of action. "If he can do the small tasks himself, he will become independent and self-confident, and he will be able to take on big tasks when he grows up," the specialists contended in an effort to impress upon their readers the necessity of

72 Ibid., 35.

73 Kacsó and Jancsó, *A szoptató anya és gyermeke*, 25.

74 Nagy, *A csecsemő gondozása.*

75 Kacsó and Jancsó, *A szoptató anya és gyermeke*, 54.

> maintaining distance when rearing a child.[76] Youth in this discourse was a demographic and public health issue, especially in terms of employment policy: due to migration, it is precisely the lack of a viable, leading intellectual class that needs to be filled by youth education. Youth becomes one of the main and complex symbols of this social agenda. It is also a primary thread in the idea of the common people, the new man. As would be made concrete later in the program of the României Magyar Népközösség (Community of the Romanian Hungarian People), there was an expectation regarding the intellectual and emotional education development of young individuals whose main qualities were initiative, good organizational skills, obedience, responsibility, solidarity, constant perseverance, and a good understanding of the broad interrelationships among issues.[77]

The idea of consistent, meticulous childrearing and the minimization of physical contact between mother and child was based on the vision of a new generation growing up under strict, almost military conditions, raised by a health-conscious mother, under constant medical supervision, and thus able to function in the world as biologically fully developed individuals. The biologically perfect youth represented a social stratum on which the future of a minority could be based.

Examining ASTRA's[78] medical propaganda in Romania and comparing it with publications of the infant protection associations in Hungary[79] and the Transylvanian Hungarian medical information booklets, we see similar trends in infant care and childrearing in interwar Hungary and interwar Romania. Each was operating according to the same principles: the need for hygiene, fresh air, attention, adherence to the baby's schedule, putting the baby to bed, and strict programming of the infant's sleep and eating.[80] Drops in birth rates and cases

76 Ibid., 55.

77 A României Magyar Népközösség munkaterve. Az Erdélyi Múzeum-Egyesület Gyűjteményei, Jancsó Béla papers.

78 Asociaţiunea Transilvană pentru Literatura Română şi Cultura Poporului Român (The Transylvanian Association for Romanian Literature and Culture of the Romanian People or ASTRA) was the first central cultural institution of the Romanians in Transylvania, founded in 1861. After World War I, it continued its activity, with particular focus on the cultural and social progress of rural communities in Romania.

79 Bókay, *Töredékek a csecsemő-hygiene köréből*; Fekete, *Anyák iskolája*.

80 See Bókay, *Töredékek a csecsemő-hygiene köréből*.

of infant mortality were attributed to mothers' alleged ignorance and the use of birth control,[81] and a healthy baby was considered the future of a healthy nation.

In the Transylvanian Hungarian texts, there is a much closer association between the infant and the youth. In these texts, the infant is associated with the powerful young individual of a new ethnic community. This was a prospective gaze, and it therefore promoted a much more militaristic, more severe attitude and made a more strenuous call for distance between parent and child than the Romanian literature or the Hungarian literature written and published in Hungary. It is notable that the distancing attitudes and the condemnation of pampering are much stronger in the Transylvanian materials. The fear of attachment was built, as a new layer, on the medical culture of caution and excessive concern for health protection. The environment constructed in this way seems to be rather a minority bubble or "greenhouse." Growing up in a "greenhouse" was a distant goal, a means of survival, and a way of coping with harsh conditions. This vision was used as a justification for the alleged need for strict, transparent, and predictable care, the nurturing of both mother and newborn, and intensive medical control. This may have been why this type of infant care followed the turn-of-the-century tendency that Reinhard Spree notes in German infant care books so strictly. This paradigm "promoted purposefully organized, cleanliness-oriented, punctual, orderly, disciplined education. They warned against the imminent danger of indulgence and prescribed unrelenting strictness *(unerbittliche Strenge)*."[82]

The Question of Racial Qualities

Between 1900 and 1940, an impressive emphasis was placed in Hungary and Romania on defining race and its alleged connection to biological mechanisms of identification and classification. Physical anthropology, as Marius Turda has noted, became associated with all other processes intrinsic to the discussions of national identity, such as national particularity, historical destiny, and ethnic assimilation.[83]

Though the question of race was not at the forefront of the Transylvanian Hungarian youth community work or at least not in the way it was emphasized

81 Stoichiția, *Îngrijirea mamei și a copilului*; Astra, *Îngrijirea copilului mic*.

82 Spree, *Sozialisationsnormen in ärztlichen Ratgebern*, cited in Pukánszky, *A gyermek a 19. századi magyar neveléstani kézikönyvekben,* 117.

83 Turda, "Entangled traditions of race."

for Romanians or Transylvanian Saxons,[84] supposed racial qualities or racial belonging were questions to be answered in the community's self-positioning and in constructions of ethnic minority identity.[85] These discussions were also responses to the majority's eugenic discourses. Race, despite its eugenic connotations and uses among Hungarian doctors from Transylvania, was most often seen as synonymous with ethnicity and nationality, and as such, it was a regarded as an essential, even elemental component of the community.

The biologization of national identity in Romania became most pronounced after World War I. From the perspective of this understanding of national identity, the nation is described as a biological entity the birth and death rates of which must be kept under constant medical control. The Romanian eugenicists, like their Central European counterparts, were concerned about the fates of the newly emerging nation states. They worked to further the creation of a "homogeneous national community," and almost all of them shared the conviction that "the state should be a nation state in which the ethnic majority constituted the nation."[86]

In 2015, historian Marius Turda introduced the concept of eugenic subcultures.[87] He pointed out that, in parallel to the dominant eugenic discourse popular in the majority cultures in Central and Eastern Europe in the interwar period, minorities also created eugenically oriented programs, despite the exclusionary nature, in general, of eugenics programs, which regarded ethnic minorities as dysgenic elements and not as part of the supposed biological body of the nation.

The Romanian Saxons also created a bureau for so-called racial protection, the Rassenamnt der Selbsthilfe (Self-Help Race Office), which was founded by Alfred Csallner and the Landesamt für Statistic und Sippenwesen (National Office for Statistics and Genealogy),[88] as well as the Schwäbisch-Deutscher Kulturbund and the Kulturbund (Swabian-German Cultural Association) of the German minority in Vojvodina, Yugoslavia, and the Sudetendeutsche

84 For Romanian examples see Turda, "Minorities and eugenic subcultures in East-Central Europe"; Turda, "Gheorghe Banu's Theory of Rural Biology in the 1920s Romania"; Turda, "From craniology to serology"; Turda, "Entangled traditions of race: Physical anthropology in Hungary and Romania, 1900–1940." On Saxon eugenics, see Georgescu, *The Eugenics Fortress*; Georgescu, "Ethnic minorities and the eugenic promise."

85 Balázs, "Nép, Nemzet, faj"; Vita, "Faj vagy nemzet."

86 Turda and Weindling, "Eugenics, Race and Nation in Central and Southeast Europe," 7.

87 Turda, *Minorities and eugenic subcultures in East-Central Europe*, 8–17.

88 Georgescu, *The Eugenics Fortress*; Georgescu, "Ethnic minorities and the eugenic promise."

Jugendgemeinschaft (The Sudeten Germans' State Association for German Youth Welfare).[89] There are many common elements in the discourses of these institutes, which were focused on demographics but from the perspective of a racial and thus eugenic understanding of national identity. The alleged biological factors of the ethnic community were the most important elements in the identity project. The most important problems discussed by minority eugenicists were the issues of reproduction and the protection of marriage, children, and youths. The eugenicists prioritized birth rates and condemned abortion and the one-child system. Like their Hungarian contemporaries, the Saxon eugenicists, especially Alfred Csallner (but also members of the German Kulturbund in Vojvodina), placed great emphasis on birth rate trends and condemned the so-called Ein- und Zweikindersystem (one- and two-child system).[90]

Neither the Romanian nor the Saxon eugenicists' initiatives were echoed among Hungarian youth activists, at least not explicitly. These activists distanced themselves from the eugenic agenda of the majority society, other minority associations, and the eugenic agendas in Hungary. No eugenic center was established, and the Transylvanian eugenics school, so famous at the turn of the century, disappeared after the Treaty of Trianon. One of the factors that certainly slowed down the spread of eugenics among the Hungarian elite was the fact that one of the important backers of the Transylvanian youth movement, the Roman Catholic Church (through the youth sections of the Roman Catholic League of People), strongly influenced the ideology of this society. The papal Casti Connubii[91] condemned eugenics and all forms of social engineering. The other problem was the national policy of Nazi Germany, which was based on racial biology and was condemned by the members of the Transylvanian intelligentsia with religious backgrounds.

Although race biology was not embraced by young members of the Hungarian minority communities, the terminology used in the discourses of racial hygiene and eugenics was also part of the vocabulary of the Transylvanian Hungarian medical community. This was not coincidental, as this discourse was part of the postwar regeneration of nation states across Europe, and it was

89 See Kasper, *The Sudetendeutsche Jugendgemeinschaft*.

90 Georgescu, *The Eugenics Fortress*; Georgescu, "Ethnic minorities and the eugenic promise."

91 Pope Pius XI's encyclical of December 1930: Casti Connubii https://www.vatican.va/content/pius-xi/en/encyclicals/documents/hf_p-xi_enc_19301231_casti-connubii.html (last accessed: October 13, 2023)

most often doctors and medical societies who took on the task of guarding the supposed biological body of the nation.

Eugenics had different connotations in these Transylvanian narratives.

1. It was used to explain public health problems and processes. The solutions proposed were taken from the toolbox of positive eugenics. The public health problems to be solved were usually linked to the supposed decline in the biological strength of Hungarians. In this context, therefore, eugenics is best understood as the purported science behind public health, and thus the most important keywords of positive eugenics were used in the discourses behind efforts to explain and improve public health. These terms included mixed marriage, falling birth rates, population decline, one-child system, and sexually transmitted diseases. In 1935, the *Magyar Népegészségügyi Szemle* opened with an article by a famous Hungarian eugenicist, Gábor Doros,[92] on the front page with the title "Who should marry?" The article gives a eugenic reading of marriage, emphasizing the obligation to produce healthy offspring.

   The maintenance of the body, abstinence, and careful family planning were all part of a eugenic model through which parents could produce biological individuals of full (social) value. One of the main issues in reproduction was the one-child system. András Nagy gives a eugenic reading of this, saying that having only one child usually leads to the extinction of a species: "According to the eugenicists, having one offspring is also a selection process. Species that have lost their viability disappear from the world through the slow suicide of the one-armed man. The one-armed man occurs in parallel with the qualitative decline of species. The viable species are not one-legged." He highlighted the Székely's biological behavior, who anthropologically were though to belong to the more viable ancestral component of the Hungarian people, the East Baltic race, and thus were more reproductive than other groups of Transylvanian Hungarians.

   Eugenics also provided an explanation of how mixed marriages reduced the biological strength of the Hungarians,[93] the other obstacle to healthy

92 Gábor Doros (1892–1980) was a Hungarian eugenicist and a specialist in dermatology and venerology in Budapest who published several articles on the topics of healthy marriage, eugenics, and venereal diseases.

93 Nagy, "Szórvány és beolvadás"; Csűrös, "Vegyes házasságok Erdély városaiban."

reproduction. Another physician, Elek Bakk, saw venereal diseases as one of the main causes of social degeneration and considered pre-marital medical visits as the main means of prevention: "When it comes to our animals, we strive for a pure and faultless breed, so that we can obtain healthy and plentiful products from them. With marriages, it's a different story. People marry for money. Let us not wonder, then, if mankind is becoming more and more degenerate."[94]

2. The allegedly scientific findings of eugenics were part of education and research: "Of course, we hardly need to emphasize that the aspects of eugenic education must be included in the health education at all levels of education,"[95] András Nagy declared. Racial health as a subject was part of the curriculum of professional training in some institutions, at the Department of Pastoral Medicine at the Faculty of Theology of Gyulafehérvár/Alba Iulia, for instance, but also for other participants in the courses on infant protection and midwife training. Although eugenics was part of the curriculum, there was a lack of eugenic specialists. Béla Jancsó complained about the lack of such specialists in his 1934 career guidance course for young people, in which he emphasized the need for specialists in eugenics: "Our people are threatened by diseases in their physiological nature, and there is no one who can fight for a healthier Hungarianness with eugenics, the science of creating healthier generations, which is so advanced worldwide."[96] Race biology was also an extremely important aspect of village surveys. "Public Health Issues," the fourth chapter of Béla Demeter's handbook for rural surveys, included more than 100 questions regarding the health situation of the village studied. The last 10 questions referred to allegedly racial/biological characteristics and inherited diseases.[97]
3. Eugenics served to strengthen national consciousness by buttressing the notion that the nation was a biological entity with allegedly scientific principles. In one of his studies, András Nagy describes the racial structure of the Hungarians in Transylvania in a very graphic way. According to him, Hungarian people are largely descended from two indigenous components, the Turanian and the Eastern Baltic racial component. In

94 Bakk, "A syphilis társadalmi vonatkozásairól."

95 Nagy, *Lót visszanéz,* vol. 2, 175.

96 Jancsó, "Az orvosi pálya," 338.

97 Demeter, *Hogyan tanulmányozzam a falu életét.*

> his assessment, the latter had never had the element of warrior glory. They were hardworking people with good birth rates.[98] In the same study, he identified the collective goal of the Hungarians in Transylvania as follows: "Let's reproduce! […] Not for the purpose of expansion, but solely for the purpose of giving laborers to the lands that need to be cultivated, in order to create new families in the greatest possible number and with the largest possible population, and as such, maintaining an internal tension capable of withstanding external pressures."[99]

In 1939, the term "community of the people" *(népközösség)* became politicized. The political representation of the Hungarian minority in Transylvania was taken over by the institution called the Romániai Magyar Népközösség (Community of the Romanian Hungarian People), the objectives of which seemed to include the idea of work in the service of the people of the 1930s. In the Community of the Romanian Hungarian People, founded in 1939, we find the intellectuals who were already well known from the columns of *Hitel* (Credit) and Erdélyi Fiatalok and who thought about social and cultural issues. The idea of work in the social service of the people began to exert some influence at the political level in the social construction of the community. The idea of the community of the people and of work in the service of the people found explicit expression in the program of the Community of the Romanian Hungarian People:[100]

> The world crisis of today, which will sweep across the breadth of all humanity, the depth of all human questions, can only be solved by a new man and a new humanity. The new man is the whole man. […] The community of the Hungarians in Romania is the community of the people: a racial (blood) community, spiritual community (language, culture), and the community of destiny. Racial community, because descent is a common biological endowment, which is the bearer of all the specific spiritual and physical characteristics.[101]

98 Nagy, *Lót visszanéz,* vol. 2, 143.

99 Ibid., 142.

100 With the imposition of the royal dictatorship of Carol al II-lea (Charles II), political parties were dissolved in December 1938, and a single party, the Frontul Renaşterii Naţionale (National Revival Front), was allowed to function. On February 11, 1939, the Romanian Hungarian Popular Community was founded as a subdivision of the National Revival Front.

101 A Romániai Magyar Népközösség munkaterve. Az Erdélyi Múzeum-Egyesület Gyűjteményei, Jancsó Béla papers.

The biological strength of the Hungarian people, often mentioned in the public health movements of the 1930s, was given a major role in this socio-political program:

> The aim of the health program is to preserve and develop the biological stock of the Hungarian people, and for this reason: a) to nurture the awareness of shared origins as a blood community and to warn people of their biological duties, which make possible the survival and healthy development of the race (and its distinctive soul) and b) to build up the appropriate institutions of demography, medical treatment, prevention, and the health of the race and to clarify their tasks by means of preliminary health surveys and anthropological, race-biological, and race-characterological research.[102]

Conclusions

The construction of an understanding of ethnic identity based on a notion of biological belonging was in part a response by minority communities in interwar Central Europe to precarious citizenship situations, the disintegration of the health system, and neglect (or even the adoption of a hostile stance) by the state. In the case of the Hungarian minority in Transylvania, difficult access to resources and the underdevelopment of health infrastructure in minority communities, which were both evidence of state neglect, mobilized the young medical generation of the 1930s and formed one pillar of an understanding of the ethnic community of Hungarians in Transylvania as a biological community. This understanding made the presence of the doctor a necessary part of a commitment to the health and prosperity of this community. A kind of local (regional) bio-control was emerging, which was not state-based but functioned in a similar way: it created a powerful organization and governing body. The individual was no longer important as an individual, but rather as part of a community, understood as a biological unity. This local biopower, through disciplinary technologies, controlled individual bodies in the same way, treated the community as a social and biological body, and was interested in its biological processes, such as birth and death rates, health maintenance habits, etc.

In this program, eugenics appears to have been understood as a kind of regeneration program, but instead of being the guiding paradigm, it remained a tool with which to achieve the goal. The initiatives of Hungarian doctors in

102 Ibid.

the 1930s cannot be considered eugenic initiatives. While most of the eugenic movements across Europe worked to emphasize the primacy of the biological paradigm, for the Hungarian elite in Transylvania, biological, spiritual, and cultural aspects together became the defining factors of the ethnic community. What was new, however, compared to previous elite discourses, was that the supposed biological factor had come to be understood as an essential component of the life of the minority community and indeed was equated with the very survival of this community. Eugenic discourse became part of the identity-building processes.

This discourse, which put emphasis on the defense of the biological nation, was unique. It put the defense of the race on a quasi-eugenic basis by eliminating the state, the central element essential to eugenic modernization. All this was organized from below, while Romanian public health (and its eugenics engine) not only received state support, but also implemented state centralization to maintain the supposed nation's health. The Transylvanian Hungarian public health movements were opposed neither to power nor to the majority society. Rather, they were parallel projects working on a regional level and mobilizing members of the Transylvanian Hungarian community.

The discourse of positive eugenics became part of a socio-political program, incorporated into the concept of the népközösség, a notion which had been refined over the years, and then politicized in 1939 and validated in the identity-building process of an ethnic minority.

The Community of the Romanian Hungarian People ended its activity in 1940 in Northern Transylvania, and medical public health activism was redefined. Medical institutions and medical higher education became part of a complex, national Hungarian health system, and the terms ethnicity, *népközösség*, and race were given new meanings.

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