

Healthy Babies for the Nation: The Evolution of the State Child Welfare System in Interwar Banat and Transylvania

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Introduction¹

In the 20th century doctors, sociologists and politicians became more and more preoccupied with the health of population. Special emphasis was placed on the health of the future generation, which starts with the protection of infants. In late 19th century Hungary doctors and child protection activists like Mór Szalárdi in Budapest started to raise public awareness on the high infant mortality especially among illegitimate children. Many unmarried women employed in the big cities who were unable to raise their offspring, placed them in the care of mercenary wet-nurses in the nearby villages. Because of improper feeding most of them died soon. Despite the laws entrusted the control of these nurslings to local authorities, in reality this process called “angel-making” was unsupervised and no one knew the exact number of infants who perished this way. One of the arguments to urge the intervention of the state was that these children represented a great loss of human resources to the nation. Finally, the state intervened and took over the care for abandoned children through the State Children’s Asylums in the major cities of Hungary. They were established by the Child Protection Laws of 1901, and all children declared abandoned between 0–15 years were raised from the state budget in foster families.

The child protection measures in interwar Romania on the territories annexed from dualist Hungary can be characterized by (1) the adaptation of inherited institutions to the new political circumstances and by (2) the reactions to the practices of the previous period. Therefore, the infant and child protection activities on the annexed territories in the interwar period cannot be fully comprehended if not compared to the previous period. In this paper I present the endeavours of politicians, doctors, social activists to overcome the high infant mortality of the region. The main focus will be placed on the State Children’s Asylums founded in dualist Hungary for the protection of abandoned children, and functioning throughout the interwar period only with minor changes regarding the raising of the protected. There were also a series of associations more or less linked to and collaborating with the asylums which intended to assist infants and their mothers in need. In the multi-ethnic regions such as Transylvania, the Banat and Eastern Hungary, such activities were also intertwined with nationalist politics, especially taking into account the shift of these territories from one country to another.

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The intervention of the state in child protection matters in dualist Hungary

According to Sándor Szana until 1899 there was no child protection, and the “*primitive charity games*” of the society can’t be called as such.² An important step in the intervention of the state was the establishment of the State Healthcare Fund (*Országos betegápolási alap*) in 1898, which covered the childcare costs of foundlings and abandoned children under 7. Provisionally the National White Cross Foundling Home Association (*Országos Fehér Kereszt Lelencház Egyesület*) was entrusted with their supervision at the expense of the state, which facilitated its geographical expansion, establishing 11 local offices. The Child Protection Laws of 1901 placed children declared abandoned between ages 0–15 under the supervision of the state through the 18 asylums of Hungary.³ The law was applied from 1903 when the Regulation for the protection of abandoned children was issued, detailing how state children should be taken care of. Once admitted into state care, they were placed with foster parents in so-called colonies, where more families accepted fosterlings for monthly payments.⁴ In the studied region there were five asylums: Arad, Cluj/Kolozsvár, Oradea/Nagyvárad, Târgu Mureş/Marosvásárhely and Timișoara/Temesvár.

The main reason for the establishment of the asylums was the high infant mortality; therefore, a special emphasis was placed on the special needs and care in their first years of life. The institution didn’t keep the children inside its walls, because the closed institutional environment lessened the infants’ chances of survival. The breastfeeding of infants was also a central issue. Breastmilk was very valuable in this regard and the asylum forced to some extent the mothers to breastfeed their infants, even though many tried to avoid it. Director physicians like Szana highlighted that many of the young mothers only wished to dispose of their children and first tried other alternatives like hiring a private wet nurse, but when the mother stopped paying, the wet-nurse usually brought the weakened, half-dead baby to the asylum.⁵ Gusztáv Genersich, the director of the Cluj asylum, also noticed this practice, and from 1909 he sought the help of the local police officers who were to approach unmarried mothers without a home already in the maternity and escorted them to the asylum, preventing the traceless abandonment of infants.⁶ One of the reasons that many mothers tried to abandon and not admit their child to the asylum, was to maintain their *anonymity* and avoid *shame* and *public disgrace*. According to asylum regulations, the Guardianship Authority had to determine the locality of origin of the mother and to obtain a poor-certificate, so usually the parents of the young mother (and the whole village) quickly became aware of the illegitimate child. The only legal solution to maintain anonymity in the asylum, was to seek the assistance of associations like the National Child Protection League (*Országos Gyermekvédő Liga*) who could intervene in such cases if they were reassured that exposing the mother would endanger her existence.⁷

² Sándor Szana, “Szociálpszichológiai vizsgálatok a dajkaságba adott nagyobb gyermekek ellenőrzése körül,” *Orvosok lapja* 24, no. 36 (September 4, 1913): 567–569.

³ Acts 8/1901 and 11/1901.

⁴ Ordinance 1/1903, Ministry of interior. Gábor, Gyáni, “Könyörületesség, fegyelmezés, avagy a szociális gondoskodás genealógiája,” *Történelmi szemle* 41, no. 1–2 (1999): 57–81; Marianne Kaszás, “Az egyesületi karitástól az állami gondoskodásig. Szociális gyermekvédelem a századfordulón Budapesten,” *Szociológiai Szemle* 4, no. 1 (1994): 127–145; Susan Zimmermann, *Divide, Provide, and Rule* (Budapest – New York: CEU Press, 2011), 48–56.

⁵ Sándor Szana, “Az elhagyott csecsemők magyar állami védelmének 1912. évi eredményei,” *Szociális egészségügy* 7, no. 4, (December 1913): 1–2. (Supplement of *Orvosok lapja*).

⁶ Axente Iancu, “Ocotirea infantilă în Transilvania,” *Societatea de mâine* 2, no. 28–29 (July 1925): 477–481.

⁷ *Az anya- és csecsemővédők vezérfonala* (Budapest: Pfeifer Ferdinánd, 1917), 150.

Asylums also had the right to refuse the admittance of the child if the mother didn't have a serious motivation for denying breastfeeding. They did so, because besides the fact that babies had the best chances of survival with the mother, it was also more and more difficult to find women who accepted to breastfeed an infant from the asylum, because the wages for women's work were higher than the payment of the asylum, therefore only very poor women with a lot of children had resorted to it. The asylum however was less concerned for the mother and the main objective was the survival of the infant. At a patronage congress in 1911 the national inspector of children's asylums, Pál Ruffy said that "*because the infant needs his mother's milk, the asylum engages the mother for the infant, therefore the mother is only an accessory of her own child.*"⁸ The Budapest asylum which admitted almost half of the infants in the whole country, couldn't find enough wet-nurses anymore in its surroundings. As a solution, from 1912 the director-physician of the central asylum in Budapest (Sándor Szana) issued an internal regulation that all healthy infants without a mother could be directly sent to any colony in the country. The Cluj asylum for example received 22 infants without a mother from Budapest in 1912 of whom only 3 had died, but due to the great distance, only the healthiest babies were sent here. Others, like the Târgu Mureş and Arad asylums didn't accept infants without the mother, because women in the surrounding villages didn't accept breastfeeding.⁹

The infant admitted with the mother were both placed to a foster family for the breastfeeding period, who in turn received a payment for housing them and could engage the mother in easy household activities. If the mother had a place to stay, she would receive the payments for the breastfeeding period. The first method was not a pleasant experience for the mother, and asylum officials argued this would discourage her to give birth to more illegitimate children or – ideally – it would create a bond between the mother and child and she would keep the infant after weaning. Otherwise, the child was separated from the mother.

Asylums placed healthy children of all ages to regularly supervised foster families rather than raising them in closed institutions. One of the placement rules was that the abandoned child couldn't be placed with the natural family – or otherwise it wouldn't be considered as abandoned. This rule of separation raised many debates among child protection activists, listing a series of pro and contra arguments. The initial concept of the state was to offer care and protection only for those who cannot be properly raised in their familiar environment. The problem was that in practice all kinds of poor children were easily admitted in the asylum. The following example from the recollection of a novelist from Cluj, István Nagy proves how easily one could be admitted to state care and how some abused the system. According to his accounts, his family had lived in Oradea for a short period. The author's father had gone to find work in Budapest, leaving his pregnant wife in the maternity and the one-and-a-half-year-old István in the care of his paternal aunt. Because of a previous conflict between the two women, while the mother was in the maternity, the aunt put the boy in the asylum as a foundling, and left the city without notice. The mother had difficulties in finding her son, who had already been placed to a foster family with some „stranger foundling-name.” Parenthood needed to be proved with official certificates to the director of the asylum and the Guardianship Authority, where the father, who in the meantime had returned from Budapest, was severely

⁸ III. Országos Patronage-Kongresszus naplója [The Diary of the III. National Patronage Congress] (Kassa, „Szent Erzsébet” Könyvnyomda: 1912), 79.

⁹ Piroska Lengyel, „Vizsgálatok a csecsemők vasúti szállítása alkalmából keletkező ártalmakról,” Szociális egészségügy 7, no. 1 (April 1913): 1–7. (Supplement of *Orvosok lapja*).

scolded for neglecting his family.¹⁰ In this case the institution was used as the accessory in an act of revenge, nevertheless proving how easily a child could be admitted in the asylum.

The nationality of the children protected by the state

The state intended to raise the unwanted children as Magyars, so they were placed almost exclusively to Hungarian foster parents, resulting in their alienation from their nationality of origin. This is how national politics intertwined with child protection, which was more visible in ethnically diverse regions like the Banat and Transylvania. The asylums were infamous among the national minorities of dualist Hungary for Magyarizing the children of another nationality (of origin). After the First World War Romanian doctors quickly recognised that they inherited a very efficient institution in child protection matters from dualist Hungary, but had to be adapted to the nationalist intentions of the new state.

The ethnic statistics of the admitted children show that most were of Hungarian origin, and in the studied regions they were unproportionally overrepresented compared to the general population. This can be explained by the fact that child abandonment was mostly an urban phenomenon, and the cities in Transylvania were inhabited in majority by Hungarians and by Germans in the Saxon region of Transylvania and in high proportions in the Banat, while the countryside was predominantly Romanian. In Transylvania Hungarians represented only 34.2% of the population (including Jews), while 55.08% were Romanians, and 8.71% Germans (Saxons).¹¹ There was an uneven urban-rural ethnic distribution: Hungarians, Jews and Germans constituted 88.5% of the urban population in Transylvania, while Romanians only 19.7%. Romanians however represented 59.7% of the rural population.¹² The statistics of the asylum show that the nationality of the state children in the Cluj asylum didn't correspond with the ethnic distribution of the total population of historical Transylvania. Between 1904–1910 in average about 65.5% of the state children were Hungarian and only 31.2% were Romanian.¹³ This uneven distribution of children in the asylum can be explained by the high number of illegitimate children coming from urban areas, where illegitimacy rates were much higher than in rural areas. In 1906 for example 63% of the children came from the city of Cluj, and between 1904–1910 in average 52.7% of the newly admitted were illegitimate.¹⁴

The Banat was much more ethnically diverse with a considerable German and Serbian communities, Hungarians representing only 15.3% (1910) of the total population. Their proportion in the asylum was the highest nevertheless (in average around 40% in the dualist period), which can partly be explained by the geographical provenance of the children. Between 1904–1907 on average 32.7% of the newly admitted children came from the city of Timișoara with a considerable number of Hungarian inhabitants. The Timișoara asylum also received many children from the central asylum in Budapest, also raising the number of Hungarian children. On the other hand, only 11–12% of the children came from Caraș-

¹⁰ István Nagy, *Sáncalja: Önéletrajzi regény 1904–1918* (Bukarest: Irodalmi Könyvkiadó, 1968), 27–31.

¹¹ Béla Köpeczi, ed., *Erdély története*, Vol. 3, 1830-tól napjainkig. [History of Transylvania, Vol. 3, From 1830 to present] (Budapest: MTA, 1986), 1575.

¹² Irina Livezeanu, *Cultural Politics in Greater Romania* (Ithaca: Cornell University Press, 1995) 10–11, 17, 135–137.

¹³ The nationality of the state children represents the assumed language of the birthparents according to religion. Germans represented 3.3%. The Jewish community was culturally associated with Hungarian culture, thus the Jewish children are assumed as Hungarians from a linguistic point of view (5.5%).

¹⁴ Edina Gál, “The Denationalized Children of Transylvania: The State Children’s Asylum in Cluj after 1918” in *Postwar Continuity and New Challenges in Central Europe, 1918–1923: The War that Never Ended*, eds. Tomasz Pudłocki and Kamil Ruzsała (Routledge, forthcoming).

Severin/Krassó-Szörény county prior to the war, a county with a predominantly Romanian population (72% in 1910). Later this was often interpreted as the Hungarian state deliberately neglected the Romanian children in the rural areas, even if this in a retrospect meant that they were less affected by Magyarization. As a result, after the war an accentuated nationalist rhetoric was present in the Romanian medical discourse (especially in the case of Transylvanian doctors), often exaggerating with numbers and jumping to conclusions that the children's asylums were merely political tools of Magyarization. Nevertheless, they appreciated the institution's achievements in efficiently protecting the abandoned. Others, like Nemoianu from the Banat, had a more realistic view. In the 1940s he concluded that the Romanian population was the least affected by Magyarization through the asylums due to the small number of the proteges. He attributed the Romanian's unproportionally small admittance-rate during Dualism to the fact that as predominantly rural and conservative communities they were less exposed to the phenomenon of child abandonment characteristic to big urban centres.¹⁵ Nemoianu's criticism on the asylums was based on the fact that it was not an institution for the protection of the general child population, but only for the protection of abandoned children. Nemoianu said, that caring only for the abandoned children ("the dregs of society") was a luxury since many babies not qualified as abandoned died out of negligence, and the lack of hygienic knowledge.¹⁶

Towards a general child protection in dualist Hungary – The National Stefánia Association for the protection of Mothers and Infants

The creators of the Hungarian state child protection system were perfectly aware of its shortcomings, one of them being the neglect of the general child population. This issue was not addressed only by Nemoianu in the interwar period, but also by his predecessors, like Sándor Szana, the first director of the Timișoara asylum. Szana expressed his ideas of expanding the protection of the abandoned to a general child (infant) protection already when he organised the White Cross foundling home in Timișoara, preceding the state asylum. Although the asylum engaged to protect only the abandoned children of parent(s) with existential problems, paediatricians were aware that many married mothers needed professional advice and help in order to raise a healthy child. Many infants died or were underdeveloped because of the lack of hygienic knowledge and appropriate feeding. One of the most common problems was that mothers gave food to infants in the early months. The idea that even those mothers who are living in a decent family environment and the child is not abandoned, they also must be approached by social workers/health officials and not the other way around. This idea is present already Szana's early works.¹⁷

The growing public concern regarding the high infant and child mortality was perceived as a national crisis for the Hungarian population. The infant mortality was discussed along phrases like the "fall of the nation." The issue was long discussed in the early twentieth century, however the outbreak of the First World War (and an insight into its consequences) motivated the society to act quickly. As a result, the Stefánia Association for the Protection of Mothers and Infants (*Országos Stefánia Szövetség az anyák- és csecsemők védelmére*) was founded for the protection of the general infant population – inseparable from the mother – which

¹⁵ Iosif Nemoianu, "Organizarea Centrelor pentru ocrotirea copiilor" in *Conferința pentru studiul problemei ocrotirii copiilor*, ed. Maria Antonescu (București: Eminescu, 1942): 34; Nemoianu, *Contribuțiuni*, 117.

¹⁶ Nemoianu, *Contribuțiuni*, 7.

¹⁷ Sándor Szana, *A gyermekvédelem szervezése Temesvárott* (Budapest: Pallas, 1902), 13–16.

immediately (1915) the training of visiting nurses.¹⁸ The “main protagonist” on the field was the *visiting nurse* with very complex and diversified duties. The professionalization of visiting nurses in Hungary is studied in detail by Ilona Kappanyos. With demographical objectives at its basis, the association (just like the asylums) endeavoured to overcome the extremely high infant mortality, which would ultimately result in the numerical growth of the population. The “human capital” is in the centre of the association’s narratives: “*Every person is a value and the women who gives birth produces a greater value rather than working in a factory.*”¹⁹ Furthermore, only a financially stable mother could raise a mentally and physically healthy child for the “nation.” An immediate action of the society and state was even more justified, because the social causes of infant mortality outnumbered those of biological causes.²⁰ Influenced by eugenic views, racial hygiene and population policy, in 1916 Sándor Szana published a study on the involvement of the State Children’s Asylum in racial improvement with a series of practical recommendations like social assistance for mothers, or even marriage restrictions for those suffering from venereal diseases.²¹ He noted that state children’s asylum should focus more on the health of the nation and “*child protection must be evolved to contribute to the improvement of the race.*” He said that „[asylums] *can only serve the interests of the race, therefore the mentally disabled and other degenerate elements should be excluded of state child protection [and be left in the care of local authorities].*”²² Szana also took part in the training of visiting nurses and was one of the main contributors to their manual (1917).

The State Children’s Asylums and the Stefánia Association had many common ideas and practices regarding the protection of infants. Both were primarily focused on the health of the infant. Both intended to convince (or even oblige) the mother to breastfeed her own baby, for this was the best method to assure his or her survival in the most endangered first year of life and the healthy development at a later age also depended on it. The difference between the two was that the association visited the mothers that never would have resorted to abandonment but still faced hardships. Visiting nurses primarily tried to keep the child and the mother together in their own environment and resorted to the options offered by the asylums as a last resort. The encouragement of breastfeeding was also important for the wealthy mothers who were more and more criticised for hiring private wet-nurses for their own comfort, because this usually meant that another mother abandoned her own healthy child for it.²³ The visiting nurse also had an important role in the maternities, where she was the connection between the maternity and the asylum, and the first person to ask the mother whether she had any place to go after leaving the maternity.

Visiting nurses were social workers (exclusively women) trained to assure the survival and the healthy development of newborns together with their mother. Their manual reveals that besides a basic medical training about infants, they were instructed to be resourceful and find individual solutions that best suited the mother in each case. The chapter about *The social duties of the visiting nurse* was written by Sándor Szana. Based on his vast experiences with abandoned infants and (unmarried) mothers, he encouraged visiting nurses to assure an income

¹⁸ Ilona Kappanyos, “‘Hajlékában kell felkeresnünk őt:’ A védőnői modell kialakulása,” *Sic Itur ad Astra* 72 (2020): 135–152; Marius Turda, *Eugenics and Nation in Early 20th Century Hungary* (New York: Palgrave Macmillan, 2014), 151–156.

¹⁹ József Madzsar, *Mit akar a Stefánia Szövetség?* (Budapest: Pfeifer Ferdinánd, 1916).

²⁰ Kappanyos, “Hajlékában kell felkeresnünk,” 136.

²¹ Turda, *Eugenics and Nation*, 177–179.

²² Sándor Szana, *Irányeszmék a magyar népesedési politikához* (Budapest: Loyd, 1916).

²³ József Madzsar, *Mit akar a Stefánia Szövetség?*

for the mother that didn't interfere with breastfeeding. Szana also presented several common situations with a series of solutions, like for example how can the visiting nurse assure the breastfeeding of the infant if the mother worked in a factory and her livelihood would be compromised if resigned. Nurses could also start with convincing the biological parents to marry, find a better paid job for the father (if they were married), convince the superiors of the working mother to give permission for breastfeeding breaks or find a job for the mother that can be done from home. Much of the nurse's work was about persuading the mothers to care for her infant by presenting her a series of options how she could combine income with breastfeeding.²⁴ One must notice however that most of the advice was given in the case of mothers living in urban areas, because the urban lifestyle of working women in the period interfered the most with breastfeeding, leaving many young mothers without any other choice but neglecting the infant (i.e., admitting the child to the asylum, leaving the child home unsupervised, entrusting the infant to someone else to be artificially fed). In the case of mothers living in rural areas denying breastfeeding wasn't an issue and it didn't interfere with the agricultural work, because infants could be brought to the fields. In rural areas the lack of hygienic knowledge and superstitions caused most casualties.

New directions in interwar Banat and Transylvania

The State Children's Asylums

After 1918 Romania inherited the child protection institutions of dualist Hungary in the annexed territories of Transylvania, the Banat and Eastern Hungary. Doctors like Titu Gane, entrusted with the reorganization of the State Children's Asylums quickly recognised the efficiency of these institutions.²⁵ Transylvanian health officials intended to expand them to the Old Romanian Kingdom as well – which was partially materialised. The first action of the asylums however was the re-Romanianization of the estranged children by replacing them to Romanian foster parents. In the interwar period however focusing on the general child population also meant that the emphasis shifted towards the *Romanian population in the rural areas*. The urban-rural contrast in the newly annexed territories from Hungary also implied a contrast from an ethnic point of view, where the rural represented the authentic Romanian element, while the urban centres were dominated by the “stranger” (Hungarian, German) elements, which wasn't reverse throughout the interwar period. In 1924 for example 77.7% of the newly admitted children were Greek Catholic or Orthodox, therefore presumably Romanian. In 1936 already 68% of the assisted children of the Cluj asylum came from a rural environment. Furthermore, 48.5% of the assisted children of the Cluj asylum were placed in the care of their own parents, especially in the rural environment, contrary to the strict rules of separation during Dualism. 62% of these children were legitimate and most likely wouldn't be qualified as abandoned in the previous period, but they needed external support to grow up in decent conditions in their natural environment.²⁶

Romanian asylum officials had great difficulties in finding wet-nurses for the abandoned children. Paradoxically, the solution to the problem was in the same what caused it: the obligation of the mother to breastfeed her own baby. Just as in previous times, many mothers wished to avoid this by any means and looked for other options to the disadvantage of

²⁴ *Az anya- és csecsemővédők vezérfonala* (Budapest: Pfeifer Ferdinánd, 1917).

²⁵ Titu Gane, “Organizația protecției copiilor în Ardeal” [The child protection system in Transylvania], *Sănătatea publică* 1, no. 7–8 (July-August 1921): 43–49.

²⁶ Axente Iancu, *Opera de protecție a copiilor dependenți în serviciul puericulturii rurale* (Oradea: Mercur, 1938)

the infant, who depended on it. In the Timișoara asylum out of 239 infants admitted without a mother in 1934, 15% were abandoned by their own mother, and 38% categorically refused breastfeeding.²⁷ Axente Iancu argued that even the Mothers' Homes of the Principele Mircea Association was a concurrence for the asylum if both institutions were present in the same city, because it would make more difficult for directors to convince mothers to breastfeed another motherless infant too along her own in the asylum. Unlike in the asylum, in the Mothers' Home they didn't have such uncomfortable obligations, thus making it a more desirable choice compared to the asylum. He suggested mothers entering such facilities should also be implicated in the breastfeeding of motherless infants.²⁸

Director-physicians also had difficulties in finding wet-nurses in the colonies for the infants admitted without a mother; especially Romanian ones for the Romanian children. Since all the colonies of the previous era were situated in exclusively Hungarian villages or cities, for the Romanian population this was a new practice, and they weren't used to it, and above all, the payments were also reduced in the years following the war. Therefore, asylum directors still had to rely on the Hungarian wet-nurses from the dualism, which in certain villages like the Hungarian village of Gheorgheni/Györgyfalva near Cluj or Dumbrava/Igazfalva in the Banat became a so-called "industry." Women in Gheorgheni had a long tradition of foster parenting the most vulnerable newborns and over time learned how to efficiently care for them. The Royal Maternity of Cluj placed abandoned children in the surrounding villages since the mid-nineteenth century, and by the 1880s the replacements were confined to Gheorgheni, arguing that abandoned children should be placed with Hungarian families.²⁹ After the state asylums took over the control of abandoned children, wet-nurses were regularly supervised by doctors, and as a result knowledge on correct feeding and hygiene took root in the community. Their long experience and efficiency with nurslings couldn't be replicated with Romanian wet-nurses. This way director-physicians still placed Romanian infants to Hungarian wet-nurses in the interwar period out of necessity. They had hardships finding suitable Romanian foster parents for their re-placement at an older age too, and as a result in some exceptional cases Romanian state children settled in Hungarian communities even under Romanian rule.³⁰

In Cluj, a story in the newspaper reveals another case when the mother wished to get rid of her child as quickly as possible. The mother abandoned her infant on the hills nearby Cluj, but she accidentally forgot the towel from the maternity on the baby, therefore she was easily identified. The police came to arrest the abandoning mother, but the director-physician intervened that first she must fulfil her obligations of breastfeeding her own child at the asylum. The mother was hesitant, she agreed to only after long explanations. It is worth noticing she had another two children at home with a man she wasn't married to.³¹ The author of the article naturally condemns the mother for her deed; however, the worn-out face of the young woman uncovers the despair and existential difficulties of the mother at the bottom of her bad decisions. In the same article, another abandoned baby is presented who had a bracelet on her arm put by

²⁷ Iosif Nemoianu, "Mortalitatea infantilă în Banat," *Revista Institutului Social Banat-Crișana* 2, no. 3 (1934): 22–40.

²⁸ Axente Iancu, "O anchetă demografică la frontiera de vest a țării," *Societatea de mâine* 1, no. 22 (September 1924): 436–438.

²⁹ Gábor Engel, *Az országos gyermek-menházak ügyében* [In the matter of the Children's Homes] (Kolozsvar: Stein János, 1885).

³⁰ Axente Iancu, *Rezultatele plasamentului la țară al copiilor asistați* [The results of child placement in rural areas] (Oradia: Tipografia Românească, 1938).

³¹ Marton Lili, „Látogatás Kulcsár Andrásnál, Annánál és Erzsébetnél.” *Ellenzék* 1940.05.14. Marton Lili was a children's author.

the mother to protect the child of ill intent. This again was a sign of care on the mother's behalf – even though the author of the article didn't interpret it as such – and similar practices were observed in many other European foundling homes.³²

Others entrusted their unwanted baby to private wet-nurses, because as one told Nemoianu, “*only the fool lock themselves in the asylums for a year to breastfeed.*” Mothers of unwanted children were only contacted by visiting nurses, however some managed to “vanish” even before they arrived, and in the case of Timisoara in 1924, 48 new-borns weren't at the given address, 131 moved far away and 128 moved to an unknown place.³³ Breastfeeding was a problem not only for the abandoned children but generally for the working mothers in industrial cities which was incompatible with the working hours. In Timișoara 34% of the mothers with newborns visited by nurses in 1930 were employed outside their home making it impossible to nurse their offspring.³⁴ There were solutions too: the local “Wool Industry” company established in 1920 a day-care centre for the breastfeeding employees with room for 32 infants, and the cigar manufactory also had a similar establishment for 30.³⁵ In other cases, in some villages of the Banat, due to the influences from Timișoara mothers didn't breastfeed anymore but infant were fed artificially (“*women around here don't suckle babies anymore*”).

Initiatives for the protection of infants and mothers

In Transylvanian urban centres like Cluj, Hungarians still dominated certain aspects of social life.³⁶ They kept many of the old child protection association – some were renamed – and created new ones too based on ethnical or religious grounds. For example, the local branch of the Stefánia Association in Cluj still functioned in the interwar period after abandoning the name of the patroness, princess Stéphanie of Belgium, the wife of the former Habsburg heir to the throne, Rudolf; a name unsuitable in the political circumstances of interwar Transylvania. According to Gheorghe Popoviciu, the visiting nurses in Cluj educated under Hungarian rule refused to submit to the new Romanian authorities and worked independently.³⁷ They continued their activity under the Cluj Association for the Protection of Mothers and Infants, sustained by the local Hungarian community and they considered themselves the successors of the Stefánia Association. They received subvention from Romanian Health Administration until 1923.³⁸ In 1928 the nurses visited 1701 infants (105 families) in 5272 instances, offered financial aid, free medical treatment and clothes, mediated abandoned children to the asylum and other institutions or offered work for poor mothers. The association also held a child protection exhibition, public courses for mothers (i.e., on syphilis, tuberculosis, childcare, industrial maladies) and disseminated leaflets, books on infant care.³⁹ In 1930s the association had two visiting nurses (Eszter Belinszky, Mrs. István Molnár), supervised by a coordinating visiting nurse (Mrs. Károly Máté Szabó, the widow of a doctor), and helped by several

³² Bárbara A. Revuelta Eugercios, “Releasing Mother's Burdens: Child Abandonment and Retrieval in Madrid, 1890–1935,” *Journal of Interdisciplinary History* 42, no. 4 (2012): 645–72.

³³ Nemoianu, *Contribuțiuni*, 41–44.

³⁴ Nemoianu, “Mortalitatea infantilă,” 28.

³⁵ *Instituțiile de asistență socială și de ocrotire: rezultatele recensământului instituțiilor de asistență socială și de ocrotire din 1 ianuarie 1936* (București: Editura Institutului Central de Statistică, 1938), 172–3.

³⁶ Livezeanu, *Cultural politics*.

³⁷ Popoviciu, *Protecțiunea copiilor*, 38–39.

³⁸ “Egy év alatt 1115 gyermeket...” *Ellenzék* 55, no. 107 (May 15, 1934): 2.

³⁹ *Az erdélyi és kapcsolt területek magyar jótékony egyesületeinek 1928. évi statisztikája* (Cluj: Corvin, 1929), 8–9; “Népszerű egészségügyi előadások az Anya- és Csecsemővédő Szövetség javára,” *Ellenzék* 49, no. 279 (December, 1928): 9.

physicians if medical assistance was needed.⁴⁰ The presence of such an organization based on ethnic grounds indicates the refusal of the new political order, and focus on protection of their own ethnic community. The Saxons (Germans) of Transylvania who were a national minority in the previous period too, already had their own child protection associations and institutions founded on ethnic (and confessional) basis which continued to function in the interwar period.⁴¹

Romanian doctors like Axente Iancu still had the impression that with the existing child protection facilities in the urban centres they continued to assist the “stranger elements.” Moreover, he argued that Romanian associations like the “Principele Mircea” Society establishes new dispensaries and child protection facilities in Transylvanian only in towns, arguing that “while we [Romanians] compete with various existing stranger dispensaries for the support of the likewise stranger elements, the [Romanians] suffer in the countryside” and can’t escape from the influence of harmful superstitions passed on for generations. According to Iancu, the infant mortality in the countryside mostly inhabited by Romanians exceeded 30%.⁴²

Romanian doctors and health officials intended to reduce the infant mortality in the rural areas inhabited by Romanians through *visiting nurses* and rural dispensaries (or other facilities for medical consultation), where infants could receive medical treatment. In Cluj the Institution of Visiting Nurses was founded for their training already in the early 1920s. They had courses of biology, pharmaceuticals, social maladies, protection of mothers and children, social assistance, rural sociology and statistics and they were also introduced into eugenics and biopolitics in the third year. They also learned household hygiene, nutrition and they were encouraged to teach the mothers during their visits to prepare cheap but more nutritious meals. The training lasted three years. They also had practical stages in clinics and on the field.⁴³ In 1922 in the Sibiu region there were already 33 active nurses, who in one and a half year had visited 2401 newborns, 1432 orphans and also 942 widows and war cripples. According to Lazăr Popovici, the hygiene inspector of Sibiu/Nagyszeben/Hermannstadt, the first nurses were undereducated and they attended the necessary secondary school classes along the way. Nurses also had to encourage the peasant families to call the doctors if their children are sick, especially for girls, whom they considered “inferior” (and were treated accordingly).⁴⁴ All Romanian health officials agree that the conservative Romanian population, who was usually distrustful towards authorities, scientific innovation and doctors, was open to visiting nurses, but innovations were introduced very slowly. In 1925 there were already two generations of nurses (136 nurses in total) in Transylvania. By 1933, 210 visiting nurses were employed in Romania.⁴⁵ Iancu Axente highlighted their importance for in the protection of abandoned children. The visiting nurse *could be the connection between the maternity and the asylum*, and

⁴⁰ “Egy év alatt 1115 gyermeket...” *Ellenzék* 55, no. 107 (May 15, 1934): 2; “Áldásos tevékenységet folytatott...” *Ellenzék* 56, no. 153 (July 9, 1935): 8.

⁴¹ *Instituțiile de asistență*, 166.

⁴² Axente Iancu, “O anchetă demografică la frontiera de vest a țării,” *Societatea de mâine* 1, no. 22 (September 1924): 436–438.

⁴³ National Archives of Romania – Cluj County Branch, Fond Personal Moldovan Iuliu, Inventory no. 402, 10 G, Files 165–175.

⁴⁴ Lazăr Popovici, “Instituțiunea surorilor de ocrotire” [The institution of visiting nurses], *Sănătatea publică* 2, no. 6–7 (June–July 1922): 19–23.

⁴⁵ At[anasiu] Motogna, “Elementul minoritar în serviciile rurale de asistență medicală,” *România Eroică* 1, no. 7 (November 1937): 136.

their presence is crucial in the maternities especially in case of unwed mothers who are tempted by private wet-nurses.⁴⁶

For a lasting and visible improvement of the future generation, health officials had to turn to the general population and not only the endangered elements. Romanian doctors resorted to a series of methods to disseminate hygienic knowledge in the countryside through presentations, leaflets, movies by implicating popular local associations like the ASTRA in order to gain their trust in doctors. They also used the mobile hygienic museum (established by Moldovan Iuliu), and organised “child exhibitions” where the most healthy-looking (developed) babies would receive prizes. Visiting nurses were hired in rural areas like Gilău (1924), a predominantly Romanian village near Cluj for a permanent presence.⁴⁷ In 1931 a model health district was created with its centre in Gilău (25 villages), where health officials monitored the effects of hygienic education and the presence of medical personnel on the rural population. It was also used for the practical training of visiting nurses and doctors. A special emphasis was placed on the protection of mothers and infants at the scene. Their main objective was convincing the mothers to go to regular medical consultations, assure a healthy environment for the delivery and supervise them at their own home through the visiting nurses. Hygienic education was crucial in order to repel bad habits passed on for generations, like the early feeding of infants and the use of pacifiers (cloth wrapped in sugar).⁴⁸ While in 1931 only 4.9% of the newborns were under sanitary supervision, their proportions had risen to 21.6% by 1935. Nurses were regularly able to visit 8–10 families a day.⁴⁹ In the Banat this figure was similar, about 6–8 visits filled their day.

In the same year (1937) Mihai Zolog and Ioan Prodan published the six-year-results of the Model Health District, Atanasiu Motogna (the administrator of the State Children’s Asylum of Cluj), published a short article in the journal *Heroic Romania (România Eroică)* about the ineffective and harmful presence of “minority elements” in medical positions in the rural health districts. He was especially concerned of Jewish doctors. He complains that health officials in Bucharest don’t pay attention to the Romanianization of health districts and employ Jewish doctors. He notes that “[strangers], especially Jews, are incapable to support the Romanians from the villages. Hungarians are hostile to us; Germans and Saxons exploit us, and Jews rob us in every possible form and method” and he suggests “the purification of rural health districts of the minority filth.”⁵⁰ His intolerant attitude towards Jews is clearly influenced by the growing antisemitism of the late 1930s. Transylvanian Jews were linguistically/culturally assimilated with Hungarians, despite their detachment from Hungarians as a separate *national* Jewish community in the interwar period.⁵¹ As a result, Motogna had the impression that the health of rural Romanian population was still in the hands of strangers, reflecting on the previous period.

⁴⁶ Axente Iancu, “Rolul sorei de ocrotire în legătură cu azilele de copii,” *Viața medicală* 1, no. 4 (November 1925): 120–126.

⁴⁷ Gheorghe Popoviciu, “Din progresele puericulturale ale satelor.” *Societatea de mâine* 1, no. 34 (December 1924): 681–683.

⁴⁸ Luminița Dumănescu, “Child Raising Practices in Transylvania in the Second Half of the 19th Century,” *Romanian Journal of Population Studies*, no. 3, Supplement (2009): 689–705.

⁴⁹ Mihai Zolog and Ioan Prodan, “Plasa sanitară model – Gilău: Raport de activitate pe anii 1931–1936,” *Buletin eugenic și biopolitic* 8, no. 1-2-3 (January-February-March 1937): 1–42; Mihai Zolog, Ioan Cosma and Ioan Prodan, “Activitatea plasei sanitare model Gilău pe anii 1931–1933,” *Buletin eugenic și biopolitic* 5, no. 1–6 (January-June 1934): 1–126 (34–40).

⁵⁰ Motogna, “Elementul minoritar.”

⁵¹ Attila Gidó, *Úton: Erdélyi zsidó társadalom- és nemzetépítési kísérletek (1918–1940)* (Csíkszereda: Pro-Print, 2009).

The focus on the Romanian rural population could only be accomplished by Romanians, excluding linguistic barriers or other forms of distrust based on cultural otherness.

Ambitious doctors like Nemoianu in the Banat also focused on the general rural child population, and with the help of the local authorities of the Timiș-Torontal county he engaged in the identification of the causes of infant mortality through large research projects. Nemoianu and its *puericulture teams* were investigating the Romanian villages of the Banat to find the answer for the decreasing birth rates and still high infant mortality in the rural Romanian communities, by studying all the details of the private life of the families. Finding out all the causes of infant mortality and solutions for it was an issue of national importance. They entered in details as the number of diapers, washing, eating habits, material situation, breastfeeding, midwife availability, nutrition, house plans, age at first marriage, and the contraceptive methods used by couples. The teams were specially trained for the task and were composed of a doctor, two visiting nurses and a “household instructor,” who taught women how to prepare more quality food from the locally available resources. Starting in 1934, by 1937 the puericulture teams visited 19 villages. They usually had spent 8–10 weeks in a settlement, however in Racovița, with another five Romanian villages nearby they stayed for seven months. He concluded that new ideas are infiltrating very slowly into the rural Romanian communities. One of the immediate positive results of these investigations was that they got accustomed to doctors and health officials, which should be kept alive through the visiting nurses and dispensaries. In some places, locals accepted the previously distrusted visiting nurse after the puericulture team left, and this was more visible if there was a local dispensary as well. He notes that it is very hard to evaluate the real success of visiting nurses, because it depended on their personal abilities to raise the interest of the families individually.⁵² The focus was on changing mother’s mentality to trust doctors, the innovations of science and act consciously for the health of the family. Nemoianu is remembered for his works as the “*forerunner of social paediatrics in Romania.*”⁵³

Conclusions

Child protection starts with infant protection, the most endangered period in a child’s life. Throughout the first two decades of the 20th century – a very eventful period in the field of child protection – the focus in Hungary shifted from the survival of endangered infants towards the protection of the general infant population, and naturally their mothers. In the same time this was also a national issue of population policy, with the intention to assure a healthy future generation. Most infants were born healthy but died or degenerated out of the parent(s)’ negligence, ignorance of impossibility to nurse – all these were the results of social and not biological causes.

In order to understand the changes occurred in the territories annexed to Romania from Hungary after the First World War, one must reflect on the institutions, associations and policies it inherited, and the ideas that shaped them. The intervention of the state in child protection matters of dualist Hungary was triggered by the high infant mortality and the demographical concerns of Hungarians as a shrinking nation – an idea shaping the country’s politics from the middle of the 19th century. The Child Protection Laws of 1901 established the State Children’s Asylums which were meant to save the abandoned children, but unable to

⁵² Nemoianu Iosif et al., “Din activitatea de puericultură în mediul rural,” *Revista Institutului Social Banat-Crișana* 5, no. 17–18 (Ianuarie-Iunie 1937): 3–22.

⁵³ Memorial plate on the building of the former State Children’s Asylum in Timișoara.

significantly improve the conditions of the general child and infant population. Asylums were also involved in the Magyarization of the children under their protection, however the majority were Hungarian, because illegitimacy was characteristic to urban areas dominated by Hungarians. This however meant that rural (Romanian) areas were neglected. Because the state asylums' activity was limited to the abandoned, the National Stefánia Association for the Protection of Mothers and Infant (1915) was founded to intervene for the survival of infants not qualified as abandoned through the intermedium of visiting nurses.

After 1918 the Romanian administration took over the institution in the annexed territories and started to adapt it to the needs of the Romanian population. Health officials recognised the asylum's effectiveness; however, they were not suitable for the general (rural) Romanian child population. They even had difficulties in finding Romanian wet-nurses for the abandoned children and still had to rely on the former Hungarian wet-nurses who were used to and had a lot of experience in nursing foundlings. Focusing on the rural Romanian child population was once again a national issue. Even though Romanians were not concerned over their ethnic superiority in the region, the infant mortality rates were still alarming. Furthermore, the lack of hygienic knowledge and proper feeding of infants lead to the malnutrition and underdevelopment of many children. Transylvanian health officials started to train Romanian visiting nurses placed to serve the rural areas. The former Hungarian visiting nurses of the Stefánia Association organised themselves in a separate association of the Hungarian community. Model health districts were created in the vicinity of Cluj, where the Institute of Hygiene and Public Health in Cluj monitored the effects of permanent local medical personnel on the health of the local population. Ambitious doctors like Iosif Nemoianu, concerned by the decreasing birth rates and high infant mortality in the Banat, elevated the research and assistance of the rural population to a new level. He trained puericulture teams which stayed for an extended period in certain villages in order to disseminate hygienic knowledge and enter in every detail of the families' personal life in order to find the causes and solutions for the problem.

Behind the endeavours to protect infants, children, and to ensure their healthy development, one always finds political and national interests as well. Infant mortality revealed a series of social causes like the lack of knowledge or the impossibility of mothers in urban areas to breastfeed that couldn't be ignored anymore by the state. For sure, it was very hard to save the unwanted child if the mother wanted to dispose of the infant by any means, but the unwanted weren't the biggest concern of politicians after the First World War. The focus shifted on the health of the general child population. Changes were slow, but the main focus was on education, which would give its results in future generations.

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