

A Hypothesis on the Origin and Synchrony of the Romanian and Western Medical Sociology

Bogdan Bucur*

National University of Political Studies and Public Administration, Bucharest

Abstract: The present article focuses on the eating habits of the population of interwar Romania, as rendered in the monographic research of the Sociological School of Bucharest, founded and led by Professor Dimitrie Gusti. It also investigates the health state of the Romanian citizens, mainly, but not exclusively, of those from rural areas. Our sources of information on the nutrition and public health of interwar Romania consisted in the studies and research carried out in the 1918–1948 period by the Sociological School of Bucharest, published in scientific journals and books edited under the scientific authority of Professor Gusti. In this respect, we have examined, almost in its entirety, the relevant work published by the Monographic School on the subject of nutrition and public health. The present article aims, therefore, to summarize the sociological studies and research carried out in the interwar period, at national level, which we above mentioned. It also aims to bring forward, for further critical scrutiny, a hypothesis regarding the synchrony between the Romanian medical sociology (of Gustian origin) and the similar scientific movements from the Western countries.

Keywords: *sociology of food; medical sociology; Sociological School of Bucharest; interwar Romania; Dimitrie Gusti.*

Cuvinte-cheie: *sociologia alimentației; sociologie medicală; Școala Sociologică de la București; România interbelică; Dimitrie Gusti.*

Preliminary Thoughts on the Theoretical Landmarks and Methodological Limitations

In the interwar period, the Sociological School of Bucharest developed an exhaustive monographic method of investigation and study of the Romanian village [which was seen at the time, rather fittingly, as “terra incognita” (Butoi, 2015, 165)]. This method was based on the integrated research of four major frameworks (cosmological, biological, historical and psychological) and four manifestations (economic, spiritual, moral/legal, political/adminis-

trative), in the attempt to contribute, on scientific grounds, on the improvement of the poor living conditions of the Romanian peasantry (Gusti, 1946; Rostás, 2005; idem, 2009; Bucur, 2011a; idem, 2013a; idem, 2013b, idem, 2016a). Based on this comprehensive and well-known theory of the frameworks and manifestations of social life, professor Dimitrie Gusti (founder and leader of the Sociological School of Bucharest) developed a working strategy for the monographic research of the Romanian society, with the help of his assistants and collaborators. This plan represented an absolute novelty due to its total contradiction with the theoretical sociology of the time, practiced

* National University of Political Studies and Public Administration (SNSPA), Faculty of Political Science, Department of Sociology, 30A Expoziției Street, 7th Floor, District 1, 012104 Bucharest, Romania. E-mail: bucur@politice.ro.

solely at a conceptual level, by a part of the interwar academic elite and intelligentsia. From the perspective of the monographic methodology, the biological framework – which we shall examine in detail in the current article, and which consists of the studies or articles on food habits and on public health carried out in interwar Romania by the Sociological School of Bucharest, and published in scientific journals under the scientific authority of professor Gusti – turned out to be one of the most spectacular intellectual endeavors of the Gustian monographers, and also the biggest challenge faced by the sociological field research.

According to Western academia, the subjects examined by the Sociological School of Bucharest, which the Gustian monographic methodology assigns to the category of the biological framework, are part of the field of medical sociology. We should also mention that, for the Romanian interwar scientific community, the concepts of *social medicine*, *medical sociology* and *social biology* were synonymous, and therefore used interchangeably¹. Irrespective of its designation, this particular discipline focused on how the social environment influenced the health of a human collectivity. Finally, the discipline of *social medicine*, *medical sociology* or *social biology* was considered a subfield of general sociology (Banu, 1944, 8–12).

Taking into consideration these methodological delimitations, we shall further attempt to comprehensive(ly) look at the Romanian studies and research conducted in the field of medical sociology, by the *Gusti* School, and to subsequently examine them in contrast to the evolution of this field of study in the Western academic world. The hypothesis expressed by the title of this article consists in the result of this comparison between the beginnings of Romanian and Western medical sociology.

An essential dimension of the monographic research carried out by the *Gusti* School in the interwar period is the appraisal and attempt of improving the health state of the population from the rural areas. In this regard, a crucial contribution was that of anatomy professor

Francisc Rainer and of his assistants from the Institute of Anatomy and Embryology of the Bucharest Faculty of Medicine, in the course of the monographic campaigns of Nerej [1927], Fundul Moldovei [1928] and Drăguș [1929] (Țone, 2012a). Considered the founder of Romanian anthropology, and author of the first monographic works of rural anthropology, Professor Rainer attempted, in the course of the abovementioned monographic campaigns, to treat the afflictions that the rural population suffered of, as he offered medical assistance or professional advice for a variety of social diseases, and determined the anthropologic profiles of the Romanian peasant people (Țone, 2012a). Another vital scientific contribution, widely acknowledged by the international scientific community and still of reference today², is the impressive body of work in the field of sanitary assistance and social hygiene carried out by physician Sabin Manuilă [founder of scientific statistics in Romania (see Annex 1) and Director of the Central Institute of Statistics (1934–1947)]. In the documentation process for the present work, consulting the *Sabin Manuilă Personal Fond (1853–1947)*, available at the National Archives of Romania under inventory no. 614, is mandatory for the researcher determined to understand the statistical dimensions of Romanian interwar morbidity and mortality.

In addition, a series of preliminary observations on the health assessment of the peasants from the Bessarabian village of Cornova – one of the major themes of a monographic campaign from 1931 – can be found by those interested in the study *Cornova (Basarabia), la 13 ani de la unirea cu România: portret sanitar [Bessarabian Cornova, 13 Years after the Union with Romania: A Sanitary Portrait]* (Țone, 2013b). In her study *Exercițiu de recuperare: portretul sanitar al comunei Fundul Moldovei în vara anului 1928 [Recovery Attempt: Sanitary Portrait of Fundu Moldovei Village in the Summer of 1828]*, Florentina Țone (2012b) considered the Romanian peasant's dwelling as an appropriate indicator for the health status of a settlement from the interwar era. For those interested in the medical findings from the villages of Argeș

county, where research was carried out in the 1938–1939 period by monographic teams working under the supervision of sociologist Anton Golopenția, a good work of reference is the article *Echipierii gustieni despre starea sanitară a satelor României* [*Gusti's Teams Members on the Sanitary State of the Romanian Villages*] (Golopenția, 2015).

On the subject of peasant nutrition, we should first note that it represented a fundamental concern for the interwar society, as the rural population of the time was unanimously considered by researchers as undernourished, or irrationally nourished (Gusti, 1946, 157). A major theoretical and methodological contribution to the sociological research of this particular topic was that of monographer Dumitru C. Georgescu (1936). Since at that time scientific studies concerning the dietary habits of the rural population were almost non-existent, Dumitru C. Georgescu (1936, 6) considered that a priority of the interwar Romanian sociology should be the systematic collection, processing and analysis of information regarding the peasants' nutrition (consequently, he designed and conducted a series of extremely rigorous sociological inquiries, in terms of data collection method). Thus, the main subjects of research he focused on, throughout the monographic campaigns, were the dietary habits of the local peasantry, hygiene of the rural household, and rural morbidity (Țone, 2013a). For the scientific understanding of the way of feeding of the rural population from Greater Romania, Traian Herseni and Witold Truszkowski (1940, 101–107) developed and published, for the benefit of the Sociological School of Bucharest, a *Plan for the Study of Peasant Eating Habits*. Their main argument for addressing this subject was that nutrition was not an area of interest akin only to biology (presented under a numeric form, in order to convey nutritional value), but to sociology and ethnology as well (since it did much more: it revealed the customs of the natives). *The Plan for the Study of Peasant Eating Habits* requires that in the course of his inquiry, the sociologist had to carefully record lists of foods and recipes from

all the peasant households he encountered (irrespective of their size, or the owner's prosperity) (Herseni and Truszkowski, 1940, 101–107). *The Plan for the Study of Peasant Eating Habits* was first put into practice by the Sociologic School of Bucharest, in a very thorough, almost comprehensive manner, and the results were compiled in the book *Nerej: un village d'une région archaïque: monographie sociologique* (Stahl, 1939a). The research consisted in sociological enquiries on the amount and structure of the dietary regimen of the population from the Nerej village in Vrancea, carried out in the summer of 1927 (under the guidance of Academician Dimitrie Gusti); both quantity and energy value were recorded. The results showed that even though, measured in energy intake, the food prepared in the typical household form Nerej appeared satisfactory, this wouldn't reflect on the overall health of the locals, since they were negatively impacted by excessive use of alcoholic beverages, and by rigorous fasting (imposed by the Romanian Orthodox Church, which issued an interdiction on the consumption of foods of animal origin for almost 170 days of the year) (Stahl, 1939a, 193–206). In addition to the data recorded in Nerej, the Sociological School of Bucharest investigated, in 1929, the situation from Drăguș village, in Făgăraș County, where the monographic teams observed and recorded the main dishes prepared daily by the locals, as well as foods and dishes prepared on various special occasions (such as weddings) (Popoiu, 2010, 97–103).

However, near the end of the interwar period, the scientific interest into the dietary habits of the population surpassed the sphere of the Sociological School of Bucharest. More and more Romanian researchers (mostly physicians) grew interested in the matter, which they approached with dedication and passion³. We should also add that the examination and improvement effort regarding the deficient diet of the rural population was a legitimate, ongoing enterprise, not only for social scientists from Romania (regardless of their affiliation with the Sociological School of Bucharest), but also

for those from the rest of the Balkans, Latin America or Western Europe⁴.

Outside of the work of the Sociological School of Bucharest – that the present article shall further expand on – an exceptional scientific contribution to the research on the local population's hygiene and food regimen in the interwar era was that of the editorial team from *Revista de igienă socială* [*Journal of Social Hygiene*] (1931–1944), publication founded and led by physician Gheorghe Banu, former Minister of Health and Social Assistance (1937–1938). In a similar fashion, though not dealing with the interwar period, the book *România medicilor: medici, țărani și igienă rurală în România de la 1860 la 1910* [*Physicians' Romania: Physicians, Peasants and Rural Hygiene in Romania from 1860 to 1910*] (Bărbulescu, 2015) offers an account of the sanitary and dietary disaster found both in rural and urban areas of Wallachia. Closer to contemporary times, we should mention issue no. 3/2013 of the *Sociologie Românească* [*Romanian Sociology*] magazine, with the subject: *Individual and social perspectives on health, disease and health care system*. In his book, *Sociologie medicală* [*Medical Sociology*], Ștefan Petra (2007) published a series of studies on the health of the Romanian population in late twentieth century. Iustin Lupu and Ioan Zanc (1999) also authored a Romanian manual of *Sociologie medicală* [*Medical Sociology*]. We should add that neither of these last two books deals with the contribution of the Sociological School of Bucharest to the development of medical sociology in Romania. The same applies to *Sociologia sănătății și a bolii* [*The Sociology of Health and Illness*] (Rădulescu, 2002).

We should not leave out the various reports and studies on sanitation and nutrition drafted by local public or private organizations, such as: The Ministry of Public Health and Social Assistance, the National Society of Red Cross from Romania, the Health Home, the National Office of Social Hygiene, and the County Sanitary Inspectorates. Of these, of particular significance is *Albumul statistic*

al igienei preventive, asistenței medicale și al asistenței sociale [*The Statistical Album of Preventive Hygiene, Health Care and Social Assistance*], issued in 1927 by the Directorate for Statistics and Propaganda from the Ministry of Public Health and Social Assistance. *The Album* contains official statistical data on the organization of the national sanitary and medical services, as well as on social assistance, prevention of epidemics, eradication of social diseases and on the distribution of hospitals, nursing homes, outpatient clinics and health spas.

To conclude, from a personal perspective, the present study represents an attempt to further improve and elaborate on a previously published article [*Population Health in Interwar Romania Reflected in the Sociological School of Bucharest's Research and Publications* (Bucur, 2016b)]. Therefore, the main purpose of this paper is to formulate a hypothesis concerning the Gustian origin of Romanian medical sociology, which we intend to submit for critical debate to the scientific community in this particular field (a theoretical approach that was lacking from the previous study). To achieve the goal we will compile, in the following development of ideas, a comprehensive review of the monographic research conducted at national level, between the two world wars, by the Sociological School of Bucharest, in areas ascribed the biological framework, and published in scientific papers under the scientific authority of Professor Gusti. Lastly, we shall address the matter of the synchrony between Romanian medical sociology and similar scientific movements in Western societies.

The Beginnings of Romanian Sociological Research in the Field of Public Nutrition

An area of scientific interest for the Sociological School of Bucharest was the correlation between the widespread physical underdevelopment affecting school-age children from Greater

Romania and their improper nourishment. After analyzing and statistically processing results of sociological research carried, in the interwar period, on samples of youth from rural and urban areas, Anatole Cressin (1937) observed that an incorrect diet, poor in vitamins, and quantitatively and qualitatively insufficient, led to the emergence of physiological debilities. Malnourished [as is insufficiently fed] schoolchildren (62 per cent in Bucovina and 36 per cent in Bucharest) and severely malnourished ones (14.3 per cent in Bucovina and 29.7 per cent in Bucharest) represented a fraction of 2/3 to 3/4 of the entire school population of Romania at that time. On the other hand, a significant proportion of the school-age children (47 per cent in the urban environment, 39.3 per cent in the rural environment) were found to be in poor health [in the sense that they ranked below average physical development]. Depending on their residence, in the interwar period, schoolchildren either had nothing to eat in the morning (from 6.5 per cent to 11.4 per cent), or were given tea with no bread (from 7.7 per cent to 47.7 per cent). In addition, the percentage of school-age children that were fed polenta at all meals was between 73.5 per cent and 84 per cent. We can thus safely say that nation-wide, only one quarter to one third of all school age children were appropriately fed, and only half of them were normally developed physically (Cressin, 1937, 212–214). The same situation was encountered in the village of Holda from Neamț County, where, in 1939, most of the children were physically underdeveloped, on the account of irregular feeding. Moreover, out of all the children up to 14 years of age, 66.1 per cent were suffering from various afflictions caused by lack of hygiene, the most widespread disease locally being scabies (29.3 per cent) (*Școala...*, 1939, 225–229). In depth information regarding the diet of the pregnant women and of their infants are offered as well (*Școala...*, 1939, 239). These findings are supported by the research of schoolteacher Alexandru Vidican (1938, 381–382), on the diet of 400 primary school children from Căianul-Mic, Someș County, who exhibited noticeable signs of

intellectual and physical weakness. An enquiry carried out for eight days, in the school-year 1936/1937, by the teacher, revealed that 14 per cent of them came to school in the morning on an empty stomach, 60 per cent had only polenta to eat, and the rest of 26 per cent had soup or polenta with meat. At noon, their meal consisted of polenta with milk, sausages or clear soup (for 78 per cent of cases), bread or polenta alone (for 18 per cent), with the remaining four per cent being given nothing to eat. At dinner, 40 per cent of them had polenta, 18 per cent only bread, and 42 per cent, polenta with sour cream. The most alarming aspect, however, was the fact that even though some families were prosperous and had at their disposal the proper ingredients, the housewives simply did not know how to prepare the food, and showed complete ignorance on the matter of healthy diets for their children (Vidican, 1938, 381–382). Another research, this time in the village of Șanț, from Năsăud County, subject to a monographic investigation carried out by the *Gusti* School in 1935–1936, revealed the following regarding the dietary situation of the children up to 14 years: 42.7 per cent had a normal diet, 20.9 per cent suffered from malnourishment, 3.1 per cent from increased malnourishment, and 30.3 per cent from moderate overeating (Herseni, 1936, 37). Similarly, in the Belinț village, from Timiș-Torontal County, that was the subject of a monographic investigation carried out by the Banat-Crișana Social Institute in 1934, 60.2 per cent of the local children were underweight, and the diet of the locals was found insufficient in 41.9 per cent of the households (Georgescu, 1938, 390). Veturia Manuilă (1939) discovered a similar state of malnourishment and physical retardation amongst children from the urban environment, according to the result of her survey on the health status of 1,425 children from 765 families in the Tei district of Bucharest:

Of 1,425 children, 502 are visibly anemic and undernourished, which means that 35 per cent of all non-infant children are ill. [...] 783 of the children, more than half of them, live in a single room, deemed insalubrious. Out of

these children, 446 are anemic and undernourished, and 210 sick. [...] From the families who live in a single room categorized as salubrious, in the group of those with four children (therefore six persons in a room) there are 92 children, out of which 40 are undernourished and 25 sick (Manuilă, 1939, 173).

If this was the case with children, the diet of the adults was, unsurprisingly, just as deficient. For instance, studying the dietary habits of the groups of harvester women from the villages of Cuhea (Maramureş County) and Telciu (Năsăud County), Florea Florescu (1937, 510) discovered that they each carried in their sack food consisting in three loafs of bread (of approximately 8 kg), and some cheese, which they ate while on their way to the crops. On a whole day of working on the fields, the harvesters from Cuhea fed themselves bread and milk (for breakfast), broth with meat (for lunch), bread (as afternoon snack), green beans with potatoes (for dinner); those from Telciu ate bread and cheese (for breakfast), meat broth (for lunch), cheese pie (afternoon snack) and noodles with milk (for dinner) (Florescu, 1937, 510). In another study, from 1939, Petre Lenghel-Izanu describes the typical diet of the Romanian peasant from Bârsana, Maramureş County, which was as frugal as it was unhealthy. His main conclusion – valid for the entire Romanian cultural space – is that women from Maramureş simply did not know how to prepare the food. Even the housewives from the more thriving families, who had all the necessary ingredients at hand, prepared plain, tasteless dishes. Thus, the standard diet consisted of corn flour bread and polenta (which was eaten with sour cream, milk, cheese or cottage cheese). On average, a resident of Bârsana consumed merely 4–5 kg of meat annually. Wheat bread was eaten only on certain occasions or exceptional events, such as Christmas Day, Easter celebration, weddings, baptisms or funerals. In spring, the main foods eaten were vegetables and lettuce. Summer meals were prepared from potatoes, green beans and

pumpkin, in addition to the daily corn bread, polenta and milk. Autumn and winter food consisted mostly of beans, potatoes and cabbage (Lenghel-Izanu, 1939, 271–272). In 1938, in Bessarabia, on the banks of Prut River, in the Văleni village from Cahul County, the food of the locals was also inadequate, unbalanced and erratic; with the peasants living on cherry plums and fruit mush in summer and on polenta and porridge in winter (Ştirbu, 1938, 521). The investigations carried out by the Sociological School of Bucharest in the fishermen community from Turtucaia, Durostor County, revealed an insufficient and unbalanced diet as well (Mărculescu-Dunăre, 1939, 246). Typically, the locals were eating fresh or salted fish, polenta, and only on festive days, homemade bread (Mărculescu-Dunăre, 1939, 249). Even in the case of the wealthier peasant families from the Merişor hamlet, Hunedoara County, who owned up to 100 sheep, 10 large cattle and more than 30 hectares of land, the dietary habits, examined by Ion Vintilescu (1937, 505) were markedly archaic and rudimentary. These families consumed food that was scarce and unsubstantial, due to their deep-rooted habit of eating oversalted cheese, of low nutritive value (Vintilescu, 1937, 505). However, inquiries on the dietary habits of local notabilities showed that the latter represented an exception, having had a relatively high life standard⁵. On this matter, researcher Alexandru Bărbat (1938, 30–31) published an inventory and a detailed budget for the 1936–1937 period, regarding the nutrition of the family of former mayor Dumitru Munteanu of Ucea de Sus, Făgăraş County.

A fit conclusion is that formulated by Professor Gusti in his analysis and commentary on the dietary habits of the rural populace, based on the social observation sheets compiled by the Royal Student Teams during the monographic and cultural work campaign carried out in the year of 1938, in a number of 55 villages from all over Greater Romania:

Nutrition, although satisfactory in most of the cases in terms of average quantities of raw

products consumed, is flawed due to excessive use of corn, low consumption of animal products and fresh food (only 48 per cent of the households owned a milk cow), due to lack of knowledge in the preparation of food, and to very poor food hygiene. The most severe deficiency of the peasant diet is, however, its unbalanced character, the peasant family undergoing periods of overeating during winter, strictly from a quantitative point of view, followed by long malnourishment periods during summer [...]. Alcoholism is a consequence of this malnourishment and lack of variation. The result is an increased frequency of acute gastrointestinal diseases, especially in children over a year, and of chronic digestive diseases in the adult population, as shown by the consultation records of the dispensaries organized by the Teams (Gusti, 1938, 435).

The Beginnings of Romanian Sociologic Research in the Field of Public Health

Despite the best efforts the Sociological School of Bucharest and its tireless work carried out between 1934–1939 by way of the *Royal Student Teams* and *Social Service Teams* (who managed to intervene in only two per cent of the villages of interwar Romania, the most), the sanitary state of the rural space remained essentially precarious (Bucur, 2013a, 98–99). Despite Professor Gusti's hopes of teaching the rural population how to live and eat properly, or how to lead a healthy life, these remained nothing but mere illusions (Gusti, 1938, 435). As we pointed out and elaborated upon in a previously published article [*Population Health in Interwar Romania Reflected in the Sociological School of Bucharest's Research and Publications* (Bucur, 2016b)], by the end of the interwar period, due to poverty, poor alimentation, lack of hygiene or health care, Romania was in a critical medical situation, desperate even, in comparison with Western Europe. Even though the authorities did their best to deal with this situation, Romania was the country with the

highest rate of infant mortality in Europe (the main cause of death being congenital debility). In addition, when it came to school-age population, the overwhelming majority of pupils were insufficiently fed, and half of them suffered from subnormal physical development. Traian Herseni (1936, 35–42) believed that only the personal involvement of King Carol II could possibly have led to an improvement of the health of the Romanian peasantry, affected by poor diet, precarious hygiene, untreated illnesses and a retrograde mentality (Beloiu, 1938, 203–204; *Bordușani*, 1935, 6; Clopoșel, 1928, 14; *Echipa Năpădeni*, 1935, 2; *Echipa Sâmbăteni*, 1935, 2; Imbrescu, 1936, 5; Ionescu-Romanași, 1937, 4; Locusteanu, 1934, 171–174, 179–180; *M.S. Regele la Echipa Ferdinand*, 1935, 4–5; Manuilă, 1937, 88; Marinescu-Nour, 1934, 216–217; Measnicov, 1937, 160–164; *Olănești*, 1935, 6; Popescu and Cazan, 1936, 2; *Raport...*, 1934, 210v; Stahl, 1939b, 86; *Todan*, 1935, 6; Țoneș and Cosma, 1936, 5). To make sense of the high morbidity and mortality rates of the interwar era, another fact should be taken into account as well: the extremely low number of physicians (only 7,162 for a total population of 18 million). Of these, only 1,935 were working in rural areas (where 80 per cent of the population resided). In the opinion of Dr. Sabin Manuilă (1938, 227–228), the country needed, at that time, at least a double number of doctors, compared with the existing figure. For these reasons, in the interwar period, over 60 per cent of the deceased had never received adequate medical treatment (the main causes of death were tuberculosis, pneumonia, heart disease, nephritis, cancer, pellagra and syphilis) (Measnicov, 1937, 163–167). Particularly in the rural areas, the situation was desperate in every of the aspects discussed above (Georgescu, 1937, 68; Gheorghiu, 1937, 80–83; Manuilă and Georgescu, 1938, 136).

Unfortunately, the health state of the population was not much different in urban areas either. Veturia Manuilă studied the medical and locative situation of the 765 impoverished families from the Bucharest Tei neighborhood of

workers. On this occasion, she found that 43 per cent of adults were ill, while 35 per cent of children were sick or undernourished. Over 50 per cent of the homes investigated were unsanitary, and had only one room and one bed, where the whole family slept (Manuilă 1939, 170–173). Other sociological surveys focused on the deplorable social and sanitary circumstances in which the university students from the capital city lived. Thus, the students of Bucharest came mostly from poor families, lived in unsanitary dormitories, ate poorly and meagerly, and had to work in order to support themselves; to complete the picture, 25 per cent of them were underdeveloped physically, and 50 per cent suffered from various contagious diseases (Bucur, 2011b, 34–38; Câmpineanu, 1931, 3; idem, 1932a, 3; idem, 1932b, 3; idem, 1932c, 3; idem, 1932d, 3; idem, 1932e, 3; Sdrobiş, 2013, 29–30). Generally, the student life in interwar Bucharest was characterized by morbidity and promiscuity, poor personal hygiene, lack of sexual education (which resulted in 20–25 per cent of the students contracting venereal diseases as early as high school), insufficient nutrition and alcoholism (Pogojeanu, 1934, 1936). The main consequences of these deficiencies were the mass dropout of students (only 25 per cent of those enrolled in the first year would eventually graduate) and their commitment to political extremism (by enrollment in the *Legionary Movement*) (Sdrobiş, 2015, 143). In this vein, the sociology of education has validated, in theory, the correlation between a poor education and a series of negative socioeconomic factors influencing it:

For those belonging to one of the most disadvantaged categories, that of the poor, a combination of factors can have the most serious impact on the pursuit of education: lack of financial resources, shabby and overcrowded homes, a rich medical history combined with lack of access to health care services and lack of access to nurseries or kindergartens. This can happen both directly, through their effects on the affordability of education, and indirectly, by affecting the child's physical and mental abilities (Vlăsceanu, 2010, 621).

The Beginnings of Western Medical Sociology and its Synchrony with the Research of the Sociological School of Bucharest on the Biological Framework

After having established and elaborated on the Gustian origin of the Romanian medical sociology, we further intend to show that, in the interwar period, this discipline was contemporary with the international scientific movement of the field. Respectively, we shall illustrate how the vast array of sociological research on public health carried out by the Sociological School of Bucharest coincided with similar efforts carried out in the Western world, specifically with the institutionalization and development of general sociology and of medical sociology in particular. Thus, in *The Blackwell Companion to Medical Sociology*, William Cockerham (2001, XI) considers that medical sociology, as a subfield of general sociology, began to develop in a systematic manner in the United States in the late 1940s, although the intellectual interests on public health research had their roots in the social medicine practiced in the nineteenth century in England, France and Germany (Collyer, 2010, 86–87). With government funding, after the end of the Second World War, American specialists in medical sociology began to investigate how changing social conditions affected human health. It is true that in this early period, medical sociology could not claim scientific autonomy, having been in a state of (primarily financial) dependency, especially from medicine (Cockerham, 2001, 3–4). Therefore, between 1879–1935, the scientific literature in the field of American medical sociology was written by physicians, rather than by sociologists (Cockerham, 2011, 236). Eventually, its establishment as a subfield of general sociology would bring medical sociology its recognition and well-deserved scientific prestige (Cockerham, 2001, 3–4). In contradiction with this official

history of the origins of medical sociology in the United States, in the mid-twentieth century, Fran Collyer (2010, 89) constructed – in her work, *Origins and Canons: Medicine and the History of Sociology* – a comprehensive analysis aimed at recovering the sociological works on mortality, morbidity and health written between 1800–1920 by Claude-Henri de Saint-Simon, John Stuart Mill, Karl Marx, Frederick Engels, Max Weber and Émile Durkheim. Collyer (2010, 90–91) showed that the founding fathers of European sociology took part, during the nineteenth century, on public debates regarding the relationship between pauperism and morbidity, supported the reform of medical education, promoted radical social change, demanded an active role of the state in matters of public health, campaigned to eradicate poverty, theorized on how medical conditions (like hunger, disability, alcoholism, poverty, infant mortality) should be considered social and not individual phenomena, etc. Also, Samuel William Bloom (2002, 19) maintained – in *Word as Scalpel: A History of Medical Sociology* – that scientific research in the field of medical sociology (defined, in terms of a social science, as *social medicine*, *public health* or *social hygiene*) began as early as the nineteenth century. Therefore, since the mid-nineteenth century, Western societies were ready to accept a new scientific construct – under the name of *social medicine*, *public health* or *social hygiene* –, which stated that social factors influenced health problems.

This was a period when the terms “public health”, “social hygiene”, and “social medicine” were often used interchangeably. The idea of “medicine as social science” was dropped (Bloom, 2002, 19).

Moreover, this period marks the first use of the term *medical sociology*, by John Shaw Billings, in 1879, in the United States, in a paper in which the study of hygiene is linked to sociological research. In the following period, a number of American authors – like Charlie McIntire (1894), Elizabeth Blackwell (1902)

or James Warbasse (1909) – would publish various works in the field of medical sociology. An aspect of particular importance for the parallel we intend to draw with the Sociological School of Bucharest is the introduction of social medicine as a university discipline for the first time, at Harvard University, in 1905, by Richard Clarke Cabot. Richard Clarke Cabot was the first professor of social ethics who brought together the study of social medicine and sociology under the Department of Social Ethics, established in 1920 at Harvard University. Professor Cabot is considered the founder of social medicine (Bloom, 2002, 19–21). Despite its roots in the European intellectual tradition of the nineteenth century, the emergence of medical sociology should therefore be understood in the context of the introduction of this particular subject in the curricula of American universities, in early twentieth century (Bloom, 2002, 23). In the interwar period, sociology in general and medical sociology in particular, were able to develop and institutionalize in the United States (most American universities establishing a department of sociology) (Bloom, 2002, 39–41).

This conception regarding the birth of medical sociology in the American universities, at the beginning of the twentieth century, should be correlated and complemented with the European intellectual and academic tradition from the second half of the nineteenth century on the beginnings of the study of social hygiene. Thus, in Europe, the first departments of social hygiene were created in England (1860), Romania (1861), Germany (1865) and Russia (1871), and were chaired by E. Al. Parkes, Iacob Felix, Max von Pettenkofer and V. A. Subbotin (Ursea, 2001, 919). A remarkable contribution to the European and academic recognition of social hygiene was that of Professor Iacob Felix (1901, 20), the founder of scientific hygiene in Romania (Ilea, Pruteanu and Grosz, 1966, 77). An analysis of the contribution of Romanian and Western schools of social medicine supports the idea of scientific synchrony between the two (Buda, 2013, 180; Ursea, 2001, 919–928).

To an extent, this phenomenon of synchrony regarding the study of social hygiene in the European universities from the second half of the twentieth century can be compared with the beginnings of academic sociology, at the end of the nineteenth century and the beginning of the twentieth century, in Europe and the United States. One of the remarkable moments of this period was the establishment of the first Romanian School of Sociology⁶. The Monographic School of Bucharest was founded at the initiative of Professor Dimitrie Gusti, member (1919–1948) and President (1944–1946) of the Romanian Academy, head of the department of *History of Greek Philosophy, Ethics and Sociology* at the University of Iași (1910–1920) and of the department of *Sociology, Ethics, Politics and Aesthetics* at the University of Bucharest (1920–1947). At the same time as Professor Gusti, in the Romanian academia, was chair of the Department of Sociology (since 1910), the first departments of sociology were being established in the United States (1892), France (1895), England (1904), Germany (1919) and Poland (1920), for Albion W. Small, Emile Durkheim, Edward Alexander Westermarck, Max Weber and Florian Witold Znaniecki. The development of Romanian and Western sociology, at an academic level, is thus synchronous. What is more, both Émile Durkheim (the founder of the French school of sociology and the first holder of a chair of sociology in Europe) and Dimitrie Gusti (the founder of Romanian sociology) studied in Germany under Professor Wilhelm Maximilian Wundt (the founder of modern psychology).

Since 1925, the Sociological School of Bucharest launched numerous monographic research campaigns in the Romanian villages, given that public health was considered a major area of interest and a critical component of the Gustian sociological methodology (Gusti, 1946; Rostás 2005; idem, 2009; Bucur, 2011a; idem 2013a; idem, 2013b, idem, 2016a). The results of this enterprise were published – under the scientific authority of the Sociological School of Bucharest or of the professional organizations⁷

set up by Professor Gusti – in numerous books and magazines, of which we should mention the prestigious *Sociologie Românească* [*Romanian Sociology*] (1936–1943), *Arhiva pentru Știința și Reforma Socială* [*Archive for Science and Social Reform*] (1919–1943), *Revista Institutului Social Banat-Crișana* [*Journal of Banat-Crișana Social Institute*] (1933–1946), *Buletinul Institutului Social Român din Basarabia* [*Bulletin of the Romanian Social Institute of Bessarabia*] (1937), *Buletinul Institutului de Cercetări Sociale al României – Regionala Chișinău* [*Bulletin of the Social Research Institute of Romania – Chișinău Branch*] (1938) and the periodicals *Curierul Echipelor Studentești* [*Student Teams Courier*] (1934–1938) and *Curierul Serviciului Social* [*Social Service Courier*] (1938–1939). In the 1934–1939 period, the *Royal Student Teams* and *Social Service Teams*, under the direction of Professor Gusti, included specialists in human and veterinary medicine, whose purpose consisted in improving health in rural areas. Unfortunately, the Soviet military occupation of Romania, after the Second World War, resulted in the retirement of Professor Gusti (in 1947) and the ban of sociology (in 1948). This was followed by the communist repression against humanist academics and intellectuals, and the indexing of Romanian sociology (as a result, two of the Assistant professors of Professor Gusti – Anton Golopenția and Mircea Vulcănescu – met their death in communist prisons). Eventually, the Bucharest School of Sociology sank into oblivion. In this context, we hope that in the future, a history of medical sociology will perhaps mention the Gustian School and its contribution to this field of study.

Conclusions

The reader of this article will easily conclude that the deficient nutrition of the Romanian peasant was mainly caused by its excessive use of polenta (despite being consumed with other dairy products). They will also agree

that in the rural environment, unbalanced nutrition was not economically driven: even in the well-off households, with all the ingredients at hand, the housewives prepared simple and tasteless foods, because they did not know how to cook. The negative effects on the health state of the local peasantry, caused by an insufficient (lacking in vitamins) or unilateral (based only on corn) alimentation, have been the subject of study for a number of specialists from the Romanian monographic movement⁸. Therefore, the Sociological School of Bucharest considered that, in order to adopt any remedial or corrective measures, a comprehensive investigation on the diet of the peasant population, carried out at a national level, was first called for (Ionescu, 1937, 453).

When it came to medical services, interwar Romania faced a crisis as well. Even in the fairly wealthier villages, the sanitary situation was disastrous, as was the case also with the educated social group of the students from the capital city. According to Professor Gusti himself, even in the more prosperous villages of the country, the average mortality exceeded 20 per mil (figure even higher than that of neighboring countries, where the mortality index was 15 per mil). In Greater Romania, every third child died before reaching 1 year of age. Utter lack of hygiene and poor nutrition characterized even the homes of wealthy peasants (through excessive consumption of corn and low consumption of meat, or through lack of knowledge in preparing healthy meals, which led to chronic diseases of the digestive system) (Gusti, 1938, 434–435). Moreover, we should mention the rampant illiteracy (at a rate of 43 per cent in 1930), one of the largest in Europe at that time (Bartoș, 1938, 372; Manuilă and Georgescu, 1938, 142).

Another conclusion the reader of this article will agree upon is the unmitigated interest of the Sociological School of Bucharest in researching the dietary habits of the population, and in identifying realistic measures of sanitary intervention in the rural communities, aimed at ameliorating the existing deficiencies. Issues pertaining to healthcare and food,

affiliated to the biological framework, were, therefore, extremely important for the Gustian School, as they addressed – demographically – the very survival of the biological species (in general) and the cultural development of the Romanian people (in particular). We should mention that – in its sociological approach of health-related topics – the School of Bucharest does not share the questionable and objectionable racist conceptions of the era (biopolitics and eugenics). Moreover, given that monographic sociology has been defined by Gusti as a science of the Romanian nation, its founder felt that the health and eating habits of the population had to be topics of primary interest to society (and of primary concern for the government officials). This perspective puts the Romanian sociological research in the field of medical sociology amongst its contemporary counterparts, alongside with the American and European scientific endeavor in this area. Despite not having explicitly used the term *medical sociology* (due to the integrative methodological architecture), the biological framework (which addressed the issues of public hygiene and food) was an integral part of the Romanian monographic sociology. Furthermore, Professor Gusti (1946) used the fundamental concept of *sociologia militans*, which he saw as a socially active discipline, thoroughly engaged in the affairs of state, unrestricted to neutrally measuring and researching the various social realities of the Romanian society, with the purpose of alleviating the situation, as much as possible, but only through legal and ethical means (and always in collaboration with local and central government authorities). That is why, in addition to their primary activity of sociological investigation, the *Royal Student Teams* and the *Social Service Teams* included amongst their members, specialists in human and veterinary medicine (who treated the diseases of suffering people and animals in households) and in housekeeping (who provided useful advice and practical lessons about the preparation of healthy food and the efficient organization of the peasant household). Unfortunately, despite the assiduous efforts of the

Gustian School – that even entailed legislative measures [aimed at the reform the Romanian health system (Ionescu, 1937, 446–451; Pupeza et al., 1938, 497–498)] –, the general state of health of the Romanian population did not register a significant improvement. Beyond this

regrettable lack of efficiency, what remains, however, is the memory of a Romanian movement of medical sociology, as active and relevant as its American and European counterparts of the time.

Notes

¹ Between the late nineteenth century and early twentieth century, in the Western scientific world, the fields of *social hygiene* (centered on the prevention of disease) and of *social medicine* (centered on the treatment of disease) begin to overlap (Rădulescu, 2002, 29). In addition to his phenomena, in the United States, in the interwar period, the notions of *medical sociology* and *social medicine* are being used interchangeably (Rădulescu, 2002, 33). On the other hand, it is true that *social medicine* owes its coming into existence, among other factors, to the inclusion of the bio-sociological interpretation into the area of sociological study (Rădulescu, 2002, 37). Therefore, for the establishment of *social medicine*, an equally essential part was played by the physicians' interest in the areas of public health and social hygiene and by the sociologists' efforts to highlight the social causes of disease. Quite often, the roles of the physicians and of the sociologists coincided (Rădulescu, 2002, 33).

² Following the definitive establishment of the totalitarian communist regime in Romania, physician Sabin Manuilă, an important collaborator of the Sociological School of Bucharest, chose exile and settled in the United States, in 1948; here he worked with a number of international organizations, active in the fields of public health and nutrition, such as *The Institute for Food Research* (Stanford University) and *World Health Organization*.

³ It should be noted that Dumitru C. Georgescu (1939, 314–319) reviewed, for the journal *Sociologie Românească* [*Romanian Sociology*], a series of recently published works (at that time), dealing with Romanian nutrition, such as: *Anchetă asupra alimentației țărânului din Munții Apuseni* [*Inquiry on Peasant Food in the Apuseni Mountains*] (Grigore Benetato, 1936), *Cercetări asupra alimentației țărânului moldovean, cu observațiuni asupra regimului pelagșilor* [*Research on Moldavian Peasant Food, with Notes on the Pellagra Food Regimen*] (Moise Enescu and A. Radenschi, 1937), *Alimentația muncitorului* [*The Nutrition of*

the Laborer] (George Băltăceanu 1939), *Alimentația poporului român, în cadrul antropogeografiei și istoriei economice* [*The Dietary Habits of the Romanian People seen by Anthro-geography and Economic History*] (Ioan Claudiu, 1939).

⁴ For instance, sociological enquiry carried out between 1935–1936 in 939 households from 193 villages spread across Bulgaria concluded that the food regimen of the locals was too rich in carbohydrates and too limited in range. Their diet consisted in 72 per cent cereal, 10 per cent meat, nine per cent fruits and vegetables, six per cent milk and eggs, two per cent alcoholic beverages and one per cent sugar, rice and others. A share of 82.6 per cent of all the consumed food came from own resources (Golopenția, 1938, 598). The Sociological School of Bucharest also took an interest in the government policies promoted in Chile for healthy eating and for alleviating the effects of the lack of vitamins in nutrition (Galitz, 1939, 29). On the other hand, a comparison made by Tiberiu Morariu (1942) between the diet of Romanian and French shepherds (from the Carpathians and the Alps respectively), in the interwar period, revealed that the food of the latter was much more varied. Thus, the shepherds from western Europe would consume, besides dairy products, produce, meat, and sometimes wine; moreover, they would pay great attention to the cooking process, which couldn't be further from the truth in case of the local ones (Morariu, 1942, 386–388).

⁵ Regarding the prices, in 1934, for the food purchased by a peasant family from the village of Ciorna, Rezina, Orhei County, see Gheorghe Zane (1938, 555), who published the findings of a monographic enquiry carried out by the Seminar of Political Economy from the University of Iași.

⁶ Dimitrie Gusti is the author of the first Romanian system of scientific sociology. He is also the creator of sociological university education in Romania. In 1910, Professor Gusti inaugurated the

first constant and systematic sociology course at the University of Iași (Herseni, 1940, 95–96). The debut of Professor Gusti's academic activity equates with the beginnings of the sociology department tradition in Romania, represented by university teaching staff specialized in this scientific discipline. At the Sociological School of Bucharest, Professor Gusti's main collaborators were his university assistants: Gheorghe Vlădescu-Răcoasa, Mircea Vulcănescu, Henri H. Stahl, Traian Herseni and Anton Golopenția (Herseni, 1940, 107–108).

⁷ Some of the professional organizations that Professor Gusti established and chaired, in interwar Romania, are: *The Association for Study and Social*

Reform (1918–1921), *The Romanian Social Institute* (1921–1938, 1944–1948), *The Social Research Institute of Romania* (1938–1939), *The Institute of Social Sciences of Romania* (1939–1944), *The National Council of Scientific Research* (1944–1948) [established at the Romanian Academy, during the time Professor Dimitrie Gusti held the rank of President of the Romanian Academy (1944–1946)].

⁸ Tiberiu Ionescu (1937, 451), for instance, researched *pellagra* and the etiological complex of this condition. He also compiled a database documenting the annual average food rations, the caloric intake of peasant meals or the household expenses allocated to food by the rural population in the interwar period.

References

- Banu, G. (1944) *Tratat de medicină socială*, 1. București: Casa Școalelor.
- Bartoș, P. (1938) Criza terapeutică în satele românești. *Sociologie Românească*, 3, 7–9, 369–372.
- Bărbat, A. (1938) Inventarul și bugetul real al unei gospodării țărănești din Țara Oltului. *Sociologie Românească*, 3, 1–3, 27–31.
- Bărbulescu, C. (2015) *România medicilor: medici, țărani și igienă rurală în România de la 1860 la 1910*. București: Humanitas.
- Beloiu, M. (1938) Viața turcilor într'un sat din Cadrilater: Cara-Ezechioi din Durostor. *Sociologie Românească*, 3, 4–6, 190–208.
- Bloom, S. W. (2002) *Word as Scalpel: A History of Medical Sociology*. Cary [NC, USA]: Oxford University Press.
- Bordușani (1935) *Curierul Echipelor Studențești*, 1, 5, 6.
- Bucur, B. (2011a) Insights into the Politico-Administrative Dimension of Interwar Romania. A Perspective of the Gustian Monographic Sociology. *Styles of Communication*, 3, 1, 5–25.
- Bucur, B. (2011b) Budgetary Austerity Measures Taken by Romania during the Great Recession of 1929–1933 and Reflected in the Specialized Press of the Time. *Romanian Journal of Journalism and Communication*, 6, 3, 34–41.
- Bucur, B. (2013a) The Bucharest School of Sociology and the Failure of the Interwar Community Development Project. *Bulletin of the Transilvania University of Brașov*, 6, 2, 93–104.
- Bucur, B. (2013b) Manifestările politico-administrative în cercetările monografice ale Școlii Sociologice de la București, in D. Sandu and I.-A. Rusu (eds.), *Zece teme de nișă în explorările tinerilor sociologi*. București: Trei, 81–96.
- Bucur, B. (2016a) Sociological School of Bucharest's Publications and the Romanian Political Propaganda in the Interwar Period, in A. Fox (ed.), *Global Perspectives on Media Events in Contemporary Society*, Hershey, PA (USA): IGI Global, 106–120.
- Bucur, B. (2016b) Population Health in Interwar Romania Reflected in the Sociological School of Bucharest's Research and Publications, in V. Marinescu and B. Mitu (eds.), *Health and the Media: Essays on the Effects of Mass Communication*, Jefferson, NC (USA): McFarland & Co., 215–240.
- Buda, O. (2013) *Identitate națională și medicină socială: antropologie culturală, psihiatrie și eugenism în România: 1800–1945*. București: Muzeului Național al Literaturii Române.
- Butoi, I. (2015) *Mircea Vulcănescu: o microistorie a interbelicului românesc*. București: Eikon.
- Câmpineanu, Ș. (1931) Situația materială a vieții studențești: anchete universitare. *Dreapta: foaie de cultură, informație și luptă*, 1, 2, 3.
- Câmpineanu, Ș. (1932a) Efectele situației materiale a vieții studențești: anchete universitare. *Dreapta: foaie de cultură, informație și luptă*, 1, 4, 3.
- Câmpineanu, Ș. (1932b) Istoricul situației materiale a vieții studențești: anchete universitare. *Dreapta: foaie de cultură, informație și luptă*, 1, 5, 3.
- Câmpineanu, Ș. (1932c) Taxele universitare. *Dreapta: foaie de cultură, informație și luptă*, 1, 7, 3.
- Câmpineanu, Ș. (1932d) Căminele studențești până la 1931. *Dreapta: foaie de cultură, informație și luptă*, 1, 7, 3.

- Câmpineanu, Ș. (1932e) Cantinele studențești până la 1930: anchete universitare. *Dreapta: foaie de cultură, informație și luptă*, 1, 8, 3.
- Clopoțel, I. (1928) *Sociografie românească. Anchetarea plășilor muntoase: Margina, Almăj, Vașcău și Beiuș*. Cluj: revistei "Societatea de mâine".
- Cockerham, W. C. (2001) *The Blackwell Companion to Medical Sociology*. Malden [MA, USA]: Blackwell Publishers.
- Cockerham, W.C. (2011) Health Sociology in a Globalizing World. *Politica y Sociedad*, 48, 2, 235–248.
- Collyer, F. (2010) Origins and Canons: Medicine and the History of Sociology. *History of the Human Sciences*, 23, 2, 86–108.
- Cressin, A. (1937) Starea fizică și alimentația școlărilor în România. *Sociologie Românească*, 2, 5–6, 211–215.
- Echipa Năpădeni (1935) *Curierul Echipelor Studențești*, 1, 4, 2.
- Echipa Sămbăteni (1935) *Curierul Echipelor Studențești*, 1, 4, 2.
- Felix, I. (1901) *Istoria igienei în România în secolul al XIX-lea și starea ei la începutul secolului al XX-lea*. București: Institutul de Arte Grafice Carol Göbl.
- Florescu, F. (1937) Cetele de secerătoare din Cuhea-Maramureș. *Sociologie Românească*, 2, 11–12, 507–511.
- Galitz, C. (1939) Serviciul Social în Chile. *Sociologie Românească*, 4, 1–3, 24–30.
- Georgescu, D. C. (1936) Problema alimentației țărănești. *Sociologie Românească*, 1, 2, 6–10.
- Georgescu, D. C. (1937) Populația satelor românești. *Sociologie Românească*, 2, 2–3, 68–79.
- Georgescu, M. (1938) Institutele Sociale Regionale. *Sociologie Românească*, 3, 7–9, 388–392.
- Georgescu, D. C. (1939) Realitatea românească. *Sociologie Românească*, 4, 1–3, 314–319.
- Gheorghiu, C. (1937) Asistența medicală rurală în România. *Sociologie Românească*, 2, 2–3, 80–87.
- Glicsman, I. and Stoicescu, I. R. (1927) *Album statistic al igienei preventive, asistenței medicale și al asistenței sociale*. București: Atelierele grafice Socec&Co.
- Golopenția, A. (1938) Popoarele vecine. *Sociologie Românească*, 3, 10–12, 597–599.
- Golopenția, S. (2015) Echipierii gustieni despre starea sanitară a satelor României. *Secolul 21*, 7–12. Available at <http://secolul21.ro/sanda-golopenția-echipierii-gustieni-despre-starea-sanitara-a-satelor-romaniei/>. Accessed on September 11, 2016.
- Gusti, D. (1938) Starea de azi a satului românesc: întâiele concluzii ale cercetărilor întreprinse în 1938 de Echipele Regale Studențești. *Sociologie Românească*, 3, 10–12, 431–436.
- Gusti, D. (1946) *Sociologia militans: cunoaștere și acțiune în serviciul națiunii*. București: Fundația Regele Mihai I.
- Herseni, T. (1936) Expoziția de lucru a Echipelor Regale Studențești. *Sociologie Românească*, 1, 1, 35–42.
- Herseni, T. (1940) *Sociologia românească: încercare istorică*. București: Institutul de Științe Sociale al României.
- Herseni, T. and Truszkowski, W. (1940) Plan pentru cercetarea obiceiurilor alimentare țărănești, în D. Gusti (ed.) *Îndrumări pentru monografiile sociologice*, București: Institutul de Științe Sociale al României, 101–107.
- Ilea, Th., Pruteanu, P. and Grosz, G. (1966) *Sănătate publică: medicină și igienă socială: teorie și metodă*. București: Medicală.
- Imbrescu, D. (1936) După două luni de muncă la Glimboca. *Curierul Echipelor Studențești*, 2, 11, 5.
- Ionescu-Romanași, M. (1937) Salvați satele... *Curierul Echipelor Studențești*, 2, 5, 4.
- Ionescu, T. (1937) Plasele sanitare model: Gilău și Tomești: importanța lor pentru experimentarea unei acțiuni sanitare preventive. *Sociologie Românească*, 2, 9–10, 443–454.
- Lenghel-Izanu, P. (1939) Alimentația și îmbrăcămintea în Bârsana, Maramureș. *Sociologie Românească*, 4, 4–6, 271–275.
- Locusteanu, E. (1934) Raport General asupra activității echipei sanitare de pe lângă Echipa Regală No. 9 Sadova C. Lung. Bucovina. *National Archives of Romania, The Fond of the Royal Cultural Foundation: The Seat (1921–1946)*, 697, 18, 169–182.
- Lupu, I. and Zanc, I. (1999) *Sociologie medicală: teorie și aplicații*. Iași: Polirom.
- M. S. Regele la Echipa Ferdinand (1935) *Curierul Echipelor Studențești*, 1, 6, 4–5.
- Manuilă, S. (1937) Organizarea sanitară a satului. *Sociologie Românească*, 2, 2–3, 87–90.
- Manuilă, S. (1938) Suprapopularea universităților și șomaj intelectual. *Sociologie Românească*, 3, 4–6, 227–229.
- Manuilă, S. and Georgescu, M. (1938) Populația României, în D. Gusti, C. Orghidan, M. Vulcănescu and V. Leonte (ed.), *Enciclopedia României*, București: Imprimeria Națională, vol. 1, 133–160.

- Manuilă, V. (1939) Pauperismul și criza familială într'un cartier mărginaș al Bucureștilor (Tei). *Sociologie Românească*, 4, 4–6, 170–178.
- Marinescu-Nour, A. (1934) Raportul nr. 3 asupra activității Echipii Regale Nr. IX din comuna Sadova, jud. Câmpulung. *National Archives of Romania, The Fond of the Royal Cultural Foundation: The Seat (1921–1946)*, 697, 18, 216–218.
- Mărculescu-Dunăre, T. (1939) Pescarii din Turtucaia. *Sociologie Românească*, 4, 4–6, 243–252.
- Measnicov, I. (1937) Mortalitatea populației rurale românești. *Sociologie Românească*, 2, 4, 158–167.
- Morariu, T. (1942) Păstoritul în Alpii francezi și în Carpați. *Sociologie Românească*, 4, 7–12, 375–393.
- National Archives of Romania, *The Fond of the Royal Cultural Foundation: The Seat (1921–1946)*, inventory no. 697.
- National Archives of Romania, *Sabin Manuilă Personal Fond (1853–1947)*, inventory no. 614.
- Olănești (1935) *Curierul Echipelor Studențești*, 1, 5, 6.
- Petra, Ș. (2007) *Sociologie medicală: studii*. Cluj-Napoca: Dacia.
- Pogojeanu, E. (1934) O anchetă sanitară în populația studențească: examenul medical al candidaților la Academia Comercială. *Revista de igienă socială*, 4, 6, 338–345.
- Pogojeanu, E. (1936) O anchetă sanitară în populația studențească. Igiena și bolile în mediul studențesc. *Revista de igienă socială*, 6, 9, 512–519.
- Popescu, N. N. and Cazan, A. (1936) Programul echipei Șanț trimis tuturor autorităților din județ. *Curierul Echipelor Studențești*, 2, 4, 2.
- Popoiu, P. (2010) *Drăguș după 80 de ani de la prima campanie monografică*, 2. Craiova: Universitaria.
- Pupeza, I., Virgiliu, L., Gheorghiu, C. and Mezincescu, D. (1938) Sănătatea publică în România, in D. Gusti, C. Orghidan, M. Vulcănescu and V. Leonte (ed.), *Enciclopedia României*, București: Imprimeria Națională, vol. 1, 490–518.
- Raport privind instalarea Echipii Regale Nr. 9 în comuna Sadova din județul Câmpulung Bucovina (1934) *National Archives of Romania, The Fond of the Royal Cultural Foundation: The Seat (1921–1946)*, inventory no. 697, d. 18, 210–212.
- Rădulescu, S. M. (2002) *Sociologia sănătății și a bolii*. București: Nemira.
- Rostás, Z. (2005) *Atelierul gustian: o abordare organizațională*. București: Tritonic.
- Rostás, Z. (2009) *Strada Latină nr. 8: monografiști și echipieri la Fundația Culturală Regală „Principele Carol”*. București: Curtea Veche.
- Sdrobiș, D. (2013) Învățământul superior în România interbelică: de la «supraaglomerarea universităților» la «șomaj intelectual». *Sfera politicii*, 21, 3, 24–35. Available at http://issuu.com/sferapoliticii/docs/sfera_175-rev1/1?e=1423808%2F5708823. Accessed on March 3, 2016.
- Sdrobiș, D. (2015) *Limitele meritocrației într-o societate agrară: șomaj intelectual și radicalizare politică a tineretului în România interbelică*. Iași: Polirom.
- Stahl, H. H. (1939a) *Nerej: un village d'une région archaïque: monographie sociologique*, 1. București: Institutul de Științe Sociale al României.
- Stahl, H. H. (1939b) *Echipele studențești din Corbi și Stănești jud. Muscel. Pentru sat*. București: Fundația Culturală Regală “Principele Carol”, 85–92.
- Școala de comandante Broșteni-Neamț (1939) Familia și copilul într'un sat din Neamț (Holda). *Sociologie Românească*, 4, 4–6, 217–242.
- Știrbu, T. A. (1938) Vălenii de lângă Prut. *Sociologie Românească*, 3, 10–12, 518–521.
- Todan, L. (1935) Fibiș. *Curierul Echipelor Studențești*, 1, 5, 6–7.
- Țone, F. (2012a) Francisc Rainer, în campaniile monografice de la Nerej, Fundul Moldovei și Drăguș. *Secolul 21*, 1–6. Available at <http://www.cooperativag.ro/francisc-rainer-in-campaniile-monografice-de-la-nerej-fundul-moldovei-și-dragus/>. Accessed on September 11, 2016.
- Țone, F. (2012b) Exercițiu de recuperare: portretul sanitar al comunei Fundul Moldovei în vara anului 1928. *Transilvania*, 11–12. Available at <http://www.cooperativag.ro/portretul-sanitar-al-comunei-fundul-moldovei-in-vara-anului-1928/>. Accessed on November 3, 2016.
- Țone, F. (2013a) Un monografist uitat: D. C. Georgescu. *Sfera Politicii*, 175. Available at <http://sferapoliticii.ro/sfera/175/art06-Tone.php>. Accessed on September 11, 2016.
- Țone, F. (2013b) Cornova (Basarabia), la 13 ani de la unirea cu România: portret sanitar. *Anuarul Institutului de Istorie „George Barițiu” din Cluj-Napoca*, Series Humanistica, IX. București: Academiei Române. Available at http://www.humanistica.ro/index_ro.htm. Accesat in September 11, 2016.
- Țoneș, I. and Cosma, V. (1936) Înfăptuire din Basarabia. *Curierul Echipelor Studențești*, 2, 11, 5.

- Ursea, N. (2001) *Enciclopedie medicală românească: secolul XX*. București: Universitatea de Medicină și Farmacie „Carol Davila”.
- Vidican, A. (1938) Alimentația copiilor de școală la Căianul-Mic – Someș. *Sociologie Românească*, 3, 7–9, 381–382.
- Vintilescu, I. (1937) Merișor, un sat de „momârlani” de pe pragul porții sud-estice a Țării Hațegului. *Sociologie Românească*, 2, 11–12, 502–507.


- Vlăsceanu, L. (2010) *Manual de sociologie*. Iași: Polirom.
- Zane, G. (1938) Anchetele monografice asupra economiei familiare țărănești ale Seminarului de Economie Politică a Universității din Iași. *Sociologie Românească*, 3, 10–12, 549–555.

Annex 1:

Professor Dimitrie Gusti, in his quality of chairman of the Census Commission, recommends Mr. Sabin Manuilă to the Minister of Labor, Health and Social Assistance, on December 12, 1929, to be appointed director of the

School of Statistics. It is the official document leading to the birth of the Central Institute of Statistics in Romania [source: National Archives of Romania, Sabin Manuilă Personal Fond (1853–1947), inventory no. 614, d. I.256, f. 11].

ROMÂNIA

 Nr. 38

MINISTERUL SĂNĂTĂȚII
și
OCROTIRILOR SOCIALE

Direcția _____

Nr. 11

București, 12/12/1929

Arh. Ist. Centr
 Nr. 256

DOMNULUI MINISTRU,

Comisia de recensământ prin procesul verbal No.25 din 9 Decembrie 1929, a recomandat pe D-lui Dr.S.Manuilă în postul de Director al Școlii de Statistică ce se va deschide la începutul lunii Ianuarie 1930, pentru pregătirea personalului necesar recensământului General al Populației și pentru serviciul de Statistică Generală a Statului.-

Aducându-vă aceasta la cunoștință, cu onoare vă rugăm să bine voți a aproba numirea D-lui Dr.S.Manuilă ca Director al numitei școli, spre a face convenitele demersuri în vederea organizării și deschiderii cursurilor.-

PRESEDINTE,

D. Gusti

SECRETAR,

S. Manuilă

Domniei-sale

Domnului MINISTRU al MUNCII, SĂNĂTĂȚII și OCROTIRILOR SOCIALE.-

R. 429137 - Inspectorat. Statului