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Investing in Infants: Child Protection and Nationalism in Transylvania during Dualism and the Interwar Period

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Abstract

The high infant mortality rate of illegitimate children in Dualist Hungary urged politicians to create a modern state child welfare system for the protection of abandoned children whose upbringing became a national matter. Their main concern was providing adequate nutrition for infants and increase their chances of survival. The article examines how demographical concerns and national-political ideals influenced the evolution of the child welfare system in multi-ethnic Transylvania, first as part of the dual monarchy and after the First World War as a province of Romania. The Hungarian state children's asylums offered a variety of nursing programs for abandoned infants, where the foster-care system often resulted in their Magyarization at a later age. During the First World War, the new objective was the protection of infants together with mothers and the promotion of breastfeeding in order to ensure the viability of the Hungarian nation. National arguments were used in both time periods to support infant protection initiatives. In interwar Transylvania, the urban-rural ethnic distribution influenced the development of infant protection facilities: all state investments were channeled toward the "authentic" Romanian countryside, while in the "foreign" urban environment ethnic minorities focused on their own institutions.

Keywords: Child protection; motherhood; medicalization; asylum; visiting nurse

In late 19th century Hungary, the high infant mortality rate could not be ignored anymore, and infants received special attention in the public discourse. The first state initiative focused exclusively on the unwanted children entrusted to (underpaid) wet nurses in the surroundings of urban centers who perished unsupervised in alarming numbers. The existing laws regulating wet nursing were not implemented by the overwhelmed local authorities and district physicians. In the big cities, unmarried housemaids or day laborers were often unable or unwilling to raise their unwanted children, so they placed them to mercenary wet nurses in the nearby villages. These low-paid wet nurses accepted too many infants, did not feed them adequately, and most babies soon died. This was called "angel-making." One recalls they were handed over as such: "Here are twenty forints [for the child], if he dies, you'll receive another twenty" (Szana 1911, 384). No one knew the exact number of infants who passed this way (Deáky 2003, 188–191).

This article focuses on social reforms and emerging child protection institutions. The analysis embraces a long time period to follow the institutional development in this multi-ethnic region amidst geo-political changes. In the first two subsections, I present the beginnings of child protection in dualist Hungary and its expansion in the wartime period, highlighting the national and demographical ambitions that shaped them. In the last two sub-sections, I discuss how the inherited child protection institutions were adapted to the social needs of Romanians during the interwar period (lack of Romanian medical staff and infrastructure in the countryside paired with

the skepticism of the population toward scientific innovations) and how the ethnic minorities (here the Hungarians) were affected by the new political circumstances.

Hungarian doctors and social reformers such as Mór Szalárdi started to raise public awareness of the high infant mortality of illegitimate children abandoned by their mothers or left in the care of mercenary wet nurses (Deáky and Krász 2005, 320–321; Körmendiné Pók 2016, 580–581; Szana 1911, 384). These infants were often seen as a testament to the mother's loose morals and illicit relationship, thus the family often rejected both the mother and the child. Young unwed mothers were stigmatized by the community and punished for child abandonment, but society turned a blind eye when they resorted to mercenary wet nurses (Engel 1885, 9). Breastmilk was in high demand, because it was the best and safest method to feed infants, and wet nurses were the women hired to feed someone else's infant. Wealthy families also hired young, usually unmarried mothers to breastfeed, but in turn they had to leave their offspring to an underpaid wet nurse in the countryside. The child protection institutions themselves relied on external wet nurses. In Hungary, the wet-nursing business had emerged in the late 18th century, but it never reached such levels as in France for instance. In France, however, wet-nursing was not used as a means of disposing of infants, while in Hungary usually single mothers' unwanted babies ended up in the countryside (Sussman 1977; Deáky 2003; Deáky and Krász 2005, 307–310). On a political basis, this was regarded as an unnecessary loss of human resources to the nation; therefore in the case of multi-ethnic Hungary, the state's involvement was more decisive in the evolution of the child protection network than private charitable institutions. By the end of the 19th century, child protection became a national issue, and since 1898, new laws transferred the care of abandoned children under the supervision of the state. These rescued children were envisaged to strengthen the Hungarian national body. Later, by the eve of the First World War, the attitude toward infants, mothers, and motherhood had changed, and the interest had shifted to the general infant population, where many were endangered by unfavorable working and housing conditions, ignorance, and lack of hygienic knowledge. Influenced by the emerging eugenic principles, social reformers intended to improve the "quality" of future generations.

After the First World War, the political map of Hungary had changed and regions such as Transylvania, Eastern Hungary, and parts of the Banat were annexed to Romania. The minority-majority rapport had changed within the new borders: the Romanians, previously a political minority, had become the dominant nation of the country and benefitted from the full support of the state, while Hungarians found themselves in a minority position, both politically and numerically. On these territories, the new nation-state inherited five of the seventeen State Children's Asylums (*Magyar Királyi Állami Gyermekmenhely*), consisting of a central institution in the five cities (Arad/Arad, Cluj/Kolozsvár, Oradea/Nagyvárad, Târgu Mureş/Marosvásárhely, Timișoara/Temesvár) with thousands of proteges in foster care. The Romanian community was not accustomed to wet nursing infants and was not involved in institutionalized infant protection whatsoever. The interwar period is characterized by the endeavors to Romanianize the existing child protection institutions and extend the healthcare system to the Romanians living in the countryside.

The Hungarian State Child Protection during Dualism

The child abandonment near urban centers in the late 19th century was not ignored by politicians and soon new laws and institutions guaranteed their safe upbringing. They were usually abandoned as infants, and consequently, child protection starts with the survival of newborns. From 1898, the childcare costs of abandoned children under seven were covered by the State Healthcare Fund (Act 21/1898). The child protection acts (Acts 8 and 21/1901) granted protection for abandoned children up to 15 years. At first, supervision was entrusted to private associations such as the National White Cross Foundling Home Association (*Országos Fehér Kereszt Lelenház Egyesület*) and its local branches all over the country, until the opening of the State Children's Asylums (*Magyar Királyi*

Állami Gyermekmenhely) in 1903–1904 (Gyáni 1999; Kaszás 1994; Zimmermann 2011). The elaborate yearbooks of the institution are the basic source material for all statistical data on abandoned children for the period between 1904 and 1910 (Ruffy 1905, 1906, 1907, 1908, 1913).

The state children's asylums accepted all foundlings and children under fifteen declared abandoned by the Guardianship Authority (*Árvaszék*) whose parent(s) or closest relatives could not appropriately care for them. The asylum protected a very heterogeneous group of children, and the term "abandoned" gradually broadened over time (Kind-Kovács 2022). Once admitted in one of the state asylums, all healthy children were placed to foster parents selected by the institution who received monthly payments for the child. They were regularly visited by specially trained supervisors and replaced to other foster parents if treated badly. They were placed in individual families in so-called *colonies*, which were villages or towns where more residents accepted to raise abandoned children. Infants required special treatment, which will be discussed later in detail.

Only Hungarian villages were selected for colonies. Here, the children of the state grew up in Hungarian families, which resulted in the Magyarization of the children from other ethnic groups, depending on the age of the child and time spent in foster care. Young children technically grew into the culture of the foster family. The child could be reclaimed anytime by the parent(s) if the Guardianship Authority concluded that the cause of abandonment had ceased (i.e., the mother married and became financially stable) and the child was returned to the natural family. Only a fraction of the admitted infants had reached age fifteen in state care. Asylum directors strongly disapproved of older children's unfounded retrievals when so much has been invested in their upbringing, and it also stood against the national interests of the state (Szana and Gyórbíró 1904, 16–17).

In dualist Hungary, where Hungarians represented just above half of the population, the shrinking of the nation appeared as an imminent threat in the public discourse, and child abandonment was an unnecessary loss of human resources for the nation. Nationalist goals were even more strongly emphasized in ethnically diverse regions such as Transylvania or the Banat, where Hungarians were in a numerical minority. In 1910 in Transylvania, 55.1% of the inhabitants were Romanian, 34.2% Hungarian, and 8.7% German (Saxons) (Köpeczi 1986, 1575). In the Banat, only 15.3% of the population was Hungarian, while the majority was Romanian (37.4%), with a significant German (24.5%) and Serbian (18%) community (Kókai 2010, 175). The ethnic distribution was enhanced by the urban-rural contrast as well: urban areas were generally dominated by the Hungarian or German element, while Romanians lived in the countryside. In such circumstances, many public institutions and laws promoted Magyarization, including children's asylums, which placed all proteges with Hungarian foster parents. In the political discourse, the abandoned child appeared as the model patriotic, hard-working citizen of the future.

The phenomenon of child abandonment was the result of multiple social factors often leaving no other choice for the mother but to neglect or leave her offspring in someone else's care. Unmarried housemaids for instance could not count on the support of their family in case of an illegitimate birth and were forced to work to support themselves. The state, however, offered protection individually for the child without solving the real causes of abandonment. Poverty and women's employment had negative effects on the health of small children living in publicly sanctioned families too, when the husband did not earn enough to support the family. In the reports of the White Cross Association in Timișoara/Temesvár, working in a factory was enlisted as a motive for abandonment, pointing to the incompatibility of nursing and working at the same time (Szana 1902, 7; A "*Fehér Kereszt*" *Délvidéki* 1903). The laws stipulating the financial support of poor families by the local authorities existed only on paper. State officials nevertheless used it as an excuse for excluding poor children from material aid in their natural families. As a result, married women with multiple children often turned to the asylum due to financial difficulties when a new baby was born and breastfeeding would have prevented the mother from working. The archives contain multiple petitions from parents who requested the admittance of their legitimate newborns because

the wages of the father were insufficient and they had to provide for another four or six underage children (NAR BH 681/1906).

Politicians saw demographical and economical potential in abandoned children and invested considerable sums of money to raise thousands of them. The biggest challenge of founding homes and asylums was to keep alive as many infants as possible. The White Cross Association already embraced and insisted on the method of keeping the mother with the child for the breastfeeding period, a practice improved by the State Children's Asylum. For example, in 1902, in the White Cross founding home in Timișoara/Temesvár (led by Sándor Szana) 41.5% of the infants received their mother's breastmilk (A *"Fehér Kereszt"* 1903, 11–15). Keeping the mother with the child significantly raised their chances of survival. Breastfeeding on the other hand also contributed to the development of maternal bonding and reduced the chances of permanent abandonment (Griffante 2019, 17; Kuźma-Markowska 2011). Infants were the most dynamic group of children assisted by the State Children's Asylums. As a result, they always remained in the physicians' center of attention, who published several research papers on the subject. Between 1904–1910, 42% of the newly admitted children nationwide were infants. Generally, about 20% had died before their first birthday. At a time when artificial feeding often caused gastrointestinal diseases, contamination, and was not supported by the medical community, breastmilk was very valuable and crucial for their survival. In Galicia, medical experts likewise argued that baby formulas could not replace natural feeding, and most often sterilized animal milk was used as a supplement (Kuźma-Markowska 2011, 136–137). The Pécs asylum for instance was experimenting with "goat nurses" (Lengyel 1913, 4–5). In a medical journal, Menyhért Edelmán, the director-physician of the Oradea/Nagyvárad asylum, approved of the Nestlé infant formula, noting nevertheless that it cannot substitute breastmilk but complement it when medically indicated (Edelmán 1910a).

Pál Ruffy, the national inspector of the state asylums, argued that "the mother is only an accessory to her own child." Breastfeeding was her duty and the asylum engaged her for the newborn (*III. Országos* 1912, 79). Besides the benefits of breastfeeding, his argument corroborates the policy of the state asylum to protect the children individually and paid less attention to the well-being of the mother. After weaning, many mothers took their child with them, pointing to temporary difficulties of the mother rather than intentional permanent abandonment. In case the child was left in the Hungarian state care system after weaning, separation from the mother was mandatory according to the internal regulations. Her breastmilk was crucial in the first months, but she was considered unfit to raise her child afterward and did not receive any material support. An "abandoned" child could be pulled out from the "spoiled" environment and replaced in an "ideal" Hungarian foster family, whereas the financial assistance of the mother would not bring any changes to the child's way of living.

The Hungarian system had a variety of nursing programs for infants. The main objective was to provide their own mother's breastmilk and avoid substitutes. All healthy infants admitted to state care were placed in a colony as soon as possible, using one of the following methods: (1) to the mother if she had stable accommodation, (2) with the mother to a hosting family in the colony, (3) to a wet nurse. It offered multiple options to convince as many mothers as possible to breastfeed the infant before abandonment. A certain supply of wet nurses was nevertheless crucial for the asylums to feed the infants admitted without a mother. It was still a safer method than artificial feeding. The benefits of receiving their mother's milk were corroborated by the mortality rate as well. In 1912, on a national level, 24% of the infants placed with a wet nurse had died in the first year, while this figure reached only 9% in the case of newborns nursed by their mother (Szana 1913).

Many mothers still wanted to avoid the obligation to breastfeed, which points out the shortcomings of the child protection system. Despite the various nursing programs, they had no concern for the mother and put her in unpleasant situations. Some had to continue working to keep their source of income, and housemaids were not welcome in the master's household with a child. Others sought employment as private wet nurses in wealthy households, which was a more respectable and better-paid job than a regular housemaid. These arguments were regarded as inadmissible by the

asylum, and the child could even be refused because it was very difficult to find enough suitable wet nurses. Many mothers had tried other alternatives first, such as privately hiring a wet nurse, but when the mother stopped paying, the weakened, half-dead child was ultimately brought to the asylum. Nationwide, about 11–13% of infants died annually before they could be sent off to a colony, which is attributed to the large number of children admitted beyond recovery (Szana 1913). Gusztáv Genersich, the director of the Cluj/Kolozsvár asylum, from 1909 sought the help of police officers who approached unmarried mothers without a home in the maternity and escorted them to the asylum in order to prevent the traceless abandonment of infants (Iancu 1925a, 481). Some unmarried mothers tried to skip the asylum out of shame and to maintain anonymity. Narratives, however, rarely reflect on those mothers' emotions who resorted to abandonment out of necessity, desperation, and not on their own choice.

The distribution of the placement methods was determined by geographical and social factors in each asylum. Placement also reflected the director-physicians' preferences for certain methods. The Arad/Arad and Târgu Mureş/Marosvásárhely institutions had great difficulties in finding wet nurses for the motherless infants because women in the region did not engage in such activities. As a result, the Târgu Mureş/Marosvásárhely asylum accepted only a few infants, while in Arad/Arad newborns were admitted almost exclusively with the mother and placed together to a hosting family. The Cluj/Kolozsvár asylum generally placed a significant proportion of newborns to wet nurses (on average 60% of the newly admitted between 1904–1910), because it had a relatively stable number of such women in its colonies, especially in the nearby Gheorgheni/Györgyfalva, where wet nursing had been flourishing from the mid-19th century. Ideally, child welfare activists wished to integrate children into the foster family, but the emergence of the wet-nursing business was unavoidable in some colonies nearby big cities. In Timișoara/Temesvár, most infants were placed together with the mother. In Oradea/Nagyvárad, the proportion of infants placed to their mother (similar to a nursing allowance) reached 52.4% in 1909. The high proportion of placements with and to the mother in Oradea/Nagyvárad and Timișoara/Temesvár might be explained by the determination of the local director-physicians, Menyhért Edelmán and Sándor Szana (transferred to Budapest after 1909), who repeatedly stressed the importance of keeping the newborn with the mother. It also reveals their desire to support poor mothers to nurse their children and avoid abandonment. Edelmán argued that breastfeeding should be mandatory in state asylums, and he had many suggestions on how to promote breastfeeding amongst the general population (Edelmán 1909; 1910a; 1910b).

The possibility of placement with or to the mother depended on the housing conditions and the category of mothers who appealed for the assistance of the institution. The “typical” mother was the housemaid who had given birth to an illegitimate child that she could not or did not want to care for. About 30–40% of the mothers were household employees with a significant proportion of day laborers. These women generally lived in their master's household or in miserable conditions and were often left without any accommodation after giving birth. Almost half of the mothers were unwed, but over time the share of married or widowed mothers had risen as the institution became more popular. Those without permanent accommodation were sent off by the asylum with their infant to a host in the countryside. This was an unpleasant experience for the mother who sometimes lacked even proper clothing, and after weaning found herself penniless, without any job or a place to stay (*III. Országos* 1912, 99). This added to the list of causes that discouraged many from turning to the asylum. Despite physicians' endeavors, over time more and more infants got admitted without a mother.

Strict regular supervision was implemented in the colonies to ensure that infants were properly cared for by the wet nurse or the mother. Sándor Szana was the main promoter of an effective supervision system. The most important person in this network was the specially trained female *colony supervisor*. Infants were visited most frequently. It was strictly forbidden to offer any kind of solid food for infants without medical recommendation (“A nevelőszülőnél” 1911). The feeding of infants caused gastrointestinal diseases in so many cases that a wet nurse could be instantly banned

from fostering for it. Buns soaked in sugary milk or sweet wheat groats puree wrapped in cloth were widely used as a pacifier, without realizing its potential dangers and doctors' warnings were not taken seriously (*Az anya- és csecsemővédek* 1917, 59–60; Lévai 1911). Colony supervisors' frequent visits did have an impact on certain local communities, but the replacement of harmful habits spread slowly and rarely passed the borders of the colony. Their actual influence was hard to evaluate and became effective over time. For example, in Tormac/Végyvár, an active colony of the Timișoara/Temesvár asylum, infant mortality had dropped significantly in the postwar years among the children born in the village, which was attributed to the permanent medical control of the assisted children since the early 1900s (Nemoianu 1928, 91–92).

The Hungarian state assumed to raise all abandoned and temporarily neglected children to strengthen the nation. It created a modern, expensive child welfare system that implicated whole communities in fostering. Providing breastmilk or a safe substitute for abandoned infants was challenging, therefore the institution offered multiple options for mothers to breastfeed their infants before abandonment. The state children's asylum, however, failed to have a real impact on the well-being of the general infant population. Only the colonies benefited from its positive influence. In Transylvania and the Banat, these colonies were established in Hungarian villages; thus, Romanian communities were left out of its advantages. Romanian physicians argued that they were intentionally neglected.

The Infant Welfare Movement in Hungary

The Hungarian child welfare system narrowly focused on vulnerable children and failed to improve the health and the well-being of the general infant population who did not meet the criteria of "abandonment." The seventeen state children's asylums offered care and assistance for about 1% of the newborns in the country, leaving the vast majority unsupervised (Berend 1917, 80). It did not offer any support for children within the family but intervened only when the unity of the family was challenged. The attitude of the Hungarian state had changed since the establishment of the asylums. The infant welfare movement started in Budapest, and it soon expanded to other urban centers such as Arad/Arad, Cluj/Kolozsvár, Oradea/Nagyvárad, and Timișoara/Temesvár, facing similar social problems as the capital on a smaller scale.

Social reformers have realized that not the protection of the abandoned but the assistance of the general infant population would bring substantial demographical changes in the long term. After the outbreak of the First World War, reducing infant mortality and stimulating population growth was often presented as a parallel war for the survival of the Hungarian nation (KN 1910 Vol. 33, 416–420). Focus had shifted toward the previously "accessorized" mother and the prevention of abandonment. Motherhood became a national duty, it was their responsibility to raise healthy children, and consequently the protection of the mother became equally important. Birth out of wedlock remained morally unacceptable, but mothers of illegitimate newborns also deserved the protection of the society to fulfil their motherly duty and raise healthy children for the nation (KN 1910 Vol. 32, 394–403). Gastrointestinal diseases, the most common causes of infant mortality, could be prevented through breastfeeding, which became one of the most important maternal duties. Wealthy mothers were condemned for hiring private wet nurses for their own comfort because this way the nurse neglected her own healthy child (*Az anya- és csecsemővédek* 1917, 174–75). Employed mothers, who had to resume work soon after birth, were usually compelled to stop exclusive breastfeeding. In Germany, where regionally the incidence of breastfeeding was extremely low or absent, from the early 1900s, municipalities and private associations started to encourage natural feeding via infant protection centers, nursing premiums, and courses. Although infrastructural improvement and controlled milk provision have largely contributed to the reduction of infant mortality in large cities, still during the 1911 summer heat wave the infant mortality rate reached extreme heights among artificially fed infants in Germany (Kintner 1985; Lee and Vögele 2001; Vögele 2011).

Breastfeeding was still the prevailing feeding method in most parts of Hungary. The effects of industrialization and growing female employment rates affected mostly the (mobile) residents in big cities, while most of the Hungarian population still worked in agriculture. Comparative studies highlighted the “national” traits of infant mortality and breastfeeding practices among the ethnic (or religious) communities of the country. They showed that infant mortality was the lowest among Hungarian Jews (Szana 1915). Pediatricians were concerned that Hungarian women did not take their infants to the fields and were fed with alternatives during the mother’s absence. Experts have demonstrated the positive effects of breastfeeding on infant mortality with the example of Ruthenians, who despite mostly living in poverty, registered low infant mortality rates as a result of exclusive breastfeeding. A comparative study based on statistical data showed that “the Ruthenian mother doesn’t give buns or bread for the three-month-old infant like the Hungarian mother, because she doesn’t have any” and most importantly, they were not engaged in activities outside the home (Berend 1910, 33). In major cities, however, social activists were confronted with the growing incidence of artificially fed infants and stressed the importance of nursing premiums or a maternity leave. The social causes of infant mortality outnumbered biological ones (Kappanyos 2020, 136). A great number of infants were underdeveloped or died because of malnutrition, contamination, and unhealthy housing conditions. Urban milk stations were in an incipient phase and were far from providing all with proper substitutes and have a significant impact on the health of artificially fed infants like in many German cities. Philanthropic associations were not uniformly available, and their budgets were also limited.

The outbreak of the First World War and its effects on mothers with small children accelerated the institutionalization of the infant welfare movement in Hungary. The fall of the Hungarian nation could be prevented by the intervention of the authorities in collaboration with the civil society, joining their efforts for the protection of infants together with the mother. The National Stefánia Association for the Protection of Mothers and Infants (*Országos Stefánia Szövetség az anyák- és csecsemők védelmére*) was established in June 1915 to fulfil this task (“A Stefánia-Szövetség alakuló ülése” 1915; Kappanyos 2020; Turda 2014, 151–159). Its main guidelines were put together by József Madzsar, one of the prominent figures of Hungarian eugenics (Turda 2014, 154). The biological quality of the child population gained more ground in the medical and political discourse across Europe. The subjects of eugenics, racial improvement, and the protection of infants were embraced by the director of the Budapest state asylum too. In the light of the eugenic concepts, it seemed outdated to spend millions on the upbringing of “rejected” children, even though it supported a lot of perfectly healthy children. Szana wished to adapt the institution to the new expectations and argued that asylums “can only serve the interests of the race, therefore the mentally disabled and other degenerate elements should be excluded from state child protection [and be left in the care of local authorities]” (Szana 1916, 23).

The infant protection movement started in Budapest. Its program was inspired by the urban living conditions and the increasing female employment rates. Urban lifestyle and working conditions interfered the most with breastfeeding. Many young mothers had to leave their young children home unsupervised and entrust their infants to someone else’s care who fed them with substitutes during the mother’s absence. The association insisted on establishing special nursing rooms in the factories that usually employed many women (i.e., cigar factories) where mothers could feed them during breaks (*Az anya- és csecsemővédők* 1917, 172–173). The Ministry of Commerce also notified the National Association of Hungarian Industrialists about the importance of breastfeeding rooms and asked for their support (“Az anya- és csecsemővédelem” 1918). Madzsar insisted these rooms had to be established by the civic society or local councils, or otherwise the factory owners would avoid employing women at all rather than supporting the extra costs of such facilities (Madzsar 1916, 11–12). On a political basis, the Stefánia Association worked on the introduction of a paid maternity leave for at least four to six weeks after birth, which was foreseen to have a positive impact on working mothers’ babies. In most German cities, some form of monetary nursing allowance or premium was offered already from the first decade of the 20th century in order

to raise the incidence and duration of breastfeeding, which were not as effective as expected (Kintner 1985; Lee and Vögele 2001). Apponyi Albert, the president of the Stefánia association, stressed the national importance of a general maternity leave in the Parliament. The state asylum's method of placing infants to their mother resembled a nursing allowance, but only for those whose child met the requirements of abandonment. Paradoxically, the existing Hungarian state child protection system was more likely to offer support for a destitute mother than an employed, married one, who was compelled to resume work and abandon breastfeeding in the absence of any other monetary support.

The main protagonist of the new movement was the visiting nurse (*védőnő*). The new approach toward childbirth and infants in Hungary required new professionals. Her duty was to inform mothers about infant hygiene and the importance of breastfeeding, follow the development of the child, and prevent abandonment by offering income opportunities compatible with breastfeeding. Social reformers realized that the mother had to be approached by the social worker in her own home and not the other way around, because most women did not seek professional help out of ignorance or misinformation (Szana 1902, 13–16). Compared to the state asylums focusing on a specific group of children, this time social reformers wished to monitor infants' health in every layer of society. This new approach was expected to have a greater impact on the body of the nation than the saved abandoned children. Instead of “extracting” the child from its environment, the new goal was to prevent abandonment by encouraging, supporting, and informing the mother.

Visiting nurses were supposed to fill the void between the doctor and society (Kappanyos 2020, 137). Involving women in such activities also balanced the unequal gender power relations between female patients and almost exclusively male doctors, observed in other European milk stations doubling as medical facilities (Kuźma-Markowska 2011, 141–142). The training courses for visiting nurses had started already in 1915, and by 1917, 90 nurses had finished the courses, of whom 27 were already employed (Berend 1917, 100). Cities with over 10,000 inhabitants were ordered to fully cover their salary from the local budget, while in smaller municipalities their wages were put together with the contribution of private associations (Decree 135.840/1917, Ministry of the Interior). During the training program, nurses acquired basic medical knowledge on infant care and social protection – respectively, the laws regulating child protection and work insurance. Szana also took part in their training and was one of the main contributors to the manual. He wrote the chapter on “The social duties of the visiting nurse” (*Az anya- és csecsemővédők* 1917). Based on his vast experience with abandoned infants, he encouraged them to be resourceful and to find the most suitable option for the mother and the infant individually in each case. Nurses would start by persuading the biological parents to marry, find a better-paid job for the husband, convince the employer to give breastfeeding breaks, or find a job for the mother that could be done from home.

In some municipalities such as Arad/Arad, Cluj/Kolozsvár, Oradea/Nagyvárad and Timișoara/Temesvár, the infant welfare activity had started during the war and organized local Stefánia offices. Here, the existing private and municipal institutions such as daycare centers, children's hospitals, and milk stations could be implicated in the infant welfare movement (Berend 1917, 81). In Oradea/Nagyvárad, Menyhért Edelmán, the director of the local state asylum initiated the first mother and child protection activities in 1915, in collaboration with private associations such as the Feminists' Association of Oradea/Nagyvárad. A consulting room was established for pregnant women and infants, where mothers could receive professional advice on infant care, food, milk, baby formula, free medication, clothing, firewood, or apply for support from the state asylum. It resembled the infant welfare centers established in several German cities a few decades before as centers of the breastfeeding encouragement campaign (Kintner 1985; Vögele 2011). In Oradea/Nagyvárad, mothers were counselled by Menyhért Edelmán and Jenő Konrád, the director of the local Midwives' Institute. In the first eight months of existence, almost 300 mothers received counselling, and the wages of two visiting nurses were approved by the City Council (NAR BH 1123/1916, Folio 3–11). Their action was only partially successful because it assisted those who sought for help. Soon, the local initiative joined the National Stefánia Association on January 10, 1918. Edelmán

was entrusted with the necessary preparations. The former consulting room became its central office. The activities started on December 1, 1918 – the same day the Union of Transylvania with Romania was proclaimed.

The Child Protection Centers of Interwar Romania

After 1918, Romania inherited five state children's asylums with the newly annexed territories of Transylvania, the Banat, and Eastern Hungary. These institutions were renamed Child Protection Centers, but the term "asylum" was used henceforward in Transylvania. Romanian health officials recognized their efficiency and wanted to introduce them to the Old Romanian Kingdom (Gane 1921). After taking over the institution, the new administration sought Romanian foster parents to replace the Magyarized children (Gál 2021). The new director-physicians tried to involve the Romanian population in the protection of abandoned children. In the former Hungarian provinces, the ethnic contrast between the urban and rural settings persisted throughout the interwar period. Rural areas were the reserves of the authentic Romanian element, while the urban centers were still dominated by "foreigners" (Hungarian, German) (Livezeanu 1995, 9–11, 135–137; Turda 2007, 416).

Romanian nationalists often exaggerated the number of children lost to the nation. Child abandonment, however, was primarily an urban phenomenon and not a major issue in the predominantly rural Romanian communities. The director of the Timișoara asylum argued that they rarely sought the help of the institution, and were thus less affected by denationalization (Nemoianu 1928, 117–122). There, the high infant mortality was the result of poor living conditions, harmful habits, and the lack of medical support. The emerging *Stefánia* association likewise targeted the urban infant population, and its sphere of activity was not yet extended to the countryside. As a result, in the interwar period, the attention of Romanian health officials had shifted from abandoned children toward the general child population in the rural areas inhabited by Romanians.

Infant mortality was the greatest concern of the new Romanian director-physicians, who were confronted daily with the challenge of keeping the institutionalized newborns alive. The most difficult task was providing breastmilk, so breastfeeding was a central topic when it came to abandoned infants. The option of using infant formula in the asylum is practically absent in the narratives – and it was also unaffordable. Persuading the mothers to breastfeed was even more difficult than before, while finding wet nurses for those admitted without the mother became almost impossible after the war because of the reduced fees. Mothers wished to avoid nursing because of its inconveniences. In 1930, among the infants admitted without a mother, 38% categorically refused to breastfeed (Nemoianu 1934, 27). In Timișoara, mothers of illegitimate children often wished to avoid state asylums and the obligation to breastfeed, so they managed to "vanish" before the arrival of the visiting nurses. In 1924, 48 newborns were not at the given address, 131 moved away, and 128 moved to an unknown place (Nemoianu 1928, 41–44). The previously common practice of placement together with the mother to a rural household faded in the interwar era. Most infants were kept inside the institution until weaning, with or without the mother. According to Iosif Nemoianu, the director of Timișoara institution, the archives suggest that many mothers fled from their hosts, but at least they all took their children with them. In the Timișoara asylum, between 1920 and 1925, yearly about 10% (4 to 14 infants) were placed in the colony together with the mother, compared to the previous period when out of the 345 infants (1912) placed in external care, 67.3% were nursed by their mother and 39.6% of them were placed together to a hosting family (Szana 1913). Nemoianu appreciated his Hungarian predecessors for providing breastmilk for almost all infants. The asylum did not need a milk sterilizer before the war but rather used the one in the nearby policlinics instead when necessary. He attributes this success to the material sacrifices of the state that made nursing profitable. He had a rather pessimistic view of the postwar situation. In addition to the reduced fees, he had the impression that abandoning mothers were not emotionally

touched even by their own child, and many tried to stop lactation to get out sooner from the asylum. Even higher prices offered for breastmilk did not motivate mothers in the institution to offer extra milk for other infants (Nemoianu 1928, 73–76). As Nemoianu had been told, “only the fool lock themselves up in the asylums for a year to breastfeed” (Nemoianu 1928, 44).

In Cluj, a newspaper article reveals one of the many cases when the mother wished to dispose of her child anonymously 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, so she was easily identified. The police came to arrest her, but the director-physician intervened, saying that first she must fulfil her breastfeeding obligations. The mother was hesitant but finally agreed to it after a lot of persuasion. It is worth noting that she had another two children at home with a man she was not married to (Marton 1940). The author of the article condemns the mother for her deed; however, the young woman’s worn-out face uncovers the despair and existential insecurity at the bottom of her decisions. Axente Iancu argued that even facilities like the Mothers’ Refuge of the “Prince Mircea” Association (*Societatea Principele Mircea*) made it more difficult for the asylum to provide breastmilk when both institutions functioned in the same city. In these facilities, mothers did not have the uncomfortable obligation of offering milk for other infants, thus making it a more desirable choice compared to the asylum. Iancu suggested a collaboration between the two facilities to help out the asylum when milk was scarce by persuading the mothers to offer milk for the motherless infants (Iancu 1924; 1926, 84–85).

In the Cluj asylum, most infants were kept together, with the mother inside the institution rather than being placed in external care. In January 1924, in the Cluj asylum only 3 out of 42 children under age 1 were placed in a colony. Keeping infants crowded inside a closed institution, however, was often associated with slow growth and weakness. In the cold winter months, mothers without a residence were more inclined to enter the institution, while in the summer they tried to avoid it. Once inside, they were persuaded to feed the infants admitted without a mother in exchange for a modest fee. In 1924, 53.6% of the infants received breastmilk from their mother, 34.7% received milk from another mother, while 11.5% received both from their own and from another mother too (Iancu 1926, 60–61). Providing substitute cow’s milk from reliable sources was also difficult, especially in the summer months, when the chances of contamination were higher.

The fees for fostering abandoned children were reduced so much in the years following the war that it became unprofitable to care for small children. Mothers were occasionally forced by the foster parents to complete the modest fees offered by the asylum (Iancu 1925b, 634–635; Nemoianu 1928, 114). Childcare fees had to be raised to successfully place infants once again in the countryside and make labor-intensive infant care profitable. Nursing abandoned infants was challenged from a nationalist aspect too. In addition to the reduced payment that halted the willingness to nurse and to foster children, it was inappropriate to entrust them to the available Hungarian foster parents anymore. The nationality of the wet nurse was irrelevant, but nurslings had to be replaced to appropriate (or Romanian) families at the age when they learned to speak. In the newly established Romanian colonies, it was difficult to find Romanian wet nurses, because the Romanian population was not used to this new practice. Furthermore, the rural population had to be educated; superstitions and bad habits had to be suppressed. They were often reluctant to accept older children too, and Romanian state children sometimes ended up with Hungarian foster parents (Iancu 1938b). Out of necessity, asylum directors still had to rely on the wet nurses from the former Hungarian colonies, where nursing resembled an “industry.” The Timișoara asylum still placed infants to the Hungarian women from Dumbrava/Igazfalva and Tormac/Végyvár even after eight years of Romanian administration. In Cluj, the women from the nearby Gheorgheni had a long tradition in nursing the most vulnerable newborns, and their experience and efficiency could not be substituted overnight. The women from Gheorgheni were aware of the value of breastmilk, but were reluctant to take state children because they could easily be hired as private wet nurses by wealthy families: “The wet nurses from Gheorgheni are high demand ‘items’ because they are beautiful, healthy women, and with their imposing costumes are an ornament to the household; moreover,

they are clean and reliable” (Szász 1935). This way one could earn up to ten times the value offered by the asylum. In such circumstances, the institution was unable to place infants in outdoor care as before (Iancu 1925b, 635).

The nursing methods used by the former Hungarian administration were challenged in many ways. Financial limitations, the difficulty in providing nutrition, and reluctance to breastfeed forced asylum directors to keep infants institutionalized. The Romanian rural communities, previously left out of fostering, had to be involved to benefit from the regular visits of the medical personnel in the colonies. Apart from the nationalist rhetoric on the lost children through Magyarization, directors still had to rely on former Hungarian foster parents and wet nurses. Young social reformers such as Iosif Nemoianu have recognized that child abandonment was not the greatest problem of the Romanians. He wished to extend the activity of the asylums, study the causes of infant mortality, and contribute to their healthy upbringing in their natural family.

Social Initiatives in the Interwar Period

In the interwar period, declining birth rates and the preoccupation with health gained new momentum all over Europe as part of the postwar reconstruction. New initiatives focused on the unique social needs in the new political context. Like other European countries, the new Romanian nation-state had its own visions for its future citizens, reflected in education and child welfare policies (Venken 2017; Kind-Kovács and Venken 2021). In the recently annexed provinces, this was characterized by the nationalization of the existing state and private institutions, while the new policies and facilities targeted the underdeveloped countryside. In Transylvanian urban centers such as Cluj, Hungarians still dominated many aspects of social life. There was continuity on an institutional level, but they were gradually reorganized by the late 1920s. The Transylvanian Saxon community already had its own child protection organizations founded on ethnic and confessional basis from the prewar period, which functioned henceforward (*Instituțiile* 1938; von Killyen 1998). Hungarians continued to sustain some of the old associations and founded new ones to strengthen the Hungarian community. Nationalist maternal welfare centers and organizations functioned side by side in other European countries such as Czechoslovakia, which promoted breastfeeding, offered supplies and medical care for infants, and, after the war, focused on the instruction of German mothers on child-rearing (Zahra 2008, 149–153). In Transylvania, the Cluj office of the former National Stefánia Association for the Protection of Mothers and Infants still functioned in the interwar period after abandoning the name of its patroness, the widow of the former Habsburg heir to the throne, princess Stéphanie of Belgium, who later married the Hungarian politician Elemér Lónyai. In interwar Transylvania, her name was no longer appealing. In Hungary, the association continued its activity and played an important part in postwar relief and the education of mothers (Kind-Kovács 2016). In Cluj, the trained Hungarian visiting nurses refused to submit to the new Romanian authorities and worked independently (Popoviciu 1925, 38–39). Romanian social reformers argued that although they were experienced professionals trained in Budapest, they had to be carefully selected before employing them by the new Romanian child protection institutions (Gane 1921, 47). Cultural, linguistic, and ideological barriers made them untrustworthy in the eyes of the Romanian authorities. After the war, the former Stefánia association in Cluj briefly received subventions from the Romanian sanitary administration, but was later sustained by the local Hungarian community alone. In 1928, the nurses visited 1,701 infants, offered financial aid, free medical treatment and clothes, mediated abandoned children to the asylum or other institutions, and offered work for poor mothers (*Az erdélyi* 1929, 8–9; *Ellenzék* 1934; *Ellenzék* 1928). They held exhibitions, public courses for mothers (i.e., on syphilis, tuberculosis, childcare), and disseminated leaflets and books on infant care. It functioned parallelly with the Protection Bureau of the Ministry of Work, Health and Social Protection (*Instituțiile* 1938, 125). Its presence indicates the refusal of the new political order and self-organization on ethnical basis.

In Oradea, by the time the Stefánia Association started its activities, the Union with Romania was proclaimed. Consequently, it soon detached from the Hungarian network and abandoned the name of its protector. Nevertheless, child protection activities continued, and in 1919, the City Council covered the salaries of 5 nurses who visited 1,703 newborns. Monitoring infants' health was not left to the mothers' choice, but the nurses visited all newborns based on the immediate reports of births from the registry offices. The frequency of the subsequent visits was determined individually in each case by the condition of the child. They also collaborated with the state asylum, the Midwives' Institute, women's charitable associations (Romanian, Israelite, Roman Catholic), and the local Workers' Health Insurance Fund, which sustained a consulting room. The illegitimacy rate of the visited infants was 15%, suggesting their intention to cover the general infant population of the city. In a petition for financial support addressed to the City Council (1920), Edelmann (the former director of the local state asylum) suggested its transformation into a municipal association until its nationalization (NAR BH 1123/1916, Folio 315–32). He argued it was strictly an urban association that had not crossed the boundaries of the city. Because it was financially dependent on the contribution of the local budget, the former Stefánia office of Oradea disappeared from the Hungarian sources, unlike the ones in Cluj and Arad (*Az erdélyi* 1929).

In the early 1920s, Romanian doctors such as Axente Iancu (the director of the Cluj asylum) still had the impression that the existing child protection facilities continued to serve the interests of “foreigner elements” who inhabited the Transylvanian cities. Moreover, he argued that Romanian associations such as the “Prince Mircea” did not concentrate their efforts efficiently and opened new dispensaries only in towns, arguing that “while we [Romanians] compete with various existing foreigner dispensaries for the support of the likewise foreigner elements, the [Romanians] suffer in the countryside” (Iancu 1924). Harmful superstitions still prevailed and hardly any medical support was available in the countryside. The infamous sugary cloth pacifiers were widespread amongst the Romanian population too (Dumănescu 2009). According to Iancu, here infant mortality reached up to 30% (Iancu 1924). In 1924, the new educational law offered privileges for Romanian teachers from the Old Kingdom who accepted jobs in certain counties from the new provinces with a considerable non-Romanian population, known as “culture zones” (Livezeanu 1995, 44). Inspired by this idea, Iancu suggested the formation of an “infant protection zone” to ensure the demographical superiority of Romanians near the new western borderline. He wished to strengthen the Romanian element by investing in infant protection facilities in Romanian villages instead of cities, still dominated by “foreigners” (Iancu 1924). In this perspective, infant welfare facilities gained national importance, as they were able to ensure the superiority of one nationality over another.

Romanian social reformers wished to enter the private life of the rural family, educate the countryside, and impose a “hygienic” lifestyle based on scientific knowledge. The main target groups were mothers and infants for the qualitative improvement of the future generation. This was not specific to Romania but rather part of a broader current of biopolitical principles entangled with national politics, showing many similarities with other multi-ethnic European states such as Poland (Karge, Kind-Kovács, and Bernasconi 2017; Steffen 2017; Turda 2007). In Germany, the family was no longer considered able to ensure a viable future generation without the intervention of social workers. Motherhood was regarded as a “profession,” and women had to be scientifically “trained” for it (Crew 1998, 117–122). In Transylvania, as a new province, it was crucial to maintain the demographical superiority of Romanians. Although reproduction was not an issue, infant mortality was high. Firstly, the whole public sanitary system was reorganized on the principle of centralization with the purpose of making medical aid accessible in Romanian villages. The employment, payment, and distribution of the medical staff were transferred to the health authorities. Previously, they were dependent on the budget of the municipality; therefore, small villages were unable to afford such expenses (Voinea 1929). Here, cultural and linguistic barriers also contributed to the distrust in doctors; thus, a national medical staff was imminent to win their confidence. The replacement of the professional personnel, however, was slower than expected. In the late 1930s, Atanasiu Motogna, the administrator of the State Children's Asylum in Cluj, wrote a short article in

the journal *Heroic Romania* about the ineffective and harmful presence of “minority elements” employed in the rural health districts. He was particularly concerned about Jewish doctors. He complained that health officials in Bucharest did not pay enough attention to the Romanianization of health districts. He noted that “[foreigners], especially Jews, are incapable of assisting the Romanians from the villages in any way. Hungarians are hostile to us; Germans and Saxons exploit us, and Jews rob us in every possible form and method” and he suggested “the purification of rural health districts of the minority filth” (Motogna 1937). His intolerant attitude toward Jews was clearly influenced by the growing antisemitism of the late 1930s. Transylvanian Jews were linguistically and culturally assimilated with Hungarians, and although they had expressed their loyalties to the Romanian state, this coexisted with an attachment to the Hungarian community as well (Gidó 2021). As a result, Motogna had the impression that the health of the rural Romanian population was still in the hands of foreigners, as it had been during Dualism. Only Romanian doctors were able to improve the health conditions of the Romanians in the countryside, excluding linguistic barriers or other forms of distrust based on cultural otherness.

In the 1930s, Hungarians also became concerned about the health of their compatriots in the countryside. At the initiative of Transylvanian scholars, doctors and journalists started a handbook series on health, culture, and economy dedicated to Hungarian readers. This also contained a handbook on infant care, wherein the author even warned mothers on the importance of selecting the right partner, because the child would inherit their parents’ good and bad qualities (Kacsó and Jancsó 1935, 31). In the *Hygienic advisory for the Hungarian population of Transylvania*, the young doctor Béla Jancsó, expressed his disappointment concerning the lack of an organized Hungarian movement to improve the health of the rural Hungarian communities in Transylvania. He invited the rural intelligentsia to contribute to the village survey (inspired by the movement of the Romanian sociologist Dimitrie Gusti) and attached a questionnaire to the book. The nationality of the medical personnel was a matter of confidence for the Hungarian community too, and in the questionnaire, he inquired about the nationality of the local doctors and midwives and whether they spoke Hungarian (Jancsó 1934). He encouraged his colleagues to disseminate medical knowledge amongst the population “because Hungarian culture and economy will perish when Hungarian health dilapidates” (Jancsó 1934, 5). This was presented as a national duty of Transylvanian doctors. Furthermore, he held individuals responsible for taking care of their own health, lest they commit a sin against the nation. He linked individual health to the survival of the Hungarian minority in Romania.

Romanian social reformers wished to reduce infant mortality with the intervention of full-time visiting nurses (*soră de ocrotire*) and the establishment of rural dispensaries (medical centers) for medical consultation. In the Romanian discourse, there is hardly any reference to the visiting nurses of the former *Stefánia* association, who were unable to leave a lasting impact on infant welfare. A new generation of professional Romanian visiting nurses was trained to improve the hygienic deficiencies of the rural Romanian population, which went beyond infant protection. Romanian health officials agreed that the conservative rural population – usually distrustful toward authorities, scientific innovation, and doctors – was open to visiting nurses. According to the hygiene inspector of Sibiu/Hermannstadt, nurses even had to encourage peasant families to call the doctors when their children were sick, especially for girls, whom they considered “inferior” and were treated accordingly (Popovici 1922).

The first Romanian visiting nurses were undereducated, and they attended secondary school classes alongside the training program, but their employment was nevertheless imminent. Their training started in Cluj in the early 1920s. They had courses in biology, pharmaceuticals, social maladies, protection of mothers and children, social assistance, rural sociology, statistics, household hygiene, nutrition, and they were also introduced to eugenics and biopolitics in the third year. Their courses lasted three years and were completed by practical training in clinics and in the field (NAR CJ 10 A Vol. 1; 10 G Folio 165–75; Iancu 1921). In 1922, in the Sibiu region there were 33 active nurses, who in one and a half years visited 2,401 newborns, 1,432 orphans, and 942 widows and war

cripples. In 1925, there were already two generations of nurses in Transylvania (136 in total) and by 1933, 210 visiting nurses were employed in the country (Motogna 1937). In the meantime, child exhibitions were organized, where the most healthy-looking babies received prizes, and a mobile hygienic museum travelled through the villages (Popoviciu 1924). Eugenics research and social assistance intertwined. In 1931, a model health district was created with its center in a Romanian village near Cluj, where doctors and sociologists affiliated with the Institute of Hygiene and Social Hygiene in Cluj monitored the effects of hygienic education, accessibility to medical facilities, and on-the-scene assistance of stationary visiting nurses. Nurses persuaded mothers to go to medical consultations, provided a healthy environment for delivery, and supervised the newborns. They regularly visited eight to ten families a day. From 1931 to 1935, the proportion of medically supervised infants had risen from 4.9% to 21.6% (Zolog, Cosma, and Prodan 1934, 34–40; Zolog and Prodan 1937). Further historical research is needed to recreate visiting nurses' personal experiences on the field and their impact on the infant population.

In the Banat, Iosif Nemoianu, the director-physician of the Timișoara State Children's Asylum, was concerned about the depopulation of the Banat – where birth rates were dropping, while infant mortality was still high among the Romanians. As a member of the Social Institute of Banat-Crișana, he devoted his career to studying this phenomenon and concluded that social circumstances have a greater impact than medical ones. The first issue was the nursing of infants. In the urban environment, the popularity of artificial feeding grew simultaneously with the rate of female industrial employment. More infants were prematurely introduced to mixed or artificial alimentionation, and animal-milk substitutes could easily get contaminated if not manipulated carefully and caused gastrointestinal diseases. He noted that artificial feeding (“the bottle”), a common feeding practice in western society (Ventura 2019), was popular in Timișoara too and some of the neighboring villages, often out of comfort and to escape its inconveniences. He considered the abandonment of exclusive breastfeeding a social plague. In Timișoara, visiting nurses had to intervene in half of the cases to establish breastfeeding. Their reports revealed that most mothers tried breastfeeding after birth, but artificial or mixed alimentation was introduced to 40% of infants in the second month when they had to return to work (Nemoianu 1934, 27–28, 38). Daycare centers or breastfeeding rooms were one solution, and some factories opened facilities, such as the daycare center of the local Wool Industry Association for breastfeeding employees with room for 32 infants (Ghiulea 1929, 726). The cigar manufactory also had a similar establishment (*Instituțiile* 1938, 172–173). Among the women of the “social elite” (industrials, merchants, intellectuals), although convinced by its benefits, only 16% managed to exclusively breastfeed until the fourth month, while the rest were unable to sustain enough milk. Nemoianu argues that a sedentary lifestyle throughout generations can be associated with a lower capacity to maintain breastfeeding (indirectly pointing to the comfortable lifestyle of the upper classes and their physical degeneration). Either way, a milk substitute was indispensable in the cities, where many had confronted with insufficient supplies of proper milk for infants after the war (Nemoianu 1931).

Nemoianu looked beyond the city and initiated a large-scale research project to study the depopulation of the rural Banat in order to overcome the high infant mortality and improve their health. The project was coordinated by the State Children's Asylum of Timișoara and funded from the county budget. Its national importance was repeatedly emphasized, and the “national” argument was employed to obtain financial funding and the support of the government for such local initiatives. Nemoianu and his “puericulture teams” investigated several Romanian villages and entered into the details of private life in each family to determine the causes of declining birth rates and high infant mortality. The teams consisted of a doctor, two visiting nurses and a household instructor, who taught women how to prepare quality food from locally available ingredients. From 1934 to 1937, they visited 19 villages. They recorded the washing, cleaning, eating habits, material situation, infant feeding practices, midwife availability, nutrition, house plan, age at first marriage, contraceptive methods, and even the number of diapers. Nemoianu concluded that new ideas infiltrated slowly in the rural Romanian communities. About half of the infants were unreasonably

offered mixed alimentation too early. One of the immediate positive results of the visits was that the residents got accustomed to doctors, which was maintained by stationary visiting nurses and local dispensaries. The real success of visiting nurses was hard to evaluate because it depended on their personal abilities to raise interest and gain confidence of the community (Nemoianu 1937). The long-term objective was to change mothers' mentality to consciously care for the health of the family and seek professional help when needed.

In the interwar period, Romanian social reformers used nationalist arguments like the survival of the nation to urge local and state authorities to invest in infant welfare facilities and research. In the new provinces, the administrative reorganization of the sanitary system was imminent to provide medical assistance in isolated rural communities. In this period, infant protection merged with scientific investigation – social reformers tested several forms of medical/social support and monitored their effects, addressing specific issues such as the declining birth rates among Romanians from the Banat. Investing in the training of new Romanian professionals was equally important for eliminating distrust, and skepticism grounded in cultural differences between doctors, social assistants, and their patients.

Conclusion

High infant mortality and child abandonment became an important topic in the Hungarian public discourse in the 19th century. The demographical concerns of Hungarians as a shrinking nation – an idea that shaped the country's cultural politics from the middle of the 19th century – affected the evolution of state child welfare. The first target group was the unwanted, illegitimate children who could be raised according to nationalists' ideals. Newly implemented laws created a nationwide network of state children's asylums. The foster-care system used by the institution often implied the Magyarization of the protegees, which was more striking in the ethnically diverse regions of the country. Providing adequate nutrition for institutionalized infants raised difficulties; therefore, the asylum offered multiple nursing options to persuade mothers to breastfeed their infants before abandonment. This modern institution, however, was unable to avert the untimely death among the general infant population. Confronted by the human losses of the war, the focus has gradually shifted from the protection of the “unwanted” toward the protection of all infants together with their mothers. Motherhood was politicized, and mothers became responsible for healthy, viable future generations, which started with the appropriate care in infancy. The newly emerging profession of the visiting nurse was intended to help the mothers and supervise the infants. Their activity however was limited to urban areas.

After the First World War, Romania inherited five State Children's Asylums and several child protection associations on the newly annexed territories of Transylvania, the Banat, and Eastern Hungary. These had to be adapted to the social needs of the Romanian people, previously often left out of the benefits of child welfare. Demographical composition and the urban-rural distribution in the new provinces required new approaches, methods, and personnel. The former nursing programs for abandoned infants were challenged because of the reduced nursing fees and a growing reluctance to breastfeed. Asylum directors still had to rely on the former Hungarian wet nurses, further compromising the national upbringing of the protegees. As in other European countries, great emphasis was placed on the quality of the next generation, which on the ground level started with the survival and healthy development of infants. In ethnically diverse regions, the reduction of infant mortality was the best way to ensure the superiority of one nationality over another. Hungarians, now a national minority, reorganized some of the former associations and continued to support their community. Childbearing and the health of Hungarians became a matter of survival as a minority in Romania. Romanian social reformers suggested the re-distribution of child protection efforts and investments from the “foreign” urban to the authentic Romanian rural areas. The “national” keyword was used to find sponsors and support for child welfare facilities and research. The assistance of the rural Romanian infant population became the new national issue,

and all efforts were concentrated on the creation of an accessible public sanitary system with Romanian doctors. From a perspective, one might witness the growing concern of the state for its youngest citizens, first, for the vulnerable ones, then supervision was gradually extended over those who would not seek help otherwise. The state invested in the protection of infants, mothers, and their education to secure the stability of the new nation-state – while national minorities endeavored to strengthen their community within its borders.

Acknowledgements. I am grateful for Oana Sorescu-Iudean's suggestions on the manuscript.

Financial Support. This research was supported by UEFISCDI Romania, research grant PN-III-P1-1.1-TE-2019-0472, *Raising the Nation: Institutionalised and Grassroots Initiatives for Orphan Welfare in Transylvania During Dualism*.

Disclosures. None.

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