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COSMIN MINEA

Editor: Andreea Eșanu

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New Europe College
Str. Plantelor 21
023971 Bucharest
Romania
www.nec.ro; e-mail: nec@nec.ro
Tel. (+4) 021.307.99.10, Fax (+4) 021. 327.07.74

MARIA BUCUR

***DigiHum* Fellow**

Born in 1968 in Romania

Ph.D, University of Illinois, Champaign-Urbana, 1996
Thesis “Disciplining the Future: Eugenics and Modernization in Interwar Romania”
John V. Hill Professor of history and gender studies, Indiana University

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DISABILITY DISCOURSES IN ROMANIA BEFORE 1916

Maria Bucur

Abstract

This paper examines discourses about disability in Romania between the late nineteenth century and the beginning of World War I, with a focus on the military, philanthropic institutions, and medical institutions. Teasing out contradictions and divergencies among different historical actors with decision making power over disabled persons, the paper shows how the vocabulary for disability and thus public understanding of various forms of disability engendered a confusing set of assumptions about the relationship between these individuals and the able-bodied in society.

Keywords: disability; philanthropy; blind; deaf; medicine.

The frameworks through which discourses, laws, and policies about disability developed in modern Romania cannot be separated from their language. What experts, advocates, policy makers, and persons with disabilities themselves considered to be their specific conditions developed through a vocabulary that was understood differently by various participants. Ultimately, this vocabulary produced both confusion and further marginalization for persons with disability. Policy makers, government officials, medical experts, and advocates also operated with divergent understandings of these concepts. My contribution seeks to render visible some of these various significations and to open a path for further exploration of the discourses about disability in the second half of the nineteenth century Romania and until its entry into World War I.

Historiography

Historians of Romania in the nineteenth century have paid little attention to disability and able-bodiedness as categories of historical significance or lived experience. One can point towards several areas where the work of historians has overlapped with this issue, but not towards sustained attention to how disability was understood and experienced in the Romanian lands. There is the work of historians dealing with medicine and examining the social frameworks that framed medical practice and understandings among a mostly rural and illiterate population. The works of Constantin Bărbulescu, Călin Cotoi, and Octavian Buda stand as excellent examples of critical examination of these entanglements.[1] There is, more recently, the emergent theme of quarantine and medical practice around epidemics, which is beginning to analyze the ways in which doctors, policy makers, and the military came to understand the need to isolate those deemed a public danger due to their medical conditions.[2] While disability itself is not the focus, the ways in which the state is mobilized through medicalized discourses about safety connects with the work historians of disability have done in other places. The work done by historians such as Cosmin Koszor-Codrea is bringing clarity to our understanding of what specific scientific discourses impacted the development of natural sciences—as research, teaching, and item of popular interest—in nineteenth century, with specific attention drawn to the racialized assumptions about biology, implicitly inclusive of questions of able-bodiedness and thus, disability.[3] Ligia Livadă-Cadeschi has published extensively on the topic of philanthropy, pity, and social assistance in the Romanian lands during the nineteenth century, and her contribution is important for grasping core elements about the way state and other institutions understood the poor as a social category.[4]

There is a small body of historiography dedicated to specific aspects of disability before World War I in Romania that helped me enormously with especially institutional aspects of the story. While these works are not in conversation with a larger historiography—on medicine, education, disability in other places—they are very valuable in terms of the basic narrative they provide and, at times, their bibliographic resources. Gheorghe Moldovan's *Educarea surdomuților în România. De la primele preocupări până la sfârșitul celui de al doilea război mondial* is a remarkable synthesis in terms of its thorough research on the institutional development of educational institutions for the deaf in Transylvania, Bukovina, the Banat, and the Romanian Principalities.[5] The author's overall argument is that the Romanian state, from its creation and into the interwar period, failed to engage with the needs, private initiatives, and demands of the deaf community and their allies in developing policies and directing resources towards the education of the deaf. His analysis aims to provide a clear and evidence-based narrative. The author is not interested in providing a critical reading from the perspective of the twenty-first century, but rather a close description of activities and specific methods that the teaching staff and curriculum developers articulated as best practices for empowering deaf children to become fully functional in their communities.

Another important contribution in focusing on the education for the blind is Nicolae Ionescu's *Azilul de orbi 'Regina Elisabeta' Vatra Luminoasă și rolul său instructiv-educativ. Monografie.*[6] Ionescu writes as a participant in the activities of Vatra Luminoasă, initially as a student and eventually as a teacher there. His book is more of a compilation of various shorter narratives that focus at times on the institution's history and at times on prominent people associated with it, primarily teachers. With a brief bibliography at the end, the book is less of a historical synthesis and more of a memoir. Its value rests both in providing a detailed first-person account from inside the blind community about that institution, as well as in highlighting major moments and persons that shaped the evolution of educational policy and practice for the blind community.

The historiography focusing on how disability came to be defined, how institutions shaped public policy (and *vice versa*), as well as how persons with disabilities experienced this environment in the nineteenth century has focused primarily on North America and Western Europe. Their findings have a great deal of relevance for the types of questions they ask regarding institutional development, the relationship between medicine and public policy relevant for the disabled, as well as the overall epistemic shift in our understanding of historical agency they propose.[7] But these cases are also quite different in many aspects from the Romanian lands, and thus present important limitations. And as with many other areas of historical research, to refer to them as forerunners and implicitly to Romania as a place "catching up" is to rearticulate a trope that reinforces other problematic epistemologies—about knowledge making and the West, about Europeanness as defined by Western case studies, and thus implicitly about backwardness. As such, I refer to these historiographic case studies not as a framework to compare my study to, but as points of comparison at specific moments in my analysis.

The Military: Recruitment and Able-Bodiedness

The first institution of the Romanian state to develop a public and policy related concept of able-bodiedness was the army. As the Romanian state came into being after 1859, several iterations of a law and rules for military recruitment introduced the notion of "validity" into public discourse. The 1864 law on the organization of the army and recruitment includes a section (III), article 33, that speaks directly about physical disability as an exception to the obligation to serve in the military among male citizens: "those whose physical weakness renders them ill-suited to serve, according to the rules of the army."[8] Physical weakness becomes a mark of masculine weakness, though potential recruits may have seen such weakness as a relief rather than diminishment of their sense of masculinity. Regardless, from the point of view of normativizing male citizenship via military service, physical disability becomes a category of exclusion from participating in a broad type of public activity.[9]

Implicit in this exclusion is the inability to claim membership in the community of adult men who had served the military, together with an evolving set of attendant obligations and eventually rights that the state correlated with such service: the right to own property; access to specific jobs; pensions; the right to vote; and the veteran rights that expand significantly after 1918.[10] For those whose familial economic and social status provided access to economic autonomy/power, education, and other civic and political rights, serving in the military was less of a significant opportunity (or barrier to opportunity, for those deemed unsuited). At the same time, for those who were excused from military service, a tax of 6 lei and additional percentage of the family's income of up to 2000 lei was to be paid annually for seven years. The money was to be used for the pension funds for officers in the military. In essence, disabled persons were to pay for the "privilege" of not serving in the military and helped support retired officers, some of them able-bodied.[11]

A reference to the specific regulations to be enforced by the medical personnel is not provided in the law at that time; they were, implicitly, an evolving set of conditions, as the medical and military authorities were to decide. In 1864, the Romanian medical establishment was nascent. Few doctors existed in Romania. A school that provided basic medical training had been established in 1857 in Bucharest, and the first Faculty for Medicine was established in 1869. In short, the existence and qualifications of a medical personnel who were tasked with examining potential recruits followed, rather than predated the 1864 law. I will return to these important regulations shortly, as detailed in a 1913 regulation.

In the development of these legislative measures, military and medical authorities worked together closely: Carol Davila, who established the first Romanian institution of medical training as an autonomous school, was appointed to that position as a member of the military. At that time, many elements of public health policy, from control against epidemics to quarantines, were in the hands of the military. Military and civilian doctors worked together in a number of hospitals in Bucharest, and the army sometimes reserved beds inside the civilian hospitals. The Sanitary Service of the Army had a long and multilayered relationship with the civilian medical institutions, as demonstrated amply in the archival resources of the Ministry of War.[12] Military doctors occasionally requested funds from the Ministry to travel abroad for specialization, with the intention of serving better in their professional capacity, not just as officers in the army.

The military framework underscored here in defining physical ability speaks to both the epistemic limitations and also institutional foundations for further public policies regarding disability after 1918. It is not the only epistemic framework, and I will return to this shortly, but it is a dominant public framework, with legal comprehensive authority and direct consequences for half of the country's population. If we consider the fact that every young cis-male was a potential recruit, and every potential recruit had to be examined to determine whether he was physically able to fulfill his military obligations, this means that the army was the one institution that evaluated 50% of the population of Romanian starting in 1864, with the ability to note and enforce a basic notion of "normal" in terms of physical/health qualities for each of those individuals. In addition, such evaluations were the likely first and possibly only interaction between these potential recruits and the medical profession, especially among those living in the countryside. Such interactions offered the opportunity to become familiarized to some extent with the notion of the "normal" in terms of physical ability and to assume an individuated attitude towards that norm. And for those who did not fit that norm, this interaction offered the possibility for further investigation into the meaning, individuated impact, as well as possible actions to address such "insufficiencies," or "infirmities," as the 1864 law defined them.

By 1913, the Ministry of War had compiled a comprehensive list of infirmities and "debilities" that would allow for the recruit to be excused from military service. The long list (133 articles, each with several conditions listed) deserves its own separate analysis and includes everything from diabetes and lupus to deformations of the mouth and hermaphroditism.[13] The criteria expressed at the beginning focuses on two basic issues: 1. Could the recruit function in all the areas required by the military on his own, without needing assistance from his mates? And 2. Would the appearance or medical conditions of the recruit disturb the rest of the company in such a way as to prevent the normal operation of the unit?[14] The answer to these two sets of possible problems would be provided through a medical examination by a military doctor appointed as part of the recruitment commission and then would be subject to a vote by the whole commission. Only unanimous votes would carry. Any dissent would have to be brought to the attention of the Ministry of War and then verified further by a commission of revision.[15] Furthermore, the exams were clearly prescribed as public, on the one hand, and minimal in terms of what the doctor was empowered to examine closely, on the other hand. How military doctors would have been trained to recognize all the conditions present in these regulations will be discussed further below.

Some forms of disability seem more obvious and easier to detect. A blind recruit would be excused summarily. Someone unable to walk would also be excused. But medical conditions and disabilities that were not clearly visible, for instance diabetes or "hysteria," had to be documented beforehand and brought to the attention of the commission to be verified. A certificate from a doctor was required to inform the commission, but the diagnosis had to be verified by the military doctor. In 1913, the number of people who had ever visited a doctor, especially young men in the countryside, the vast majority of the recruits, was a tiny proportion of the total population. It is fair to assume that some conditions were undetected at that point and could not be verified on the spot. In short, the comprehensive list existed on paper, but there is little likelihood that doctors verified all the possible conditions listed there, especially those not detectable by sight.

The specific reference to making sure all recruits did not disturb the normative understandings of everyone else in the unit is a striking aspect of the regulations. One can imagine a variety of issues that may arise, which would be relevant for understanding how “disability” was defined under these circumstances. Under that provision, literally anything that did not fit with social expectations could be deemed such a “disability.” One of the strangest conditions for being excused from service seems to be based on such irregularities: “excessive” baldness. Though present among many men over the age of 50, for those who were around 18 baldness would have been highly unusual. Baldness does not interfere with discharging military obligations, such as firing a gun. So, it must have been the kind of response it invoked, rather than any specific medical concern regarding the recruit, that added baldness to the conditions for exclusion.[16] So what sort of “disability” is baldness? The reference to several other items points to a possible explanation. I already mentioned “hermaphroditism” as a reason for being excused; other so-called irregularities of sexual organs were mentioned, such as the absence of a testicle or enlarged testicles. Sexuality itself was under the microscope in these examinations and a certain type of normal masculinity emphasized by these exceptions. None of these sexual organ specificities cause a person not to be able to hold a gun, fire a canon, or ride a horse. They are simply individual particularities that become visible when a group of men lived and bathed naked in common spaces. These exceptions must relate to the second cause for exemption, making those around them uncomfortable or “disgusted,” as the Romanian original pointedly indicates. Disgust at the appearance of a particularity among male sexual organs can only be related to a normative understanding of masculinity, as related to familial upbringing, education, social expectations, and personal experience. It is unlikely most, if any recruits had seen the sexual presentation of a hermaphrodite. Doctors today estimate that fewer than .06% of children are born with visible intersex presentation. There is no evidence to suggest Romania in 1913 would have had a different ratio. To make that a specific condition for exclusion seems like an excessive type of particularity, in terms of its likelihood of occurrence. It strikes me as more likely a way of framing a specific type of masculine norm and excluding all other types of masculine presentation.

After the medical examination and definition of specific causes for exclusion, the doctor proposed particular items, but the commission had to agree to it unanimously. We don’t know what extent such unanimity was reached through thorough discussion or whether the rest of the commission deferred to the doctor. But the institutional norm suggests that medical expertise was considered not sufficient in itself. Individuals who likely had no training whatsoever in medical examinations (one of the members of the commission was the prefect, for instance) had the responsibility to vet the medical exam. At the very least, this implies that the military expected all these officials to become familiar with the medical vocabulary about disability in the law. For instance, since the regulations stated as fact that deafness was not a reason for exclusion from military service, but “deaf-muteness”[17] was, the prefects serving on these commissions learned that these were two different conditions and that one was significantly more severe than the other, counting as a formal disability.[18] Likewise, norms or masculinity as discussed above would be reinforced through this process of learning by the non-medical personnel.

Finally, there is the issue of how self-inflicted disabilities were treated. The regulations stated clearly that missing two fingers meant exclusion from service.[19] But the same paragraph explained that any kind of self-mutilation, for instance two missing fingers, would not excuse someone from service. In the formulation of the difference between the two conditions, one might also wonder whether a man who had severed two fingers playing as a child ten years prior would have been treated differently from someone who had done so more recently, six months prior to being called up.

One can understand the desire to dissuade potential recruits from self-mutilation as a way to avoid military service. Yet the rationale for excluding one category of men and not another is something not clearly explained and deserves further attention, as it helps us understand the moral underpinnings of the definition of disability at that time. If functionally, missing two fingers meant that a soldier could not perform his soldierly duties fully, what justified the inclusion of another soldier without two fingers? Was it a type of punishment for the one who had self-mutilated? A way to make him stand out as a coward and potentially be bullied by others in the company? Was that a way to unify the unit and not provoke problems of morale? There is an underlying idea here, I believe, about “worthy” disabilities. For those who had such a disability without having provoked it themselves, a sense of pity and overall understanding was likely present among the commission members. Normatively, these unfortunate individuals suffered enough and did not need to perform their soldierly duty. For those who had provoked the disability presumably to avoid the draft, a moral angle of dishonesty and cowardness was imputed. These were not “deserving” disabled men.

A partial examination of the medical certificates for disability provided in the 1890s by the Buzău recruitment center suggests that the most frequent reason for dismissal was tuberculosis. It is followed by other conditions, such as epilepsy and syphilis. Some soldiers were also dismissed from the army after incurring these conditions, suggesting the vetting was not quite as thorough as the army had hoped. And some soldiers were rendered disabled by specific service they did: some went deaf serving in the artillery and were dismissed due to this condition, though they don't seem to have earned any benefits or disability pensions.

A curious disability appears along these other conditions: "stupiditas."[20] The latinized version of stupidity gives the diagnosis an extra layer of medical authority, though it was based on a summary exam: "I tried to talk with the fellow and could not make myself understood." It should be added that the medical regulations did not include this condition as a reason for dismissal from the army. Thus, disability could be summarily affirmed by the recruiting doctor, presented as scientifically sound via Latin, and then pass as legitimate reason. On has to wonder, how thorough *were* these medical evaluations?

After 1864, the army provided a detailed articulation of what it meant to be invalid as a potential recruit, placing half of Romania's population in front of a commission tasked with evaluating, and in fact judging each man against a long list of potential disabilities. This list represented the most comprehensive framework for exclusion (or relief, depending on how each individual understood serving in the army) on the basis of disability in pre-1916 Romania; yet it also contained the possibility for confusion and self-contradiction. And it blended medical conditions with physical and moral categories of presumed disability that focused as much on the socio-cultural norms of masculinity at that time as on actual functionality of the individual soldier in the army.

Medical Institutions: Eforia Spitalelor

Another institution that defined physical health and respectively disability in the nineteenth century was *Eforia Spitalelor* (The Hospitals' Ward, henceforth Eforia), along with other non-governmental organizations that operated as asylums for people with disability. I will highlight important discursive and policy related aspects of these organizations in relation to their care for persons with disability before World War I, as well as their role in training doctors, inclusive of those who served on the army recruitment commissions. Established in 1832 as part of the Organic Statutes, Eforia became the largest network of hospitals and other healthcare institutions before World War I, essentially a public-private partnership. From the beginning, this institution aimed to combine public health with social assistance measures, in essence connecting able-bodiedness and disability to both medical definitions of health and disability, as well as to social, economic, and cultural definitions of acceptable or "normal" behavior. Access to these institutions was understood to be free and limited to those without the means to care for themselves. The private endowments that generated the resources (land, buildings, human resources, food, etc.) necessary to run these establishments explicitly interlinked illness, chronic or permanent physical disability, and poverty in their concept of philanthropy.

This discursive connection between care and pity at the heart of this establishment was framed by the Christian faith of the donors, a trend common across European countries at that time.[21] We can see the important role played by religion in the eighteenth-century illustration at the beginning of the first comprehensive historical monograph dedicated to the history of this institution, published in 1932. This image is identified as part of "The Book of The Brotherhood" from Colțea Monstery (1706), "representing a hospital scene."[22] Various physical ailments are visible, inclusive of a bandaged leg and a crutch, an image of limited physical mobility. Christ is present in the center of the room as a guiding spirit. We are to understand that care for the sick and disabled was best entrusted to those with both knowledge of medicine and followers of Christian morality. If at the beginning of the eighteenth century this was a common perspective all over Europe, by 1932, when the book was published, in Western Europe and North America, the central role of religious authorities in caring for the ill and disabled had been greatly challenged by secular institutions, especially medical ones.[23] Religious denominations still funded and housed hospitals, but the role of the clergy and other non-medical personnel had been relegated to the level of supporting staff. This prominent representation of religious authority in the Romanian case suggests a more accommodating relationship with religious institutions and ideas about health and caregiving into the twentieth century. One might even describe the view of the Church in healthcare as uncritical, or even supportive.

Eforia had a complicated history over the nineteenth century in terms of working with state institutions, but overall its financial operations had been supported by private endowments and donations.[24] Its funds came not only from princes and other male leaders of the boyar class. Many women—wives, daughters, and widows of boyars—donated from their wealth, some in extremely generous amounts.[25] This is a largely under-researched and underrepresented aspect of premodern philanthropy in Romania and deserves further attention.

The types of funding that helped build the large endowment of Eforia represented a complex articulation of various ideas about: public healthcare; Christian duty to serve the poor; fears of contamination (especially in terms of epidemics, but not only); and the impulse to separate those deemed normal and able to be fully integrated in society from those considered abnormal. Engaging with disability was a core consideration of how this organization operated, similarly to asylums run by philanthropic organizations in other parts of Europe.[26] In the 1932 monograph about Eforia, the word "disability" appears nowhere. Instead, other vocabularies suggest specific understandings of disability.

The motivation for the donations and endowments that lead to the building of the various hospitals is closely connected to the desire to perform Christian good deeds, as well as the goal to return those afflicted and considered estranged from God to the care of God and thus potential salvation. The level of close detail in which religious rituals are described and financially facilitated by the donors indicates that these donors saw themselves as interceding on behalf of individuals fundamentally unable, or disabled from performing their Christian duties and thus otherwise condemned to damnation. One deed uses the word "pătimaș" to describe the condition of the people to be taken in by these private foundations, which in the early nineteenth century parlance referred directly to illness.[27] But the word came to mean "overtaken by irrational passions," which suggests a similar earlier understanding of illness: patients were overtaken by illness and became unable, or disabled, from performing their Christian duties. Hospitals offered the possibility for these poor lost souls to regain their proper place among other Christians, if not in terms of health, at least in terms of their salvation.[28]

One donation deed compares those who do not receive proper last rites to animals: "let them not die like mute/unspeaking ["fara grai"] beasts and let their bones not rot in the desert."[29] The humanity of these patients is bound with their Christian faith and the rituals that mark it. Implicitly, those unable to perform such rites could not achieve salvation, and that would also include anyone who was not an Orthodox Christian.

Such an understanding could include the notion that a deaf person could not hear the word of God and understand it, and thus could not possess full humanity. Someone who was physically disabled may not be able to perform the rituals associated with faithful observance of Christianity and may not be able to achieve salvation. For such individuals, the hospital was a place where others could intercede on their behalf, as protected, sanctuary-like spaces. Since most of hospitals were housed along monasteries or churches, one can see the direct linkage developed by donors between health and salvation, and, conversely, between illness and disability and damnation.

If spiritual salvation was a paramount goal for hospital donors, isolating the patients from the rest of the population was another objective. In the deeds endowing Eforia with real estate and funding, this goal is expressed repeatedly and with clarity: "do not allow anyone among the healthy to come together with the ill or anyone among the ill reach out to those who are healthy… and do not allow the ill to try and return to their homes here in the city among the healthy ."[30] Since some of these hospitals, such as Pantelimon, were intended in part for quarantining during cholera and typhoid fever epidemics, the urge to isolate and separate can be in part understood as a means to minimize the spread of epidemics. However, other patients were to be housed in the same hospitals, including Pantelimon. That hospital came to include a surgery section, an internal medicine section, and a mental illness section. Patients with mental disabilities were to be treated under the same umbrella principle of isolation from the rest of the community. This is a common pattern in many other hospitals and asylums around the world into the late nineteenth century.[31] The fear of contagion from non-communicable diseases and disabilities was reinforced by these rules regarding the need to isolate the patients from the rest of the population.

This principle of isolating the ill begat several consequences for persons with disabilities and those around them. The Eforie hospitals created the infrastructure for rendering disabled persons invisible, and for freeing families of the need to care for them, especially among the poor. Those who had the ability to bring such patients to hospitals like Pantelimon, Filantropia, and Colentina could find peace of mind in the knowledge that the "expert" caregivers—doctors and priests, together with the burial staff (the job of "*cioclu*" [grave digger] was specified in the endowment for Pantelimon, for instance)[32]—would tend to all the earthly and spiritual needs of the disabled. For the poor, this may have been a tremendous opportunity to avoid the shame and pain of dealing with a family member with needs that the rest of the family may not have understood and could not fulfill in the larger context of their daily lives and poverty. With Eforia committed to sheltering and feeding all patients who entered their hospitals, poor families were able to find a solution to a life-long problem of caring for someone who was a constant burden.

Three types of disability are mentioned specifically in the development of these privately endowed hospitals: mental disability, tuberculosis, and blindness. Mental disability appears under the name of "mentally alienated" patients, with several hospitals reserving special sections for such patients. A definition of "alienation" is not offered, but that terminology becomes common parlance in the twentieth century and continues to be used in Romanian today. The word suggests estrangement from the norm and may have been initially connected more directly to straying from Christian norms and behavior, regardless of the cause—psychological, economic, social, sexual. Though moral categories of alienation are not mentioned explicitly, the presence of Christian symbology and of language that associates Christian faith with the care for the ill, implies this additional layer of the cultural and social discursive framework for defining disability and illness.

One explicit reference in the history of Eforia suggests such implicit understandings: a hospital set up in Ploiești in 1846 included "fifteen beds paid by the city for 'looking after women suffering from worldly maladies'."[33] Most likely this refers to syphilis and other sexually transmitted diseases, under definitions deployed at that time. The one curious aspect of the set-up is the exclusive reference to women, especially since such "worldly maladies" were transmitted through sexual contact, implying in the heteronormative discourse of that time a likely equal number of men with the same illnesses. Overall, the hospital was open to both men and women. I speculate that this specific care is a reflection of understanding sexuality in Christian normative ways, which extended men greater license in sexual activity outside and before marriage, while greatly restricting women's appropriate sexual activity to marital copulation for the purpose of reproduction.[34] "Worldly maladies" might have also included pregnancies out of wedlock, and not just sexually transmitted diseases.

Tuberculosis was another illness whose origins and cure were poorly understood at that time, and which was considered a form of disability, because of the pain and forms of physical immobility it produced in many who contracted it. The fact that it was also a communicable disease rendered tuberculosis another specific case for isolating the ill and physically disabled from the healthy population. Several sanatoria were developed by Eforia to provide such care and isolation, one in the mountains in Sinaia (with 70 beds), and another at the seaside, in Techirghiol, which later took on the name Eforie from the organization that founded the sanatorium.[35] The seaside sanatorium was initially reserved for a specific category of disabled patients: war invalids and orphans, adults and children brought together in the summer months for special cures to alleviate their condition. This blending of explicitly disabled patients ("war invalid veterans") with children whose disability included their social status as war orphans, and thus in the special care of the state, is something that we see in other instances of policy making starting in the interwar period.[36]

Blindness is the third category of disability on which the Eforia efforts focused explicitly. Both the Colțea and Filantropia hospitals included ophthalmology sections. Blindness was not mentioned explicitly, but references to both ophthalmology sections and to "consultations for eye illnesses" imply an institutional interest in a variety of medical conditions that affect eyesight, which include the permanent loss of partial or complete eyesight, a physical functional disability.

Eforia hospitals were essential for training future doctors. As the director of the establishment, Carol Davila set up a system whereby students at the newly opened medical school were to do their clinical practice in these hospitals. According to the monograph written after the closing of Eforia, the institution shouldered "nearly all of the clinical education needs of the Faculty of Medicine" before World War I.[37] In 1932, the medical school had 15 specific clinics and 1000 beds reserved for this purpose. The number of beds was likely smaller by a quarter before 1916.[38] The specializations available to the students in the fifteen clinics were: surgery (including pediatric), dermatology, dentistry, radiology, ophthalmology, otorhinolaryngology, mental diseases, orthopedy, genital-urinary, and general medicine.[39]

The specializations represented in these clinics cover a wide range of illnesses, but not all hospitals saw every kind of patient and treated every kind of illness. The Colțea hospital had eight of the fifteen clinics and thus the widest scope of possible training. Filantropia had four and Colentina and the Children's hospital each two. If someone did clinical studies at Colentina, they would gain expertise in mental diseases and genital-urinary illnesses, but not any other specialization. If a student did their training at Colțea, they would be exposed to a much wider array of medical conditions, but not mental diseases. I insist on the importance of this uneven training because doctors who graduated from the medical school in Bucharest were among most of those who ended up in the military as part of recruitment commissions mentioned in the previous section. They were tasked with providing the expertise that would identify illnesses and disabilities which would count as reasons for not going in the army; therefore, the education they received in the clinical settings provided by the Eforia hospitals was of paramount importance. And, based on the organization of medical clinical education through the Eforia hospitals, it seems few in fact gained the ability to easily diagnose all the medical conditions presented on the long list of conditions that could excuse one from military service.

Philanthropic Organizations: Vatra Luminoasă

In addition to the philanthropic establishments with a medical profile, a number of non-governmental organizations with a charitable and educational profile catering to disabled communities developed before World War I. The best known among them is Vatra Luminoasă (the Bright Hearth), a residential asylum for the blind established by Queen Elisabeth in 1906. This organization deployed some of the same definitions of disability in relation to social norms as the institutions described above, but it developed its own specific profile. Vatra Luminoasă stands out especially because persons with disabilities become part of the personnel who ran the establishment, and thus, it represents a meeting ground of societal norms about able-bodiedness and disability, on the one hand, and the understanding and embodiment of reactions to those definitions by persons with disability. Vatra Luminoasă is the closest institutional reflection of the voice of the disabled in shaping vocabularies of disability in Romania before World War I.

Vatra Luminoasă was the brainchild of Romania's first queen, Elisabeth, who was born in Wied and was brought up in the philanthropic culture of Catholic Germany. Her inspiration was the National Institute for Blind Youth in Paris, together with a similar establishment in her native Wied.[40] Starting in 1889, the queen spent nearly two decades advocating for building an asylum where the blind—adults and children—could live together as a community, building lives, receiving an education, and acquiring skills that would enable them to live economically self-sufficiently. Initially imagined on a larger scale (as inspired by the French model), Vatra Luminoasă was eventually inaugurated in 1908. It represented the most substantial institutional investment in pre-World War I Romania in empowering persons with disability to lead full lives. Today it continues to do so for over 150 students, though it is no longer a living center for adults beyond those pursuing post-high school professional training.

Vatra Luminoasă was not the only institution in Romania where children with disabilities received an education and life-long employment skills. It was, however, the most developed one in terms of thinking comprehensively about the needs of persons with disabilities across their life cycle, inclusive of marriage and raising families. As such, it represents a unique and powerful model in Romanian society in terms of attending to the full humanity of persons with disability. Unfortunately, it remained the only such institution and eventually was transformed into a lesser version of its initial vision during World War I and afterwards.

From the beginning, Vatra Luminoasă included the voices of the blind in setting up the living quarters, in building the curriculum, and raising funds for the institution. The queen stood at the top of this endeavor and her title, wealth, and network of rich connections made an enormous difference in the fundraising and institution building efforts. Looking at the *Vatra Luminoasă* weekly publication that appeared for nearly two years as a fundraising and awareness raising mechanism, one ca read the lists of names and amounts donated for the building and maintenance of the establishment. The predominance of non-Romanian names and locations is striking, as is the significant number of women who donated.[41] Based on these lists, it is tempting to conclude that the philanthropic effort was much more effective among the German-born monarchs' circle of admirers in Germany and other Western European places than among the Romanian aristocracy, who was donating more generously to the Eforia endowments.

Until today, the personnel and alumni from Vatra Luminoasă speak of Elisabeth with awe, almost like a mythological character. Of her generosity and dedication to the project, there is no doubt. She donated half of her living allowance to get the project going and spent a lot of her cultural capital to get others to donate generously. But the success of the enterprise was as much connected to the role played by members of the blind community who worked to build and maintain the place.

In the years preceding the building of the permanent site of the "colony for the blind," as Vatra Luminoasă was dubbed, members of the blind community spent time in temporary and not particularly well-suited buildings engaging in educational and work activities, as well as fundraising. The most important campaign was that of 1906. Carol I decided to celebrate his fortieth anniversary on the throne of Romania by organizing a National Exhibition modeled after the World's Fairs or Universal Exhibitions hosted in Western Europe and North America at that time, and possibly as a response to Hungary's stupendous millennium celebrations a decade earlier.[42] A huge swamp in the South of Bucharest was drained for this and six million lei allocated to the expansive display of regal accomplishments. In addition to many pavilions signaling either national strength or friendship with various other countries, the exhibition put on performances of various kinds, inclusive of projects for social welfare, such as infant care. It was also a place that aimed to entertain the masses of visitors who came from all over Romania and beyond.

Along these lines, members of the blind community were transported to the exhibit every day for months, to perform good deeds and raise money for building Vatra Luminoasă.[43] Adults sat around manufacturing chairs, making brooms, and crocheting. Children performed calisthenics and other choreographed movements. The blind orchestra, under the direction of a very talented composer and conductor, Avram Levi Ivela, performed live music. More than a million people visited the exhibition and many donated to the cause of the blind. In short, the blind community worked very hard to perform their deeds and their disability in front of a wide public, accomplishing several things at the same time. They raised the money needed to complete the building they would eventually live and work in. They familiarized the wider public with the kinds of activities—productive, recreational, creative—that the blind could perform. And they spent time together being seen and appreciated by the community of seeing people, and an enormous number at that.

We don't know to what extend this experience was entirely positive and to what extent it felt exploitative to the blind. Writing about the event decades later, one of the residents at Vatra Luminoasă expressed gratitude regarding the opportunity given to the blind to participate in the fundraising and for the results of the campaign.[44] This is not a surprising perspective, considering both the lack of visibility and support for the blind before Vatra Luminoasă, as well as after the beginning of World War I.[45] Every available piece of evidence (but there are not many that were not filtered for fundraising purposes) suggests the blind community saw this campaign and its results as an overall positive experience. I have no reason to doubt it.

However, in the larger context of understanding disability in Romanian society, this fundraising campaign enabled the continuation of a framework that focused attention and resources on the so-called "deserving" persons with disabilities. It was charity that undergirded the donations and rendered the disabled vulnerable, dependent on the whims of the able-bodied who may or may not be willing to be generous in relation to the blind. The king and queen provided direct resources for Vatra Luminoasă, but Carol I also spent enormous amounts on the pageant dedicated to his own greatness. In that larger context, the performance of "deserving" blindness was also a form of paying tribute to the great king, his generosity and vision. The notion that the state had the obligation to look after and see to the education of blind children, for instance, was not part of the vision and advocacy for Vatra Luminoasă. Neither the Romanian elected officials, nor their visionary German-born king saw the blind as individuals who deserved that type of attention and those types of resources by virtue of being born in Romania and being king's subjects, though most of them were not yet full citizens.

Another initiative that focused on care and education for persons with disability was the combined effort of Alexandru Ioan Cuza and his wife, Elena, to establish in 1863 an asylum initially for orphaned girls, which eventually became also a place where deaf children were brought to be educated and housed. This overlap between orphan children and children with disabilities is a recurrent framework in healthcare and education in Romania and continued into the twentieth century. In this case, disability becomes related to the inability of children with no living family to be taken care of and to develop into well-functioning adults. The definition might be considered generous, if the charitable organization that created the asylum did, in fact, see to these needs. But the Doamna Elena Cuza Asylum was hardly such a place. It was well intentioned, though not well funded and staffed. And for deaf children to be placed together with the rest of the population without seeing to their specific needs was not necessarily an improvement in their lives. It may have been a place of daily pain and humiliation.

Carol Davila, already mentioned above, made the special effort to open the section for the deaf. While initially boys and girls were housed and educated together, in 1865 they were separated, with the girls remaining *in situ* at the Cotroceni asylum. The conditions under which these girls lived and were educated are largely unknown, but there is no evidence that staff with training in sign language and with an understanding of deafness as a condition existed in this establishment. The girls received some basic training in manual work and spent most of their time performing these tasks.[46] What happened to them after they became adults is not known.

In 1865 the boys were transferred to a hospital for mental diseases in Pantelimon.[47] It is hard to comment on what the conditions for those young men were in terms of living quarters and a space where they could develop their abilities. But the Pantelimon hospital did not have a good reputation and was seen as a place where the "mentally alienated" were put away, isolated from the rest of society. Placing these differently disabled children in that same overall space seems a rather ill-suited choice that disregarded their educational, emotional, and overall living needs.

As narrated by a historian of education for the deaf, the boys were integrated into a type of military academy education. They had to wear military uniforms and undergo military training.[48] In addition, they received professional training in tailoring, shoe repairs, wood work, draftsmanship, and several other skills appropriate for white collar office employment. But the institution lasted less than twenty years and the Ministry of Education dispersed the deaf boys in several smaller locations in Bucharest. After 1895, the deaf students from all Bucharest establishments were moved to Focsani, an action characterized by one historian as deleterious, since the location made it harder for the deaf to advocate for themselves and easier for the Ministry of Education to ignore their needs.[49]

The contrast between the Vatra Luminoasă and the schools for deaf children highlights the uneven thinking about disabilities among philanthropic and state institutions, and among the most educated and wealthy of Romania's classes. Without Elisabeth's interceding, one category of disabled persons fell between the cracks of medical and social indifference. Persons with mental disabilities continued to be placed in hospitals that aimed to isolate them from others and to limit the presumed burden on their families. But most people with disabilities lived in the countryside, where no hospitals, asylums, or schools existed. These people remained in the care of their families and at the whim of these rural communities' understanding about their specific needs.

The 1893 education law, which contained a series of exclusionary provisions for some categories of children (especially the Jewish population), made the first mention regarding persons with disabilities. Within the larger context of the post-1864 mandatory primary education for both boys and girls, which obligated the state to train more teachers, open more schools, and enforce the law by ensuring that all children went to school, the law stated that "weak or mentally underdeveloped" (nedezvoltați la minte) children may attend regular school, with a delay of 1-3 years, and that they would be able to study until the age of 15, regardless of the highest grade in which they had enrolled the previous year. Such a provision may be charitably interpreted as providing universal access. But a closer and more contextualized reading suggests a different intention and certainly different outcomes. Giving permission to a family to keep a child with disabilities at home longer would not necessarily be to the advantage of the child, especially if the family was not able to provide some skills for interacting with other children, such as sign language for the deaf. By the same token, without any specific provisions for training teachers in specific skills necessary for working with children with disabilities, the classroom was not necessarily a place of inclusion and access to education, either. The state created no basic requirements and did not vet teachers to test the existence of such skills. In short, it provided the appearance of inclusion, while taking no responsibility for the actual outcomes. The first law to actually spell out some of these responsibilities was passed in 1924.

Conclusions

Before World War I, exclusion, isolation, invisibility, and at best Christian charity framed the ways in which Romanian society understood disability and engaged with the disabled. Persons with disabilities rarely had the opportunity to define their own condition and to act on situating themselves inside society as participating members of the larger community of Romanians, alongside able-bodied persons. A few among the blind were in that relatively-speaking privileged community. Otherwise, state institutions, like the military, defined disability as a basis for exclusion. Educational policy, for instance, made no specific provisions for children with disabilities and their position in the classroom until after World War I.

A powerful framework for understanding disability was the Romanian Orthodox Church, which undergirded the development of Romanian philanthropy over the nineteenth century, inclusive of the Eforia Spitalelor, the most extensive private-public partnership in Romania regarding healthcare before 1918. As I have shown, the Eforia combined Christian understandings and vocabulary about care with an evolving understanding of disability among the medical community. Overall, the two yielded a perspective that privileged isolating the disabled as a way to insulate the able-bodied community from contact and the burdens of care-taking. Being seen as lesser than the able-bodied and thus missing core elements of their full humanity, the disabled were viewed at best with pity and at worst with disdain and even repulsion.

Some of these perspectives created, however, the potential for some persons with disability to build community among themselves and to become less isolated, at least among other disabled folk. This is most visible in the case of Vatra Luminoasă. Likewise, children and adults who were placed in tuberculosis sanatoria found that their pain and anxieties were shared by others and sometimes created friendships and even fell in love in these places of exclusion and isolation.

The trend that started during this period, to isolate and exclude the disabled from the rest of society, continued after World War I, with some important changes in terms of how state institutions and non-governmental organizations defined the rights of the disabled and the responsibilities of the government and able-bodied society towards these persons. Doctors became essential gate-keepers in the process, and eugenics one of the powerful frameworks for defining who deserved support from the state.

NOTES

[1] Constantin Bărbulescu, *România medicilor. Medici, țărani, și igiena rurală în România de la 1860 la 1910*. București: Humanitas, 2015; Călin Cotoi, *Inventing the Social in Romania, 1848-1914: Networks and Laboratories of Knowledge*. Leiden: Brill, 2020; *Medicină socială și identitate națională. Antropologie culturală, psihiatrie și eugenism în România: 1800-1945*. București: Editura Muzeului Național al Literaturii Române, 2013.

[2] See the presentations at the conference "Carantine, epidemii, medici și sănătate publică în Principatele Dunărene/România (1774-1914)," hosted by the New Europe College in May 2023; program available at: https://nec.ro/events/carantine-epidemii-medici-si-sanatate-publica-in-principatele-dunarene-romania-1774-1914/.

[3] Cosmin Koszor-Codrea, "The Word of Science: Popularising Darwinism in Romania, 1859-1918," 2021, PhD Diss., Oxford Brookes University.

[4] Ligia Livadă-Cadeschi, *De la milă la filantropie. Instituții de asistare a săracilor din Țara Românească și Moldova în secolul al XVIII-lea*. București: Nemira, 2001.

[5] Gheorghe Moldovan, *Educarea surdomuților în România. De la primele preocupări până la sfârșitul celui de al doilea război mondial*. Timișoara: Editura Politehnică, 2019.

[6] Nicolae Ionescu, *Azilul de orbi 'Regina Elisabeta' Vatra Luminoasă și rolul său instructiv-educativ. Monografie*. București: Pandora, 2005.

[7] Michael Rembis, Catherine Kudlick, and Kim E. Nielsen., eds., *The Oxford Handbook of Disability History*. New York: Oxford University Press, 2018.

[8] *Legea și regulamentul pentru recrutarea armatei*, București: Editura "Curierul Judiciar, "SA, 1918, p. 10.

[9] On the ways in which service in the military was linked to masculinity and provided men with specific rights in Romania after 1918, see Maria Bucur, *The Nation's Gratitude: War and Citizenship in Romania after World War I*. London: Routledge, 2022.

[10] For anyone who might imagine that veteran rights were basically earned by all who fought and have nothing to do with exclusionary gender norms, I recommend the following works: Maria Bucur, *The Nation's Gratitude: War and Citizenship in Romania after World War I*. London: Routledge, 2022; and Maria Bucur, "Natalia Milița Geormăneanu: Microistoria unei 'nesupuse' ca demers în studiile de gen." *Transilvania*, no. 11-12 (2020): 9-17.

[11] *Legea și regulamentul pentru recrutarea armatei*, pp. 30—31.

[12] Arhivele naționale ale României, Ministerul de Război, Serviciul Sanitar, inventar 2122.

[13] *Legea și regulamentul pentru recrutarea armatei*, p. 139.

[14] The specific directive reads: "[the doctor will examine] if there is an infirmity which, without interfering with the exercise of [military] functions, would have the nature of disgusting people and, thus, be incompatible with the communal life of soldiers." Ministerul de răsboiu, *Instructiuni asupra boalelor, infirmitatilor si vitiilor de conformatie incompatibile cu serviciul militar*. București: Tipografia Culturală, societate colectivă, 1913, p. 4.

[15] *Legea și regulamentul pentru recrutarea armatei*, pp. 20-21.

[16] There are medical conditions that can cause baldness among the youth, from stress to autoimmune diseases and thyroid problems. But those conditions were not known at the time.

[17] As in other places around the world, the loss of hearing was referred to as "deaf muteness" at that time. Though challenges to the improper nomenclature appeared in the interwar period, I have not seen any other terminology for this disability in Romanian before Wolrd War I.

[18] *Legea și regulamentul pentru recrutarea armatei*, pp. 130-31.

[19] *Instrucțiuni asupra boalelor, infirmităților și viițiilor de conformație incompatible cu serviciul militar : publicate în Monitorul Oficial nr. 236 din 23 ianuarie 1911 și Monitorul Oficial, partea regulamentară nr. 5 din 29 ianuarie 1911 cu modificările aduse prin Decizia ministerială nr. 50 din 31 ianuarie 1913, Monitorul Oastei, partea regulamentară nr. 5 din 31 ianuarie 1913*. București: Cultura, 1913, p. 15.

[20] Arhivele naționale ale României, Ministerul de Război, inventar 2235, Cercul de recrutare Buzău, dos.1/1891, Fila 334.

[21] Henri-Jacques Stiker. *A History of Disability*. Ann Arbor: University of Michigan Press, 2019.

[22] *Eforia Spitalelor Civile, 1832-1932*. București: Institutul de arte grafice E. Mârvan, 1932, p. 3

[23] Rembis, Kudlick, and Nielsen., eds., *The Oxford Handbook of Disability History*.

[24] *Eforia Spitalelor Civile*, pp. 51—61.

[25] Ibid. There are at least 67 individual female donors, some of them well know, like Olga Mavrocordat and Dora D'Istria, but most others still waiting further attention from historians.

[26] Striker, *History of Disability*; Catherine Kudlick, "Social History of Medicine and Disability History," in Rembis, Kudlick, and Nielsen., eds., *The Oxford Handbook of Disability History*, pp. 105–124.

[27] *Eforia Spitalelor Civile*, p. 15.

[28] Ibid., 16.

[29] Ibid, 17.

[30] Ibid. I am translating freely from the pre-modern version in Romanian, which reads: "să nu lase pe nimenea să se împreune cu cine-va au din cei bolnavi cu vre-unii din cei sănătoși, au din cei sănătoși, cu vre-unii din cei bolnavi…

nici să lase pre vreunii din cei bolnavi să tragă a se întoarce înapoi pre la casele lor, aci in oraș, întru cei sănătoși.'

[31] Kudlick, "Social History of Medicine and Disability History."

[32] *Eforia Spitalelor Civile*, p. 17.

[33] Ibid., 26. The Romanian reads: "15 paturi întreținute de oraș pentru 'căutarea pătimașelor femei de boale lumești'."

[34] For more on these gender norms see chapter 1 in Maria Bucur and Mihaela Miroiu, *The Birth of Democratic Citizenship: Women in Modern Romania*. Bloomington: Indiana University Press, 2018.

[35] *Eforia Spitalelor Civile*, p. 36.

[36] Bucur, *The Nation's Gratitude.*

[37] Ibid., 38.

[38] I make this speculation on the basis of the total number of beds, which was 2000 in 1932 and around 1500 in 1914.

[39] *Eforia Spitalelor Civile*, p. 41.

[40] Ionescu, *Azilul de orbi 'Regina Elisabeta'*, p. 19.

[41] The list of donors was published regularly in the periodical, a type of fundraising technique common at that time. It both made public and thus praise the donors, and also encouraged further donation through a sense of obligation or even competition for conspicuous praise. The importance of women for the success of the philanthropic endeavor is illustrated also through repeated features of prominent women of the Romanian elite, among them Alexandrina Cantacuzino. See, for instance the 7 December, 1908, issue of *Vatra Luminoasă.*

[42] I want to thank Călin Cotoi for suggesting this parallel.

[43] Ionescu, *Azilul de orbi 'Regina Elisabeta'*, p. 16.

[44] Ibid.

[45] Ibid.

[46] Moldovan, *Educarea surdomuților*, p. 39

[47] Ibid.

[48] Ibid.

[49] Ibid., 40.

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