



MCDSARE: 2020

International Multidisciplinary Scientific Conference on the Dialogue between Sciences & Arts, Religion & Education

Public health at the mouth of the Danube in the second half of the nineteenth century

Ionuț–Alexandru Drăghici (a)

(a) PhD Candidate, The Faculty of History, Philosophy and Theology, “The Lower Danube” University
of Galați, Romania, ionut.alexandru72@yahoo.com

Abstract

This paper analyzes the European Commission of the Danube (ECD) attempt to provide its sanitary vision, on a modern basis, in an unhealthy area. The need to impose a public health policy at the mouth of the Danube was given by Sulina's position as the gateway to Europe, subject to intense transit that brought with it mobility of the disease. Doctors Jellinek, Vignard, Petrescu Hagi Stoica, were some of the pillars that formed the basis of the formation of this health policy, which through their work and observations, made Sulina has known worldwide, not only in commercial importance but also in health. The epidemic waves, but also the doctors' findings, led to the construction of adequate medical facilities. Starting with 1878, after the involvement of the Romanian authorities, combining the social model with the medical one, a series of measures are adopted, which confers a new dimension of public health at the mouth of the Danube.

Keywords: European Commission of the Danube; public health; the history of medicine; international organization; seamen hospital; cholera;

1. INTRODUCTION

The evolution of medical practices experienced an intense development during the nineteenth century, under the impetus of technological progress and research, also based on the experience of societies matured by epidemics, where prevention is beginning to play an increasingly important role. Starting with the middle of the 19th century, a series of norms began to be applied, aimed at preventing mass embezzlement, stimulating the increase of urban population concentrations and their development. (Steiner Nicolae, Andriciu Radu, 2010:10)

These norms find a definition in Winslow's sense, "the science and art of preventing disease, prolonging life and promoting physical and mental health and efficiency through organized community efforts to rehabilitate the environment, fight communicable diseases, education the individual in personal hygiene, the organization of medical and community services for the early diagnosis and timely treatment of diseases and the development of a social mechanism to ensure each individual in the community an adequate standard of living to maintain his health" (Winslow, 1920:30.)

In the Romanian space, the hygienic conditions differed from those in Central Europe only in two respects, but they were important. First, malaria is prevalent in the lowlands along the Danube and the lower regions of other large river valleys, such as the Olt and Prut. The other disease that was more common in Romania than in most other European countries, except Italy, being pellagra. (Rumania Foreign Office, 1920: 9-10)

At the mouth of the Danube, the need to establish and organize first of all a hospital in Sulina was signaled by the representatives of the Commission from its first meetings, having as initial motivation, the unhealthy area in which it carried out its activity. Thus ECD. he took care to make available to his staff first of all categories, then to the sailors in transit, as well as to the inhabitants of the mouths of the Danube the possibility to take care of their health and to be treated in case of illness. (Ion Agrigoroaiei, 2010:22)

2. PROBLEM STATEMENT

The eloquent testimonies that underlie the outline of a detailed image of the situation of the settlement at the mouth of the Danube in the middle of the nineteenth century are offered by various authors who transited Sulina during that period. In 1853, the Irishman Patrick O'Brien noted: "*The town means two rows of wooden houses with two stories, stretching along the bank of the Danube, with a gloomy swamp behind them. Most of the houses are built on pillars, in the middle of puddles of stinking water that drain from the swamp in question. The place stinks of fever in the summer months and is almost uninhabited in winter, due to the cold.*" (Patrick O'Brien, 2016: 26)

The most common diseases at the mouth of the Danube according to the records of Dr. Jellinek were: "Febris intermittent"; "Rheumatismus" "Catarrhus bronchialis"; "Catarrh. Ventris. and intestine"; "Dysentery", "Typhus", and "Cholera" which struck Sulina and the Danube towns in 1865. (NAR Protocol 11: 1865)

From the recorded data we find that starting with 1870, the proportion of sailors admitted to the hospital decreased constantly. From 1870 to 1877, this proportion did not fall below 70%, and from 1878, it fell to only 21%. This is attributed to the growing decline in sailing: ships provide much better hygiene conditions for crews; they stay a few days in the Danube so that the sailors do not have time to catch the fever; Moreover, if an illness begins during the stay in Sulina, the patient prefers to follow his ship to Constantinople or Malta, where he arrives safely for a day and where he finds a healthy climate. (Voisin Bey, 1893:125)

3. RESEARCH QUESTIONS

The implementation of public health policies at the mouth of the Danube was constant throughout the second half of the nineteenth century. The need was given by the hygienic-sanitary conditions, the climatic conditions, the geographical conditions, Sulina represented a sensitivity in front of the epidemic waves. The involvement, but also the understanding of the Romanian authorities after 1878, regarding the ECD's attempt to offer its sanitary policy at the mouth of the Danube, on a modern basis, led at the beginning of the 20th century to a radical transformation of Sulina in a short time.

4. PURPOSE OF THE STUDY

This document aims to show the policy on public health at the mouth of the Danube that the ECD promoted in the second half of the twentieth century. The need for coherent sanitary measures was given by the importance of the place, which brought with it, exposure to the disease.

5. RESEARCH METHODS

This text is a historical narrative in which institutional history meets the history of medicine. It employs some of the „classical“ methods from a historian's toolbox: archival work, quantitative and qualitative methods, and comparative analysis.

6. FINDINGS

In the meeting of March 27, 1857, the Commission decided to create two hospitals with 15-20 beds, one in Tulcea and the other in Sulina. The director of the two hospitals was a chief physician, assisted by two assistant surgeons and two pharmacists, while limiting himself to hiring only the chief physician, in the person of Dr. M. Emile Engelhardt, with his studies completed in Strasbourg. A loan of 2,000 ducats was voted for the installation of the two hospitals and the organization of pharmacies. A few

months later, the Commission rented a house in Tulcea and another in Sulina, where it set up the two hospitals. (NAR. Protocol 20/27 March 1857)

In addition to the practical utility of the two medical units intended for the treatment of patients, C.E.D. tried to implement on the Lower Danube a health vision of its own, in an unhealthy and epidemiologically sensitive place, through a series of regulations and regulations regarding the operation of the hospital and the old quarantine service. C.E.D. understood the importance of ensuring public health, as an essential component that was the basis for the efficient functioning of the institution, where an important role was played by the German doctor Jellinek, who ran the hospital from 1858-1870. (La Commission, 1931: 106)

A measure that shows us the awareness of the need to combine and develop the social-sanitary model, with that of the European project on improving and regulating navigation at the mouth of the Danube. This fact, being reinforced by the discussions regarding the construction of a new hospital building, together with the administrative buildings of Sulina port. In this sense, starting with the year 1863 C.E.D. decided, as a result of the increase in the number of patients, but also of the poor condition of the building, the construction of a new hospital and the establishment of a fee of 5 cents more, meant to satisfy the expenses of this project. (NAR, Protocol 140/21 November 1861)

The deliberations on the reconstruction of the naval hospital in Sulina were completed in April 1865 with the vote, following the proposal of the French commissioner E. Engelhardt. It was then stated that this project was fully justified by the precarious condition of the building in which the hospital had been operating temporarily since the establishment of the C.E.D., a building that required more space, given the development of the health service. It was pointed out that the number of sailors and pilots treated at the Maritime Hospital in 1861 was only 28, while since then the number had increased to 42 in 1862, to 59 in 1863, and 104 in 1864. (NAR, Protocol 172/25 April 1865)

The construction was postponed until 1867 due to the outbreak of cholera in 1865 but also due to financial difficulties but also facing the European Commission at that time. At its session on 25 April 1867, the Commission, taking into account the experience gained during the year, the cholera epidemics of 1865 and 1866 changed the plans approved in 1865 to completely isolate hospitalized cholera patients and voted for a credit for this purpose. of 18,622 ducats. Construction was completed in 1869 and the new naval hospital was opened to the sick on August 1.(*La Comision, 1931;336*)

During the cholera epidemic of 1865, the Ottoman administration of the health service reintroduced the quarantine system and even stopped the movement of vessels on the Danube, and ships that were currently in port for the loading had to wait because no goods entered the port. This measure to stop the scourge, remarked Dr. Jellinek, was without results, affecting the poor population. (Milroy, Gavin,1868;190) After Jellinek's retirement in 1870, nineteen candidates applied for the position, and they were selected based on their technical aptitudes, moral qualities and character, and knowledge of foreign languages in use at the Lower Danube. Five applicants were preselected, and the winner was Frenchman Valentin Vignard, a physician formerly in the service of the Messageries Imperiales shipping company. Vignard would live in Sulina for the next seventeen years. (Constantin Ardeleanu, 2020; 302). Until 1870, the locals had no other options to treat their diseases outside the Danube European Commission Hospital. In that year, another doctor appeared, who did not work for the ECD and whose real name we do not know and whom the local population called "Dr. Neapolitan". This doctor, together with another Italian Bogliaco, who called himself a "major doctor", and who according to many was just a charlatan, opened a pharmacy and a dispensary. But both Bogliaco and the Neapolitan left in 1872 when Gherasim Zervos, a pharmacist with a diploma from the University of Padua, also from Kefalonia, opened the pharmacy "Minerva", bringing a doctor who had made in Athens, the doctor Contomihalos, who stayed only 3 years in Sulina. (Hector Sarafidi, 1928; 746)

When Romania acquired the Danube Delta in 1878, sanitary regulations had to be updated. According to an agreement concluded in 1881, sanitary norms applicable at the Lower Danube (including sanitary tariffs) were drafted, together with the Commission, by an International Health Council based in Bucharest, which was never established. As further proof of honest cooperation, the Romanian Health

Office in Sulina was led by the same physician that directed the Commission's hospitals, who made sure that health policies were accessible to both Romania and the Commission. (Ardelean 2020; 301)

According to Dr. Vignard, from a purely medical point of view, he would have liked the Commission's Health Service to remain completely independent of territorial power, because the Commission could organize it on a truly scientific basis. (Valentin Vignard, 1879;. 454)

Dr. Vignard's findings were based on the decisions taken by the Romanian authorities, which had initially taken measures for the Sulina health service to be declared a Romanian institution on December 7, 1878. But this service, in the absence of a special regulation from the Romanian Government, also functioned after Turkish regulations and even used the same wording that bore the Turkish imperial emblem and the title "Empire Ottoman, Administration Sanitaire, Port de Soulina"(NAR, Secretariat General, dosar 38).

With smallpox in some villages in the Delta, Vignard made strong provisions for isolation, vaccination, revaccination, and disinfection. He also studied the possibility of building new quarantine facilities, temporarily setting up eight barracks, given the threat of the cholera epidemic that had broken out in Arabia and Egypt. In 1885, the General Directorate of the Romanian Sanitary Service allocated 55,000 francs for the construction of a lazaretto, with 32 barracks, and 4,000 francs for the repair of the old one. (Constantin Bercuș, 1972; 378)

In 1887, Dr. Vignard resigned from the positions of director of the Sanitary Service at the mouth of the Danube and doctor of the ECD Hospital, Dr. Eduard Romalo was entrusted with both positions (according to the existing agreement between C.E.D. and the Romanian state). From 1889, Romalo will also be the doctor of the city of Sulina. In 1890, the direction of these services will be taken over by Dr. Gh. Petrescu Hadji-Stoica,(Constantin Bercuș, 1972; 378) Who, at the first inspection, noticed that half of the deaths were caused by typhoid fever, caused by contaminated drinking water.(dosar 30 f 215

From the findings of Dr. Petrescu H. Stoica, we find out that the highest mortality still occurs in the cold winter months. During the winter, not only infectious diseases are encountered, lung diseases are more common due to the climate, but also the economic conditions of the population. (NAR, Protocol Dosar 34)

On July 22, 1893, the first case of cholera was confirmed, a Turkish worker from Caesar, Cezar Agdjan, then cholera spread throughout the city.(Iacob Felix ,1893;14) During the cholera epidemic, all patients were hospitalized regardless of the disease. But the Director of the hospital and the Chief Engineer drew the Commission's attention to the disadvantages of the fact that during the epidemic, all rooms were occupied by contagious to the detriment of sailors, for whom the hospital had been created. Also the European Commission decided to have another hospital built specially intended for the treatment of epidemic diseases. A sum 100,000 francs was voted for this, and the new hospital was fully completed on June 15, 1894.(La commission 1931;337)

Following the approval of the draft law on water regime, which was voted by the Senate on March 10, 1898, the execution of works near the town of Sulina was planned to prevent the overflow of ponds, at the same time the level of streets and yards in the vicinity of the pond was raised. the outskirts of the city.(Iacob Felix, 1901; 185-186)

Singura chestiune sanitară importantă rămasă nerezolvată la Sulina, la începutul secolului al XX-lea era chestiunea apei de băut. Orașul și portul se aprovizionau cu apă din Dunăre, filtrată cu ajutorul filtrelor Ficher. Instalația aceasta, a fost schimbată la începutul secolului al XX-lea printr-un proiect realizat de statul român și o companie franceză . Noua instalație producea 250 metri cubi de apă bine filtrate(P. Cazacu, A. Slătineanu, 1907;.442)

7. CONCLUSION

By implementing firm measures to improve public health conditions at the mouth of the Danube, the ECD and the Romanian authorities have created from Sulina, a benchmark in this region of Europe.

The provision of medical services by competent personnel, led through their observations, to the creation of a constant on ensuring public health, as an important factor in the proper conduct of navigation on the Danube. Doctors Jellinek, Vignard, Petrescu Hagi Stoica, were some of the pillars that formed the basis of the formation of this health policy, which through their work and observations, made Sulina knew worldwide, not only in commercial importance but also in health.

BIBLIOGRAPHY

- [1] Agrigoroaiei Ion, *Comisia Europeană a Dunării. Selecție de texte și studiu introductiv*, Editura Universității Alexandru Ioan Cuza, Iași, 2010.
- [2] Ardeleanu Constantin, *The European Commission of the Danube, 1856-1948 : an experiment in international administration*, Publisher:Leiden ; Boston : Brill, 2020.
- [3] Cazacu P., A. Slătineanu, *Cronica Medicală: Măsurile luate de statul român pentru a preveni invaziunea holerei din Rusia în cursul verii și toamnei anului 1907*, în Revista Viața Românească, vol. VII, an II, Iași.p.442
- [4] Bercuș Constantin, *Serviciile sanitare de carantină la gurile Dunării în secolul al XIX-lea*, în vol, *Din istoria luptei atiepidemice în România*, Editura Medicală, București, 1972.
- [5] Charles-Edward Amory Winslow, “*The Untilled Fields of Public Health*,” Science 9, no. 51 (1920)
- [6] Felix Iacob, *Dare de seama asupra epidemiei de cholera din anul 1893*, București, 1893.
- [7] Fekix Iacob, *Istoria Igienei în Romania în secolul al XIX-lea*, București 1901.
- [8] O'Brian Patrick, *Jurnalul unei călătorii în Principatele Dunărene-în toamna și iarna anului 1853*, Editura Humanitas, București 2016.
- [9] Steiner Nicolae, Andriciuc Radu, *Sănătatea de Dezastre– Introducere în concepțiile de reducere a efectelor negative ale dezastrelor*, Volumul V, Bucuresti 2010.
- [10] Milroy, Gavin. “*Notes on the Cholera Epidemic of 1865-66 in Europe and America.*” in *The British and foreign medico-chirurgical review* vol. 41,81 (1868).
- [11] *La Commission Européenne du Danube et son oeuvre de 1856 à 1931*. Paris: Imprimerie Nationale, 1931.
- [12] NAR = The National Archives of Romania, Galați Branch, The European Commission of the Danube Fund, Protocols of the ECD and Statistics of Navigation for various years.
- [13] Sarafidi, Hector, *Medicina în Dobrogea, în Analele Drobrogei*, An IX, vol I, București, 1928
- [14] Valentin Vignard, *Correspondance Etrangere le Service Sanitaire a Sulina et dans le Delta du Danube, dans Revue d'hygiene et de medecine preventive - Volume 1*, Paris 1879,
- [15] Voisin Bey, *Notice sur les travaux d'amélioration de l'embouchure du Danube et du Bras de Soulina 1857-1891*, Paris, 1893