

BENCHMARKS IN THE DEVELOPMENT OF AN EUROPEAN HEALTH CARE SYSTEM IN ROMANIA OF THE XIXth CENTURY

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Abstract: *The development of Health Care Systems has deep roots in the historical background of any country. The purpose of this research is to identify the origins of health care in Romania in conjunction with European realities of the XIXth Century. In the Romanian Provinces the transition process from the subordination of the Ottoman Empire to the modern organization of the United Romanian state has been marked by important benchmarks that have initiated the first forms of health care organization. The XIXth Century is by far the most dynamic, being linked with important medical discoveries and with the emancipation of the medical profession.*

Key words: *history of medicine, history of health care systems.*

1. Introduction

Nowadays, health care systems have an alert rhythm of evolution. They adapt, to assure health care needs of populations, to implement the newest technologies and to face issues of equity and access to care.

But the actual development of health care systems is linked with its historical roots.

Health care systems represent now, as they did in the past, a reflection of society and of people's expectations on their health.

Therefore we believe it is important to look back at the starting point and try to identify the initial steps. Our research questions would like to answer who and what were the triggers that have led to the initial structuring of health care in

Romanian Provinces and further on in the Romanian State.

These moments are definitely linked with political, social and scientific movements all over Europe at that time. Important personalities have been involved and their merits need to be acknowledged. It might be also an inspirational instrument for managers today.

Bibliographical resources were found in the Library of The Department of History of Medicine in "Carol Davila" University Bucharest and at the National Library Bucharest.

Sources are represented by original monographs about health care published at the beginning of the XXth century, statistical reports, medical opinions published in journals and at conferences and documents of medical associations.

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Research was focused on answering what phenomenon have promoted change and how was this change done.

2. The International Context of the beginning of Health Care structuring in the XVII-XVIIIth Century

How can we describe in few words two centuries of history when we refer to health care?

Obscurantism and empirical practice of medicine might be the proper ones.

“Scientific” medicine was only accessible to rich people and was not trusted by the poor. Illness, seen as God’s punishment for a sin, needed to be expiated in sufferance and isolation.

The lack of general knowledge and in particular of knowledge on the etiology of diseases was causing a lot of epidemics that were the leading cause of death in the population.

Another important phenomenon for this period is the beginning of industry development. This has triggered migration from rural to urban areas and the start for urban crowding. Diseases of poverty were spread out: cholera, scurvy, plague and were manifested in outbreaks.

These aspects needed to be addressed.

The professional group of doctors, although small in number, was acquiring an increased body of knowledge about diseases. Through hard work and sorrow observations of patients, they have started to structure “Clinical Knowledge” a scientific discipline that was leading for the time. [1].

The process of structuring medical knowledge has led to the development of an academic community that clustered in University Centers.

In the above specified period Vienna was cited as an important place for the development of medicine. Starting with

1745, with the support of Marie Theresa of Austria, at Vienna University were invited doctors like Gerard Van Swieten (1700-1772) a student of Herman Boerhaave (1668-1738) and Joseph Frank (1771-1842) with the scope of organizing a system of public medicine.

Joseph Frank, known as Professor of Pathology at Vienna University and the Founder of the first Institute of Vaccination in Europe (1803), has expressed opinions about the role of the state in preventing diseases. His words were the following: “The State has to take care of public health not only when severe epidemics occur but it should watch for public hygiene every minute” [1].

Not only Joseph Frank has expressed his believes in prevention but many other doctors. But what is equally important is that they understood that their role was beyond medical knowledge and their involvement in lobbying for legislative and administrative changes is needed in order to alter the quality of life of their co-nationals.

They have also supported the effort of health education through the press. Averting mass from their mystical believes was one of the preoccupations. Dr.Gerard Van Swieten was commissioned by the Empress Maria Theresa to elucidate the mystery of vampires. In his book called “*Discourse on the Existence of Ghosts*” 1768, the author demolishes the myth of vampires offering chemical explanations for the lack of decomposing of certain bodies.

3. The National Context of the Development of Health Care Systems in XVII- XVIII Centuries

As we find out from the monograph of Dr. Pompei Samarian “Medicine and Pharmacy in Romanian past-vol 2”, the year 1775 represents an important

benchmark in the process of structuring health care in Romanian Provinces [1]. If until that year “scientific“ medicine was only accessible to the reach after that there is evidence of doctors active in the field of community care.

Most of these doctors are cited to be “aromanian” a population group that has migrated from the central Balkans (Macedonia). These doctors have migrated to the Romanian Provinces being driven off the country by the atrocities done by the Turks.

Most of them have studied at Vienna University and were animated by the ideas of modernity in Health care organization and hygiene.

Medical personalities like Adam Chenot (1721-1789), Andreas Wolf (1741-1812), Polihronie Tracu, Constantin Darvari, Ioan Manicat, Dumitru Filiti have had remarkable influence in the control of epidemics, vaccination (Dumitru Caracas has introduced smallpox vaccination 4 years after Jenner) [1].

Rulers like Alexander Ipsilanti (1725-1807) and Alexander Moruzi (1750-1807) together with his wife Zoe Moruzi and Dimitrie Ghica have implemented legislation with the purpose of stopping the epidemics and have given part of their wealth for the foundation of hospitals.

Alexander Ipsilanti has founded “Vornicia de Obște” a sort of department for internal affairs and has supported the works for proper water supply in Bucharest.

He is the initiator of a “Mercy Box” where funds from public donations were raised to help solve community problems, including those linked with sanitation. Community doctors were remunerated from these funds.

In Moldova, Grigore Ghica has supported the appointment of a community doctor and a chemist and has founded the House of Doctors.

In the XVIth Century as it is cited in Dr. Iacob’s Felix (1832-1906) paper “The History of Hygiene in Romania” there is a preoccupation towards structuring health care through the foundation of hospitals for poor people. [2]

At the beginning some of Hospitals were functional only during the epidemics (plague). They were founded in big towns like Bucharest, Iasi, Craiova, Buzau). Another type of Hospital was dedicated to the care of orphans. They were called “Orfanotrofii”.

Colțea Hospital was among the first founded in 1695. It had a capacity of 24 beds. It has been developed near Colțea Monastery and generously founded from the donation raised by Mihail Cantacuzino (1640-1716) the ruler from Țara Românească at that time.

In 1733 Grigore II Ghica has founded “Saint Pantelimon” Hospital which has had beds for normal illnesses and an isolation village for those suffering of plague.

In 1755 there is a documentary certification of “Saint Spiridon” Hospital in Iasi.

Hospitals were mainly founded around Churches and Monasteries. They were funded through private and public donations and initially were used as a place to isolate people that were gathered from the streets. Here, they were offered food and shelter. In time some medical care was added to it. But Hospital didn’t have a good fame. People saw them as placed where care was brutal and inappropriate and where you had all the chances to die.

What was the reason why the rulers and the rich were financing hospitals?

Noble feelings of charity were doubled by religiousness.

The belief that good done in actual life will bring forgiveness in after live was the main trigger of charity acts.

If initially donations of money and lands were the main sources for Hospital

Foundation in time financial sources have become more diverse.

One example for Colţea Hospital is the foundation of a tavern near the Monastery of Colţea and the redirection of its profits to the Hospital [3]. After the switch from Church administration to State administration hospitals were opened to the public for free. Together with Hospital development there is an opening for medical teaching development.

4. The European context of Health Care Systems evolution in the XIXth Century

The XIXth Century brings with it new trends from Western Europe. In the first part of it together with the installment of the Russian protectorate after the Russian-Turk war, the medieval style of life influenced by the Otoman is replaced by elements of modernism.

There is a migration from rural to urban areas. The concept of public hygiene becomes an important issue for governments. [4]

In the same time the notion of health is linked with the one of prosperity. In medical milieus there is discussion that a healthy population is the key to progress.[4]

5. The development of Health Care Systems in Romania of the XIXth Century

At the beginning of the XIXth Century in Romania there was no sanitary service with proper structures at central and local level.

Structuring has begun as a reaction to multiple epidemics that were devastating the country (plague, typhus, pellagra, cholera, scarlet fever).

Discovery of the etiology of diseases has led to the need of implementation of

sanitary measures in the territory for diseases control.

Dr. Jacob Felix mentions in his monograph [2] that at the beginning of the XIXth Century there were very few doctors in Romanian Provinces and the majority of them was strangers.

In 1834 in Muntenia there was a citation of 27 medical doctors and 15 surgeons and obstetricians. Till 1847 there were districts with no doctors [2].

The organization of Public Health care system in the scope of control of public hygiene in Moldova and Țara Românească starts with the Organic Regulations (1830).

The Organic Regulations (Regulamentul Organic) (1830) have established a sanitary service under the subordination of the Ministry of Internal Affairs. The sanitary Authority is made of the quarantines committee, the first doctor known as “protomedic” and the ruler of the Province. [4]

In the Organic Rules there are also regulations on hospital administration and public hygiene.

Each province was divided in districts. At the level of each district there was a doctor. In Bucharest there were 5 of them each one taking care of a part of the city. Apart from these 5 doctors there were 2 surgeons and an obstetrician. At Iasi there were 4 doctors, the first doctor and an obstetrician. District doctors were seeing patients at the dispensary or at home. They had also tasks in food surveillance and sanitation of the city.

Due to the fact that epidemics of plague were a devastating at that time a quarantine rules were adopted.

A new wave was brought from Western Europe by the young generation that accomplished the education abroad. New ideas o sanitary organizations came out. The first sanitary law was drawn in 1874 [6]. This was the first step to modernity in Romanian provinces.

This law was drafted starting from the Organic Regulations. In the next years the law has suffered continuous amendments.

It is important to notice that the newly born medical community was very active in terms of notifying where the law needed improvements.

They acted as promoters in the process of translation of scientific progress into medical practice.

Doctors reacted to bureaucracy, to the lack of autonomy of medical profession and especially the unprivileged position of community doctors in society despite their hard work and good qualifications.

They have also addressed the problem of impostors in medical practice and have put the germs of state regulations in obtaining a proper medical qualification in order to be able to practice medicine.

In 1853, an important personality of Romanian medical scene enters the country. Carol Davila (1828-1884) is a medical doctor and chemist of French origin, borne in Italy and educated in Paris. He was brought in the country by the Principe Barbu Știrbei (1799-1869) as General Inspector of District Hospitals.

Carol Davila's influence on sanitary organization development is of great importance. After analyzing the situation of sanitation and medical practice in Romania, Carol Davila started a movement towards the organization of a proper national medical training. It was imperiously necessary to have more doctors and a better training of them to be able to face health needs of the population.

In 1857 Carol Davila establishes the National School of Medicine on the basis of the Barber's School founded by Nicolae Kretzulescu (1812-1900).

Carol Davila also introduced the concept of evaluation for the occupation a medical position in the sanitary system.

Being preoccupied by the health status of rural population, Carol Davila has initiated

a new type of doctor: the community doctor. This type of doctors were meant to observe sanitary practices in rural communities from an area, to undertake action if needed, to implement preventive measures like vaccinations both in human and animal populations.

These doctors were subordinated to the local Administrations fact that has soon brought difficulties in accomplishing their medical tasks.

After the unification in 1859 of Provinces Moldova and Țara Românească under the rule of Alexandru Ioan Cuza (1820-1873), a new important step in sanitary organization was done: the unification of sanitary administrations of the regions. At 25 August 1862 was founded the General Direction of the Sanitary Service under the lead of Carol Davila as General Inspector and vice inspector Iacob Felix.[5]

The leading body was The Superior Medical Council. A Hygiene Council was founded to. A network of district doctors was coordinated by the Chief Doctor.

In the next years, we notice from medical literature reports a very active medical community. Hospitals were growing being able to accommodate more and more patients. Doctors graduated from Romanian medical school started to have important positions in the medical community.

One of the important moments at the beginning of the XXth Century in terms of sanitary organization is the law that will carry the name of its initiator Ion Cantacuzino (1863-1934).

Promulgation of this law was preceded by an intense debate in the medical community and in the political arena [7].

In the expose that has being pleaded by Minister of Internal Affairs Ion I. Brătianu (1864-1924) in the Parliament [7], he was illustrating the reasons for the change of the sanitary law comparing the Romanian

reality with the European one. With this law there was an effort to align Romanian sanitary laws and regulations to the European ones.

The Cantacuzino law issued in 1911 has brought in a better position community doctors by giving them access to better resources (dispensaries and infirmaries) and a greater possibility of action to treat and prevent diseases. There was an expectation from doctors to be involved in the educational process of masses. As the minister Bratianu was citing the philosopher Spencer: “*the doctor of the future will be the educator of the nation*” [7].

This law also was stating standards for acquiring and maintaining qualifications in the medical profession. It meant a progress for the time. All parts interested were consulted and it was a real exercise of transparency and democracy.

5. Conclusions

The end of the XVIIIth Century is a benchmark for the transition process from empirical and mystical practices in curing diseases to the scientific approach of it.

Social evolution was an important trigger. We can acknowledge the role of pioneers in medical sciences who have made discoveries that have dramatically improved the outcome of diseases. There is also an important role of people with financial and political power that driven by charity or by the aware effort in supporting progress, have directed part of their wealth towards the development of the medical field.

The XIXth century has brought bid steps into medical knowledge discoveries. This century is marked by the effort of implementation of the scientific knowledge into medical practice. The development of modern health care systems able to address health problems of increasing populations

was a necessity and was well understood and supported by the medical community and also by the entire society.

We can conclude that at the beginning of XXth Century Romania had modern laws, access to all levels of care starting with community level and ending with Hospitals and a well trained body of doctors that were making efforts to be aligned with novel scientific discoveries.

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