



HISTORICAL CONCERNS OVER THE TRADITIONAL INVOLVEMENT OF SANITARY INSTITUTIONS IN POPULATION HEALTHCARE: THE CASE OF ROMANIA

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***Abstract:** Romania has a long tradition in organising medical care. Through the ages, interest in the medical and sanitary fields has been tied either to religious life to the socio-cultural activities of monasteries, or to the presence of barbers and a small number of surgeons and secular physicians (most of these having arrived from abroad). Doctors with academic or scientific training attended to rulers, aristocrats and the high clergy, those with foreign backgrounds often being used in diplomatic missions. Around the turn of the 18th century, before the first hospital was inaugurated - Coltea, in 1704 -, the sanitary state of the Romanian Countries was rather precarious. Throughout the 18th century and especially during its second half, the population's healthcare began to receive more attention, due to the emergence and ascent of a new social class – the bourgeoisie, which was interested in establishing new, superior ways to organise better healthcare. Still, the most important attempts at updating the Romanian healthcare system began during the interwar period. It was then that the need to introduce comprehensive institutional reforms arose, in order to solve the difficulties that the majority of the population was facing.*

***Key words:** development of the health system, traditions, sanitary system, health, Romania.*

1. INTRODUCTION

Health is one of the most important factors influencing not only each individual's life and activity, but also the community as a whole. Healthcare is not just an issue of medical assistance, having strong implications on the evolution of society and national security, being an integral part of the whole set of socio-economic conditions necessary for development. Considering that health has profound implications for a country's socio-economic life, it is important to closely analyse the Romanian health system within specific contexts, using a valid and adequate

methodology, from the perspective of all its influencing factors, in order for valid reform directions to arise. Just as well, “*health is perpetually tied to human dignity. For the worker, it is essential to participating in social and political life, and at the same time it is essential to life itself*” (Iovițiu, M., 2000). Thus, I have attempted to analyse the Romanian health system from a historic evolution perspective, contemplating on the role of health in the pre-modern era. During this period, religion played an important role in each aspect of society, including health. Both maintaining a good health condition, and attempts at treating illness were approached from a religious perspective, rather than through a filter of scientific knowledge.

The Romanian Orthodox Church considers that illness, in the form of spiritual and physical suffering, is an undeniable reality, recognising that all humans are subject to suffering and death. It is a phenomenon through which the body and soul are corrupted, surfacing as a consequence of sin, after one has consciously and deliberately defied God’s will (Bugariu, V., 2012). In this context, the Church did not hesitate in providing assistance to those afflicted, the only hospitals established before the 17th century being those set up by the monasteries, also known as “*bolniță*”. Those involved in church service, priests and monks were among the very few scholars holding an interest in the medical field, even if only on an empirical level, focusing primarily on the spiritual healing of the ill person, through prayers and venerating miracle-working icons. The term “*bolniță*” is of Slavic origin, the Romanian connotation being that of “a place where sick people are”. Until the end of the 17th century, these were the typical hospitals to be found throughout the Romanian territories. They were founded on the same principle of Christian love that best describes the social care institutions established during the first millenium CE.

Acknowledging the fact that between the 15th and the 18th centuries the Romanian territories did not have a form of institutionalised medical and social care, it follows that these proto-hospitals essentially filled that need, and we can conclude that “*our monastery bolnița were the hospitals specific to those times*”. The tradition of *bolnița* hospitals was carried mostly by monasteries, yet there is little data about them to have been transmitted through history and even that is sometimes controversial. It is certain that ever since the 16th century organised *bolnița* hospitals were in existence at Curtea de Argeș – where it seems there was also a companion guest house – as well as at Cozia, Bistrița, Hurezi, Vochița, and Neamț (Marga, I., 2012). *Bolnița* became everyone’s hospital (be it the elderly, the widowed or the poverty-stricken). As a medical institution, it remained under the Church’s wing until the 16th century, when it began to seek emancipation, completely succeeding in the 19th century; from then on it was completely under state control.

It was around that time that the country’s socio-cultural development and an increase in population were favourable to establishing scientific medicine institutions and training specialised medical personnel in higher education institutes; just as well, the founding of hospitals relied heavily on the economic development and the secularisation of Romanian culture, but also on certain political realities. Thus, the first hospital in the Romanian area was the Colțea Hospital, inaugurated in 1704. Following this model created by Mihai Cantacuzino, other hospitals were later established throughout the territory. In the case of both Wallachia and Moldavia, hospitals were being established with the Church’s support. They were all founded upon the same religious principles as *bolnița*, but they represented a transitional phase to the hospital in

its modern form. Thus, the Christian tradition of monastery proto-hospitals prepared the ground, both spiritually and materially, for the birth of the Romanian medical science and for the establishment of Romanian hospitals as specialised institutions promoting health care.

2. METHODOLOGY

The theme of this study was chosen based on the perceived necessity of researching the problematic of the health system and its evolution since the early incarnations, attempting to emphasise the need for it to become integrated within the socio-economic realities of the Romanian territory and to adapt to them. At the same time, a global preoccupation for health and the healthcare system emphasises “*the crucial role of the health-promoting factors, derived from the environment and nutrition, leaving medical care itself as an effort of last resort, in a context where the environment and nutrition have fallen out of control, generating disease, rather than health*” (Druguț, 2003, p. 158).

During the course of this study on traditions regarding an institutional involvement in population health throughout the Romanian area, a number of investigation approaches have been used, such as the analytical method, the synthesis method, the comparative method, the historical method, and the survey. The comparative method was useful both in the exploratory stage, in studying various definitions and formulating preliminary standpoints, as well as during the analysis and interpretation of information, through comparing the anticipated results with those obtained following the observation and analysis process. When it comes to the structuring methods, the classification method played an important role in the act of organising the information, by certain logical criteria, into a structured conceptual system that is compatible with the requirements of the investigation process. Geographical classification is the method through which geographical facts were arranged into categories or classes. In the process, data is collocated with other related data, based on certain more or less obvious similarities. Although no two facts in the geographical environment can be said to be completely identical, we can establish certain degrees of similarity between different objects or phenomena, by virtue of which they can be grouped into fact categories, each of these corresponding to a characteristic type of object, process or phenomenon, as a result of combining and repeating the same essential traits.

Thus, through this method, we have been able to observe certain territorial effects that define the geographical dimension of the health system and clarify the theme choice, which is approached from a spatial, hence geographical, perspective. The documentation process included gathering a vast amount of information regarding the entire complex. The conclusion arose that, since an early time, a number of key figures have made significant contributions to the better organisation of healthcare activities. One such example is John Wesley, the founder of Methodism, who believed that health and healing were an integral part of the Gospel’s message. As a young evangelist and medical student in 1746, Wesley used to make home visits to sick people, prescribing different remedies for their health problems. In 1753, he tested the curative properties of electricity, which he later described as “*the most efficient medicine discovered so far in treating any kind of diseases of the nervous system*”. Wesley wrote many books on the

need to update healthcare methods, in which he presents several of the new, revolutionary methods that he was practising and advocating in the 1700s (Brooks, Holifield, 1986). Aside from having written numerous books and treaties on health, Wesley set the foundations for the system of Methodist hospitals, which is currently one of the largest private healthcare providers in the world.

3. TRADITIONS REGARDING INSTITUTIONAL INVOLVEMENT IN POPULATION HEALTH THROUGHOUT THE ROMANIAN AREA

“Health is a means to socio-economic progress, an inherent component of life quality; every individual strives for good health, and the state organises its healthcare system according to its political, historical and moral objectives, in order to adequately respond to these aspirations” (Rebeleanu-Bereczki, 2007, pp. 8-9). In our country, the art of healing has a long tradition, including a vast *“exchange of empirical and magical practices that comprised the popular medicine practised by the various populations that lived in our country or travelled across its territory”* (Bologa, 1970, p. 741). The 17th century marked the beginnings of medical legislation, the first codes of law being introduced by Vasile Lupu (*Carte românească de învățătură* [Romanian Book of Learning], Iași, 1646) as well as by Matei Basarab (*Îndreptarea legii* [The Reshaping of Law], Târgoviște, 1652), both of these dealing almost exclusively with medico-legal issues.

3.1. Wallachia and Moldavia Regions

In Wallachia, a 24-bed hospital was built between 1695 and 1704 next to Colțea Monastery in Bucharest; later, the St. Pantelimon Hospital was founded in 1735-1752, consisting of 12 patient beds and a separate ward to isolate cases of the pox and leprosy (Ancuța, M., Nistor, F., 1986, p. 146). Under the reign of Alexander Ypsilanti, 1775 saw the establishment of *„Epitropia de Obște”* [“The Town Trusteeship”], which dealt with medical care issues and controlled medical practices in Bucharest. Later, in 1780, the position of community doctor was founded whose main responsibility was serving the town’s best healthcare interests. In 1781, *“Orfanotrofia”* was established, its primary role being to protect orphans, as well as the disabled and the elderly. In 1816, under the authority of Prince Caradja, Bucharest was divided into “sempturi”, that is *“sectors or districts, each of them being assigned with doctors who, along with providing medical assistance, were to administer vaccinations, as well as sanitary and counter-epidemic measures”* (ibidem, p. 146). Throughout the rest of Wallachia, a hospital functioned in Craiova, as well as community doctor offices in the towns of Craiova, Râmnicu Vâlcea, Pitești and Slatina.

In Moldavia, the St. Spyridon Hospital was established in 1757 next to the eponymous monastery, under the reign of Constantin Racoviță; by the end of the century, other hospitals were to be founded in towns such as Roman and Buzău. According to *“The History of Medicine”* – published in 1985 by the Timișoara Medical Institute – in 1777, under the reign of Grigore Alexandru Ghica, the first community doctor (named *„doftorul obștei”*) was appointed in Iași. His duties surpassed those pertaining to curative medical care, including sanitary and epidemiological concerns, as

well as controlling the activity of physicians and pharmacists. Under Alexander Mourousis' rule, a Town Judgeship ("*Vornicia de obște*") was founded, under whose authority the Town Trusteeship was placed, with the addition of three new functions: creating "*Orfanotropia*" – an orphan protection office, appointing doctors to certain towns (Focșani, Hârlău, Bârlad) and designating a vaccinator. The first community doctor in Wallachia was Dimitrie Caracas (1735-1804), who was of Macedonian-Romanian origin and a graduate of the Medical University of Vienna. In 1784, he was nominated as community doctor, as well as the main physician of the Bucharest Pantelimon Hospital, being the first doctor who used his official position to sign an alarm regarding the negative consequences that war and the harsh general life conditions had on the population's health (ibidem, p.147). His name is also tied to the introduction to Bucharest of the smallpox vaccine (1804) and to the 1811 inauguration of the first modern hospital, known as "*Filantropia*", whose statute asserted that ill people would be admitted "*with no distinction of nationality, class or religion*".

Following the 1829 Treaty of Adrianople, the bourgeoisie, who had been gaining an increasingly important footing in the country's socio-economic life, began expressing an interest in organising a healthcare system that would institute the hygiene and sanitary measures necessary to an urban environment. The first modern sanitary laws in Wallachia and Moldavia were included in the Organic Regulations issued in 1831 and 1832. These organic regulations stipulated the founding of higher sanitary institutions in both principalities, such as the Quarantine Committee, which was to be converted into the Health Commissions, under the Ministry of Internal Affairs, and which had as its main duty the central management of sanitary issues throughout the country. The organic regulations provided that permanent medical services, as well as a number of external sanitary wards, were to be established in the two capitals, Bucharest and Iași. Among the duties of district doctors were providing free medical assistance to the poor, conducting smallpox vaccinations and ensuring the sanitary control of the food markets. The external medical services, managed by an official doctor and a surgeon, encompassed six departments in Wallachia and five in Moldavia, later expanding to all of the county capital cities. Other hospitals were established providing mother and child care, and in 1839 the first school for midwives was opened in Bucharest. In Iași, 1852 saw the inauguration of the Gregorian Institute, comprising a maternal ward, an ambulatory for sick children and a school for training midwives.

After 1830, „*the number of Romanian doctors in Wallachia and Moldavia began to grow*” (ibidem, p.151). Their profession was no longer solitary, but they began to work as an organised collective, which led to an increased scientific activity, and proved crucial to the beginnings of the Romanian medical school. After Moldavia's union with Wallachia in 1862, medical services in the two countries were unified under the “General Directorate of the Sanitary Service” led by the Ministry of Internal Affairs. At the same time, a Superior Sanitary Council, made up of nine members, was appointed as the central advisory board. We have to mention that 1862 was also the year of organising the rural medical service, by designating 17 district sanitary doctors. In 1874, the first Romanian sanitary law was created, being heavily improved on by the 1893 and 1898 modifications. Of great importance to improving the population's healthcare system was the establishment of higher education medical institutions. The National School of Medicine and Pharmacy, founded in 1857, was the first step toward a

Romanian higher medical school, due to the new perspectives and conditions created by the Union and owing to Carol Davila's perseverance and effort. Around the same time and also due to Carol Davila's efforts, the Medical Journal ("*Monitorul Medical*") was established and the foundation for the Romanian Pharmacopoeia was set. Regulations regarding the hierarchy of military medical personnel were added, which will help with coping successfully during the Independence War between 1877 and 1878. As a result of efforts made by representatives of the working class, in January 1902 a "Law for the organisation of trades, credit and social security" was passed; it is widely regarded as a first step in the foundation and development of a Romanian social security system.

At the same time, a number of progressive doctors tried to draw attention to the role that socio-economic conditions and environment factors play when it comes to the population's health. According to the "*History of Medicine*", scientists such as Victor Babeş, Gheorghe Marinescu, Ion Cantacuzino and numerous others supported the leftist movement, drawing focus to the peasants' and workers' poor health status and condemning the precarious working and living conditions. These scholars and pioneers were permanently concerned that the results of their research would not be out of touch with reality; to them, scientific activity was not a purpose in itself, but it was to serve the many, who were lacking in material means.

3.2. Transylvania and Banat Regions

In Transylvania, due to a policy of "enlightened absolutism", the Habsburgs introduced a sanitary reform in 1755, „*Planumregulationes in re sanitatas*”, as well as a subsequent one in 1770, „*Generale normativum in re sanitatis*”. Medical education and practice were regulated through the former of these laws, the latter introducing a number of dispositions regarding medical and sanitary activity. (Ancuța, Nistor, 1986). In order to secure specialised medical personnel, 1775 saw the inauguration of a Medical-Surgical Institute in Cluj. In 1812, hospitals were built in Cluj and Târgu Mureş, being described as the most modern Transylvanian hospitals at the time. 18th century Transylvanian medicine has plenty of medical key figures, such as Ioan Piuriu-Molnar (1749-1815), an ophthalmologist renowned throughout the Habsburg Empire, who filled the positions of Transilvanian ophthalmology doctor and of professor of ophthalmology at the Cluj Medical-Surgical Institute. He led an intense and vast mass literacy campaign, through a series of Romanian language publications. Other notable physicians who wrote compelling works, either of a medical scientific nature, or with a view to raise popular awareness were either of Hungarian origin, like Istvan Mátyás (1725-1802) and Ferenc Nyulas (1758- 1808), or of Saxon origin, such as Martin Lange (1735-1792) and Andreas Wolff (1721-1822). The first "Transylvanian Medical Society" – "*Societatea Medicilor Ardeleni*" – was founded in 1833 by Josef Ferencz.

The Banat region. Various surgical instruments dating from the Roman era have been discovered throughout the Banat region, proving both the presence of surgical knowledge, as well as the practising of medicine in general. In medieval Banat, Romanian Orthodox monasteries played an important role in the Romanian people's cultural life, since some of them had "*bolnița*" hospitals attached, or other institutions providing medical and sanitary assistance. (ibidem, p. 168). Documents from the 16th century indicate that such proto-hospitals have undoubtedly existed in Cenad and

Lipova. Thus, in 1520 Cenad had a hospital and a nursing home, and in 1531 two hospitals were inaugurated in Lipova. Due to their precarious social-economic status, people of Romanian origin will only participate in medical activity at a later date, the first Romanian involved in the field being Mihail Haliciu from Caransebeş (1643-1712). Starting with the 18th century, people in the Banat province started building their own medical culture, which initially included two closely-related aspects: the traditional popular medicine and, at the same time, the rise and development of scientific medicine. After the end of the Turkish influence and the beginning of the Habsburg administration, adequate and efficient healthcare methods were to be introduced and applied. Immediately after the Passarowitz Peace Treaty (1718), the appearance of the Timiș part of Banat was extremely gloomy. P. Drăgălina describes it in detail in *“The History of Banat-Severin”*: *“villages in ruin and completely devoid of their inhabitants, places laid to waste, ponds and swamps vaster than the Pontic lakes, a murky air, saturated with poisonous fumes”*. A 1717 note of the Secret Cabinet in Vienna records that there were 663 towns and villages in Banat – the largest town being Caransebeş –, and as many as 2289 houses were in very poor shape.

In Banat, the first sanitary measures and reforms were taken after the 1752 and 1770 passing of the aulic law of the centralised Austrian feudal state, and the first Romanian language medical writings were printed, using Cyrillic script. In the 18th century, the number of doctors with specialised medical training increased in the region, leading to the organisation of institutions meant to provide adequate medical care.

In Timișoara, three hospitals were established: the Hospital of the Merciful, the public/community hospital (the Central Hospital) and the garrison hospital (the Military Hospital) (ibidem, p. 173). Throughout the 19th century, medical care was unequally distributed and administratively divided, as the Banat territory was being managed through a system comprised of three distinct sanitary authorities: the Provincial Medical Commission, based out of Timișoara, the Sanitary Service of different military regiments on the Banat border, as well as the Sanitary Service of the Banat Mining Directorate, based in Oravița. The three administrative sanitary institutions had as main purpose to increase the residents’ work capacity and to help them maintain a good health condition. In Timișoara, there were two institutions caring for the children’s wellbeing, one in the Josephin quarters and another in the Fabric quarters, which also had a nursery. The beginning of the 20th century saw a relative consolidation of the existing facilities, and the founding of new ones, such as the Women’s Hospital in 1900 and the Children’s Hospital (1904), followed by the 1904 establishing of a midwife school next to the Women’s Hospital. (Bologa, 1970).

The Salvation Volunteer Association was founded in 1886 due to private initiative, functioning with material aid provided by citizens of Timișoara, and staffed by young unpaid volunteers, as well as a group of physicians. At the beginning of the 20th century, a county hospital was built in Lugoj, using a ward system; it was to serve the population of the neighbouring Caraș-Severin County as well. The structure was built according to the requirements of that age, being the most modern sanitary facility in the province. In all, from an early time, healthcare held great importance throughout the Romanian area, our country having a long tradition in organising medical care. The concept of health equity is closely related to human rights, assuming the absence of health disparities between underprivileged individuals or social groups and those privileged with material and social wealth. A system is equitable when it is fair towards

all the individuals that are part of a well-defined and established system of values. Ideally, “a health system is equitable when each individual has an equal chance at achieving his entire health potential and is not disadvantaged by external conditions, such as the presence or absence of health services, the individual financing ability or the geographical conditions” (Dragomirișteanu, Astărăstoae, 2011, p. 3).

4. CONCLUSIONS

Healthcare activities have a crucial influence on a nation’s economic development, ensuring the meeting of each individual’s primary need to be healthy and of the necessity for society to have a healthy population. Through this historic evolution analysis of the beginnings of the Romanian medical system, I have attempted to examine the role of health in the pre-modern era. Prior to the 17th century, society was organised on the basis of religion, and accordingly, the Church played a role in attending to the sick, in the commonplace proto-hospitals named „*bolnița*”. The first step in the modernisation of medical institutions was represented by the introduction of state control. Subsequently, the nation’s socio-cultural development was favourable to the establishment of medical science institutions.

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