

H **Health legislation in the Romanian Principalities from Organic Regulations until 1874**

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Abstract

From the third decade of the nineteenth century, with the application of the Organic Regulation (1831-1832) in the two Romanian principalities began a process of medicalization of the population. This process was coordinated by the state. From the medical point of view there were many problems to solve. Three of them were, however, priority: the disappearance of major epidemics, lowering morbidity and prolong life expectancy. The achievements materialized in the creation of health - administrative structures both in the counties and the cities, including Craiova.

Key words: Organic Regulation, Trusteeship of Civil hospitals, Health Committee, Medical Commission, Superior Medical Council.

1.1 Organic Regulation

The Organic Regulation (1831-1832) encodes and regulates for the first time in the Principalities the health and public hygiene service, thus representing the beginning of the health system. At the same time, The Organic Regulation has established the western pattern of the health organisation in the Principalities, the western pattern in general and the French one in particular (Trăușan-Matu, 2011, p. 28). It was written by the councils of the Divans from the two Principalities, under the presidency of the Russian general consul M. L. Minciaki, for both Wallachia and Moldavia and it was enforced in Wallachia in 1831 under the government of the Russian general and

diplomat Pavel Dimitrievici Kiseleff (1788-1872), the governor of the two Romanian Principalities during 1829-1831.

According to the Organic Regulation, the internal affairs minister was assigned "to welcome the quarantines and to set the health zone in order to guard Wallachia from the whip of the terrible plague". This "unyielding health zone" was established on 30th March 1830, approximately one year before the Regulation was voted by the Extraordinary Public Assembly from Wallachia and Moldavia along the entire Romanian side of the Danube "from the Austrian border to the place where Siret flows into the Danube" (Negulescu & Alexianu, 1944, pp. 79-80), the zone was thought to constantly protect the public health from inside the Principalities' borders. For this reason a new committee was founded- "The Permanent Quarantine Committee", known also as "The Health Committee", one for each Principality - and a new function - "the great quarantine inspector", a sort of public clerk with administrative duties, who took responsibility for the two countries. The committee consisted of "the great quarantine inspector", named by the ruler, the second inspector and the primary physician of the country. The Committee was under the higher authority of the Internal Affairs Ministry and it had the following duties: it supervised the health condition of the inhabitants from the Principalities, it supervised and controlled the health staff from the country, it revised and adapted the project for the spatial planning and functioning of the quarantines and it also supervised the "flawless" application of the measures foreseen in various regulations (Negulescu & Alexianu, 1944, p. 81). For protection against outbreaks coming from outside the borders, the frontiers were closed, special "lazarettos" were installed at the country's border and military surveillance was enforced. In order to enhance their efficiency, the health areas had qualified health staff and the necessary materials for the disinfection of people and merchandise. The contaminated people were not allowed to enter the country for 15 to 40 days.

The Committee also established "the quarantine plan" inside the country, a sort of "emergency plan", as we would call it today, which had to be applied when plague or another serious outbreak would

appear in a city or in a region. Basically, the plan contained the following features:

- Nobody could enter or leave the outbreak area. All the people had to stay home in order to be located in a single place;

- The established supervisors had to present to the mayor or to the physician responsible for the area a detailed report containing what they had noticed on the field every two or three days;

- The disinfection came afterwards, done from house to house, using vinegar, incense, special perfumes or fumigation with fuel, gunpowder, pitch, etc;

- Propagating the measures for precautionary hygiene, from individual hygiene to collective one, for example: the burial of the bodies at more than two meters depth, on a layer of lime chlorinate; nothing from the plague-stricken must be taken; keeping the streets, the waters and the homes clean was an absolute necessity; burning the infected objects; various diets and organising religious processions;

- On the long term, the study, the identification and securing the locations that generated and spread the outbreak phenomena represented a major concern. They were mainly moors and cemeteries. In this way moving the cemetery towards outskirts became urgent and the swamps from the urban areas were drained (Trăușan-Matu, 2011, pp. 29-30).

In other words, the plan was aiming at identifying sick persons: the suspects were isolated and supervised one by one. Thus their health condition could be controlled, they could be checked, precautionary and curative measures were applied and last but not least, the society was kept in a structured location, constantly supervised and controlled through the most complete register possible at that time. Indeed, the quarantine plan (Banu, 1935, p. 44) against plague represented the political and health ideal of a health organisation of the population in the first half of the 19th century. A similar plan was established against cholera as can notice from "The Quarantine Regulation" on the 21st of April 1849, from Moldavia (The Administrative Handbook of Moldavia, 1855, pp. 478-489).

To supervise and somehow to keep under control the public health, the Committee decided to divide the two Principalities into health departments. The division was done according to the number of physicians officially registered at that time in the country. Therefore, Moldavia was divided in five health departments with quarters in Botosani, Herta, Dorohoi, Suceava and Botosani belonging to this quarter; Iasi with the regions Harlau, Carligatura, Vaslui and Iasi; Roman with the regions Neamt, Bacau and Roman; Barlad with Tudova, Tecuci, Putna, Falcoi and Barlad; Galati with the region Covurlui (Negulescu & Alexianu, 1944, p. 281).

For Wallachia six health districts were organised with quarters in Bucharest, Ploiesti, Buzau, Râmnicu-Vâlcea, Pitești and Craiova. Each district had an MD, a surgeon, two obstetricians and three midwives. The capitals of the two countries had a better situation. Bucharest, organised in five departments, had five physicians, a surgeon, a veterinarian, an obstetrician and five midwives (Traușan-Matu, 2011, p. 31).

“Ocrugul” was a Slavic term referring to the administrative-territorial division of the country. It occupied a larger territory than a district or a county would. This division was established in this manner at that time also because there weren’t enough physicians for each of the 17 counties of Wallachia as well as for the capital, Bucharest. The health legislation from the Organic Regulation was adapted to the necessities and possibilities of that period of time, but general Kiseleff continued to insist that at least one physician for each county should exist because the ones from “ocrugul” could not cover all the assigned territory.

The Organic Regulation gave the hospitals administration the character of public institutions. In Wallachia each hospital had a guardianship. It centralised the special administrations of the Coltea, Pantelimon, Filantropia hospitals and put their guardianships under the rule of a single Trusteeship, subordinated to the church, but keeping separate administrations of each hospital (Felix, 1902, p. 30).

The Organic Regulation established “the health police” and had some stipulations that regulated social assistance. Lacking conditions

and possibilities, some of them were accomplished much later. For court, eradicating measles gathered momentum only around the middle of the 19th century.

After the promulgation of The Organic Regulation, The Quarantine Committee and the Physician Commission from both Principalities controlled the physicians' diplomas in medicine. In 1836 Wallachia's Ministry of Internal Affairs, after the request of the Quarantine Committee, ordered the leaders of the counties to stop those who were practising as physicians and were prescribing medicines without having corresponding diplomas. As soon as they were found, the so-called physicians were sent to the ministry and then deported (Felix, 1902, p. 20). The measure was too severe if we consider the fact that in certain counties there was no physician at the time.

A regulation established by the Health Committee in Moldavia in 1871 stipulated that the physicians who had settled in the country should be examined by a Medical Commission. In a circular of the Health Committee from Moldavia, in 1847, punishments were stipulated for the women who pretended to be physicians and who were practising certain empirical customs.

1.2. Other laws regarding the health department

As the plague and cholera outbreaks became rare, the importance of quarantines began to decrease whereas the activity of the health service increased. In order to handle the new situation, the problem of reforming the health system in the country became a priority. This involved adjusting it to the real needs of the public health. For this purpose "the Project for the extension of the health areas and the improvement of the health service" was created and sanctioned by the ruler Barbu Stirbey (1849-1856) on 27th March 1853. The articles from the project underlined the clear commitment of the authorities in favour of changing and updating the health system according to the western pattern, especially the French one. Some of them referred to transforming the temporarily arranged hospitals into permanent institutions in the cities that were capitals of the county and assigning

as soon as possible health staff capable of administering the inhabitants' health in every city capital of the county. The health staff was formed of a physician with 800 lei per month salary, paid by the state, a surgeon been paid 600 lei per month, an obstetrician and a health assistant, the first earning 600 lei and the latter 200 lei. Besides the physicians the project also included a veterinarian in charge of the Principality and one veterinarian for each county, both paid with 600 lei per month (The Official Gazette, 1853).

The most important consequence of these measures was the increased number of the people who could offer qualified health assistance. According to the list published in "The Official Gazette" on 3rd March 1860, in the health system there were 96 physicians, 36 surgeons, seven veterinarians, five dentists, 78 pharmacists and 74 midwives.

The problem of updating the system also included the Health Committee. Developing the health network made the committee lose the main goal for which it was designed, namely organizing and supervising the quarantine system. Therefore, its updating involved a clearer distribution of functions. First of all, the reformers changed its name into "The Health Council of the Principality" and made it a representative of the state in public affairs. The new organisation composed of the five county physicians and the primary physician of Bucharest came under the authority of the Ministry of Internal Affairs and its aim was to organize, control and lead the action of the health assistance system of the country. Therefore, the Health Council was the supreme authority who conceived the work norms and watched over its application on the entire territory of the country. In order to achieve better results, the Council had to work with "The Medical Commission" from Bucharest, which had been functioning since August, with the physicians from the hospitals of the country, with the prefects of the counties and the city police. The latter had to send monthly reports with the health situation from the cities or the regions where they worked. According to this information the council members conceived projects and sent orders.

A very important duty of the council was to check the health capacity of the persons who wanted to practice in the country (The Official Gazette, 1853, p. 62). Once the doctors received the “free practise certificate”, they were published in The Official Gazette.

In Moldavia the health system was coordinated by “The Health Committee”. Reformed several times, in 1841, 1849 and 1853, it had functions and competences similar to those of the Health Council in Wallachia. An order from the ruler of Moldavia on 3rd May 1856 established that all those who intended to practise medicine and pharmaceutics had to take an exam in front of the Medical Commission and to present, besides the diploma, the graduation certificates and those with diplomas from Germany the certificate for admission to free practice in Germany.

In Wallachia a regulation from 1842 described the way in which the exam took place and what documents the physicians and pharmacists with diplomas obtained abroad had to present. This regulation was completed and modified in 1860 when it was decided that the jury of the exam consisted of five teachers of The National School of Medicine (Felix, 1902, p. 20).

The city police was also involved in securing the health order. “The Law for Police Reorganisation”, issued in 1850, created the background for the existence and operation of a special office, belonging to both health service and local administration, where a health inspector worked, whose duty was to observe how the health investigations were done, to centralise the information sent by the physicians and act according to it (The Official Gazette of Wallachia, 1850, p. 41).

After the Principalities were united, the French physician Carol Davilla, who came to Wallachia invited by Barbu Stirbey to organize the health system in the Principality, was appointed by Alexandru Ioan Cuza (1859-1866) leader of the health department of the country. Davilla intended from the beginning to prepare the framework for the unification of the two health administrations from the United Principalities. In the meantime, he continued the plan for the extension of the health assistance in the two Principalities. After the

health process began, he thought about organising a structure capable of observing, measuring and permanently improving the health condition of the rural inhabitants. This was the goal established by the law regarding the county physicians on 31st March 1862. As in the case of the “vigil houses”, which later became known as dispensaries, by appointing an “arrondissement physician” three objectives were in focus:

- 1). improving the health service in the counties
- 2). organising the register for diseases and outbreaks
- 3). generalising the offer of qualified health assistance in the rural area.

Therefore, it was decided that every county should have a physician and a mobile drugstore. The duties of the arrondissement physician were clearly specified. First of all, he had to offer assistance to all the sick people from his residential county; he had to give free medicine from the mobile drugstore to the poor and the army; he had to make sure that the cemeteries would not affect the air or the water surrounding the houses and he also had to vaccinate and revaccinate children. Together with the administrative representatives, the arrondissement physician had to visit several times a year the schools, the military units as well as the pubs, the inns and the greengrocers, to check their hygienic conditions and to take measures in order to limit venereal diseases or outbreaks (The Official Gazette. The Official Journal of the United Principalities, 1862, p. 308). Therefore, the arrondissement physician had curative, administrative and health police responsibilities which went beyond the real competences and physical possibilities of a regular physician.

New health structures were created alongside the organisation of the health assistance in the rural area. Thus, in August 1862 the Health Council in Wallachia united with the one from Moldavia and formed “Superior Medical Council” of the country. The new structure, formed of all the members of the old commissions, was the working instrument of the newly founded “General Directorate of the Health Service in the United Principalities”. As leaders of the

administration the ruler appointed the physicians Carol Davilla as general inspector and Iacob Felix as vice-inspector.

In 1862 the Trusteeship of Civil hospitals became a section of the General Directorate of the Health Service and the hospitals' goods were administered by the Ministry of Culture. In 1864 the Trusteeship of Civil hospitals received the hospitals' goods and the Law about the Administration of the Trusteeship of Civil hospitals in Bucharest was passed, being reintegrated in its rights and in The General Trusteeship of the Hospitals St. Spiridon. Both hospital administrations were subordinated to the Ministry of Internal Affairs.

After Carol Davilla was appointed leader of the Health Service, the civil and military ones as well as of the Trusteeship of Civil hospitals, in the Trusteeship's hospitals the former secondary surgeons were replaced with students from the National School of Medicine. Gradually, in all the hospitals free consultation services for the patients treated in ambulatory were organized, this being already foreseen in laws and previous orders especially in the Law for County Hospitals in 1853 but these laws had not been well applied.

In 1868, besides the trusteeships of the main hospitals, health colleges appeared, a consultative technical authority, consisting of the primary physicians of the hospitals dependent on these administrations (Felix, 1902, p. 35).

The new administrative decentralised laws in 1864, by which the county hospitals shifted from the state authority to the administration of the county authority stimulated the appearance of new hospitals, the extension of the existing ones and the development of the health assistance.

Conclusions

Although the reforming action until 1874 has not brought about concrete results in lowering infant mortality or in improving the quality of life and health, it prepared the framework for the great legislative reforms between 1874- 1910, when the two fundamental health laws of modern Romania were adopted. Only in 1874 a better health organisation of the country was established and a clearer

distinction was made between protecting health and social assistance. Furthermore, progress has been registered, for instance stopping or minimising outbreaks, intensification of vaccination and revaccination against measles which led to the improvement of the life hope for children. The health legislation between 1831- 1874 has also gradually changed the public perception of modern medicine in the sense that people began to trust in it more, but, in parallel, on a very large scale, empirical and popular customs still continued to be practised.

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