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THE EUROPEAN COMMISSION OF THE DANUBE AND ITS EARLY PUBLIC HEALTH POLICIES, 1856–1860s

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Abstract

This paper analyses the context in which the European Commission of the Danube (ECD), an international organisation created in 1856 to improve navigation along the Maritime Danube, started to impose its own public health policies in the Danube Delta region. It established two hospitals and drafted detailed quarantine regulations meant to balance free navigation and sanitary precautions. The authors refer to the organisation of ECD’s hospitals, how commissioners dealt with their funding, selection mechanisms for medical staff and the need to build proper medical facilities. The paper also touches on the moment when in 1865 Sulina was ravaged by a cholera epidemic and the local hospital was put to good use. Eventually, through a Public Act signed by the seven commissioners in 1865, the ECD was consolidated as an international organisation and the hospital became a reputed medical centre for hundreds of international seafarers, ECD employees and inhabitants of Sulina, who used the services of the first hospital created by an early supranational institution.

Keywords: European Commission of the Danube; history of medicine; international organisation; seamen hospital; cholera;

1. INTRODUCTION

On 30 July 1865, an Ottoman transport steamer arrived from Istanbul in the roadstead of Sulina, at the junction of the Danube and the Black Sea. Two men onboard the steamer had died from cholera during the voyage. The crew was disembarked at once, and, as several people suffered from choleric symptoms, the entire crew was isolated. 12 new cases were recorded, and five people died during the next two days. On 2 August, Dr Jellinek of the local hospital noticed a person sick of cholera in a group of labourers employed in local hydraulic works. Another case, an employee in the service of the Ottoman



deputy governor, was discovered the same day. The epidemic would last for most of August 1865 and it purged the entire settlement. Among its 3,000 inhabitants, half fled, but 300 of the 350 people who contracted the disease allegedly died (Girette, 1867: 277-278; Reports, 1875: 53; Hartley, 1989: 207-208). The town was devastated, and some further actions needed to be taken to combat the mobility of disease.

But cholera did move freely along the Maritime Danube in 1865, as it had done before. According to the reports of France's delegate to the European Commission of the Danube, Édouard-Philippe Engelhardt, it also ravaged Galați, the commercial capital of the Lower Danube, where, between 12 and 27 August, 156 people died amongst the 316 persons who contracted the disease (CADN, 10: 417-418). Later in 1865 and in 1866, fresh victims were recorded at Sulina, where Dr Jellinek was doing its best to contain its spread.

2. PROBLEM STATEMENT

When cholera struck in 1865, health policies along the Maritime Danube were applied by a Sanitary Service of the Mouths of the Danube, subordinated to the Istanbul-based Superior Board of Health. This institution had been established in 1839 and aimed to coordinate quarantine policies, trade and shipping in Ottoman ports (Ersoy et al, 2011; Bulmuş, 2012). Throughout the Levant, including at the Maritime Danube it advised for the imposition of rigorous sanitary measures, especially when plague and cholera outbursts were active in the region, according to international agreements for epidemic control.

The European Commission of the Danube (ECD), the international organisation tasked since 1856 to regulate navigation along the Maritime Danube, was trying to impose its own public health policies throughout its liquid jurisdiction, given the mission granted to the seven commissioners by Europe's Concert of Powers. A discrete battle for pre-eminence was fought on several layers between interested parties. Thus, the ECD attempted to have its autonomy recognised by the Ottoman government, which rejected what it thought to be a sheer violation of its sovereign rights; the dispute was also linked to finding the proper balance between free navigation and sanitary security along a strategic European transportation highway. Not least of all, it was fuelled by mistrust in the usefulness of quarantines by miasmatics, numerous among medical practitioners who believed that there were better ways of preventing the spread of disease than the quarantine system.

3. RESEARCH QUESTIONS

The ECD aimed to apply its own health policies along the Maritime Danube, and this quest for autonomy was visible both in pushing towards drafting modern quarantine regulations and in the establishment of its hospitals. In the first issue, economic liberalism with its drive to open new markets faced a strong concern of public authorities who aimed to control the mobility of disease.

The ECD was self-interested in both issues – the quarantine policies and the creation of a hospital service – as its budget and institutional survival depended on free circulation of ships, which paid a toll when they called at Danubian ports. It is this confrontation between commercial liberalism (or, to quote a famous article in economic history, the 'imperialism of free trade') (Gallagher and Robinson, 1953) and the public resistance for imposing barriers controlling the spread of epidemic diseases that is interesting to look at in relation to the making of an early international organisation. By managing to impose its own sanitary policies, the ECD aimed to further consolidate its authority and prestige in the Danube Delta region, both important steps for its institutional survival.

4. PURPOSE OF THE STUDY

This paper aims to look at how the ECD worked to impose its own health policies in the Maritime Danube and how it established the Sulina hospital, an interesting experiment by an early international organisation, considered as a means of fulfilling its broader mission to regulate river navigation.

The ECD was tasked to conduct hydraulic works in the Danube Delta region (Ardeleanu, 2008), but commissioners found there a state of sheer anarchy and felt the need to take part in 'civilising' the area. This happened in the aftermath of the Crimean War, when the Ottoman authorities were trying to impose their sovereignty over an unruly set of transnational entrepreneurs, so the ECD, which had two years to complete its hydraulic works, gradually extended its mission and came with a more comprehensive security oriented program. This program aimed to regulate international shipping, but at

the same time assist the various employees who worked on behalf of a European organisation at the very end of empires, in an unhealthy and ‘uncivilised’ area. The article will focus on the early phases in the establishment of the Sulina hospital and will show how this in turn solidified the ECD as a functional international organisation. It will also touch upon the ECD’s quarantine policies and the organisation’s dealings with the Ottoman authorities in coming with a proper balance between free navigation and controlling the spread of infectious 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

As a communication hub along major commercial route-ways, Sulina was often confronted with such terrible epidemics as that of 1865. Sulina’s location was in many ways similar to that of Suez and Port Said along the Suez Canal, and its function was equally crucial in channelling mobilities of people, goods and disease (Huber, 2013: 241-271) along one of Europe’s major international waterways. Before the Crimean War, when the Danube Delta region belonged to the Russian Empire, Sulina accommodated a quarantine station, but Russian sanitary regulations were considered ‘burdensome in the extreme’ to international trade and shipping (Ardeleanu, 2014). The 1856 Paris Treaty returned the region under Ottoman sovereignty and stated that more balance quarantine regulations had to be drafted, which should favour, as much as possible, ‘the circulation of ships.’ (Congrès, 1856: 11-12).

The idea of establishing a hospital in the Danube Delta region came after the ECD started its hydraulic works in the Maritime Danube and employed hundreds of international bureaucrats and labourers. Working in an unhealthy region, a far distant inter-imperial periphery lacking modern medical establishments, the organisation felt it had to provide its employees with some form of basic medical assistance (Agrigoroaiei, 2010: 22).

During its sitting of 27 March 1857, the ECD decided to establish two hospitals with 15–20 beds, one in Tulcea and the other in Sulina. They were to be run by a chief physician, supported by two assistant surgeons and two pharmacists (NAR, Protocol 20/27 March 1857); the organisation started by employing its chief medical officer, a certain Dr M. Emile Engelhardt, a graduate of the Medical School in Strasbourg and most probably a relative of the French commissioner.

The amount of 2,000 ducats was allotted for the organisation of the two hospitals and of their pharmacies. In the coming months, the ECD rented houses in Tulcea and Sulina, where its medical facilities were set up (La Commission, 1931: 334). Given the status of the organisation, a temporary commission that was to be dissolved when its hydraulic works were completed, these hospitals are to be regarded as some sort of provisional emergency facilities meant to save lives in an area missing modern medical services.

Initially, the two hospitals treated the ECD’s employees exclusively. However, as the number of patients remained rather low, in October 1860 commissioners established the Sulina facility as a hospice for sick or shipwrecked seafarers and for employees in the Ottoman administration of the port of Sulina (NAR, Protocol 121/27 October 1860). At the same time the hospital in Tulcea was closed, as the ECD focussed all its resources to complete the hydraulic works underway at Sulina. In March 1861, a new regulation established that half of available beds were for the treatment of international seafarers, and the other half for ECD’s own employees. All patients admitted into the hospital paid a small daily fee (12 piasters), and five beds in the facility were also available for the inhabitants of Sulina (NAR, Protocol 124/13 April 1861). Since 1863, the ECD increased by a small fraction (five cents per ton) the toll paid by all commercial ships calling at the Danube and used these revenues to cover the expenses with its hospital. This made the hospital freely available to seafarers of all nations (NAR, Protocol 153/7 March 1863; La Commission, 1931: 334-337).

The ECD also worked hard to impose its views on local quarantine policies. The Ottoman Sanitary Service of Sulina, subordinated to the Superior Board of Health in Istanbul, was hardly functional, and Dr Engelhardt drew up extremely liberal quarantine regulations. There was no quarantine control when no

epidemic was raging in the East, a provision that limited possible obstructions from Ottoman authorities, as it had happened in Russian times. The ECD pushed towards further simplification and standardisation of procedures, so that navigation and trade would not be subject to too bureaucratic and costly formalities. (NAR, Protocol, 78/29 April 1858). An agreement between the ECD and the Ottoman government detailed sanitary procedures. The Sanitary Service examined the sanitary status of ships entering the Danube and provided them with proper medical papers upon leaving the river. The expenses for this service were covered by a toll payable proportionally to the ship's tonnage.

The Public Act, the ECD's 'constitutional' charter voted in 1865 by the seven commissioners, after four years in which the Ottoman government accused the other Great Powers of violating its sovereignty, reached a compromise in relation to the Danubian quarantine. Sanitary measures applicable to the mouths of the Danube were regulated by the Superior Board of Health in Istanbul, in which various foreign missions accredited to the Sublime Porte were represented by delegates.

These measures were to be framed so as to conciliate in a just degree security for the public health with the requirements of free maritime trade. The Public Act also detailed health procedures and the possibility of instituting additional quarantine establishments in case of new epidemics. All in all, the ECD managed to save large prerogatives for its own employees, who could move freely along the river even when mobility was limited or completely blocked due to sanitary concerns (NAR, Protocols 176/27 October 1865, 188/13 October 1866, 307/15 April 1868, 217/24 October 1868, 238/2 November 1869).

The gradual extension of the ECD came with renewed efforts to consolidate its medical facility from Sulina. Commissioners discussed building a proper hospital as early as 1861, but a modern unit was completed only in 1869, and it included an isolated pavilion for choleric patients (NAR, Protocols 172/25 April 1865, 193/25 April 1867). It was placed under a neutral status, according to the provisions of the 1864 Geneva Convention (NAR, Protocol 200/5 November 1867). The hospital would function in this form until 1893, when a separate hospital for epidemic diseases was built, in line with developments in the medical science (La Commission, 1931, 334-337).

The ECD's chief physician played a major role in the success of establishing this international hospital. After Emile Engelhardt left the Danube, he was followed by Dr Jellinek, a graduate of the Viennese medical school. Jellinek was a reputed physician and he used his competence in a busy periphery, where health problems were aggravated by the marshy location of the Sulina. Jellinek published several articles in medical journals in which he dealt with some interesting medical cases, mainly with sexually transmitted diseases which were extremely common among seafarers of all ages.

There were plenty of cases he could choose from for his medical research. Sulina was exposed to many other sanitary hazards. Placed in a marshland with poor drinkable water supplies, infected by miasmas, and tormented by mosquitoes, the town was often the victim of malaria and typhoid fever. Quantitative data on the movement of patients for this early phase in the history of the Sulina hospital is scarce, but some details allow us to have a general idea. 28 patients were admitted in the Sulina hospital in 1861, 42 in 1862, 59 in 1863, 114 in 1864 and 111 in 1865.

In 1864, for example, among the 114 patients there were 101 international seafarers (62 Brits, 16 Austrians, 11 Italians, eight Greeks, two Turks, one Russian and one subject of Mecklenburg), 10 ECD employees and three pilots. Five patients died in hospital in 1864 and 13 died in 1865. In the latter year, seven of them died of cholera, and one patient of each of the following diseases: pneumonia, tuberculosis, dysentery, meningitis, epilepsy, and marasmus senilis. In 1868, 306 patients were accepted in the hospital and 11 of them died (NAR, Statistics, 1861-1868).

Jellinek was a very able doctor but he himself fell ill due to the unhealthy location in which the town of Sulina was placed. 19 candidates applied for his position when he left the job, 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 Impériales' shipping company. Vignard would live in Sulina for the next 17 years. Medical journals of the time published several of his scientific contributions, but also a piece such as 'De la nécessité dans l'état moderne de la création d'un Ministère de médecine publique' (1880) (CADN, 19: 304-312).

7. CONCLUSIONS

From its foundation in 1856, the ECD followed clear public health policies in its attempt to compensate for the absence of functional sanitary services in an early phase of the Ottomans' taking possession of the Danube Delta region. On the one hand quarantine matters had been a bone of contention in Russian times, and the ECD managed to negotiate an agreement with the Superior Board of Health in Istanbul, which recognised the special status of Danube navigation and the right of ECD's agents to move freely along the river and thus have a voice in balancing free navigation and sanitary precautions during epidemic outbursts. As for its hospitals, the ECD's drive towards autonomy came from its role as a large employer with hundreds of people in its pay, all working in an inter-imperial periphery where medical facilities were almost completely absent. The organisation gradually opened its Sulina hospital to local inhabitants and to international seafarers, adding medical services to the benefits that the ECD provided to the mercantile and seafaring community interested in Danubian navigation. Through both these services, a flexible quarantine system and a modern hospital – the ECD proved its efficiency. Its term was prolonged several times and it remained the organisation that regulated river navigation in the Maritime Danube until the middle of the 20th century.

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