

**IOSUD – „DUNĂREA DE JOS” UNIVERSITY OF GALAȚI**  
**Doctoral School for Humanities and Social Sciences**



# **PhD Dissertation**

**summary**

**Evolution and activity of the European Commission of the Danube Hospital  
in Sulina**

**Phd student**

**DRĂGHICI Ionuț Alexandru**

**President**

Prof. univ.dr. **IFRIM** Nicoleta

Director of the Doctoral School of Social and Human Sciences

"Dunărea de Jos" University of Galati

**Scientific Supervisor,**

Prof. univ.dr. **TULUȘ** Arthur-Viorel

"Dunărea de Jos" University of Galati

**Scientific reviewers**

Prof. univ.dr. **DAMEAN** Sorin-Liviu

University of Craiova

Assoc. Prof. dr. **SOBOL** Harieta

"Stefan cel Mare" University of Suceava

Prof. univ. dr. **APETREI** Nicolae-Cristian

"Dunărea de Jos" University of Galati

**U3 Series: History No. 27**

**GALATI**

The series of doctoral theses publicly defended in UDJG starting with October 1, 2013 are:

**Fundamental field ENGINEERING SCIENCES**

Series I 1: **Biotechnologies**

Series I 2: **Computers and Information Technology**

Series I 3: **Electrical Engineering**

Series I 4: **Industrial Engineering**

Series I 5: **Materials Engineering**

Series I 6: **Mechanical Engineering**

Series I 7: **Food Engineering**

Series I 8: **Systems Engineering**

Series I 9: **Engineering and Management in Agriculture and Rural Development**

**Fundamental field SOCIAL SCIENCES**

Series E 1: **Economy**

Series E 2: **Management**

E Series 3: **Marketing**

SSEF Series: **Sports Science and Physical Education**

SJ Series: **Straight**

**Fundamental field HUMANITIES**

Series U 1: **Philology- English**

Series U 2: **Philology- Romanian**

U Series 3: **History**

Series U 4: **Philology - French**

**Fundamental Field MATHEMATICS AND NATURAL SCIENCES**

C Series: **Chemistry**

**Fundamental field BIOMEDICAL SCIENCES**

M Series: **Medicine**

Series F: **Pharmacy**

## Content

Introduction	6
CHAPTER I. The quarantine system at the mouths of the Danube in the period 1829 – 1856	18
1.1. Defense against diseases in history.	18
1.2. Natural and diplomatic difficulties in the second half of the eighteenth century and the beginning of the nineteenth century at the mouths of the Danube	24
1.3. Epidemics and public health at the mouth of the Danube	28
1.4. About cholera and the role of the Danube quarantine in Russia's view	35
1.5. Organization of quarantines in Danube ports	42
1.6. Establishment of the quarantine in Sulina	45
1.7. Politicization of quarantine by the British	50
1.8. Contagionist disputes – miasmatics	54
1.9. Ottoman quarantine	58
1.10. Austrian quarantine	61
1.11. Sulina mobility and shipwreck	63
Chapter II. The European Commission of the Danube and public health in Sulina 1856-1878	67
2.1. Establishment of the European Commission of the Danube.	67
2.2. Establishment of the Sulina Hospital	69
2.3. Regulation of the European Commission Danube Hospital in Sulina	76
2.4. The activity of the Sulina Hospital in the period 1856-1878 <b>Error! Bookmark not defined.</b>	79
2.5. Cholera of 1865	88
2.6. Quarantine system – subordination of navigation to the Superior Sanitary Council of Constantinople	94
Chapter III. Romania and the public health system	99
from the mouth of the Danube (1878-1916)	99
3.1. The war of 1877 and its consequences at the mouth of the Danube	99
3.2. The Sanitary Service at the mouth of the Danube – the disputes between Romania and the CED	101
3.3. Aspects of the activity of the Sulina Health Service	108
3.4. Sulina during the Romanian administration	115
3.5. The activity of the Sulina Hospital in the period 1878-1894	122
3.6. The cholera epidemic of 1893	130
3.7. The activity of the Sulina Hospital in the period 1894-1918	135

3.8. The public health policy of the Romanian state at the beginning of the twentieth century	140
Chapter IV. Public health	149
from the mouth of the Danube (1916-1948)	149
4.1. Sulina in War	149
4.2. The activity of the CED Hospital in the First World War	160
4.3. Organization and inventory. Hospital in the interwar period	165
4.4. The activity of the Sulina Hospital in the period 1920–1940	168
4.5. Maintenance work	201
Conclusions	209

# **Evolution and activity of the European Commission of the Danube Hospital in Sulina**

-summary-

**Keywords:**European Commission of the Danube, epidemic, Sulina, quarantine, cholera, public health, trade, hospital, disease, World War I.

**Overview.** In the evolution of humanity, knowledge has made a considerable contribution, which becomes an essential concern in almost all chapters of life. The knowledge was mainly due to technical, military and even medical needs, which have found their way into current research.

In this sense, among these cases researched in historiography there is also the evolution of the confrontation between man and disease, which we tried to capture in the chosen theme regarding *the Evolution and activity of the CED Hospital in Sulina*, whose special importance was the basis for the development and evolution of an important community, an essential fact in choosing the theme due to the major role in outlining a specific and modern health vision. Relevant for the history of the Romanian space in this context, the issue of the importance and functioning of the Sulina Hospital, which was located on an important trade route, but also of the propagation of diseases on the east-west axis. Thus, due to the technological advance that led to the development of navigation at the beginning of the nineteenth century, the city at the mouth of the Danube was quite close in time to the main ports of the East, which were true hotbeds of epidemic diseases. The hospital had to respond successfully to these threats, and withstand the damage caused in World War I. Not only the population but also the navigation, which had previously suffered due to the application of quarantine measures, depended on its functioning.

**The purpose of the analysis.** The present research aims to capture the main characteristics of the sanitary prevention measures and their evolution, but also the evolution of the sanitary structures in relation to the political and administrative framework, starting with the nineteenth century to the first half of the twentieth century, at the mouth of the Danube. In man's struggle with disease, this period provided humanity with a stable foundation based on science, thus delimiting superstitions and empirical cures regarding the causes of the appearance and treatment of the sick.

The relevance of the space chosen for research is given by the international political context, the development of trade and the imposition of quarantine that provided the framework for the development of Sulina, which experienced a fulminant evolution, much greater in relation to the size and number of inhabitants<sup>1</sup>. An essential feature of the city at the mouth of the Danube concerned its location in the nineteenth century, at the confluence of great economic or expansionist interests, all having a common denominator: the Danube, which gained greater importance, with the reopening of trade in the Black Sea ports and the integration of this market into the universe-European economy, putting it in direct connection with the Mediterranean Sea and the Atlantic<sup>2</sup>.

**Research hypothesis.** The present approach intends to bring into historiographical debate the evolution and efficiency of the medical system at the mouth of the Danube in the period 1856-1948. In order to highlight the aspects regarding the evolution, usefulness and peculiarities of functioning, we must also take into account the specifics of the place, and outline an overview of the political and administrative framework at the mouth of the Danube with all the changes produced over time. The reconstruction of the general framework of the policies of prevention, treatment and manifestation of the disease, lead to the actions highlighted by decisions and regulations, sometimes involving different interests, which lead to the identification of the true dimension of the value of the Hospital's activity at the mouth of the Danube. Thus, the CED's attempt to offer a modern and scientific vision of the medical services at the mouths of the Danube, according to the standards of the time, which would meet the needs of the CED staff, the community, and the sailors in transit, was a major component of an enclave of civilization in the desert of the Danube Delta. Through the quality of the medical services offered by the CED Hospital but also of the measures to combat it, this institution had an extremely important role, going far beyond the regional level.

**Work objectives.** The aspects we want to take into account concern the evolution and organization of the hospital according to the period and need, also involving the auxiliary services in our research, with greater importance during major events.

This approach also aims to analyze the medical reports that outlined an overview of a society seen through the eyes of doctors.

---

<sup>1</sup> C. I. Baicoianu, *Historical Look, Economic and Political*, Bucharest, 1918, p. 3.

<sup>2</sup> Charles King, *Black Sea*, Polirom Publishing House, Bucharest 2015, p. 28.

In order to achieve the objectives proposed in this research, we will use the working method proposed by Daniel Panzac, in the work *La peste dans l'Empire ottoman: 1700-1850*, in which three research directions are presented: knowledge of the disease, the behavior of individuals (patients, medical professionals, authorities), the manifestations of the disease. In this sense, knowledge of disease and human behavior introduce logic and coherence into research. The chronological course of epidemics and their various aspects provides a basis for verifying recent scientific achievements, where attitudes and measures in their diversity, then find their justification<sup>3</sup>.

An important source of information used in this endeavor is the documents kept within the County Directorate of the National Archives in Galati (CED fund with the Protocols sections, the General Secretariat, the Delegate of Romania). An important working tool used in this endeavor was represented by the medical reports. They represent a category of administrative acts, with a specificity at both the level of the sender and that of the receiver. As for the issuer, the reports are written strictly by doctors and were most often addressed to the upper level of the medical hierarchy. The scientific value of these reports can be quantified by outlining an overview of the epidemiological spectrum at the mouths of the Danube as seen through the eyes of doctors.

As for their content, the reports were presented annually, the reports evolved from the middle of the nineteenth century, from strict forms without too many details, to extensive works in the interwar period providing descriptions on the hygienic and sanitary state of the administered district, being an indicator of modernity aligned with Western standards, which represented an oasis of civilization in the desert of the Delta<sup>4</sup>.

**Methodology of the paper.** The presentation of the process of construction, functioning and efficiency of the Sulina Hospital during the existence of the CED, cannot be analyzed by abstracting from the general context, thinking from a historical, economic, and social point of view. The way in which the construction and evolution of this hospital took place must be related to all these aspects and not only.

Analyzing the confrontation between man and disease, from the point of view of human behavior, we must observe the evolution since ancient times of the causes of the appearance, which were attributed to religion or superstitions. The transition from feudalism to the modern world was gradual, and the economic, social, political and cultural

---

<sup>3</sup> Daniel Panzac, *La peste dans l'Empire ottoman: 1700-1850*, Leuven, 1985, p. 12.

<sup>4</sup> Constantin Bărbulescu, *România Medicilor*, Bucharest, 2015, p. 28.

transformations were achieved both peacefully and through revolution, but they failed to make a contribution to confronting humanity with disease. A combination of factors and events led to a change in society, starting with the invention of the printing press that allowed the dissemination of information much more easily. By conquering the capital of Byzantium, the expanding Turks expelled letters and fine arts from Constantinople, which later flourished in Italy. A new religion separated half of Europe from obedience to the Pope. With the help of the compass, the discovery of new trade routes was achieved: with the circumnavigation of Africa, Europeans came to open profitable trade routes with Asia, thus shortening land distances<sup>5</sup>.

Thus, Europe experienced a new period, characterized by the search and exploration of unknown or lesser-known lands. This led to the circulation of ideas and goods through the expansion of international maritime trade, which came as a necessity amid the increase in the number of population. At the same time, this intensification of trade was meant to solve the continuous tension between food production and its distribution on the one hand and the food needs of the population, on the other, where malnutrition was endemic and famine often epidemic<sup>6</sup>. Following these events, a relationship between disease and mobility was developed through the migration of diseases such as the plague that endangered humanity.

A considerable leap in the history of mankind took place in the second half of the eighteenth century when a process of transition from a demographic regime with a high birth rate but also with a high mortality rate, with a relatively low life expectancy, to a new demographic regime strongly influenced by the significant increase in agricultural production and productivity in Europe, began and on the other hand, by the liberation of labor force that could migrate more easily from the countryside to the city, and implicitly from the agricultural sector to the expanding industry and services, combined with the increasing role of the study of medicine, which led to a considerable extension of the life span<sup>7</sup>.

Against this background of the approach to science, there was also a mutation in the collective mind that led to a delimitation of the disease from the religious spectrum or from the one related to popular traditions. Cumulatively, the power structure made possible an

---

<sup>5</sup> Bogdan Murgescu, *From Medieval to Modern . An alternative to traditional periodization: the early modern era.* in: *Studies and History Articles*, LXVI, 2001, p11

<sup>6</sup> Immanuel Wallerstein, *The Modern World-System II\_ Mercantilism and the Consolidation of the European World-Economy, 1600-1750* (Studies in Social Discontinuity) Academic Press Inc., New York (1980), p. 13.

<sup>7</sup> Bogdan Murgescu, *Romania and Europe. Accumulation of Economic Gaps (1500-2010)*, Polirom Publishing House, 2010, p.160.



institutional sanitary partition that materialized by regulating the isolation system and creating an institution in this regard, namely, quarantine. The extension of this quarantine system on naval trade routes legitimized the link between the disease and mobility. In this context, by introducing health documents, it gave quarantine other connotations than the initial ones, of interests of a different nature, opening the way to bureaucracy and abuses. A document endorsed by the consul of the country of arrival, directed the ship to use the port without quarantine<sup>8</sup>.

This pattern of disease control has been facilitated by a series of natural and man-made obstacles through the development of relations between the state-economy and politics. At the intersection of these great interests and taking advantage of a favorable natural setting, states or even cities have emerged that have played a much greater role than the one that would have fallen to them as a result of their size or the number of inhabitants<sup>9</sup>. This role was influenced by a transport revolution that allowed an expansion of trade on a planetary level, which produced an increase in industrial production in a number of countries, which also brought with it an accentuated need for raw materials and agricultural products, thus favoring the development of long-distance transport, with low and safe costs. The most advantageous transports for heavy goods, and with a large volume, were those carried out on the waterways with sailing ships, and then with steam<sup>10</sup>.

The beginning of the nineteenth century marked the beginning of a period of great transformations in all areas of life in the history of Europe, influenced by a series of factors such as military conflicts, political interference and science, which in turn often had a common denominator, illness. The various epidemics or pandemics that have occurred throughout this period have been true catastrophes, which have led humanity to seek to break down barriers to knowledge, prevention, spread and treatment of the disease. The European political framework at the end of the Napoleonic period imposed a principle of general equilibrium throughout the continent and within each state that was supposed to bring a general peace. But the result was not what was expected, a state of tension and a competition for the control of points of strategic value engulfed Europe. Great Britain was setting itself up as the universal legatee of economic advantages, the Tsarist Empire was betting on

---

<sup>8</sup> Gian Franco Gensinia, Magdi H. Yacouba, Andrea A. Conti, *The concept of quarantine in history: from plague to SARS*, Journal of Infection (2004) 49, p. 259.

<sup>9</sup> C. I. Baicoianu, *op.cit.*, p. 3.

<sup>10</sup> Ștefan Stanciu, *Romania and the European Commission of the Danube, Diplomacy. Sovereignty. International Cooperation*, Galati History Museum Publishing House, Galati, 2014, p.11.

expansionist military glory, and Austria was trying to impose its supremacy through diplomacy<sup>11</sup>.

One of the reasons for dispute between the great powers was the control of the mouths of the Danube. The value of this geographical point far exceeded the importance that is normally given to it<sup>12</sup>, due to the economic role that the Danube acquired in that period as a great transport artery that connected the East to the West. At the same time, the strategic and economic value was doubled by the health value. The sensitivity of the area to the disease was mainly due to the increased traffic, the mobility of the population, the proximity to the East and the lack of sanitary infrastructure. Thus, the mouths of the Danube were the place where the imposed sanitary measures had a complex role, far exceeding their initial purpose<sup>13</sup>.

The exponential increase in the importance of Sulina in the first decades of the nineteenth century was due to the intensification of traffic on the Danube and the economic relations created by the great European powers, which led to the emergence of disputes regarding the management and imposition of one's own rules at the mouth of the Danube and remained in history as *the "Danube Question"*.<sup>14</sup> This dispute was influenced by the status of the Black Sea, which was at the crossroads of great interests, where "*the great European powers sought to restrict any hegemonic control*".<sup>15</sup>

Through the Treaty of Adrianople, the Russian Empire received the Danube Delta, practically owning and controlling the mouths of the river. The Russian administration did not take care of the dredging works of the Sulina canal, which led to the clogging of the mouth by clogging the sandbanks. This, doubled by the establishment of the Sulina quarantine, which, through its provisions and arbitrary policies, made navigation on the Danube even more difficult and directed economic interest from the Lower Danube area to the port of Odessa<sup>16</sup>. The economic interest connected to the political realities of the time, positioned the Danube as a balancing factor of European policies or, as Jules Michelet

---

<sup>11</sup> Dumitru Almaş, *Metternich*, in *Diplomati Iluștri*, vol I, Editura Politică, Bucharest, 1969, p. 143.

<sup>12</sup> C. I. Baicoianu, *op. cit.*, p. 40.

<sup>13</sup> Constantin Ardeleanu, *The Mouths of the Danube – A European Problem. Trade and navigation at the Lower Danube in contemporary sources 1829–1853*, Istros Publishing House, Brăila, 2012, p. 13-15.

<sup>14</sup> See, Nicolae Iorga, *The Danube Question, Lessons Held at the War School*, The Publishing House of the Romanian Nation, Vălenii de Munte, 1913.

<sup>15</sup> Charles King, *op. cit.*, p. 208.

<sup>16</sup> Baicoianu, *op. cit.*, p. 45.

characterized the navigation regime, "*a condition for the political and social health of Europe*".<sup>17</sup>

Sulina occupies an important place in all these developments, as it is the meeting point of several forms of understanding commercial mobility, but also of the disease. It is located on the new border of the Russian Empire, which establishes a quarantine point there, being a feature of the new administration, to organize standardized sanitary systems on the southern border of the empire, being at the same time, the institutional response to the emergence and spread of epidemic diseases. The sanitary policies adopted between 1829 and 1856, following certain models regarding administration and operation, adding norms specific to the region, represented the first vision of preventive sanitary policies, adopted according to modern standards. Facing major epidemic challenges due to sanitary conditions, human and commercial mobility, the quarantine system had to not obstruct navigation.

However, this attention paid to the health systems organized and implemented at the mouths of the Danube had to prove its efficiency by stemming the epidemic waves of plague or cholera. Their exploitation was not limited only to the perspective of the strict purpose of their mission, but aimed at capitalizing on all perspectives to serve different interests, sometimes causing new reasons for tensions between the great powers. In addition to the different economic interests, disputes have also arisen related to the different way in which the disease was understood at that time, as well as its spread or combat. The disputes between contagionists and miasmatics make this confrontation take on a medical and a cultural dimension.

With the outbreak of the conflict between Russia and the Ottoman Empire, known as the "Crimean War", the diplomats of France and Great Britain drafted a memorandum demanding that freedom of navigation be ensured for all flags on the Lower Danube sector, and that this be placed under the guarantee of a European trade union<sup>18</sup>. This was implemented after the Paris Peace Congress, which by establishing the European Commission of the Danube, regulated navigation on the Lower Danube for almost nine decades.

Thus, through the decisive contribution of the CED to the mouths of the Danube, the aim was to establish freedom of navigation in optimal conditions, a subject intensely debated in previous years. In order to fulfill this mission, CED had to create its own administrative

---

<sup>17</sup> Constantin Ardeleanu, *The Evolution of British Economic and Political Interests at the Mouth of the Danube (1829-1914)*, Istros Publishing House, Brăila 2008, p. 4.

<sup>18</sup> Stanciu, *op. cit.*, p. 46.

base that would meet all the requirements of the time. All this in a community on the verge of extinction after the Crimean War, on the border between East and West, positioned in the desert of the Delta.

The civilizing work of the CED had to be ensured by creating an efficient sanitary framework, in this regard from the first meetings the issue of establishing a hospital for staff, sailors and locals was raised<sup>19</sup>.

Thus, in the meeting of March 27, 1857, the CED decided, based on the findings regarding the adverse environment in which it carried out its activity, the creation of two hospitals, one in Tulcea, and the other in Sulina, in rented housing<sup>20</sup>. These units were intended to treat workers employed on the Commission's construction sites. There are no records of their activity, in fact they functioned until October 1860. That year, the Sulina Hospital opened its doors for sick or shipwrecked sailors and for the port administration staff, due to the small number of workers undergoing treatment, and the hospital in Tulcea was closed due to the completion of the works there<sup>21</sup>.

An essential element in the evolution of Sulina was ensuring public health and improving hygienic and sanitary conditions. The imposition of the rules for the functioning of the health services was necessary due to the precarious health status of the inhabitants, the geography of the place, but also the mobility of the population, all resulting in an accentuation of the mobility of the disease, but the influence of the international political context should not be lost sight of.

As for the Sulina Sanitary Service, which belonged to the Superior Sanitary Council of Constantinople, the one that administered the old quarantine system in the Ottoman Empire, the CED tried to regulate it in the general interest of navigation, based on the principles proposed by the chief physician of the Sulina hospital, Emile Engelhardt, also taking advantage of the wide assistance of the Ottoman authorities, who seemed disinterested in the organization of the service. The tasks of the Sanitary Service were to investigate the sanitary condition of ships entering the Danube, to verify health patents and to ensure that they were sanitary compliant. The ships were then admitted to free circulation in Sulina and

---

<sup>19</sup> Ion Agrigoroaiei, *European Commission of the Danube. Selection of texts and introductory study*, Alexandru Ioan Cuza University Publishing House, Iași, 2010, p. 22.

<sup>20</sup> D.J.A.N.G., fonds: European Commission of the Danube. Protocols. File 1, f. 56.

<sup>21</sup> *Ibid.*, file 8, p. 152.

upstream on the Danube, and when the ships left the river, they were endorsed with sanitary patents.<sup>22</sup>

After 1878, the new realities present at the mouths of the Danube favored the emergence of a dispute regarding the management of the Sanitary Service between the CED and the new territorial power, Romania. The beginning of this issue was marked by the meeting of November 5, 1878, when the CED, taking advantage of the ambiguity of the provisions regarding the replacement of the personnel of the services that belonged to the CED, but had been managed by the Ottoman Empire, arrogated to itself the right to invest and remunerate the captain of the port and the personnel of the sanitary service<sup>23</sup>. The resolution of this dispute depended on ensuring navigation at the mouths of the Danube, but also ensuring the health safety of the region in the face of epidemic waves.

In the period between 1878 and 1916, the activity of the Hospital had to respond not only to scientific progress but to rise to the standard of the civilizing work carried out at the mouth of the Danube by the Romanian state and CED through extensive works on improving public health. In this regard, the mission of the Hospital's chief physician had a multiple character of managing the disease, treating patients and providing guidance to improve public health and living conditions, a responsibility that came as a result of his appointment as head of the Health Service.

The medical mission was put to the test by the cholera epidemic that broke out in 1893. The ravages of this epidemic being amplified by the citizens' contribution, which was null in terms of compliance with the rules imposed by the authorities. The consequences of this epidemic were the basis for the establishment of a new epidemic hospital, destroyed in the First World War and rebuilt in the interwar period.

In the interval between the two world wars, the medical structures at the mouth of the Danube had to recover and reach the past standards, having to fight other seasonal epidemics that haunted the area year after year.

These two CED hospitals were supposed to make a special contribution to the fight against diseases and to represent an oasis of modernity in the desert of the Delta, through the quality services offered to sailors, the local population, but also to the employees of the Commission. Benefiting from highly qualified personnel, medical services have been diversified based on modern standards.

---

<sup>22</sup> *Ibid.*, European Commission of the Danube. General Secretariat, file 38, f. 14.

<sup>23</sup> *Ibid.*, .

**Structure of the work.** In order to demonstrate the proposals, the research will be structured on four chapters, one of introduction to the topic and three main chapters, each aiming to deal with a major component of our objectives. Since the phenomena, processes and events studied had a linear and successive development, the chapters will be delimited chronologically considering the evolutionary stages of the hospital being influenced by various factors.

The introductory chapter will deal with the historical, diplomatic and sanitary context at the mouth of the Danube at the beginning of the nineteenth century, in order to understand the circumstances in which the construction process of the hospital was conceived and managed. The presentation of the evolution of the quarantine in history, and the process of imposition and operation in Sulina represents a major component in the structure of the work, being the reason for the imposition of the CED and the establishment of the hospital. By exposing the functioning of the quarantines in the Lower Danube, we will demonstrate the true mission of the quarantine in Sulina, which fulfilled more tasks than those intended, being a political-economic instrument in the hands of the Russian Empire, located on an increasingly transited route.

About the knowledge of the disease must be mentioned the appearance of cholera which is localized in India, in an early period, the date of which cannot be established exactly. There are, however, references to ancient religious rituals in Lower Bengal practiced to ward off the ravages of this disease, thus creating a connection with divinity, later worshipping a cholera deity. The cult of this deity enjoyed great fame, creating a link between the appearance of the disease and the divinity. This fact is signaled in western India, in Gujarat, by the presence of a monolith, dating from the time of Alexander the Great, whose inscription apparently refers to cholera, saying: "Blue lips, a lost face, sunken eyes, a drooping stomach, contracted and spared limbs as if by fire, these are the signs of a great disease which, invoked by a priestly curse, rushes upon the brave and reaps them."<sup>24</sup>

This, combined with the historical context of the region where the dispute for supremacy between the Russian Empire and the Ottoman Empire reigned, led to the development of a tension regarding the leadership and the imposition of its own rules at the mouth of the Danube and remained in history under the name of *the "Danube Question"*.<sup>25</sup> This dispute was influenced by the status of the Black Sea, which was at the crossroads of

---

<sup>24</sup> R. Pollitzer, *Le Cholera*, Geneva, 1960, p. 12.

<sup>25</sup> See, Nicolae Iorga, *The Danube Question*, Lessons Held at the War School, The Publishing House of the Romanian Nation, Vălenii de Munte, 1913.

great interests, where "*the great European powers sought to restrict any hegemonic control*".<sup>26</sup>

Thus, through the Treaty of Adrianople, the Russian Empire received the Danube Delta, practically owning and controlling the mouths of the river. The Russian administration did not take care of the dredging works of the Sulina canal, which led to the clogging of the mouth by clogging the sandbanks. This, doubled by the establishment of the Sulina quarantine, which, through its provisions and arbitrary policies, made navigation on the Danube even more difficult and directed economic interest from the Lower Danube area to the port of Odessa<sup>27</sup>. The economic interest connected to the political realities of the time, positioned the Danube as a balancing factor of European policies or as Jules Michelet characterized the navigation regime "*a condition for the political and social health of Europe*"<sup>28</sup>

However, this attention paid to the health systems organized and implemented at the mouths of the Danube had to prove its efficiency by stemming the epidemic waves of plague or cholera. Their exploitation was not limited only to the perspective of the strict purpose of their mission, but aimed at capitalizing on all perspectives to serve different interests, sometimes causing new reasons for tensions between the great powers. In addition to the different economic interests, disputes have also arisen related to the different way in which the disease was understood at that time, as well as its spread or combat. The disputes between contagionists and miasmatics make this confrontation take on a medical and a cultural dimension.

Chapter II aims to present the establishment of the EDC and the development of the principle of ensuring public health at the mouths of the Danube, as a major component of the institution's main mission, which aimed to manage and improve traffic at the mouth of the river. The imposition of the Hospital's operating regulations and the appearance of the first sanitary reports are enlightening testimonies in support of the proposed objectives.

The first records of the activity of the Navy Hospital in Sulina were found in 1863 during the meetings of the CED delegates in which various statistical data were presented, including the mobility of patients. The records begin with the year 1861, where the number of registered patients was 28, of which 6 died. This first record does not mention the diseases

---

<sup>26</sup> Charles King, *op. cit.*, p. 208.

<sup>27</sup> Baicoianu, *op. cit.*, p. 45.

<sup>28</sup> Constantin Ardeleanu, *The Evolution of British Economic and Political Interests at the Mouth of the Danube (1829-1914)*, Istros Publishing House, Brăila 2008, p. 4.

encountered or the nationality of the patients. In 1862, the nationality of the patients is recorded in the recorded data, so out of the total of 42 patients we find 2 Americans, 20 English, 5 Austrians, 2 Greeks, 2 Italians, 2 Prussians, 5 Russians, and 1 Meklenburger, plus 3 pilots from the pilotage service, and of these, 8 died without mentioning their nationality. In 1863, the number of patients increased to 59, 27 English, 19 Austrians, 1 Prussian, 1 Meklenburger, and one Romanian, plus 1 pilot, with 2 deaths<sup>29</sup>.

The great cholera epidemic of 1865 put the very existence of the city to the test by the number of victims, of those who fled for fear of cholera, but also by the reintroduction by the Ottoman administration of the quarantine regulations through the Sanitary Service they controlled, which stopped navigation on the Danube. Cholera spread throughout the city for about 20 days. Throughout this period, half of the 3,000 inhabitants took refuge in safer areas in the Delta desert, and among those who remained there were 350 cases, of which 300 died<sup>30</sup>. The epidemic has been resurrected since October 17, when new infections were detected again<sup>31</sup>.

In the sanitary report for 1865, a separate table is introduced regarding the mobility of cholera patients within the Navy Hospital in the months when cholera manifested itself in Sulina. Thus, we can observe from the recorded data, a very small number of patients who were under treatment. For August, we meet 10 patients, 6 were cured, 4 died. In September, 2 hospitalized, 1 cured, 1 deceased. In October, 3 patients were hospitalized, 1 cured, 2 died. And in November we have only one patient hospitalized on the 7th who was cured<sup>32</sup>.

During the cholera epidemic, the Ottoman administration of the sanitary service reintroduced the strict quarantine rules and even stopped the movement of ships at the mouths of the Danube<sup>33</sup>, and those who were in the port at the time had to wait until the reopening of circulation.

The criticism of the efficiency of the quarantine measures coming from the CED staff already outlines the creation of a different health vision. Following the AEPIDEMIC CED, its mission from a sanitary point of view, to ensure public health in accordance with the special navigation conditions, was fully understood.

Chapter III is delimited by two major events, the entry of Dobrogea under Romanian administration starting with 1878 and Romania's entry into the First World War in 1916, it

---

<sup>29</sup> *Ibid.*, file 10/1861-1865, f.171.

<sup>30</sup> Reports of the Medical Officer, *op. cit.*, p. 53.

<sup>31</sup> *Ibid.*, p. 153.

<sup>32</sup> D.J.A.N.G., fonds: European Commission of the Danube. Protocols, file 11/1865-1866, f. 114.

<sup>33</sup> *The Danube European Commission, op. cit.*, p.352.



aims to present the relations between the new administration and the CED. During this period, major advances were made in ensuring public health, first of all due to the Romanian authorities who showed full understanding of the importance of the mouths of the Danube from a sanitary point of view, and appointed Dr. V. Vignard, the chief physician of the Hospital, as head of the Health Service, and secondly by carrying out joint drainage works and building the drinking water plant.

During the period under investigation, the activity of the Hospital had to respond to the purpose for which it had been created. In this regard, more and more consultations and a diversification of medical services have been offered. The prolific activity of the hospital was included in the extensive annual reports, elaborated by Dr. Petrescu Hadji Stoica starting with 1890, whose records also provided recommendations on improving public health at the mouth of the Danube. However, the activity of the Hospital was again tried by a new cholera epidemic in 1893, which brought a great challenge regarding the non-compliance of the inhabitants with the sanitary measures. As a result of the large number of contagious patients who occupied the wards of the Hospital during the epidemic, the CED built another hospital in 1894 for these diseases.

The official number of cholera, during the entire duration of the epidemic, i.e. from August to December, was 336. At the navy hospital, 88 were treated. Of these, 54 were cured, the mortality percentage being 38.64%. The remaining 248 infected were cared for either at home or in lazarets. Of them, 110 were cured, 138 died, leading to a mortality rate of 55.64%. The difference between the percentages was based on the comfort and quality of patient care at high standards.<sup>34</sup>

The large number of contagious patients who occupied the wards of the Navy Hospital during the epidemic created difficulties for the care of the other patients, a situation that led the Commission to decide, in October 1893, to build another hospital for these diseases. CED granted the sum of 100,000 francs for this purpose. The construction was completed on June 15, 1894, the new hospital remaining under the management of the Navy Hospital. The hospital was equipped with all the necessary furniture and medical utensils<sup>35</sup>.

As for the situation in 1894, the number of patients decreased compared to 1893: 471 compared to 621. The total number of treatment days has also decreased. Analyzing the registries, it is observed that this decrease affects all categories of patients. However, the reduction is less pronounced in the case of the needy, the city's poor, as many have been

---

<sup>34</sup> Ionescu, *Dobrogea*, p. 300.

<sup>35</sup> D.J.A.N.G., fonds: European Commission of the Danube. Protocols, file 33, f. 85.

forced to leave the country due to the cholera epidemic, which has made it difficult for them to find work in Sulina<sup>36</sup>.

The main sources we use in this section are health reports. They represent a category of administrative acts with specificity at both the level of the sender and the receiver. As for the issuer, the reports are written strictly by doctors and are most often addressed to the hierarchical upper level<sup>37</sup>. Following the evolution of a medical institution with a special specificity in this geographical area, located in a sensitive area from an epidemiological point of view, the dynamics of hospitalizations and predominant diseases must be highlighted. In view of this, historical research guides us to those records of medical professionals that help us to reconstruct some aspects of a city in full rise, located at the confluence of East and West, aspects seen through the eyes of doctors.

Chapter IV is marked by the two great conflicts of the first half of the twentieth century, which intend to capture the tragic imprint of the vicissitudes of war. With a small staff, the two hospitals functioned in World War I to treat wounded soldiers, being requisitioned in 1917 by the Russian army, and later by the Central Powers.

The activity of the CED was strongly affected by the outbreak of the war, encountering numerous difficulties. The closure of the Dardanelles, Romania's entry into the conflict, the exodus of CED employees to Russia and the abandonment of maintenance works have contributed to these challenges. In the early stages of the war, dredging was suspended, being temporarily taken over by the Austrians and Germans to ensure the transport of supplies to the occupying troops. These changes had negative effects on the state of the river and its mouth, but also on the financial situation of the EDC<sup>38</sup>.

The catastrophic defeats suffered by the Russian-Romanian armies in the autumn and winter of 1916 in Oltenia, Muntenia and Dobrogea allowed the extension of the control of the Central Powers over the entire river. The river was used for the transport of grain and oil from Romania and other areas to central Europe, of other raw materials necessary for German industry, brought from the East. This justifies the interest shown by the Austro-Germans in the maintenance of the navigable fairway, in the dredging of the Sulina bar and in the construction of small barges that can pass through the Cataracts. In order to reorganize navigation on the Danube, the Germans "brought here competent personnel, including some technical authorities - such as the well-known engineer E. Foerster, the builder of the

---

<sup>36</sup> *Ibid.*, p. 129.

<sup>37</sup> Constantin Bărbulescu, *op.cit.*, p. 28.

<sup>38</sup> D.J.A.N.G., fund of the European Commission of the Danube. Protocols, file 50, f. 65.

transatlantic liner "Vaterland", the largest passenger ship in the world at that time - as well as a series of shipyard managers, machine builders, shipowners, hydraulic builders, etc." <sup>39</sup>

"From January 1917, following the events of the war, the Russian army responsible for the territorial defense of Dobrudja confiscated two hospitals of the CED for the care of its war wounded. The hospitalization and treatment of Commission officials and the poor in the city were provided by the director of the hospital and most of the staff of the lower hospital, who had not left their posts. The total number of hospitalized patients was 1,550. The treatment days were 17,539, outpatient visits to 5,110. Most of the 1,374 soldiers treated in the wards of CED hospitals had injuries caused by participation in the war. There were also 170 cases of malaria and 24 deaths, of which 1 were caused by medical injuries. The other 176 patients in the categories of workers of the CED and the inhabitants of the city presented the usual morbid forms. It should be noted typhoid fever with 21 cases, influenza with 113 cases, pneumonia with 7 cases". <sup>40</sup>

In the interwar period, the Hospital enters an extensive recovery process after the war, demonstrating the clear intention to return to the pre-war realities and even more, the elevation to ultramodern standards of the hospital by diversifying the activities, as well as the establishment of the radiology department are indicators of this fact.

The authorities' attempts to improve public health at the mouths of the Danube in the first years of the interwar period will have an astonishing first result, according to the statistical data recorded in 1926, where the general assessment was: "the most satisfactory". Only 12 patients were treated at the Infectious Diseases Hospital: 1 paratyphus, 2 measles, 5 scarlet fever and 4 chickenpox. These patients required 340 days of treatment. At the Central Hospital, 601 patients were treated, of which 14 remained in treatment from the previous year. They requested 6,349 days of treatment, which represents an average of about 10 days of treatment per patient. Both hospitals had to provide 6,689 days of food during the year, not including healthcare and service staff in this figure <sup>41</sup>.

Following the success reported in 1926, the Commission paid greater attention to this continuous approach to ensuring public health at the mouth of the Danube, aiming to regulate a sensitive point in the functioning of medical services, namely the issue of free medical care, which led to a considerable increase in the number of patients as shown in the 1932 report

---

<sup>39</sup> Ștefan Stanciu, *op.cit.*, p. 240-241.

<sup>40</sup> Ionut Alexandru Drăghici, *The Activity of the Hospital in Sulina...* *op.cit.*, p. 76, apud. D.J.A.N.G., fonds: European Commission of the Danube. General Secretariat, file 91, p. 8.

<sup>41</sup> *Ibid.*, file 75, f. 36.

reaching 6,446 patients, of which 464 were admitted to the two hospitals, and 5,992 were treated in outpatient and home consultations. The 454 hospitalized patients, including 8 who remained on treatment compared to the previous year, required a total of 5,104 days of treatment, or an average of about 12 days of treatment per patient. As for the categories and nationalities to which patients hospitalized or treated in outpatient consultations belonged, they were divided into:

Table no. 9: Categories and nationalities of inpatients

		Hospitalized	External consultations
Sailors	German	3	5
	English	3	12
	Belgian	-	1
	Danish	-	1
	Egypt	5	5
	Spanish	1	4
	Finn.	2	5
	French	-	2
	Greeks	6	52
	Hungarian	4	6
	Italian	13	28
	Norwegian	1	1
	Panamanians	4	10
	Romans	20	92
	Swedish	2	4
Turks	-	3	
Yugoslavs	2	18	
Total		66	249
CED employees		194	4.125
Paying locals		2	—
Non-paying locals		175	1.618
Policemen		2	—
Romanian soldiers		7	—
Total		446	5.992

Source: fund: European Commission of the Danube. Protocols, file 94, f. 113

Although no epidemics have been recorded in the area, the large number of patients is attributed to the massive demand for medical services from CED employees, together with their families, to which are added the poor population of the city, but also the work accidents in the Commission's workshops, thus resulting in an average of about 17 patients per day, a fact that led to the observation of Dr. Martone who specified: "We take the liberty of drawing your special attention to the still remarkable number of these patients, for whom we deliver considerable quantities of medicines and dressings every day. These patients are the ones who demand the most from our professional activity and who bear increasing expenses borne by the hospital's budgets".<sup>42</sup>

The outbreak of World War II led to the transformation of the epidemic disease hospital into a barracks in 1940, and the badly damaged Naval Hospital did not function until after the war. Even if it is not the subject of historiographical research, the proposed theme was a component part of an institution that was the foundation of the ascent of the place constituted as a gateway to the Danube, emerging from anonymity and from the patterns of the time as a free Europe in miniature. If Ivor Porter said that Romania is the gateway to the East through which Romanians will always look to the west, we can consider Sulina both a gateway to the East and a miniature West from a sanitary point of view, with a tragic end due to the war.

As can be seen, the importance and functioning of the Sulina Hospital of the European Commission of the Danube represented an oasis of civilization in the desert of the Delta, being at the same time a primary factor of the civilizing work of the Commission in ensuring public health. It proved essential in controlling the plague and cholera epidemics, which originated mainly from the East. Strategically located at the mouth of the Danube, close to Constantinople and Odessa, the hospital offered an effective solution in front of the sanitary cordons, while facilitating navigation and protecting Western Europe from possible epidemics.

From an economic point of view, this institution has generated income until a certain moment through the fees collected from the provision of medical services. In this way, the quality of medical services was improved, and even diversified, reaching in the interwar period, one of the most efficient medical centers in the Romanian space.

---

<sup>42</sup> *Ibid.*, f.114.

Last but not least, this medical service also had a social character being intended for the population of Sulina, which obliges us to a thorough research of the medical reports in order to identify specific aspects of the daily life in Sulina. All these reasons entitle us, for a more pertinent analysis, to follow multiple variables and indicators in our approach.

We can conclude that historical and social transformations, together with scientific progress, have shaped approaches in the fight against diseases. The role of health institutions and quarantine measures, illustrated by the example of Sulina, demonstrate the importance of international cooperation and the imposition of a specific and modern well-regulated health policy that aimed to protect public health. By establishing the Hospital at the mouth of the Danube, we can appreciate that CED has offered a modern sanitary vision during its existence, which has clearly responded to the problem of maintaining navigation and managing diseases in a professional way with highly qualified personnel. The activity of the Hospital represented for the entire region a benchmark in terms of the quality of various medical services, based on modern scientific standards carried out in an unsanitary area and exposed to epidemics.

**The historiography of the theme and the subject.** The most complete work on the activity of the European Commission of the Danube, published in 1931 on the occasion of its 75th anniversary, was written by a group of officials of the institution, coordinated by Carlo Rosetti, Italy's delegate to the Commission and Francis Rey, secretary general of *La Commission européenne du Danube et son oeuvre, de 1856 à 1931*<sup>43</sup>.

Exceptional contributions to the knowledge of the importance of the civilizing work of the European Commission of the Danube were made by the following authors: Gustave Demorgny with the work: *Question du Danube, Ștefan Stanciu, Romania and the European Commission of the Danube*, D. Sturdza, *Recueil de documents relatifs à la liberté de navigation du Danube*, Constantin Ardeleanu who deals with the Danube issue from different aspects, regarding the activity of the CED but also the influences of different states, his most representative work being: *The European Commission of the Danube, 1856–1948. An Experiment in International Administration*, and for the period of completion of the commission, Arthur Viorel Tulus with the work: *The Maritime Danube between the Sinaia Agreement and the Belgrade Agreement (1938-1948)*.

---

<sup>43</sup> *La Commission Européenne du Danube et son oeuvre de 1856 à 1931*, Paris, Imprimerie Nationale-MCMXXI

Although there is a rich literature on the political and economic role of the Danube in the modern period, with very few exceptions, the authors have used as documentation, the archives established by the European Commission of the Danube, located at the County Directorate of the Galati National Archives.

Following the identification of studies strictly or relatively related to what would be particularly useful for our approach, we identified three major themes - the construction of the EDC, economic and political interests at the mouth of the Danube, the evolution of the technical works on the Sulina canal in the chosen interval - but we found the general lack of both overall analytical approaches and those with restricted parameters of the proposed research topic.

The extensive works that highlight the three major themes identified, do not bring ample references to medical services, but only singular mentions attesting to the existence of a hospital, without bringing too much into discussion its importance, contribution and role in the functioning of the CED but also of the community.