

## DOCTOR'S HOUSE: THE FIRST ORGANIZATION OF THE PHYSICIANS IN MOLDAVIA

SORIN HOSTIUC<sup>1</sup>, IONUT NEGOI<sup>2</sup> and OCTAVIAN BUDA<sup>3</sup>

<sup>1</sup>National Institute of Legal Medicine Bucharest, Bucharest, Romania

<sup>2</sup>Floreasca Clinical Emergency Hospital, Dept of Surgery, Bucharest, Romania

<sup>3</sup>University of Medicine and Pharmacy "Carol Davila" Bucharest, Romania

*Corresponding author:* Octavian BUDA, E-mail: octbuda@gmail.com

*Received October 05, 2013*

The organization of the medical profession in Romanian counties was a long lasting and difficult task, as the number of physicians was extremely low, many so called physicians were actually adventurers with some medical skills, the general public was not ready to completely let go monastic and magic medicines and remedies, and so on. The purpose of this article is to present the organization of the medical profession in Moldavia as here it appeared before Wallachia and led to significant long term consequences upon the evolution of the medical profession in the united Romania, after 1859. The article will summarize how the first medical organizations appeared, what was they built upon, and what were the duties of the physicians. We will talk about two different types of organizations: institutional, with more practical consequences, and scientific, with more theoretical consequences, but who lead to an increased interest of the physicians for the latest developments in medicine in Western Europe and Americas, favoring later developments of the Romanian medical school.

*Key words:* medical, organization, physicians, Moldavia.

### INTRODUCTION

The organization of the medical profession in Romanian counties was a long lasting and difficult task, as the number of physicians was extremely low, many so called physicians were actually adventurers with some medical skills<sup>1</sup>, the general public was not ready to completely let go monastic and magic medicines and remedies, and so on. The first attempts of organizing the medical profession came once the institution of the public (community) physician was implemented, at the end of the XVIII<sup>th</sup> century<sup>2-4</sup>. However, even if the form of the organization was similar in Moldavia and Wallachia, some details like the independence of the physicians in Moldavia compared to their function as state officials in Wallachia led to significantly different ways of interaction between colleagues between the two countries. The purpose of this article is to present the organization of the

medical profession in Moldavia as here it appeared first and led to significant long term consequences upon the evolution of the medical profession in the united Romania, after 1859<sup>5-7</sup>.

### Doctor's House

The first organization of the Romanian doctors in Moldavia originated in an institution founded by Grigore Ghica in Moldova in 1776, when the Prince was asked by community leaders, priests and boyars to organize the medical institutions of public (community) physician as "when called upon ask a sky high price and prolong the suffering of the sick"<sup>8</sup> and public apothecary shops as pharmacists used to increase the price of the drugs more than they should[8]. Unlike in Wallachia, where Alexander Ypsilanti classified the physicians and other health personnel as state officials, Ghica considered that public health must belong to an independent institution with its own

funds, controlled by the central authority. In this sense he imposed a surcharge on the sale of fish (three dimes per leu), in addition to the two dimes that were taken before (which were intended to support the Galata monastery), from which was funded the salary of community physician and was founded the public apothecary shop<sup>8</sup>. In 1777 Gregory Ghica is killed, the next ruler being Constantin Mourousis (Moruzi) that changed a little the taxes by decreasing the fish sale tax from five to four dimes and adding new fees from the salt mine and fish transportation. Moreover, the two pennies originally going to the Galata monastery were transferred to the funds of the public physician, the monastery only receiving now a fixed amount of 600 lei. Also Mourousis established a management structure of the public health institution, namely a trustee (Epitropie) led by a Logofăt and a Vornic, who had the obligation to ensure that the salary of the doctors were paid and the finances of the apothecary shops were in order. This trustee is the precursor of the House of Doctors, that will be renamed in this way in only a few years and will function as a ministry of health. Alexander Mavrocordat (deli-bei), ruler of Moldavia from 1782 to 1785, continued the organization of the health care system through the creation of the community surgeon and midwife and increased the number of trustees from two (as was initially specified, in the Foundation Charter of Ghica and Mourousis) to four, the new structure being called The Trustee of the Doctors's House (Epitropia Casei Doftorilor)[9]. The next rulers, Alexandru Ioan Mavrocordat - ruler of Moldavia between 1785–1786 – and Michael Șutzu (ruler of Moldavia between 1793–1795 – reinforced the above mentioned provisions, adding a set of rules with a financial tint<sup>9</sup>. All the charters of the Doctor's House provided an almost complete autonomy of the created institutions (public physician, surgeon, midwife, apothecary), as in their internal functioning no one could effectively intervene, including here the arhiatros (the personal physician of the Prince): “not even the Great Physician of the Court should not dare intervene in any way against the interests of the community, except the trustees, together with the Physician of the Country agrees for such an intervention”<sup>8</sup> (Physician of the Country was the official designation of the public health physician, named as such starting with the decree regarding the Doctor's House given by Alexander Mavrocordat deli-bei). In a charter by Scarlat

Calimach 1813 (probably August 14<sup>th</sup>), the Trustee of the Doctor's House is renamed in just Doctor's House: “*These are revenues for the Doctor's House*”, “*They will have the Doctor's House*”<sup>8</sup>.



Scarlat Calimach (1773–1821)

Doctor's House was a central management institution and administration for the public healthcare (including attributions now found in the Ministry of Health, the Institute of Public Health, and the Family Physician Institution) under the control of the trustees (directors) that were not physicians. It was further under the control of the Community Magistrature (an institution similar to the Ministry of Internal Affairs). It had its own income that grew steadily with the increase in the number of physicians and other medical staff that had to be employed and their constantly increasing salaries. Doctors were employed under contracts with extremely clear provisions, and were paid both from the public finances (when the patient was poor and could not pay the consult) and by the patient (if he had the necessary funds). Moreover, the medical personnel enjoyed a number of tax privileges that were similar to the ones of the great boyars. The charters of the Moldavian Rulers, and

the contracts established between the Doctor's House and the physicians defined a set of rights and duties of the physician in relation with the patient and society, that can be considered as the set of proto-deontological rules governing the medical practice.

*The rights of the physicians* included the following:

1. tax privileges: *"the Physician of the Country... is to have with honors privileges and exemptions, besides the salary"*(Decree of Mihai Constantin Sutzu from September 30, 1793) <sup>8</sup>.

2. to receive wages according to the contract: *"Physicians should .... receives the appointed salary from the income shown below, and is to be given according to the contract"* (Decree of Mihai Constantin Sutzu from September 30, 1793) <sup>8</sup>.

3. pension benefit. The charter of Scarlat Calimach said: *"And towards the encouragement of the diligence of the physicians in the treatment of the patients, we give them, amongst all other benefits, to the physicians that, in their job, with diligence, will be at the patient's bedside until his 20th year of contract, and afterwards, because bodily suffering or other proven impossibility, could no more practice his skill, for one as such, the state and the Trustee of that House, is to be in debt of giving him a sufficient payment, after needs, to facilitate his living, as a reward for the zeal he has shown in his job"* <sup>9</sup>.

*Medical duties in relation to the patient.* In the Charter of Mourousis we can identify one of the cardinal duties of the community physician: *"But the physician be obliged to be ready at all time, not only to seek the wealthy but also for healing of the impoverished, being thankful with what he receives from each patient according to its financial status, and the impoverished will seek without any payment, being paid for this with a salary"* <sup>8</sup>. Therefore the physician is obliged to provide medical care to the poor, on account of the salary he is being paid, but if the sick is able to pay consultation and treatment, it is obliged to do so. The duty to do good is therefore clearly presented as an obligation of the physician. Moreover, the absence of regulations providing penalties for failure of comply to this norm suggests a great confidence enjoyed by the medical profession from the community and the political leaders at the time. The Decree of Alexander's Mavrocordat deli-bei from 1793 slightly altered this provision, saying that the poor are to be consulted **and** without payment, in order to avoid that, because of

poverty, their life are put in danger<sup>8</sup>. This decree include two significant changes: the optionally of seeking those who cannot pay, and the mandatory character of the medical consult and treatment of the patients who were very severe, this time irrespective of their financial possibilities. These changes were most likely caused by an extremely high number of consults required by the sick, associated with a decreased number of physicians, who in that time were very few compared to the number of inhabitants, which would have made the obligation to respond to any consultation not feasible. In the following years this change most likely caused a neglect on behalf of the community physicians to consult all those in need, making the residents from Iasi unhappy, and causing Scarlat Calimach to remove above mentioned conditionality. In his Charter, Calimach said *"the community physician.... is to diligently run to all calls, not only from the boyars but also from the poor and villains"*[9]. The failure to do so nullifies the contract with the Doctor's House: *"if were to be called, they should not find excuses, or delay the consult, but with their own coach or by walking, they should run to help those who suffer ... or they will be removed from the list of physicians, and nothing good will be spoken of them"* <sup>9</sup>. If the patient cannot afford the treatment, it will be bought with money from the funds of the Doctor's House<sup>9</sup>.

The main duties of the physician in relation to the society were:

4. to check the activities of the apothecary shops in order for the price not to be artificially increased: *"And the boyars of the Doctor's House, together with the physicians of the police shall investigate carefully the medicines, will cast the old, investigate purchase prices, and decide the retail price of the medicines, as not to generate damages to the community"* (Charter of Scarlat Calimach) <sup>9</sup>.

5. to inform the trustees about consults outside the city: *"If it would happen to get sick a boyar in his village, I oblige myself to go there with the knowledge of the trustees of the Doctor's House, and after arrival to put all my skill in the service of restoring the health of the patient"* (The contract of Stavri Moscul, physician, with the Doctor's House)<sup>10</sup>. The consult outside the city is mandatory only if the sick is a boyar, and is not required for ordinary people.

6. to give six months' notice before leaving the service: *"In the event that I will not be satisfied*

*with my service in the city, and I am planning to leave the job, then I must give a six months notice to the trustees*"(The contract of Stavri Moscul, physician)<sup>10</sup>. The reason for this requirement and the long duration of the notice was the difficulty for the trustees to find another doctor able to take his position.

7. control of infectious diseases: *"If in the community a disease appears, the physician is obliged to leave to the spot for research and to take preventive measures; the government, in this case, will deliver the required number of transport carts and money needed* (The Contract of Dr. Ignatius Plusc, 1809)<sup>11</sup>.

### Scientific medical organizations

Influenced by the Doctor's House, General Kisselef established the Physician's Advisory Board, both in Moldova and Wallachia, with the following attributions: uniting the physicians in order for them to advise and get informed about public health issues, to check the diplomas of physicians and pharmacists, to regulate and control the duties of the physicians and the pharmaceutical trade<sup>9</sup>. On the basis of this Board was founded, in 1830, the Medical Reading Group in Iasi (Jassyer medicinische Lesevereine) with the purpose of obtaining medical books and journals that were to be read by its members<sup>12</sup>. This group initially contained 21 members who have contributed for 12 subscriptions to foreign journals and books in the field of biomedical sciences. It was hosted by Iacob Cihac his house near the hospital Sf.Spiridon<sup>13</sup>. This group will have a short existence, being abolished after only two years. In its place was founded the Moldo-Romanica Physician's Society, established also by I.Cihac and M.Zotta. The Statute of this Association highlighted as its main purposes to improve the healthcare organization by establishing a medical-surgical and an obstetrics hospital, and to keep its members up to speed with new developments in biomedical science<sup>12</sup>. Society members were classified in actual (true), extraordinary, paid (honoraires), and correspondents. In the first period the company's activities were purely scientific and publicist, being mainly focused on biology and less on medicine.

In Wallachia the physicians failed to organize themselves in scientific or medical organizations, one of the main reasons being the presence of increased inter-professional conflicts. For example Constantin Caracaș, after being removed from the Pantelimon Hospital by Dr. Arsachi said *"many young doctors, failing to keep a proper*

*professional conduit ... of envy directed toward the colleagues and those more famous, with better positions, use cunning and deceptive means to enter the houses of the chosen ones ... proud and boastful, they shamelessly critic their fellow teachers, saying about them, that they do not understand the condition of the sick or that they give a bad treatment ... in order to tear down the reputation of experienced physicians, they force themselves with every available and the most infamous means to stop those patients to call for the most experienced doctors, although patients wish to be consulted by them"*<sup>14</sup>.



Iacob Cihac (1800–1888)

This text is waning the apparently idyllic image of the Romanian physician present in literature until then, and is actually motivated by an increasingly high number of physicians, that lead to an increased competition between them, in order to have acces to richer patients, reason for which they began to defame their colleagues and lie their patients. The existence of such a relationship made hardly feasible the establishment of medical organizations, even where this was the desire of the central government. Kiselef tried to implement an Advisory Board similar to the one from Moldova but in Wallachia it only had administrative tasks.



The physicians from Wallachia who wanted to be part of a medical organization came to the one in Iasi<sup>12</sup>. However, even if in Bucharest a medical organization could not be found, this is the place where we have identified for the first time the use of the name Collegium Medicum, in 1830. It appeared on a commemorative medal, issued by the medical profession, in honor of General Kisselef in 1833<sup>9</sup>. Therefore, even if the physicians from Bucharest were not officially organized, the idea of professional solidarity in exceptional circumstance was present in those times. Another example is the reaction of the medical community to Alcibiade Tavernier in 1831. This was a French adventurer who has obtained a number of official positions in Bucharest at the time. During a burst of cholera, Tavernier sent an article to the journal *La Gazette de France*, in which he wrongfully defamed the physicians from Bucharest. The physicians tried to refute allegations as being obviously exaggerated, and managed to publish an apology in the same magazine<sup>11, 15</sup>.

## CONCLUSIONS

As seen above, these organizations, even if sometimes ephemeral and without clear functions, led to the development of the concept of professional solidarity, increased the scientific knowledge of the physicians, regulated the medical practice and finally (and most important), increased the availability of basic medical healthcare for the general, poor population.

## ACKNOWLEDGMENT

*This work was supported by a grant of the Romanian National Authority for Scientific Research, CNDI-UEFISCDI, project number 215/2012.*

## REFERENCES

1. Varnav C. Rudimentum physiographiae Moldaviae. Buda, 1836.
2. \*\*\* Regulament pentru administratia asezamintelor Eforiei spitalelor civile din Bucuresti si Epitropia spitalului Sf. Spiridon din Iasi. Book Regulament pentru administratia asezamintelor Eforiei spitalelor civile din Bucuresti si Epitropia spitalului Sf. Spiridon din Iasi. 1868.
3. \*\*\* Legea sanitară. București 1874.
4. \*\*\* Regulament pentru serviciul sanitar de oras. Book Regulament pentru serviciul sanitar de oras. MO, 1886, nr 151, p.3457-3461; 1886, Octombrie 7.
5. Buda O., Hostiuc, S., Drima, E., Ghebaur, L., Popescu, I., Staicu, L., *et al.*, The institutionalization of asylum and forensic psychiatry in Bucharest, 19th century. A historical outline, *Romanian Journal of Legal Medicine*, 2013, 21(1), 79-84.
6. Buda O., Arsene, D., Ceausu, M., Dermengiu, D., Curca, G., Georges Marinesco and the early research in neuropathology, *Neurology*, 2009, 72(1), 88-91.
7. Buda O., Dermengiu, D. Criminalitatea: o istorie medico-legală românească. Pitești: Paralela 45; 2007.
8. Angelescu N. Acte si documente din trecutul farmaciei in Țările Românești: Tipografia Speranța; 1904.
9. Samarian P. Medicina si Farmacia in Trecutul Românesc [Medicine and Pharmacy in the romanian history]. Bucuresti: Tipografia Moderna; 1938.
10. Samarian P. Medicina și Farmacia în Trecutul Românesc 1382–1775 [Medicine and Pharmacy in the romanian history 1382–1775] București: Bucovina, I E Toroutiu; 1938.
11. Samarian P., Ideia de grupare profesională. Grupările de Doctori în trecutul românesc, *Buletinul Colegiului Medicilor*, 1938, 57-74.
12. Bogdan N. Societatea Medico-Naturala si Muzeul Medico-Natural din Iasi, 1830-1919. Iasi, 1919.
13. Litu M., Iacob Cihac (1800–1888). Inițiatorul primului curs de chirurgie, *Jurnalul de Chirurgie, Iasj*, 2008, 4(2), 134-135.
14. Caracas C. Topografia Țării Românești și observațiuni antropologice privitoare la sănătatea și bolile locuitorilor ei 1830.
15. Samarian P.G. Ciurma. București: Marvan; 1932.