

The Establishment of Civil Hospital Administration

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The beginning of hospital care in Romania was due to the initiatives of several foundations: the St. Spyridon Ward of Iaşi for the Principality of Moldavia and the Civil Hospitals Administration for the Principality of Wallachia. The St. Spyridon General Ward of the House of Hospitals emerged as a result of the efforts of Dimitrie Bosie and his son Stefan Bosie, who created the first infirmary ("bolniță") in 1752. In 1757, under the rule of Constantin Cehan Racoviță, the establishment was granted institutional legitimacy and was given substantial real estate from the sovereign's property. In this presentation, we aim at tackling only the hospital institution created in the Principality of Wallachia, leaving the St. Spyridon Ward for another presentation which will be included in the *Chirurgia* journal.

The Civil Hospitals Administration (ESC in Romanian) was the result of a decision taken by count general Pavel Kiseleff, the governor of the two Romanian principalities, appointed after the Treaty of Adrianopole (1829). Following this peace, the Romanian principalities entered under Russian authority and were granted the right to autonomous internal organisation, including the freedom of commerce. The right to free export, without having to abide by preferential export to the Ottoman Empire, generated a considerable leap in terms of economic development for the Romanian Principalities. In 1829, the rayahs of Brăila and Giurgiu returned to Wallachia, no longer being under Turkish rule. Thus, the Romanian merchants regained the responsibility of exporting grain and cattle on the Danube. These well-deserved privileges made a huge difference in the economic balance of the principalities, leading to visibly

Received: 25.02.2020
Accepted: 30.03.2020



Figure 1. The great Spatharios Mihail Cantacuzino (1640–1716), founder of the Colțea Monastery and Hospital. Picture by TH. Aman, from the collection of the Civil Hospitals Administration, after a painting from the church



Figure 2. Grigore II Ghika Vodă (1690–1752), founder of the Pantelimon Monastery and Hospital. Picture by TH. Aman, from the collection of the Civil Hospitals Administration, after a painting from the church

increased exports. In the beginning, the core, the basis of the Administration was represented by the merging of two hospital foundations belonging to the monasteries Colțea and Pantelimon. The former was due to Spatharios Mihail Cantacuzino (1695-1714) (*Fig. 1*) and the latter to prince Grigore II Ghika (1735-1750) (*Fig. 2*). Immediately after 1813, the third hospital foundation was created, at the initiative of Great Ban¹ Grigore Băleanu and of doctor Constantin Caracas. The latter was actively involved in the creation, organisation and equipment of the “Love for People” Hospital (the Philanthropy Hospital), together with the boyars of the Golescu family and with that of general Mikhail I. Kutuzov, who was the head of the Russian troops in the Principalities (1).

The year 1832 brought the unification of the

three foundations and the establishment of the “Civil Hospitals Administration” through a decree issued by general Kiseleff on April the 8th. The following administrators were appointed: Great Vornic² Mihail Ghika, Logothete Mihail Racoviță and Căminar³ Alecu Ghika. Mihail Ghika was the brother of two rulers, a collector of literature and paintings, an archaeologist and the founder of the National Museum of Antiquities (1834), of the School of Agriculture (1836) and the Births and Midwifery Hospital (1839). Thus, the founders’ wish of having the foundations under the administration of the donors’ descendants was respected. It is interesting to go through the creation journey of the three hospital institutions, which preceded the Civil Hospitals Administration (2,3).

¹a noble title used in several states in Central and South-eastern Europe between the 7th century and the 20th century

²historical rank for an official in charge of justice and internal affairs

³person in charge of collecting some taxes

Colțea Foundation

Colțea Foundation – the buildings of the hospital and the church were sheltered on the ground offered by Clucer⁴ Colțea. The construction took place between 1695-1714. When it was established, the hospital had 24 beds. The church of the establishment was erected at the expense of Great Spatharios Mihail Cantacuzino and of Radu Colțea, the son of Clucer Colțea. The statue of Spatharios Cantacuzino is the first of Bucharest (1865-1869), being the work of the sculptor KARL Storck. It is placed in the courtyard of the Colțea hospital, in the vicinity of the church which has the same name and which was consecrated in 1702. At that time, this beautiful and commendable initiative was appreciated by the patriarchs of Alexandria (Samuel II) and Constantinople (Gabriel), who wrote letters in which they praised the beginnings of the Colțea Foundation.

Pantelimonului Foundation

Pantelimonului Foundation was registered in 1735 and was the work of ruler Grigore II Ghica, which was finalised in 1750 with the construction of the monastery and the hospital. Initially, it had 12 beds for contagious patients suffering from plague and typhoid fever. It was only in 1868 that an extension was built, thus reaching 160 beds. Both the monastery and the hospital were demolished in the eight decade of the past century. In his will, Grigore II Ghica mentioned the donations made for the equipment of the establishment: properties, vineyards, mills, mountains, etc.

“Love for People - Philanthropy”

“Love for People - Philanthropy” Foundation - created much later than the previous two establishments, the Philanthropy Foundation was also due to the initiative of a group of boyars, encouraged by Doctor Constantin Caracas. Being part of a family of doctors, together with

his father and brother, Constantin Caracas (1873-1828), who studied in Vienna and was a member of the Health Council of Bucharest, introduced the vaccine against smallpox in Wallachia. He is also the author of the monograph entitled Wallachian Topography, which is an important review and a true analysis of everyday life in the principality of Wallachia. On the land given by Ban Grigore Băleanu, with the contribution of ruler Gheorghe Caragea and of General Kutuzov and the Fărcășanu family, a church and the twenty-bed hospital were built. The source of the revenue of the foundation was the leasing of the properties donated by its founders (4,5).

These are the foundations which merged in 1832, forming the ESC. Gradually, other medical units joined this institution (6,7):

- the thirty-bed “Boldescu” Hospital from Ploiești, created in 1831 by Clucer Gheorghe Boldescu;
- the Sinaia Hospital - 1897;
- the Office for the Deranged -1838, from the Malamuci Skete, and later the Hospital for Nervous and Mental Diseases from Văcărești - 1866;
- the “Lady Helen” Asylum 1862 - 1881
- the “Zossima” Hospital - Ialomița county - 1896;
- the “Queen Mary” Nursing School - 1891;
- the Midwifery School - 1839.

What was the situation of hospital establishments in Western Europe at that time? In the case of France, the first public health establishments appeared in 1851, after the legislation for the foundation of the Paris “Assistance Publique” was issued in 1849. It consisted of 27 units with beds, reporting to and under the protection of the home minister and the prefect of Seine. Interestingly enough, this law was in force, with small amendments, until 1961, when the structure was reorganised. It was only in 1941 that the hospitals attached to “Assistance Publique” became authorised to medically assist all social classes (8).

In Great Britain, important hospitals were also built in the middle of the 18th century, being founded and financed by the middle and upper classes, to ensure medical care for the

⁴historical rank traditionally held by boyars in Moldavia and Wallachia, roughly corresponding to that of Masters of the Royal Court

poor, who did not afford to pay for private medical services. Thus, between 1710-1730, the hospitals Guys and Westminster appeared in London and the Royal Infirmary in Manchester and Glasgow (1790). These hospitals were financed philanthropically, from private sources. However, starting with the 1930s, this type of financing could no longer support the medical activity of hospitals. On the other hand, the need for unified governmental control was felt and this became obvious during the two world wars. Therefore, starting with the year 1945, hospitals were publicly owned and managed and, in 1948, the "National Health Service" appeared (7,9).

We notice that the approach of health care in the Romanian Principalities is similar to that of countries from Europe's Western hemisphere. The introduction of hygiene measures (Semmelweis, 1847), of asepsis (Louis Pasteur - 1860) and antisepsis (J. Lister - 1867 Glasgow) was the basis on which medical care was possible in communities and agglomerations of patients, without the risk of declaring a pandemic. Therefore, in the same period, institutions appeared in the Romanian Principalities similarly to Western countries and their development is very much like that of the West.

Going back to the Principalities, starting with 1864, the authority over the budget of the ESC was transferred to the Chamber of Deputies and the control of the Court of Auditors (created on January the 24th 1864) over the financial activities of hospitals was established. Between 1885-1886, the administrative headquarters of the ESC was built on Boulevard Elisabeta, the building existing even today. Among the administrators who activated during the existence of the ESC, the following stood out: Nicolae Kretzulescu, C. Cantacuzino, C. Severeanu, A. Fotino, Vladimir Ghika, Victor Gomoiu and others. In 1875, the ESC started hosting the Medical Students' Society in its hospitals and, in 1920, it began hosting the Pharmaceutical Students' Society. On a special note, we must underline the foundation act of the Sinaia resort. Originally, it was the commendable initiative

of the same Spatharios Mihai Cantacuzino. In 1695, he built the Sinaia Skete, dedicated to the Sinai Monastery from the Peninsula of the same name, where he had been banished by the Turks. It is important to note that, in 1870, the Administration held the monopoly of the land from the Sinaia area. With the construction of the Peleş castle (inaugurated in 1883) – a royal residence – the ESC divided the land and sold it as house-lots, it built hotels, roads and dealt with most municipal works in Sinaia. In 1872, a law was adopted, offering the possibility of purchasing land on "the grounds of the Sinaia Monastery", that area being the property of the monastery. Hydrotherapy baths, the Sinaia Casino, the Palace Hotel, the Caraiman Hotel etc. were built. Throughout its existence, the ESC contributed significantly to the development of the Sinaia resort: water supply for the town, street paving, landscaping of the public park, the power plant ensuring the lighting of the town, etc (6) (*Fig. 3*).

The ESC also contributed decisively to the development of medical education. The first education institutions created were: the Midwifery School (1839), the School of Little Surgery (1841), the "Mihai Vodă" School of Surgery (1856). In 1859, the School of Medicine and Surgery was created and, in 1867, it was turned into a faculty. All services and clinics of the Faculty of Medicine functioned in the hospitals of the ESC - 15 clinics with 1000 beds. Between 1832-1921, patients were cared for free in the hospitals of the ESC. After the First World War, the land was distributed to peasants, based on expropriation. Thus, the agricultural land and the revenue of the ESC were significantly diminished, the foundation being forced to introduce a contribution fee, which was not high, but which was meant to cover medical care expenses (6).

It is interesting to find out the wealth of the ESC, 100 years after it was founded (1932). At that time, the portfolio of the ESC consisted of urban and rural land, financial capital taking the form of bank deposits and shares. Before the expropriation of 1921, it was estimated that the agricultural land of the ESC was

made up of 148.346 ha of arable land. The expropriation reduced this surface by 121.424 ha, leaving the ESC with 26.992 ha. Added to this are 51.622 ha of forests, leased oil fields, shares and annuities amounting to 20 million lei – their value in 1932. Until 1915, the income represented approximately 70% of the budget of the ESC. Likewise, the ESC owned a series of buildings in Bucharest, Sinaia and various localities. In the capital, the Palace of the Administration on boulevard Elisabeta (which exists even today), in Sinaia, the Casino, the Palace and the Caraiman hotels. The patrimony of the ESC also included shares at various companies and banks: the Romanian National Bank, the “Romanian Subsoil”, the Sinaia Company, “Govora Oil”, “Rural Credit”, oil fields leased to “ROMAN ASTRA”, the “Oil Union”. From these exploitations, the ESC was entitled to royalties amounting to 15% of the production, plus the leasing fee (Figs. 3 and 4)

100 years after its creation, the ESC managed 2200 beds, out of which 1000 were meant for medical education. In 1932, 22.458 patients were admitted to and 123.483 surgeries were carried out in its hospitals. The numbers are modest for the present time. Until 1921, medical care was completely free of charge. It is thus clear that medical care in the hospitals of the ESC had an exclusively

social character.

The majority of the medical institutions of the ESC carried out and hosted medical education. The Midwifery School, established in 1939, has been previously mentioned. On January the 19th 1842, the “School of Little Surgery” was born, under the management of Dr. Nicolae Kretzulescu, its inauguration being held in the presence of the ruler Alexandru Ghika. Very soon, in 1843, the first anatomy and physiology textbook appeared, published by the ESC, its author being the same N. Kretzulescu. In September 1859, C. Davila was appointed administrator of the ESC, a moment which brought about an increase in the student formation activity of the “School of Medicine and Surgery”. Following the French model, the exam-based internship for students from the first and last years of medical training, respectively, was introduced. The year 1867 marks the transformation of the “School” into the Faculty of Medicine. In 1932, the ESC had 2200 beds, out of which 1000, organised in 15 services, were meant for medical education. When the ESC was created, there were 70 beds. In 1931, 22.453 patients were admitted in the hospitals of the ESC, with an average twenty-day hospitalisation. There were 123.483 medical inspections carried out. Until 1921, medical care and medical inspections were completely free of charge. Starting with the year 1921, patients who were well off had to pay a hospitalisation fee. This paying group represented only 10% of the total number of admittances. As such, to accommodate the increased obligations in medical care, starting with the year 1928, the



Figure 3. Acronym of the Civil Hospitals Administration in 1857, the year when the Green Shack property was purchased, Brăila county, in the Civil Hospitals Administration 1832-1932, no author, E. Marvan Institute of Graphic Art, Bucharest, 1938.



Figure 4. Sinaia in 1930. The Casino and the Palace Hotel

ESC received financial support from the Town Hall of Bucharest. The Town Hall of Bucharest undertook to pay 120 lei/day for poor patients, a fee to which the cost of water, gas and electricity – in other words, the cost of utilities – was added. Nonetheless, the contribution of the Town Hall of Bucharest represented only 0,58% of the budget of the ESC, which was completely insufficient. In 1912, there was a bed per 192 inhabitants and, in 1932, a bed per 222 inhabitants.

What is the current situation in the absence of the institution of the ESC? Health care has always had and continues to have an important social protection and social security component. The organisation of health institutions takes into account both social and economic aspects. All these aspects are regulated and coordinated by the Ministry of Health. Romanian legislation clearly underlines the social component of medicine in Romania. The law expresses plainly the support given by the state to health conditions and social context. In this manner, the patient is placed in a socio-economic context proper to our country. This entails ensuring national solidarity in response to disease. Besides its devastating spiritual effect, the presence of a disease in a family also generates great economic and financial effects, which the family cannot bear. It is obvious for everyone that medicine has social dimensions. High-quality medicine cannot ignore the social component of medical activities.

Statistical data from 2016 show the existence of one bed per 152 patients. This is the situation while there are 567 hospitals. In Germany, there are 121 inhabitants/bed and the European average is 146 inhabitants/bed. As far as surgery is concerned, 10,6% of the total number of beds (13.970 beds) are intended for surgery, according to data from 2016. In Romania, these numbers refer both to the public and private health system, which have an agreement with the sickness insurance funds concerning the supply of hospital services. In 2018, 119.579 beds for inpatient treatment were registered. Looking at these numbers, we easily notice that the preponderance of hospital activity belongs to the public system, both

through the budget from the National Health Insurance House (CNAS) and through the Programs of the Ministry of Health.

The public sector owns 65% of hospital units (366 hospitals with 125.000 beds) and the private one 35% (201 hospitals with 7.000 beds). Therefore, in the private sector, there are only 5,6% of the total number of beds. In Romania, the daily cost of hospitalisation is \$ 95, whereas in France it is \$ 650. In Romania, the budget for the medical sector is 3-3,5% of the GDP, while in France it is 11,8%, in Germany it is 11,6% and in Switzerland it is 11,4%. The numbers speak for themselves and are beyond any commentary. In 2019, 25% of the active employees (5.609.060 employees) received the net national minimum wage (282 EUR) and only 16 % of the employees earned more than 700 EUR/month. (9)

This review of statistical data is aimed at supporting the importance of maintaining and developing the public, social and medical care component in Romania. The prevalence of the public sector, financed by the CNAS and by National Health Programs, must remain the keystone of the Romanian health insurance system.

Conflict of Interest

The authors declare no conflicts of interests.

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