

ROMANIA AND THE INTERNATIONAL SANITARY CONFERENCES OF THE LATE NINETEENTH AND EARLY TWENTIETH CENTURIES

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This paper traces Romania's participation in the International Sanitary Conferences of the late nineteenth and early twentieth centuries. Romania's interest in international sanitary diplomacy was directly linked to the country's geographical location and the role of the Danube in the spread of epidemics. The cholera outbreak that reached the Lower Danube in 1865 demonstrated that the river, which connected the Levant to Central Europe via steamship companies, was one of the main gateways through which epidemics spread to the continent. With their busy commercial links to other Black Sea ports, Sulina, Galați and Brăila were equally vulnerable to the importation of diseases that reached Ottoman or imperial Russian ports by land, i.e., via Persia or Central Asia. Such serious health concerns became even more important to the Romanian government after the Danube Delta and Dobruđa became part of independent Romania in 1878. The text follows the various interests that Romania had during these decades, defended by diplomats and doctors who worked together to protect public health from various epidemic, political or economic threats.

Keywords: sanitary diplomacy, Romania, Danube, cholera, plague.

INTRODUCTION

There is great scholarly interest in the International Sanitary Conferences (ISCs) that began in 1851 and paved the way for the establishment of permanent global health institutions. 14 ISCs were organised between 1851 and 1938, 12 of which were held before World War I. Scholars have approached the ISCs from a variety of perspectives, ranging from the more "classical" approaches of the history of medicine or the history of science to broader views nourished by the global or transnational "turns" popular since the 2000s. Mark Harrison, for example, while focusing on the history of disease and medicine in colonial settings, analysed the ISCs as diplomatic venues where governments managed to construct an international sanitary order that sought to balance economic interests and public health concerns.²

¹ This work was supported by a grant of the Romanian Ministry of Education and Research, CNCS – UEFISCDI, project number PN-III-P4-PCE-2021-1374, within PNCDI III.

² Mark Harrison, "Disease, Diplomacy and International Trade: The Origins of International Sanitary Regulation in the Nineteenth Century", *Journal of Global History*, 1.2 (2006), p. 197–217.

Valeska Huber considered the ISCs in the context of intellectual and institutional changes in scientific medicine and in light of the changing structure of internationalist endeavours specific to the second half of the nineteenth century. The ISCs were, as she put it, “as much spaces of collaboration as they were arenas in which differences and boundaries between disciplines, nations, and cultures were defined”. As the world became increasingly interconnected as a result of rapid globalization, states paid increasing attention to ways to seal their borders against microbial diseases and what they perceived to be their usual carriers.³

Other scholars have viewed the ISCs through a postcolonial lens. For the Ottoman Empire, the ISCs were venues where Europe’s great powers agreed on further violations of the Sublime Porte’s sovereignty,⁴ while for the Second French Empire, the first ISCs were essentially a French project, deeply rooted in its imperial vision, aimed at standardizing and liberalizing quarantines as part of France’s struggle for hegemony in the Levant.⁵

In the context of such more nationally focused approaches, my paper aims to trace Romania’s participation in the ISCs, an aspect that is hardly known in historiography. While the ISCs are usually considered as diplomatic or scientific arenas where the great powers defended or advanced their commercial or geopolitical priorities, the agency of a small state, to use a term from international relations, deserves more attention.⁶ Romania’s interest in international sanitary diplomacy was directly linked to the country’s geographical location and the role of the Danube in the propagation of epidemics. Previous cholera outbreaks had ravaged Romanian lands in the early 1830s, in 1848, or during the Crimean War.⁷ But it was the cholera outbreak that reached the Lower Danube in 1865 that demonstrated that the river, which connected the Levant to Central Europe via steamship companies, was one of the main gateways through which epidemics spread to the continent. With their busy commercial links to other Black Sea ports, Sulina, Galați and Brăila were equally vulnerable to the importation of diseases that reached Ottoman or imperial Russian ports by land, i.e., via Persia or Central Asia. Such serious sanitary concerns became even more crucial for the Romanian government after the Danube Delta and Dobruja became part of independent Romania in 1878.

³ Valeska Huber, “The Unification of the Globe by Disease? The International Sanitary Conferences on Cholera, 1851–1894”, *The Historical Journal* 49.2, 2006, p. 453–476.

⁴ Nermin Ersoy, Yuksel Gungor, Aslihan Akpınar, “International Sanitary Conferences from the Ottoman Perspective (1851–1938)”, *Hygiea Internationalis* 10.1, 2011, p. 53–79.

⁵ Francisco Javier Martínez, “International or French? The Early International Sanitary Conferences and France’s Struggle for Hegemony in the Mid-Nineteenth Century Mediterranean”, *French History*, 30.1, 2016, p. 77–98.

⁶ Christine Ingebritsen, Iver Neumann, Sieglinde Gstöhl (eds.), *Small States in International Relations*, Seattle, University of Washington Press, 2012.

⁷ See Gheorghe Brătescu, Paul Cernovodeanu, *Biciul holerei pe pământ românesc. O calamitate a vremurilor moderne*, Bucharest, Editura Academiei Române, 2002, p. 18–235.

FROM THE VIENNA ISC (1874) TO THE VENICE ISC (1892)

At the first two ISCs, held in Paris in 1851–1852 and 1859, there was little interest in the Lower Danube. At the third ISC, held in Istanbul in 1866, a report on the march of the disease through the Ottoman territories also detailed the outbreak in Sulina in August 1865, where “out of a population of 3,000 souls, reduced by the flight to less than 1,580, there were about 350 [cholera] attacks and over 300 deaths”.⁸ Outbreaks in Tulcea, Galați, Brăila, etc. soon followed.⁹ The various delegates gathered in Istanbul also discussed the idea of establishing an international lazaretto in Sulina,¹⁰ which would regulate sanitary practices at the Danube Mouths, an issue previously discussed between the Ottoman authorities and the European Commission of the Danube.¹¹

A Romanian delegate was invited to participate in the fourth ISC, which was held in Vienna in July 1874. The conference was convened at the request of the Russian government, which was interested in modifying the sanitary regime of the Turkish Straits, which affected trade in Russian Black Sea ports. The delegates were to discuss the scientific conclusions and practical measures proposed during the previous conference in order to further standardise the prophylactic measures taken at the national and international levels.¹² According to the protocols of the ISC, more than 40 delegates arrived in Vienna, the overwhelming majority of whom were medical-sanitary experts from 21 countries, most of them European, but also, in addition to the Ottoman Empire, from Egypt and Persia.¹³

The Romanian government was invited to the conference following a cholera outbreak that ravaged the Lower Danube region in 1873, and agreed to send a delegate to a meeting whose purpose was to decide “in principle whether, on the basis of the experiments hitherto made by science, quarantines could still be considered as a prophylactic remedy against cholera, and, if not, whether uniform measures could not be taken by common consent to stop this dangerous disease in

⁸ *Procès-verbaux de la Conférence sanitaire internationale ouverte à Constantinople le 13 Février 1866*, vol. 2, Constantinople, Imprimerie Centrale, 1866, p. 24 (of the *Annexe au Procès-Verbal no. 28: Rapport à la conférence sanitaire internationale sur la marche et le mode de propagation du cholera en 1865*).

⁹ Brătescu, Paul Cernovodeanu, *Biciul holerei*, p. 256–252.

¹⁰ *Procès-verbaux de la Conférence sanitaire internationale ouverte à Constantinople le 13 Février 1866*, vol. 1, Constantinople, Imprimerie Centrale, 1866, p. 9–10 (of Protocol No. 41, Session of 22 September 1866).

¹¹ See the context in Constantin Ardeleanu, “«A Right Inherent in Sovereignty». Romania, the European Commission of the Danube and the Sulina Sanitary Service (1878–1884)”, *Revue des Etudes Sud-Est Européennes*, 61, 2023, p. 119–130.

¹² E.C. Seaton, “A Brief Account of the Proceedings of the International Sanitary Conference at Vienna, in 1874”, *Transactions. Epidemiological Society of London* 3.3, 1876, p. 556–570; Norman Howard-Jones, *The Scientific Background of the International Sanitary Conferences, 1851–1938*, Geneva, World Health Organization, 1975, p. 35–41.

¹³ *Procès-Verbaux de la Conférence Sanitaire Internationale ouverte à Vienne le 1 Juillet 1874*, Vienne, Imprimerie Imperiale et Royale, 1874, p. VI–IX.

its rapid course.”¹⁴ The government agreed to open an extraordinary credit of 2,800 lei to cover travel and subsistence expenses, and Alexandru Simion Marcovici (1835–1886) was appointed delegate.¹⁵ A doctor of medicine, chief physician of the Colțea Hospital, professor at the Bucharest Medical Faculty, and member of the Superior Medical Council, Romania’s scientific source of public health policies, Marcovici’s scientific interests in infectious and epidemic diseases made him an excellent choice.¹⁶

After discussing the origins of cholera, its incubation period, methods of transmission, and means of disinfection, the delegates had to make more practical decisions about the best measures to limit the spread of the disease. The issue of quarantines was the main bone of contention. A majority of delegates, including Marcovici, felt that land quarantines were impractical and unnecessary in view of the intense mobility brought about by rail transport. Strong opposition was voiced by the Serbian delegate, Stevan Milosavljević (1827–1879), the head of Serbia’s sanitary service, among a few other participants, who believed that land quarantines could be successfully established where the appropriate topographical and social conditions existed. A unanimous decision was difficult to reach because the representatives of the Balkan states – the Ottoman Empire, Greece, and Serbia – wanted to retain complete freedom of decision in establishing land quarantine measures.¹⁷

Maritime quarantines also sparked intense debate. While they were seen as a useful barrier to prevent the spread of cholera from Asia to Europe, maritime quarantines were considered rather useless within Europe itself. One solution that received strong support was the imposition of a system of medical inspection.¹⁸

The question of river quarantines was of direct importance for Romania. Their practicality was contested by the majority of participants, but they were supported by Romania’s Danube neighbours, Serbia and the Ottoman Empire. Milosavljević referred to the cholera outbreak of 1866, which spread rapidly through the warships sailing from Ottoman Bulgaria to Belgrade. Marcovici disputed the Serbian delegate’s arguments, arguing that rail transport provided a faster route for the spread of epidemics. The Romanian delegate agreed that maritime quarantine measures were necessary at Sulina, but in inland ports upstream from Galați, quarantine restrictions were of little use. Such measures harmed trade without any benefit to public health.¹⁹ For the Ottoman delegate, Bartoletti Effendi (1808–1895), the Danube was a special case because of the

¹⁴ Serviciul Arhivelor Naționale Istorice Centrale (hereafter SANIC), Fund “Ministerul de Interne – Direcția Serviciului Sanitar” (hereafter MI–DSS), File 46/1874, f. 8: minutes of the Government’s meeting, 30 January/11 February 1874.

¹⁵ *Ibid.*, f. 18: minutes of the Government’s meeting, 10/22 June 1874.

¹⁶ Dr. Gheorghe Crăinicianu, *Literatura medicală românească. Biografii și bibliografie*, Bucharest, Edițiunea Academiei Române, 1907, p. 69.

¹⁷ *Procès-Verbaux... 1874*, p. 88–89.

¹⁸ Howard-Jones, *The Scientific Background*, p. 39–40.

¹⁹ *Procès-Verbaux... 1874*, p. 289–292.

heavy river traffic along its course. Thus, from a sanitary point of view, Danube navigation had similar characteristics to maritime navigation and therefore the river quarantine system should be maintained.²⁰

Other interesting discussions revolved around the Austro-Hungarian proposal to establish a permanent international health commission to conduct more complex research on epidemic diseases. Marcovici was a member of the working committee that negotiated the establishment of this health body and one of its rapporteurs. The commission was to be based in Vienna, and member states were to pay a quota of its expenses based on their population and the size of their merchant navy. The commission was conceived as a purely scientific, not executive, body to study the aetiology and prophylaxis of cholera.²¹

Or, as Marcovici noted in his report to the Romanian government, the commission should “encourage morally and materially the noble devotion” of those who researched epidemic diseases.²² In August 1874, the Superior Medical Council met in Bucharest for an extraordinary session to discuss Marcovici’s report. His proposals were approved and the Romanian authorities agreed to participate in the two conventions proposed by the Viennese organizers: the first for the unification of preventive measures through sanitary inspections, the second for the establishment of the permanent Vienna-based international sanitary commission.²³

Although these proposals did not materialise due to the diverging interests of the European powers, Romania’s participation in the fourth ISC was an important event. Medically, Marcovici brought his scientific expertise up to date with all that was new in the prophylaxis of epidemic diseases, while politically, the presence of a delegate from Romania, a state still under Ottoman suzerainty, was a further confirmation of the state’s autonomy.

Romania’s participation in the next three ISCs, held in Washington (1881), Rome (1885) and Venice (1892), was more modest. In fact, the Romanian government was not even invited to the Washington ISC, which dealt mainly with the threat of yellow fever. The Rome ISC dealt with the sanitary regime for transit through the Suez Canal, so Romania was only indirectly interested. However, the government sent a delegate to Rome: the physician Mihail Obedenaru (1839–1885), Romania’s minister in Athens. Since the discussions also touched on the Black Sea quarantine regime, Obedenaru tried to make as clear as possible Romania’s interests, which had changed after Dobrudja became part of the Romanian state. In order to protect the country from epidemic threats, Obedenaru wanted that the seagoing ships arriving in Romanian ports should be allowed free pratique after a longer observation period than the currently proposed 24 hours.²⁴

²⁰ *Ibid.*, p. 296.

²¹ *Ibid.*, p. 327–349; Howard-Jones, *The Scientific Background*, p. 40.

²² SANIC, MI–DSS, File 46/1874, f. 38–42: Marcovici’s report, Vienna, 4 August 1874.

²³ *Ibid.*, f. 48: minutes of the Council’s meeting, Bucharest, 19/31 August 1874.

²⁴ *Protocoles et Procès-Verbaux de la Conférence Sanitaire Internationale de Rome inaugurée le 20 Mai 1885*, Rome, Imprimerie du Ministère des Affaires Etrangères, 1885, p. 252, 260–261.

Regarding the preventive measures in inland ports, Obedenaru considered that they should be similar to those in sea ports in the case of incoming seagoing vessels. In contrast to Marcovici's stance a decade earlier, Obedenaru believed that *cordons sanitaires* along large rivers such as the Danube were useful.²⁵

Similar discussions followed at the Venice ISC of 1892, when the main topic was the imposition of control measures on pilgrims, so no Romanian delegate attended. The most important result of the seventh ISC was that the participants agreed to conclude an international sanitary convention, the first such legally binding document.²⁶

A SPECIAL SANITARY STATUS FOR THE DANUBE MOUTHS (DRESDEN, 1893 AND VENICE, 1897)

The Dresden ISC met in March 1893, after a virulent cholera epidemic had ravaged Europe in 1892. The Romanian government was represented by Grigore Ghika (1847–1911), minister in Berlin, while physician Iacob Felix (1832–1905), head of the General Directorate of the Sanitary Service, a kind of health minister, served as technical delegate.

The Romanian authorities had a direct interest in the ISC because of their sanitary dispute with the Russian Empire. In 1892, when cholera ravaged the Black Sea provinces of imperial Russia, the Romanian state imposed harsh quarantine measures at Sulina. This severely disrupted the activities of the Russian Danube Navigation Company, whose steamships operated between Odesa and imperial Russia's southern Bessarabian ports of Ismail and Reni, but also maintained strategic links with Bulgaria and Serbia. It was therefore expected that Russia would try to raise the issue at the ISC and soften Romania's quarantine policy.

And indeed, the first Russian delegate, Alexandre Yonine, claimed that the sanitary regime of the Sulina Canal, an international waterway similar to the Suez Canal, should be regulated by a multilateral agreement.²⁷ Ghika defended Romania's exclusive right to draft and enforce sanitary policies on its territory, but participants decided that the issue should be discussed in a subcommittee composed of delegates from riparian states and other interested states.²⁸ The subcommittee, which included representatives of the riparian states (Germany, Austria-Hungary, Serbia, the Ottoman Empire, Romania, Russia) as well as France, Great Britain, and Italy, discussed the sanitary situation of the Danube Mouths and

²⁵ *Ibid.*, p. 297.

²⁶ The text of the Convention in *Protocoles et Procès-Verbaux de la Conférence Sanitaire Internationale de Venise inaugurée le 5 Janvier 1892*, Rome, Imprimerie Nationale de J. Bertero, 1891, p. 315–333.

²⁷ *Protocoles and Procès-Verbaux de la Conférence Sanitaire Internationale de Dresde 11 Mars – 15 Avril 1893*, Dresde, B.G. Teubner, 1893, p. 20–22.

²⁸ *Ibid.*, p. 57–58.

concluded that there was a significant difference between the Suez and the Sulina branch as waterways: the latter, a section of a river, was the only source of drinking water for the human communities living along its banks, and in particular for the inhabitants of Sulina. Preventing cholera germs from infecting the Danube was crucial for these people, which motivated the imposition of strict sanitary restrictions at the mouth of the Sulina.²⁹

The final Dresden Convention of 3/15 April 1893 included a special appendix (Annex II) that provided for special measures to be taken in the case of ships coming from contaminated ports and sailing up the Danube. Strict sanitary measures were imposed on such ships and their crews or passengers, while the Romanian state was to invest in modern sanitary infrastructure. According to the document, Sulina was to be equipped with modern disinfection equipment and sufficient human resources, and the local sanitary station was to be developed “in such a way as to be able to disembark and isolate the sick from an infected ship, as well as the other passengers”. Preventive measures were also to be taken on the river banks, while a bilateral sanitary agreement between the Romanian and Russian governments was encouraged.³⁰

The Romanian delegates were satisfied with the results of the Dresden ISC. According to Felix, the decisions negotiated by the representatives of the participating states were “an advance in preventive medicine based on sound science”.³¹ Since the Dresden Convention provided for the abolition of land quarantines, the Romanian government used this provision to update the country’s strict quarantine policies with more business-friendly ones. From April 1893, quarantine measures at Romania’s main land border crossings were replaced by sanitary inspection and disinfection, while maritime and river quarantines targeting infected and suspect vessels were maintained.³²

The Romanian government was quick to apply to its domestic sanitary policy the provisions of the Dresden Convention, which had become, “for all civilised states, the basis of international prophylaxis of infectious diseases”. Attempts were made to negotiate a bilateral agreement with Austria-Hungary, along the lines of the sanitary conventions the Dual Monarchy had signed with Italy and Russia.³³ But the government in Bucharest chose not to ratify the Dresden Convention, as it could have been detrimental to Romania’s economic interests.

²⁹ *Ibid.*, p. 154–156, 161–166.

³⁰ *Ibid.*, p. 190–191.

³¹ Iacob Felix, “Conferința sanitară internațională din Dresda. Martie–aprilie 1893”, *Buletinul Direcțiunii Generale a Serviciului Sanitar* 5.8, 15 April 1893, p. 114.

³² Iacob Felix, *Dare de seamă asupra epidemiei de choleră din anul 1893*, Bucharest, Lito-Tipografia Carol Göbl, 1893, p. 6–8.

³³ Arhiva Ministerului Afacerilor Externe (hereafter AMAE), Convenții, File 5A3, unnumbered: diplomatic correspondence, a “Projet d’accord concernant le system de prophylaxie à appliquer au trafic frontiere” (April 1894) and a “Memorandum on the sanitary measures in border region for the prevention of epidemics” (January 1896), both documents seemingly drafted by Felix.

Romania did not participate in the ISC held in Paris in 1894, when the main issue discussed was the sanitary regime of the Persian Gulf and the pilgrimage to Mecca.

Very important for Romanian interests was the tenth ISC, held in Venice in 1897. It was the first conference convened to develop prophylactic measures against the plague, a disease that once again threatened the Western world.³⁴ The Romanian envoy was Alexandru Emanuel Lahovary (1855–1950), minister in Rome, with doctor Felix as technical delegate. In February 1897, after a discussion with their Russian counterparts, the two proposed that the pilgrimage to Mecca be banned that year, a restriction accepted by the Romanian authorities.³⁵ Beyond this instance of cooperation, Lahovary feared that the Russians would want to reopen the issue of the sanitary regime of Sulina, with a view to abolishing its special status. In case of negotiations with the other riparian states, Romania could be in a minority, thanks to the Bulgarian and Serbian support for Russia. “Therefore, the regime of special rigour established by the Dresden Convention for the Danube Mouths is of the utmost usefulness”,³⁶ protecting Romania against epidemic, but also political threats. At the same time, the Romanian government asked its Triple Alliance partners in Vienna and Berlin to oppose a possible Russian request to change the sanitary status of the Sulina canal.³⁷

As the ISC was focused on adapting the 1893 Dresden Convention to the specifics of the plague, there were several discussions related to the duration of isolation imposed on ships and their crews and passengers.³⁸ Felix showed the investments that Romania had made in Sulina, and in the end Annex II was slightly modified, but it retained the sanitary guardrails that Romania wanted.³⁹

During the ISC meeting, Lahovary mentioned the reasons why Romania had not joined the Dresden Convention, although the Romanian government applied its terms. This had to do with the sanitary policy of the Ottoman Empire: “We are still obliged,” Lahovary stated, “because of our geographical situation, to maintain complete freedom of action, lest our export trade, which mainly follows the route of the Bosphorus and the Dardanelles, should eventually be subjected to a strict regime.”⁴⁰ In his report to the Romanian Ministry of Foreign Affairs, Lahovary insisted on the need to sign both the emerging Venice Convention: it would be a

³⁴ Howard-Jones, *The Scientific Background*, p. 78–80.

³⁵ AMAE, Problema 240 (Congrese și conferințe internaționale), File *Conferința internațională sanitară. Veneția – 1897*, unnumbered: Lahovary to Romania’s Ministry of Foreign Affairs = MFA, Venice, 7/19 February 1897 and the reply, Bucharest, 11/23 February 1897; Iacob Felix, *Istoria igienei în România în secolul al XIX-lea și starea ei la începutul secolului al XX-lea*, vol. I, Bucharest, Institutul de Arte Grafice Carol Göbl, 1901, p. 302.

³⁶ AMAE, Problema 240, *Conferința ... 1897*: Lahovary to MFA, Venice, 15/27 February 1897.

³⁷ *Ibid.*: MFA to Romania’s diplomatic legations in Berlin and Vienna, 19 February/3 March 1897.

³⁸ *Conférence Sanitaire Internationale de Venise. 16 Février – 19 Mars 1897. Procès-Verbaux*, Rome, Forzani et C-ie, 1897, p. 123, 134, 175, 178–179.

³⁹ *Ibid.*, p. 165–166; AMAE, Problema 240, *Conferința ... 1897*: Lahovary to Romania’s MFA, Venice, 25 February/9 March 1897.

⁴⁰ *Conférence Sanitaire ... 1897*, p. 68–69.

“somewhat ridiculous role” for the delegates who attended the conference, but shied away from signing it.⁴¹

However, since the Venice Convention was linked to the previous agreement, in March 1897 the Romanian government followed all legal procedures to accede to the Dresden Convention. According to the explanatory memorandum, the government had wanted to do it as early as October 1893, but had not done so until “states whose measures would affect our export trade, such as Turkey and, to a lesser extent, Serbia” had also agreed to follow the same prophylactic measures.⁴² “The interests of trade and the movement of travellers and goods deserve the special attention of all states,” said the Senate rapporteur, the physician Androcle Fotino (1834–1907), and “any international agreement that would tend to give a uniform character to sanitary measures discussed by the most competent men, is welcome”.⁴³ The bill was quickly passed by both chambers of Parliament, and Romania’s ratification was notified to the German government and, through it, to the signatory states.⁴⁴ The Venice Convention was soon ratified as well.⁴⁵

THE PARIS ISCS (1903, 1911–1912) AND ROMANIA’S POSITION ON THE INTERNATIONAL OFFICE OF PUBLIC HYGIENE

The eleventh ISC was held in Paris in 1903, convened to update quarantine measures according to new medical knowledge and to consolidate all sanitary regulations into a single modern convention.

As early as 1902, the diplomat Mihail N. Burghеле (1864–1945) of the Romanian Ministry of Foreign Affairs pointed out the shortcomings of the Romanian quarantine system. There were complaints from ship captains, travellers or ship owners, addressed directly or in many cases through their legations in Romania. Some of the complaints seemed justified, since, in Burghеле’s opinion, the sanitary regime laid down in the Venice Convention contained “totally flawed provisions and many antinomies”. The diplomat illustrated the situation of ships that could arrive in Constanța from nearby ports (Batumi, 30 hours away by sea, or Odesa, 10 hours away), i.e., too close to get immediate permission to enter the port. It was an opportune moment to prepare and propose measures for the next ISC, in order to correct the mistakes that could threaten the public health of Romania.⁴⁶

⁴¹ AMAE, Problema 240, *Conferința 1897*: Lahovary to MFA, Venice, 20 February/4 March 1897.

⁴² AMAE, Convenții, File 5D1 (“International Sanitary Convention of Dresda”), unnumbered: minutes of the Council of Ministers’ meeting of 8/20 March 1897.

⁴³ “Dezbaterile Senatului”, session of 17 March 1897, *Monitorul Oficial*, No. 57, 20 March 1897, p. 527–529 (explanatory memorandum) and p. 529–538 (the Dresden Convention in French and Romanian).

⁴⁴ AMAE, Convenții, 5D1: report from A. Beldiman to D.A. Sturdza, Berlin, 2/14 October 1897.

⁴⁵ *Convențiunea sanitară internațională privitoare la ciumă. Încheiată la Veneția la 7/19 martie 1897*, Bucharest, Imprimeria Statului, 1898.

⁴⁶ AMAE, Convenții, File 5P2, vol. 1, unnumbered: draft memorandum drawn up by M. Burghеле, MFA, 22 February 1902.

In his memorandum, Burghelie mentioned a booklet written by the doctor of the port of Constanța, Alexandru Tălășescu, who was very critical of the Venice Convention on scientific and practical grounds. According to Tălășescu, the 1897 Convention could no longer serve “as a basis for sanitary measures in ports”, because it was “directed against humans as the main agent of the spread of contagion,” while humans were only a secondary factor in the spread of the plague. The main vector, the doctor believed, was “the rats and their parasites”, so the sanitary battle had to be “fought in the holds and bilges of ships, where the real hotbeds of the plague were”. Fixed periods of quarantine were useless, as the length of detention depended on the size of the ship, i.e., the time needed to disinfect it. Last but not least, Tălășescu criticised the Romanian quarantine system, with Sulina as the main port for disinfection, which disadvantaged the growing commercial traffic of Constanța, a port in which the Romanian state had invested enormous sums.⁴⁷

The Supreme Sanitary Council discussed the request of the Ministry of Foreign Affairs on the need to amend the Venice Convention and appointed a committee of experts to study the issue. It consisted of several eminent doctors – Victor Babeș (1854–1926), Iacob Felix and Mihail Petrini-Galați (1846–1926), who considered that the existing measures were very good and that no changes were necessary. The three doctors also rejected Tălășescu’s conclusions.⁴⁸ In February 1903, at another meeting of Romania’s medical leadership, the Superior Sanitary Council considered that the prescriptions of the 1897 Convention “allow us to defend ourselves, as they have allowed us to defend ourselves against the plague until now, and the strict application of these prescriptions will also protect us in the future against this scourge, without the need to make any changes”.⁴⁹

It must have come as a surprise, therefore, when the Romanian government decided that Tălășescu would be one of the delegates to the ISC in Paris in 1903, alongside Dr. Ioan Cantacuzino (1863–1934).⁵⁰ Since political negotiations were being held as well as technical ones, Grigore Ghika, head of the Romanian legation in Paris, was given full authority in this regard. The delegates had two priorities: to obtain a seat in the Superior Health Council in Constantinople and to abolish the special sanitary regime of the Sulina canal.

The Romanian government had long asked to be represented in the health organisation in the Ottoman capital. It had negotiated on several occasions, but the Ottoman government’s opposition had always been strong. In 1903, Romanian diplomacy saw this as a good opportunity to gain a seat, since it was also in the interest of the great powers of Europe, as Ghika put it, to remove the organisation as far as possible “from the influence of the Ottoman government and to give it a

⁴⁷ Dr. Al. Tălășescu, *Carantinele noastre și Convențiunea sanitară de la Veneția*, Constanța, Tipografia Aurora, 1901, p. 57–59.

⁴⁸ AMAE, Convenții, File 5P2, vol. 1: report of the committee of analysis, presented at the meeting of the Superior Sanitary Council and discussed on 17 May 1902.

⁴⁹ *Ibid.*: minutes of the meeting of the Superior Sanitary Council, 18 February 1903.

⁵⁰ *Ibid.*: report from the General Directorate of the Sanitary Service to the MFA, 17 June 1903.

strictly international character”.⁵¹ The Romanian government’s intention of representation was based on the fact that, due to its geographical position, Romania was heavily dependent on the measures taken by the Constantinople-based sanitary body and on their execution. Ghika submitted an official request, which was discussed at the ISC. Ghika claimed that the entire operation of the Romanian ports depended on “one main point of access and transit, Constantinople,” where Romania had no delegate to watch over and ensure the country’s sanitary and commercial interests. Ghika also cited several examples where the lack of “direct and rapid” information affected both Romanian and international interests. At that time, Romania relied as its only source of information on the diplomatic channel, “sometimes rather slow, or on private news, sometimes inaccurate, and is therefore exposed, when it comes to taking preventive or protective measures, to haste or slowness, both of which are eminently harmful”. Another important element was the annual departure of Muslims from Romania to Mecca; the absence of a Romanian representative in the Constantinople Superior Health Council prevented more careful monitoring of these groups, which could easily be vectors for the transmission of cholera.⁵²

Romania was also very active on the international level, and the governments and their delegates in Paris agreed to accept a Romanian member in the health body in Constantinople.⁵³ The Ottoman government objected, so the decision was unenforceable. In addition, as I will explain below, there were other reasons why Romanian diplomacy did not want to insist further on the topic.

The Romanian government had also decided to modify the sanitary regime at the Danube Mouths and replace it with “more liberal and rational” measures, which meant Romania’s full adherence to the common sanitary regime. According to Ghika, Romania can no longer impose such restrictions as there are effective scientific methods for cleaning, disinfecting and pest-control of ships. By maintaining six-day restrictions for ships arriving in Romanian ports, Romania would have been “a unique exception among civilised nations”.⁵⁴

On 3 November 1903, Cantacuzino explained that the Venice Convention had created a situation in Sulina that was particularly disadvantageous for ships sailing on the Danube at that time. Important improvements had been made in the sanitary infrastructure available at the main Romanian ports of Sulina and Constanța, the former with the support of the European Commission of the Danube. An isolation hospital had been built in Sulina, separate from the local hospital, with a bacteriological laboratory and well-equipped with disinfection equipment and qualified personnel. The Romanian state had invested in a water treatment plant, and public sanitation works were aimed at improving the general situation in the town. The inland ports of Brăila and Galați also had modern sanitary infrastructure,

⁵¹ *Ibid.*: Ghika to Ion I.C. Brătianu, Paris, 13/26 October 1903.

⁵² *Conférence Sanitaire Internationale de Paris. 10 Octobre – 3 Décembre 1903. Procès-Verbaux*, Paris, Imprimerie Nationale, 1904, p. 397–398.

⁵³ AMAE, Convenții, File 5P2, vol. 1: the Romanian MFA to its legations in Europe, Bucharest, 20 October/2 November 1903.

⁵⁴ *Ibid.*: Ghika to Brătianu, 13/26 October 1903.

bacteriological laboratories, and qualified human resources. In Constanța, major investments were made: a bacteriological laboratory, disinfection equipment, quality water for ships and a hospital. Other sanitary facilities were soon to be ready, as the modern port was completed.⁵⁵ Last but not least, some of the most modern pest control equipment in the world, Clayton sulphurisation machines, were to be installed in both Sulina and Constanța harbours.⁵⁶

Beyond such positive news, it must be said that both Romanian doctors present in Paris were also extremely involved in scientific discussions, as Cantacuzino and Tălășescu believed that humans were only a secondary factor in the transmission of the plague. In particular, Tălășescu explained from his experience as a harbour doctor the great invisible risks that existed below the ships' decks.⁵⁷ Cantacuzino also felt that it was necessary for the ISC's technical committee to make recommendations on the methods it considered most effective for destroying rats and other host animals on board ships. He was personally in favour of sulphurisation, a system that Romania is already negotiating to introduce in Romanian ports.⁵⁸

Romania's request to lift the restrictions at the Danube Mouths was also discussed by the delegations of the other riparian states. Following their agreement, the 1903 Paris Convention made no reference to the special sanitary status of the Danube, and Romania was to apply the conventional regime.⁵⁹ Romania ratified the Convention in 1904, but it was not enforced at the international level until three years later, in 1907,⁶⁰ at a time when several conventions were in force, applied and ratified by different states. However, the Romanian government incorporated the provisions of the 1903 Paris Convention into its national legislation, "considering the Convention as a result of the science placed at the service of health administration", so that there was in fact a coherent application at the national level.⁶¹

A new ISC was convened in Paris in 1911. The important points that Romania had to take into account at the diplomatic level were summarised by Burghele. The Romanian government was still concerned about the possibility that the great powers would demand the establishment of an International Sanitary Council, an institution modelled on the Superior Health Council of Constantinople, which would coordinate sanitary policies at Sulina. For Romania, in 1879–1882,

⁵⁵ *Conférence Sanitaire ... 1903*, p. 480–481.

⁵⁶ Biblioteca Academiei Române, Arhiva D.A. Sturdza, III Ms 30: Report from Cantacuzino on the disinfection of steamboats, undated. References on the improvements in Sulina in V. Panaitescu, *Service sanitaire des ports des Embouchures de Danube. Historique, Organisation, Fonctionnement, Etc., de sa création en 1838 jusqu'au 1 Décembre 1930* (text dated 12 January 1931), in Serviciul Județean Galați al Arhivelor Naționale, Comisia Europeană a Dunării – Secretariatul General, File 449/1931 and Constantin Ardeleanu, "From 'the Dirtiest to the Best Water' in Romania. Public Health, Sanitary Diplomacy and Water in Sulina (1890s–1914)", *Water History* 15.2, 2023, p. 247–262.

⁵⁷ *Conférence Sanitaire ... 1903*, p. 249, 251, 265, 268, 298.

⁵⁸ *Ibid.*, p. 368–369.

⁵⁹ *Ibid.*, p. 606–607.

⁶⁰ AMAE, Fond Paris. Politice, Vol. 78 (Congrese, convenții și conferințe internaționale, 1906–1913), unnumbered: Procès-verbal du dépôt de ratifications, Paris, 6 April 1907.

⁶¹ AMAE, Convenții, File 5P5, unnumbered: draft of Burghele's report, MFA, 29 October 1911.

the Sanitary Council that the great powers wanted to impose on it looked like a serious violation of the country's sovereignty, but the Romanian authorities soon managed to convince the powers that Romania had sufficient human and material resources to protect public health in Sulina and thus defend not only the town of Sulina and Romania, but also Danubian Europe from the danger of exotic diseases. When Romania applied for a seat in the Constantinople Superior Health Council in 1903, Ottoman diplomats made it clear that they would only accept it if an Ottoman delegate had a seat in the yet-to-be-established Bucharest International Sanitary Council. Burghele's view was that Romania should beware of "taking a position in another country which might be invoked against it as a precedent to justify the establishment of the Bucharest Sanitary Council". Thus, the Romanian delegates in Paris should abstain from any vote on the composition of the health councils in Constantinople, Alexandria or Tangier.⁶²

From a medical point of view, the main issue to be discussed at the Paris ISC was the question of asymptomatic carriers. For one of the technical delegates from Romania, Dr. Dumitru Tătușescu (1867–?), Deputy Director of Romania's Sanitary Service, they were one of the most important factors in the spread of cholera and the most to be feared, to whom "the science of prophylaxis will have to pay more attention in the future than to the actual sick people". "Future cholera prophylaxis," the physician believed, "will be reduced to a rush against vibrio carriers; the importance of the patient will take second place." This brought back into question the institution of land quarantines, which should be centred around bacteriological laboratories equipped with adequate human and technological resources to "examine the faeces of all detained travellers within 24 hours and, as soon as it is established that they are not carriers of vibrio, release them and keep the carriers isolated until they are no longer dangerous".⁶³

Romania was represented at this twelfth ISC by Alexandru Emanuel Lahovary, Romania's minister in Paris, and by doctors Tătușescu and Alexandru Slătineanu (1873–1939), inspector general of the Sanitary Service at that time, as technical delegates. In Paris, the two doctors gave a detailed account of Romania's experience in the fight against cholera,⁶⁴ as an outbreak had spread that year to several areas of the country.⁶⁵

In 1903, delegates to the Paris ISC discussed the creation of an International Office of Public Health (IOPH), a proposal strongly supported by French and Italian diplomats. The Romanian government did not oppose the idea, but waited for more details to understand the organisation's mandate. The foundations of the IOPH were laid through a convention concluded in Rome in 1907, which the Romanian

⁶² *Ibid.*

⁶³ "Conferința sanitară internațională", *Universul*, 29.269 (1 October 1911), p. 2.

⁶⁴ Charles H. Laugier, *Holera în Dolj în 1911: note și observațiuni*, Craiova, Institutul de Arte Grafice Samitca, [1911].

⁶⁵ *Conférence Sanitaire Internationale de Paris. 7 Novembre 1911 – 17 Janvier 1912. Procès-Verbaux*, Paris, Imprimerie Nationale, 1912, p. 579, 607; an analysis of the decisions taken in Paris in I. Bordea, *Serviciul sanitar al României și igiena publică între anii 1905–1922*, Bucharest, Tipografia Cultura, p. 501–508.

government did not sign. Prime minister D.A. Sturdza (1833–1914) formulated the arguments why the Ministry for Foreign Affairs was not yet interested in the institution. One reason was the similarity to the Austro-Hungarian initiative of 1874, which met with resistance from several governments who feared that the commission would interfere in their internal administration. Romania wanted the office to be a purely scientific organisation “concerning the aetiology, therapeutics and prophylaxis of pestilential diseases”, in addition to collecting and publishing relevant scientific and statistical material. Sturdza was also dissatisfied with the proposed status of the IOPH and its financial and decision-making procedures. Although its initiators claimed it was based on the model of the International Bureau of Weights and Measures, founded in 1875, the IOPH came with a different quota system and, depending on the financial contributions of member states, a voting system that Sturdza considered to be “wrong”.⁶⁶

In the following years, the Romanian government was courted to join the IOPH, which already had a growing membership. One of the Romanian diplomats convinced of the advantages of the organisation was Lahovary, who in 1912 asked his superior Titu Maiorescu (1840–1917) to reconsider why Romania had not joined. The IOPH had formally declared that it would not interfere in the internal administration of member states, and not only its status, but its entire activity for five years “left no room for fear”. The IOPH had provided a rich source of information and very useful tools to the governments of the member states in their fight against epidemic diseases. Lahovary gave other reasons for choosing a system in which each state chose a category of membership, since the system of population-based contributions did not work: there could be large and populous states that were not very exposed to epidemics, and therefore not very interested in committing themselves to spending on a strictly proportional basis, while some smaller states that were “very exposed to the scourge because of their geographical location” had different incentives to join and pay. Another criticism of the IOPH was that it encouraged direct communication between the international organisation and the internal health administrations of member states, bypassing the usual diplomatic channels. Lahovary’s conclusion was that a “Romanian delegate to the International Office of Hygiene would in no way affect our interests; on the contrary, it would bring us real benefits”, as the IOPH received daily news by telegraph from all parts of the world, news that Romania “either lacked completely or received with great delay”. By 1912, the IOPH had 26 member states, including Romania’s neighbours Serbia and the Ottoman Empire. “To maintain our present attitude would be to ‘single ourselves out’ and show a bad will that could not stand up to the almost universal participation of the other powers.”⁶⁷

But again, the response of the Romanian government was negative.⁶⁸ Romania remained outside the IOPH, and it was not until 1919, under pressure

⁶⁶ AMAE, Fond Paris, Vol. 78: Sturdza to Romania’s legation in Rome, 17/30 November 1907.

⁶⁷ AMAE, Convenții, File 5R1, vol. 1, unnumbered: Lahovary to Maiorescu, Paris, 2/15 January 1912.

⁶⁸ *Ibid.*: Maiorescu to Lahovary, Bucharest, 26 January/8 February 1912.

from the French authorities, that the government in Bucharest agreed to join the organisation. Finally, in 1920, Cantacuzino was appointed Romania's delegate.⁶⁹

CONCLUSIONS

In the late nineteenth and early twentieth centuries, the ISCs gradually became important venues for Romanian diplomats and medical experts. If in 1874 the stakes of Marcovici's presence at the Vienna ISC had more to do with demonstrating the country's sanitary autonomy, in the following decades Romania's involvement had to do with more palpable threats to its public health, but also with economic and political interests. This was related to two major developments. First, the rapid pace of the transportation revolution brought Romanian ports closer to the epidemiologically dangerous routes along which cholera and plague were known to be spreading, such as the Suez Canal and Istanbul: in 1895, the Romanian Maritime Service began regular cruises to Istanbul, Piraeus, and later Alexandria, with an increased risk of carrying diseases on board and under deck. Second, with the incorporation of Dobrudja and the Danube Delta, Romania became responsible for the anti-epidemic defence of a larger area, while also inheriting a Muslim population whose pilgrimage to Mecca the Romanian state wanted to control epidemiologically.

In these ISCs, Romanian diplomats and physicians had important interests to defend, especially in relation to imperial Russia and the Ottoman Empire. Romania's pro-quarantine policy on the Lower Danube was contested by imperial Russia, which wanted to turn the Danube into a waterway with a sanitary regime similar to the Suez Canal. While the Romanians resisted, they were aware of the need to invest in the sanitary infrastructure of Sulina, especially after the cholera outbreak of 1893. The second dispute was with the Ottoman Empire, whose even stricter pro-quarantine policies and, in particular, the refusal of the Sublime Porte to accept the nomination of a Romanian member in the Istanbul-based health council were seen as seriously affecting Romania's economic interests in connection with the passage through the Turkish Straits.

Romania sent to the ISCs diplomats who gradually specialised in sanitary diplomacy, such as Ghika and Lahovary, and, as technical delegates, some of the country's most influential physicians from the leadership of the Sanitary Service, such as Felix, Cantacuzino, Tătușescu or Slătineanu. This resulted in some of the most modern anti-epidemic provisions being incorporated into Romanian domestic legislation.

⁶⁹ AMAE, Convenții, File 5R1, vol. I bis, unnumbered: MFA to Romania's legation to Paris, 15 October 1920.

