

History of dermatology and venereology in Serbia - part II: Dermatovenereology in Serbia from 1804 - 1880

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Abstract

This paper deals with historical aspects of the development of dermatovenereology in Serbia in the period of liberation wars against Turkey until gaining complete independence (1804 – 1878). Communicable diseases were a major health problem of that time. One of the most important infectious diseases was syphilis, and the development of dermatovenereology in Serbia began with fighting this disease. Special emphasis was put on the origin of the first hearth of the disease and prevalence of syphilis in the country. In this period, two dates were associated with eradication of syphilis: in 1846, the true nature of “frega” (the term people used for syphilis) was established, and in 1851, the first hospital for venereal diseases was founded in Knjazevac. Another disease important for the development of dermatovenereology was scabies, which was also rather spread and required organized eradication. “Instructions on Scabies” were published in 1845, its treatment was mandatory, whereas people had a legal duty to report the disease. In both cases, the western medical doctrine was applied. The study also deals with a number of other skin and venereal diseases, which points to good professional knowledge of health professionals of that time.

At the beginning of the 19th century, Serbian resistance to the Turkish rule started with the First and Second Serbian Uprising, which lasted over a decade: from 1804 to 1815. In 1830, Turkey granted autonomy to Serbia, but formal independence was gained in 1878 and it was recognized at the Congress of Berlin (1). Restoration and organization of Serbia started during this period, through establishment of its political identity and of all institutions of supreme and local authorities, as well as health care services.

Political, socio-economic and health conditions in Serbia in the 19th century

After the uprisings, social and cultural circumstances in Serbia were still at a low level; there were no physicians, hospitals, schools and roads, while the vast majority of people, even the leaders of the uprisings, were illiterate (2, 3, 4). The situation was worst in the North-East Serbia, where people lived

in shabby houses; shared beds and cookware, often even with the live-stock (5, 6, 7). The long-lasting conflicts, associated with migrations, but also with the development of political and trade relations, influenced spread of communicable diseases that dominated the 19th century (2, 3, 4).

In such a situation, in the first decades of the 19th century, folk healers used to play a significant role in the treatment of skin and venereal diseases, whereas some of them became “specialists for syphilis”. However, some of them were given permissions to practice medicine by the authorities, probably because they thought it was better to have anyone than no one (3, 4). Gojko Marković was one of the best known empirics¹, and the most significant representative among them. He was from North-East Serbia, but in 1813 he was captured and delivered to one Greek “Écim”, who lived in Alexandria and Smyrna, and where Gojko learned about “practical healing” of

¹ Empirics were self-taught persons who gained their knowledge from physicians and who were recognized by the authorities (2).

syphilis (SY) (4). However, Serbian Constitutions from 1835 and 1838, paid special attention to “public health” (2), and a Sanitary Quarantine Department was established within the Ministry of Internal Affairs (8, 9). The first physicians at position of the Head of the Department were: Dr. K. Pacek (1839 – 1842), Dr. J. Stejic (1842 – 1845) and Dr. E. Lindenmajer (1845 – 1859) (9). This was the true beginning of the professional and organized health care in Serbia. The physician staff best illustrated it, since the first educated physician in Serbia, Dr. Alexandridi started working in 1819 (10), there were 4 physicians in 1829 (11), in 1830 there were 9 (9), in 1852 there were 21 physicians and 5 surgeons, while in 1870 there were 73 physicians (2).

Dermatovenereology diseases

During the 19th century, people of Serbia were subject to the same diseases as under the Turkish occupation, but venereal diseases spread widely in the population (2). Syphilis (SY) soon became one of the major health problems, and somewhat later scabies (SC) as well. That is why there is so much data about these diseases and using them it is possible to follow the development of dermatovenereology in Serbia. The frequency of dermatovenereology diseases, due to the lack of other sources, can approximately be assessed based on the fifteen-year “Review of Diseases in the Serbian Army” (1840 – 1875), which was taken as the basis for analysis. Out of all diagnosed diseases of that period (82.435), dermatovenereology diseases accounted for 19.7% (65.6% skin diseases and 34.4% venereal diseases) (12).

North-East Serbia is considered to be the cradle of Serbian dermatovenereology, because the first epidemics and endemics of syphilis occurred there. Just like in Europe, this disease had significantly affected morals and measures of public health (13), but also stimulated the development of venereology, as well as health care, generally speaking. Although they were rather frequent, skin diseases were neglected for a long time in Serbia, as well as in other countries, where “dermatology was considered to be the poor sister of venereology” (14).

Venereal diseases

In the 19th century, in Serbia people frequently suffered from syphilis, gonorrhoea (GO) and Ulcus molle (UM). According to insufficient data, the ratio

between the number of people suffering from venereal and the total number of diseased people varied from 6.78% (12) to 13.7% (1871 – 1875); similar values (10.5%) were gathered in 1868 in a group of 4000 healthy soldiers (2). The average frequency of certain diseases within venereal diseases obtained from three medical reports in the period 1871 – 1874 is as follows: GO – 30.7%, SY – 29.5%, UM – 26.3% and undefined venereal diseases – 13.5% (2). At that time the causative agents of these diseases were still unknown.

Syphilis

In the 19th century, syphilis (SY) was called “frega” in Serbia. The term originated from the Turkish language – “frega ilata”, meaning “French disease” (5) or “European disease” (3). People used only this term, but some physicians used it as well. Some considered it a disease special for Serbia, and it was compared with *Morbus Scirlevo* (a place in Croatia) (2). The nature of the disease was uncertain, even to some physicians (2, 7), but it was considered to be venereal and contagious (7). However, people in the North-East Serbia used the term “frega” for a non-venereal, endemic disease, whereas syphilis was a sexually transmitted disease (6).

The appearance and spreading of syphilis in Serbia

It seems that syphilis was not frequent before the beginning of the liberation wars, which is evident from the appearance of endemic syphilis since the second and fourth decades of the 19th century (2, 5). The first hearth of syphilis appeared in the North-East Serbia, whereas during the following 20 years, the disease spread over the whole region of the East and Central Serbia, while the West regions were partly spared (2).

Syphilis invaded Serbia by the conquering Ottoman troops mostly over the Eastern border, from Asia, which was the major source of contagious diseases (15). Syphilis also spread from Romania, because the endemic seat of the disease in the North-East Serbia coincided with the immigration of the Romanian population (5), but it was also present in Bulgaria. Russian troops, who came to help Serbian uprising in 1810, were also important, because some soldiers were from the regions with endemic syphilis. These troops remained in Serbia for several months and even got to Belgrade (2, 5). To a lesser extent, syphilis was also transmitted from the west border, from Bosnia,

Herzegovina and Dalmatian Coast (5, 16). The northern border was the safest, due to strict sanitary measures in Austria (3). However, the Austrian army fought the Turks on the Serbian territory, soldiers mingled with the local population, while prostitutes and adventurers were always close behind (2).

Syphilis and organization of health care services

The first archive document on the appearance of syphilis in Serbia originates from 1818 and refers to the treatment of four “servants” of the Prince (4). As early as 1829, Vuk Karadžić recommended Prince Miloš Obrenović to build a hospital for free treatment of those with the widespread “venereal disease” (10). In 1835, 30 prostitutes underwent medical check-up in Belgrade and 19 were infected (2). In 1838, one third of the Gurgusovac² County population were infected by “frenga”, and young persons “without lips and noses” (4) could be seen, whereas in the Kruševac County there were 500 inhabitants with “frenga” (3). Empirics and quacks played an important role in that period and V. Mihajlović believed that without writing about them the history of venereal diseases would be neither complete nor informative (2). The most famous among them was the abovementioned Gojko Marković. Since 1836, he treated syphilis in the Gurgusovac County (2), but also owned a private hospital (4). As syphilis was spreading, an “informal” hospital for patients with syphilis was opened in a Gurgusovac inn in 1838 with the approval of authorities and Gojko Marković was appointed a “physician”. Although there were many comments, it was the first attempt for organized hospital-based treatment of syphilis in Serbia (2, 4). There were other empirics, of whom the authorities were aware of, but also travelling quacks, adventurers and imposters as well (3). Folk healers were confused by venereal diseases. Under the term “frenga”, Gojko Marković used to treat various diseases, whereas venereal diseases were included in the group of “moist frenga” (2, 3). The most frequently used medication was mercury (pills, inunction, fumigation), then gunpowder, “green stone”, antimony, Spanish fly powder (“pulvis cantharidum”) and turpentine, and potassium iodide (2, 3, 18), as well as great quantities of *Sarsaparilla* (a climbing plant whose roots were used for “blood

purification”) (2, 19). Unfortunately, it was all done unprofessionally, without any insight into dosing and signs of intoxication.

At the beginning, folk healers were allowed to work, but after the establishment of the Sanitary Quarantine Service (1839), the Chief of Staff, Dr. K. Pace started fighting against quackery, primarily in the treatment of syphilis. Moreover, in 1840, he tried to investigate the work of the hospital for treatment of syphilis, as well as the nature of “frenga”. The turbulent political situation, frequent changes of governments, and certainly lack of physicians, resulted in postponing this project (4). In 1846, a Medical Board was founded and it treated four selected patients suffering from still unclear disease frenga, in the separate room in the Military Hospital in Belgrade. In the end, the Board established that it was in fact syphilis, and suggested treatment modalities, which were to be performed in hospital settings (2, 20). The first hospital intended for the treatment of syphilis in Serbia and the first official venereology hospital at the same time, was opened in 1851 in Gurgusovac (Knjazevac). It was managed by surgeons or graduate physicians, while patients with syphilis were treated free of charge (17). Some other hospitals were also opened for the treatment of patients with syphilis: Dr. Šauengel’s Private Hospital in 1847 (2); small hospitals, mostly in private residencies, were opened in 9 counties in 1853, and they were called “syphilitic hospitals”; Hospital in Sklapnica (1859 – 1864) (2). That is why syphilis is considered to be the reason for the implementation of the hospital policy in Serbia (2, 21). In 1852, when the organization of syphilis treatment in Serbia passed into professional hands completely, Chief of Staff, Dr. Lindenmajer reported that the number of patients with syphilis had significantly decreased. The decline continued until the Serbian-Turkish war (1876 – 1878), when the sanitary work stopped due to war conditions, causing spreading of syphilis again (2, 3). During the war, Gurgusovac was burnt down by the Circassians and Turks, and so was the first hospital (2, 17). The destiny was fulfilled: everything had to be started from scratch.

Gonorrhoea and Ulcus molle

Gonorrhoea (GO) and Ulcus molle (UM) were frequent diseases in Europe of the 19th century. In Serbia, these diseases together, were almost

² In 1859, Gurgusovac was renamed into Knjazevac (17)

twice more frequent than syphilis (see Venereal Diseases). In areas where it was endemic, syphilis was predominant, whereas in urban and suburban areas UM and particularly GO were more frequent (2). The difference was even greater, considering the fact that registration of patients with syphilis was mandatory. However, the term gonorrhoea also included the following conditions: chronic GO (2, 12), blenorrhagic ophthalmia, whereas orchitis was established in 35.7% of GO cases (2). Nevertheless, no data about treatment modalities are available.

Prostitution

Prostitution was also spreading after the uprisings and it was first mentioned in 1822. It was present in urban areas, in taverns and inns, later in brothels usually kept by older women (3). Instead of lacking laws, Prince Miloš made decisions about everything, including prostitution (22), but the Belgrade Court and Archbishop also took part (3). Prostitutes with venereal diseases had to seek treatment themselves; they were not allowed to have intercourses with men (22), and unpaid labor was also used as a punishment (12). People were given advice to take good care (22); guild members were asked to teach their journeymen decency, but there was also a threat that those “who get venereal diseases from prostitutes” will not get any help. Banishing from the country was one of the solutions, but Prince Miloš was against it in order to “stop spreading sexual promiscuity” (3). The first legal act with fines for prostitutes spreading venereal diseases was brought in 1850 (17); in 1860 prostitutes were demanded to leave the surroundings of military camps, and in 1861 the authorities took measures and prostitutes were occasionally treated from venereal diseases (12). In 1879, health-check-ups were regular for prostitutes of the Knjazevac County (17). Since 1827, infanticide was sometimes punished by death penalty; duties were established for the pregnancy outcome for the future father, the state and the whole village (3).

Skin Diseases

During the transition from the 18th to the 19th century, dermatological pathology has not changed significantly, but more data became available after the foundation of military hospitals (1835 – 1836), and the Sanitary-Quarantine Service (1839). According to the “Review on the Diseases in the Army” (1840

– 1875), skin diseases were diagnosed in 12.9% of patients (12).

Scabies

Scabies (SC) was established in 55.3% of all dermatoses in the above mentioned series (12). The first archive document about this disease dates back to 1819 (23), while an epidemic was recorded in the army in 1837 (4). Scabies was also spread in Europe, but there were other dermatoses described under that term. After the discovery of *Sarcoptes scabiei* in 1834, and experiments of F. Hebra in 1844, it was possible to define clearly the *Sarcoptes* related disease (24). The discovery of this parasite has completely changed the understanding of the etiology of skin diseases (25). In 1845, due to great incidence of scabies, the Chief of Staff of the Sanitary Department, E. Lindenmajer published “Instructions on Scabies”, which were distributed in all counties in Serbia in 1845, 1857, and 1960. According to these instructions, treatment of scabies was either “external” or “internal”, but in both cases, it was treated by sulphur (22). Since the 6th decade of the 19th century, patients received only local therapy, because “the true nature of scabies was already known” (3, 12). This shows that even though Serbia remained isolated from the civilization for several centuries, it succeeded to reach the standards of scientific dermatology of the 19th century rather early. In 1852, the Sanitary-Quarantine Service initiated free mandatory treatment of scabies, as well as registration of patients and keeping records (3). It means that these measures were successful, because among Serbian soldiers recruited in 1879 – 1880, scabies was diagnosed only in 2% (17).

Scrophuloderma

Scrophuloderma was also rather frequent (11.6%).

Other dermatoses

Other dermatoses (11.4%) included: skin rashes, eruptions, parasitic diseases except scabies, frostbite, bullous rashes, herpes zoster, eczema (12), leprosy, elephantiasis (4), open wounds (skin cancers), urticaria, miliaria (17). This clearly shows that the diagnosis range of skin diseases was high and that knowledge of skin diseases was good. Data on treatment modalities are poor, including only herbs (4), probably from written documents of the medieval medical practice. Wounds, including syphilis, were treated with oil of vitriol, *lapis causticus* and phagedenic water (2). Spa treatment was

an innovation, and it was recommended since 1834, when chemical analysis of our "medicinal waters" was performed in Vienna. It was advised for infant eczema ("firciger"), scabies, chronic eczema, eruptions and old wounds (3). After the foundation of the Serbian Medical Society in 1872, dermatovenereology problems already dominated the first sessions, and due to dermatovenereology terms, important question of medical terminology was opened (26).

Conclusion

Despite the fact that dermatovenereology did not exist in Serbia of that time, it is obvious that dermatovenereology was being formed as an independent profession.

References:

1. Ćorović V. Istorija Srba, II [The History of Serbs, II]. Beograd: BIGZ ; 1989.
2. Mihajlović V. Istorija polnih bolesti u Srbiji do 1912.godine [The History of Venereal Diseases in Serbia up to 1912]. Beograd: Štamparija Centralnog higijenskog zavoda 7; 1931.
3. Mihajlović V. Iz istorije saniteta u obnovljenoj Srbiji od 1804-1860 [Out of the History of the Sanitary Service in Serbia from 1804-1860]. CLXXX. Beograd: SAN; 1951.
4. Djordjević TR. Medicinske prilike u Srbiji za vreme prve vlade kneza Miloša Obrenovića (1815-1839). II izd [Medical Conditions in Serbia during the First Rule of Prince Miloš Obrenović (1815-1839)]. Beograd: Biblioteka Centralnog higijenskog instituta 31; 1938.
5. Ilić S., Ignjatović B. Endemski sifilis u Srbiji. Savremena akcija u njegovom suzbijanju [Endemic Syphilis in Serbia; Current Eradication Campaign]. Beograd: Biblioteka higijenskog instituta NR Srbije 12; 1957.
6. Nešić M. Sifilis u severo-istočnoj Srbiji [Syphilis in North-East Serbia]. Beč VII: Štamparija Mehitarista; 1926.
7. Arhivski dokumenat: Raport fizikusa Krainskog okruga Načelstvu Krainskog okruga [Archive document: A Report of the Border District Physicus to the Authorities of the Border District]. Arhiv Srbije, MD. Avg. 22, 1845. No 35.
8. Nedeljković LJ, Đuknić E, Đurić S, Jaćimović O. Vodič Arhiva Srbije, I [A Guide to the Archives of Serbia]. Beograd: Arhiv Srbije; 1973.
9. Stanojević V. Istorija medicine [History of Medicine]. Beograd-Zagreb: Medicinska knjiga; 1953.
10. Karadžić V. Vukova prepiska, II [Correspondence of Vuk Stefanović Karadžić, II]. Beograd: Državno izdanje; 1908.
11. Djordjević T. Iz Srbije Kneza Miloša [Serbia during the Rule of Prince Miloš]. Beograd: Prosveta; 1983.
12. Djordjević V. Istorija srpskog vojnog saniteta, I [History of the Military Sanitary Service in Serbia, I]. Beograd: Ministarstvo vojno; 1879.
13. Waugh MA: History of Clinical Developments in Sexually Transmitted Diseases. In: Holmes KK, Mardh P-A, Sparling PF, Wiesner PJ, Cates W jr, Lemon SM, Spamm WE, editors. Sexually Transmitted Diseases. 2nd ed.. New York: Mc Graw – Hill; 1990. p.3-16
14. Dubreuilh W. Souvenirs dermatologiques. In: Nèkam L. ed. : De Dermatologia et dermatologis. Liber memoriae cetus IX dermatologorum dedicatus. (Deliberationes Congressus Dermatologorum Internationalis Budapestini, 13 - 15. sept. 1935. Vol. IV) p.53-57.
15. Ivanović-Šakabenta D: 150 godina bolnice u Knjaževcu [150 Anniversary of the Knjaževac Hospital]. Knjaževac: Zdravstveni centar; 2001.
16. Katić RV. O pojavama i suzbijanju zaraznih bolesti kod Srba od 1202. do 1813. godine [Occurrence and Eradication of Communicable Diseases in Serbia from 1202 - 1813]. Knj. CCCLXXXVI. Beograd: SANU; 1965.
17. Dojmi L. Podrijetlo i raširenost endemijskog sifilisa u Bosni i Hercegovini [Origin and Epidemiology of Endemic Syphilis in Bosnia and Herzegovina]. U: Vuletić A editor. Endemijski sifilis u Bosni [Endemic Syphilis in Bosnia]. Zagreb: Naklada škole narodnog zdravlja u Zagrebu; 1939. p.35-46.
18. Arhivski dokumenat: Izveštaj lekara Okruga Gurgusovačkog Ministarstvu unutrašnjih dela [Archive Document: A Report of the Gurgusovac County Physician to the Ministry of Internal Affairs]. Arhiv Srbije, MUD. Nov. 10.1845. No 93.
19. Auge, Gillon, Hollier-Larousse, Moreau et Cie. Petit Larousse. Paris: Librairie Larousse; 1967.
20. Arhivski dokumenat: Dopis Ministarstvu unutrašnjih dela, A. Karadjordjević [Archive Document: A Letter to the Ministry of Internal Affairs, A. Karadjordjević]. Arhiv Srbije, MUD. Nov. 19. 1845. No 1773.
21. Joksimović H. Naša stogodišnja bolnička politika [Our Centennial Hospital Policy]. Srp Arh Celok Lek. 1926; 28 (12): 652-704.
22. Mihajlović V. Prilozi za istoriju zdravstvene službe u obnovljenoj Srbiji [Contributions to the History of Health Service in Restorated Serbia]. U: Jeremić R. editor. Miscellanea 3. Beograd: Biblioteka centralnog higijenskog zavoda; 1940. p.161-192.
23. Arhivski dokumenat: Pismo Popović Georgija Knezu Milošu [Archive Document: A Letter of Georgije Popović to Prince Miloš]. Arhiv Srbije, KK. Okt. 15.1819. No. 172.
24. Crissey JT, Parish LCh, Holubar K. Dermatology and Dermatologists. New York: The Parthenon Publishing Group. 2002.
25. Darier J. Historique de la dermatologie pendant les cinquante dernieres annees. In: Nèkam L. ed.: De Dermatologia et Dermatologis. Liber memoriae cetus IX Dermatologorum dedicatus. (Deliberationes Congressus Dermatologorum Internationalis IX-I Budapestini, 13 - 21. sept. 1935. Vol. IV) p.53-57.
26. Prvi redovni sastanak SLD, 5.avg. 1872. [The First Regular Meeting of the Serbian Medical Society, August 5th, 1872] Srp Arh Celok Lek. 1874; 1(1): 8-10.

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Abbreviations:

SY – Syphilis;
SC – Scabies;
GO –Gonorrhoea;
UM – Ulcus Molle

Istorija dermatovenerologije u Srbiji - II deo: Dermatovenerologija u Srbiji od 1804. - 1880. godine

Sažetak

Dermato-venerološka oboljenja: U XIX veku u Srbiji su vladala ista oboljenja kao i za vreme vladavine Turaka, ali su se značajno proširile venerične bolesti. Prema statističkim podacima o stanju zdravlja u srpskoj vojsci, od svih oboljenja, kožnih i veneričnih bolesti bilo je 19,7% (65,6% kožnih a 34,4% veneričnih bolesti).

Venerične bolesti: Zbog pojave epidemija i endemija, centralno mesto je zauzimao sifilis, koji se prvo raširio u severoistočnoj Srbiji odakle je borba protiv ove bolesti pokrenula razvoj dermatovenerologije. Lečenje su u početku sprovodili nadržilekari, a kasnije lekari, pa je 1851. godine podignuta prva zvanična venerološka

bolnica gde je lečenje sprovedeno besplatno. Situacija se popravljala do Srpsko-turskog rata (1876-1878) , kada je sifilis ponovo počeo da se širi.

Bolesti kože: Druga bolest, takođe značajna za razvoj naše struke bio je *Scabies*, koji je predstavljao više od polovine svih dermatozata. Zbog toga su 1845. godine izdate „Pouke o šugi“, s obaveznim lečenjem i prijavljivanjem obolelih.

Zaključak: U oba slučaja je primenjena medicinska doktrina koja je važila u Evropi. Istovremeno je bio poznat i veći broj drugih kožnih i veneričnih bolesti, o kojima su podaci oskudniji.