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**REVIEW OF THE BOOK *ISTORIJA APOTEKARSTVA
NA TLU DANAŠNJE VOJVODINE* [HISTORY OF PHARMACY
IN TODAY'S VOJVODINA] BY ILIJA SAVKOV, NOVI SAD 2014**

Istorija apotekarstva na tlu današnje Vojvodine [History of pharmacy in today's Vojvodina] was published by the Department of Natural Sciences of Matica srpska in 2014. Author Ilija Savkov systematizes in a new way previously presented data on pharmacies and pharmacists: the book contains opening chapters, a chronicle of a pharmacy in the settlements of today's Vojvodina and concluding chapters. The text is fluent and understandable, and the author obviously knows much larger pool of medical-historiographical literature than it was mentioned in chapter *Sources and literature*. The book is printed in a space-saving B5 format, in black and white print, without illustrations, charts or graphs. Book has soft cover and binding is solid, which indicates publisher's plan to designate the book for professional audience. However, circulation of only 500 copies will not cover interest of medical-historians; also, it is insufficient for all the descendants of Vojvodina pharmacists, and it cannot meet the needs of libraries of medical schools and universities.

In the introductory chapter Savkov summarily exposes the historical development of pharmacy, but he doesn't care about the sentence: *What is true on a general level does not necessarily apply to all areas*. After the chapter *Odvajanje farmacije od medicine* [The separation of pharmacy from medicine] he suggests that intensive development of pharmacy in the area of today's Vojvodina starts after the separation of pharmacy from medicine, which, in effect, legitimizes him in terms of methodology. The centerpiece of the book is a chronological development of pharmacy in the villages of Vojvodina (pp. 61-270), for which environmental historians will be grateful. It would be great that Savkov annotated this part of the book with literature, archival and other sources, which would facilitate research of environmental historians and researchers of healthcare of the Middle Danube region

that would meet any deficiencies and white spots. Between pages 270 and 290 he doxographically presents some of Vojvodina pharmacists which, along with the *Nominal register* and *Geographical register*, makes the middle part of the book easy to read and presents an immeasurable contribution to the creation of archonology of pharmaceutical Vojvodina. However, the matter was left uncompleted, and this is certainly not a criticism, but it shows that for production of medical-historiographical books a cooperation of researchers, lexicographers and encyclopedists is necessary – *after research conducted by polyvalent team, and structuring and a hierarchisation of data obtained after the exhaustion of the domain; only the cooperation of historians, biologists, agronomists, pharmacists, chemists, doctors, architects, urban planners, archaeologists, ethnologists and other scientists can reconstruct the reality of a past, and only together we can reconstruct the systems of health and treatment methods of the past*. And, of course, employees in national institutions who provide technical support in the development of valuable books. If that was the case, the book wouldn't be teeming with editorial and correction errors and omissions in the content, for which reviewers had to respond. It is stated on the first pages that the book was published in 2014, while the CIP data states 2015. In the central part of the book, settlements where pharmacies operated are arranged according to Cyrillic alphabet, while the provinces of today's Vojvodina (Bačka, Banat, and Sylvania) are arranged to Latin alphabet. Joseph (I) Hond, a member of the family – *pharmaceutical dynasty* – which was in the service of counts Pejačević (Podgorač, Virovitica, Ruma) for almost 200 years, received a middle name and became Jozef I. Hondl, which can be attributed to bungling use of Microsoft Office Word (page 292).

Confusion is further enhanced by blasphemies on page 242: “The first pharmacy was opened in Zemun in 1759, and its founder was a pharmacist Elias Haubenlechner, who was born on September 16, 1777.” – *But if we are nitpicking, then the first public pharmacy in post-Turkish Zemun was opened immediately after the Peace of Passarowitz and was in the hands of the Capuchins*. Omission written only ten lines later proves that this is not a coincidence but a diversion of editorial team against the author: “Joseph Phillip sold the pharmacy in 1812, and the buyer was Johan Monski (Johann Monszky), born in 1817”. Unfortunately, the error list does not end. Indeed, there are quite a lot of them. That calls into question the credibility of the editorial team, and especially of Matica srpska, the institution of great reputation that cannot tolerate failures in its publications.

Almost all medical workers who are authors of medical-historical texts are missing *cliometrics*, and they cite dates of enactment of laws and regulations in endless succession. They overlook the fact that Habsburg monarchy (*and later states*) rarely achieves the tasks it has set. Laws are generally only concepts of a statesman, and not a reflection of the real situation, especially not the state of public health, and especially not the real state of public health on the outskirts of the monarchy. Everyday reality cannot be read from legislation, and sequencing of the law and other regulations is infinitely far away from history that seeks to structure the events of the past, and present it to today's readers. Thus Ilija Savkov made pharmacists and pharmacy – *the subjects of the book* – subordinated to the force of the state.

Instead of presenting educational and business modules of subjects and delineating their social status and mutual relationships as well as their role in education and the development of body hygiene, clothing, housing and business premises, urbanity (*and urban order of the last resting places by construction of tombs and mausoleums*) or fashion, turning them instead into subjects who adhere to the legislative framework: a legislative framework that comes out of Vienna, Budapest, Pressburg, and – *miraculously* – Zagreb, which the author – *miraculously* – doesn't mention.

The concept of Vojvodina, from creation in 1848 until today, covered different areas and its current components belonged to different administrative, judicial and religious centers, from the reign of the Ottoman Empire and then Habsburg rule, which affected the different social status (and meaning) of religious, civil, military pharmacists in some parts of today's Vojvodina. In other words, the author did not explain the social and political impacts on cultural landscapes that make up today's Vojvodina, and especially hasn't outlined the state and legal authority over the (military and civilian) areas during Habsburg rule (and those areas that are social *corpus separatum* within the Military Frontier), so he intensified the confusion by reciting the pharmacopoeia by order of issue, without specifying where and when in Vojvodina they were in effect. Specifically, on page 35 author writes about Pharmacopoeia from 1775 (maybe 1774), which was not valid in the territory of the Military Frontier. Pharmacopoeia from 1888 was the first that was translated into Croatian language, which certainly made it easier to pharmacists to operate, because academic pharmaceuticals were made more approachable. Pharmacopoeia from 1901 was issued in Zagreb, and it was written in two languages, Croatian and Latin, and was valid in Syrmia. At the same time, the abolition of the Military Frontier in Bačka and Banat was followed by introduction of Hungarian Pharmacopoeia. The error of a different kind is the omission of the postulates of long duration within the healthcare system in what is now Vojvodina:

- The elite and the people have always been treated differently. The people rely on traditional treatment, while elites have the privilege of access to educated doctors. This does not mean that the various forms of treatment in the early 18th century are opposed or that they are significantly different:

- a) traditional forms of treatment (*midwives, folk healers, incantations, herbalists, blacksmiths who extract teeth*)
- b) academic medical practice,
- c) religious healthcare (*whether it is directed at the treatment of the monks or the public has a right to treatment as well*) and
- d) the forms of treatment that are under the supervision of academic medicine (*surgeon-barbers and some time later pharmacists and midwives*).

Differences between academic and non-academic medical treatment were in price range and the availability of ingredients for drugs.

- 1) Non-academic forms of treatment rely on empirical knowledge and experience of ancestors and medical teachers, and native plants and animals were used for preparation of drugs.

2) Academic medicine favored non-indigenous drugs and kept the ancient and medieval medical customs.

- The majority of urban and rural residents rely on home pharmacy and healers who treat out of devotion and philanthropy and who haven't charged their services.

- Medical knowledge is bipolar (*most surgeons and doctors did not know anything about women's diseases and obstetrics*), in contrast to the knowledge, skills and competencies of pharmacists who were diagnosticians in emergencies and had drugs and procedures which helped men, women and children alike.

- Medical staff is multipurpose: *they treat humans and animals; they are engaged in domestic sanitation and in number of other services. At the same time, they are barbers, they made wigs and orthotics, did pedicures, manicures and waxing, and made medication. During Ottoman period and in the 18th and 19th centuries both civil and military doctors, surgeons-barbers and veterinarians had auxiliary pharmacy where they have grown medicinal herbs. Since 1831 they were obliged to explore plants, animals, water and minerals in medical purposes – religious and military pharmacists were stimulated by intellectual curiosity, while public pharmacists were stimulated by desire for profit – they investigated the soil conditions, wildlife and mineralogical treasures since their arrival to territory of today's Vojvodina.*

- During the rule of the Habsburgs medical services were part of the city market offer: *medicine* (human, animal, pharmacy, and obstetrics) was a craft and medical workers behaved as members of the guild in the social (ethical) field. Also the education of youth is modeled on education of craftsmen.

As the history of cinema cannot be learned in the movie theater, so the history of pharmacy cannot be used for treatment; it is the area of *cliometrics*. Like pharmacists synthesized drugs that had a real impact on the disease, after analysis of the characteristics of plants and minerals – *thus exhausting research domain* – and naturally allowing doctor or veterinarian to determine the concentrate and the amount of drug, bearing in mind the degree of development of the disease, age, sex and general condition of the patient. Historians must do the similar regarding historical sources; they have to construct historical fact – *while exhausting research domain* – and describe the reality of the people of the past, adapting the presentation of the target group, which is infinitely far from work of Ilija Savkov.

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So regarding the healthcare of old Slavs – *the author calls them the Old Slavs on page 16, which does not constitute a separate ethnic group within the Slavonic corps but probably represents a typo; or it is perhaps the result of poor knowledge of ethnogenesis of the Slavic peoples* – the author claims that the ancient Slavs used wine for preparations, which is impossible, at least not for a long time and in substantial extent. The chestnuts and vines are Mediterranean plants, and they are planted in Danube area by the Romans, which represent territory that is beyond the reach of

the Slavs until the time of their migration to the area of the former Roman Empire. It is possible that some Slavs drank wine before the migration, as it's possible that a Viking transferred wine to Labrador and drank it along with inhabitants of North America. Therefore Slavs used wine in ingredients since the 7th century, when it was recorded by Byzantine authors, and since then they are called South Slavs in historiography. Ilija Savkov claims further that the Slavs have accepted cultural influences of the Illyrians and Celts on the territory of Vojvodina, which is doubtful: Illyrians haven't lived in the Danube region, but it is possible that some Illyrian lived on the barbarian side of Limes, in Bačka, or on the Roman side, in Syrmia, but they haven't influenced cultural patterns of South Slavs to a significant extent. After migration, Slavs have adopted cultural values of people who lived in the territory of today's Vojvodina, especially those of Roman military healthcare.

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Author often uses inappropriate terms to describe religious healthcare (*...due to the time of their origin. Although they were written down by monks, it is a scientific medical text and there are no prayers or incantations in treatment, they even warn of the harmful effects of quackery [p 21]*), and especially when writing about ethno-medicine (*...superstitious incantation and other treatments were spreading among people [p 23]*). In the absence of facts, author uses nationally orthodox platitudes and assumes that monastic health care, which in the Middle Danube region exists immediately before the Turkish conquest, functions along the patterns of Hodoš medical collections and Hilandar medical codes. The use of aforementioned collections in Central Danube region is not corroborated in the sources from Ottoman or Habsburg period, or at least we don't know a record that would support this courageous statement. In case that author or reviewer demonstrates a coherent argument stronger than previous sentence, we will lose misconception and we'll be eternally grateful to them. However, author (deliberately?) remains silent over fifty medieval (and ten post-Ottoman) monasteries (and residences) of Catholic religious orders, whose social engagement is reflected in the organization of social services and nurturing of sick (including the delivery of care to the sick monks). Author further ignores a different picture of the cultural landscape in the Middle Ages and later epochs, compared to contemporary situation where Serbs are the majority – each text is, in fact, a context (*of author, his world view and his education*) rather than text (*topic*), as the bard of the Serbian historiography Latinka Perović notes.

Compound of ideas of coenobitic and anchoritic monasticism has created the ideological basis of monasticism of the Eastern Churches, and the traces of data regarding care for ill monks and public health care activities of monks and nuns are found in rules of monasticism. The monastery health module was shaped by St. Benedict (in 6th/7th century) and administration of Charlemagne at the beginning of the 9th century, while St. Francis of Assisi (in 12th/13th century) directed it towards the city population and marginal groups. In his *Regula* St. Benedict made treatment of sick brethren, isolation of the sick in infirmaries, and the cultivation

of medicinal plants mandatory. Charlemagne's administration launched a reform of the Benedictines, and Charlemagne's successors ordered cultivation of seventy medicinal plants, which was accepted by later religious communities, especially the Cistercians and the Knights Hospitaller. It is possible that Savkov uses term "monks" for Catholic monasticism on the territory of contemporary Vojvodina, and makes no distinction between Catholic monks and the monks of the Eastern churches, which only confuses the reader. Or perhaps he has poorly studied social commitment of monks and religious communities and seeks to cloak ignorance with phraseology.

In post-Ottoman period Jesuits, Franciscans and Capuchins all have botanical gardens and monasteries are centers of rational health care procedures and pharmacopeic knowledge during 18th century. An engraving from the 18th century shows the growth of plants in the Fruška Gora monastery garden, so we can assume that some monasteries were centers of rational health care, which isn't mentioned by any travelers (*Taube, Engel or Hacquet*) nor botanists and mineralogists from Vienna, Pest and Zagreb (*Pál Kitaibel, professor of botany and director of the botanical garden in Budapest, Joseph Vincent Host, Zagreb canon and botanist, Anton Rochel, Thomas Nendtwich, Pécs pharmacist, András Rafael Wolny, excellent Hungarian mineralogist and author of textbooks (Historia Naturalis) who was interested in plants of Syrmia around Karlowitz, Josip Pančić who was investigating the flora between Slankamen and Ilok, August Kanitz, Stephen Schulzer-Müggenburg, Joseph A. Knapp and many others*).

Hospices led by Augustinians and Franciscans are still visible in urbanity of towns from Vojvodina – *hospice in Bač was led by two Cistercians from Kutjevo*. Ilija Savkov translates medieval and post-Ottoman hospices as hospitals, which demands caution because today's terms do not cover the medieval and post-Ottoman medical facilities. Sources on the medieval Bačka hospice and post-Ottoman Petrovaradin hospice don't mention treatment nor do inventory records show drugs and medical devices. Hospices are orphanages where beggars and the homeless (*possibly professional*) had accommodation – which were donated by Catholics in respect to the unwritten social contract – along with workers who lost their jobs, as well as the servants of which there was no one to take care of after retirement. They were led by monks or high-ranking diocesan priests; discriminatory attitude towards the disabled marked much of the history of mankind and the Europeans have tried to remove from the street and forcibly place chronically ill, potentially infected, mentally ill, mentally retarded, elderly, disabled and antisocial in asylums. For example, canonical visitation of parish Petrovaradin (1743) notes: *Petrovaradin hospice was built in the suburbs ... about eight years ago financed by some citizens at the city lot next to the Danube ... 9 poor people live in it at the moment. They have no permanent foundation, they support themselves by begging. They collect alms in the city on Saturdays... three years ago trader Amigoni bequeathed 500 forints ... The hospice has three bedrooms, hall with kitchen and a courtyard and garden. The building itself was of solid build.*

Many non-historians who write about medical history simply skip the rule of the Ottomans, calling that period "occupation". Savkov mentions rule of the Ottoman Empire in the context of the pharmacopoeia in Hungary, as if the Hungary had

sovereignty over the area of the Vojvodina part of Bačka, Banat and Syrmia in the 17th century, and that's the worst part of the book. Author writes: *There's no evidence of existence of pharmacies in Vojvodina during that period. They probably haven't existed in the 17th century*, which only shows that the author is not acquainted with medical structures of the Middle Danube region during the reign of the Ottomans and therefore leads the reader astray; reviewers had to respond to this development. *Until the 17th century and even later there were no specific regulations regarding the education and training of pharmacists in Hungary, and there are no data on the appearance of pharmacies.* It seems incredible that anyone who dares to dabble in the past does not know that the area of today's Vojvodina was ruled by the Turks in the 17th century, and that this area belonged to the oriental civilization, and that it had nothing to do with Hungary, of which only remained "remains of remains". This is not an accidental mistake, as it can be confirmed by the text on page 23: *In addition to the town and the monastery pharmacies, there were pharmacies owned by Hungarian princes and noblemen in the 17th century. So, Hungarian Duke Tamás Nádasdy had his own pharmacist.*

Savkov is infinitely far away from the presentation of the real image of pharmacy in the area of today's Vojvodina during the reign of the Ottomans. Unlike medieval medical workers, medical workers during the Ottoman Empire were (in principle) regulated under the institution of hamam, the focal point of public health. Data on hamams and their remains could be found in Bačka Palanka, Slankamen, Karlowitz (two), Irig, Sombor (two), Bač (two), Petrovaradin (two) and Sremska Mitrovica (three), and they probably existed in other cities, sarais and caravanserais (hotels and charitable inns run by dervishes, or notable's waqf). In each city existed at least one herbalist – Christian or Muslim, and Sephardic traders of herbal products were widespread in the European part of the Ottoman Empire, especially in the important military and commercial cities, such as Bačka Palanka and Sremska Mitrovica. Towns and places of pilgrimage on our territories were visited by Ataris, traveling salesmen of drugs from the Orient. They also brought the oriental treatments. Preparations are similar to Western pharmacopoeia with addition of Middle Eastern plants and minerals. Ottoman doctors and surgeons – similar to monks, Franciscans and Jesuits – were gathering herbs, prepared drugs and always carried with themselves the most frequent medication and the necessary instruments for the treatment of humans and animals. The Jesuits in the 17th century had missions in Pecs, Timisoara and Belgrade. The Franciscans were taught *family medicine* during all years of study, and they returned from Italian universities full of knowledge about botanic and treatment of humans and animals.

Savkov claims that cities and villages grew and prospered in Vojvodina during the early 18th century, but precisely the opposite process was in action: ruralization Middle Danube region under the rule of Habsburgs versus urban mercantile Ottoman civilization – Middle Danube region reached Ottoman level of urbanity only in the 20th century.

Savkov does not state that pharmacy had two phases during the rule of the Habsburgs: domination of monastic pharmacy and the development of military and civilian pharmacy. Savkov remains silent about community pharmacies that

were managed by religious orders and says nothing about the influence of monks on herbalists and other ethno-medical and medical workers under the supervision of academic medicine. Between 1718 and 1737 Capuchins were in charge of the healthcare in Belgrade and Zemun (*they led a hospital and held a pharmacy in Belgrade while in Zemun they operated a public pharmacy*), and the end of Habsburg rule in Serbia had caused the withdrawal of the Capuchins from Zemun as well. Franciscans probably continue their pharmacy services, but business did not last because the authorities of the Military Frontier did not permit the sale of medicines to the monks. Public pharmacy in post-Ottoman period was owned by Jesuits in Požega, and very likely in Petrovaradin, as it's evidenced by migration of Francis Xavier Rovis, a Jesuit from Požega and a doctor of medicine. Rovis was held in high esteem, which is corroborated by the confirmation issued by Pope Clement XI which allowed Rovis to pursue medical practice. Rovis came to Požega in 1706 and was a doctor and pharmacist for three decades with interruptions. In his long medical practice he often visited Petrovaradin for extended period of time, but there is no information about his medical activities in Syrmia.

The monks had a decisive impact on traditional forms of treatment because, according to them, they transferred the knowledge of academic medicine. They took part in military campaigns as clerics, surgeons and pharmacists, which allowed introduction of new surgical techniques and verified the individual components of drugs. After return they advised city surgeons, folk healers and herbalists who introduced new materials and processes into practice. After the actions of Joseph II against monastic orders, the abolition of the Jesuits and Paulines, Franciscans take less academic exams, they cease to study new diseases and confine medical practice in monasteries. Unknown diseases occur on our territories at the turn of 18th and 19th century and already known diseases assume different proportions. Pharmacopoeia properties of plants from surrounding areas weren't effective against new diseases and the powerlessness of monks against new diseases – along with folk healers – led to termination of use of rational procedures, which they pioneered few decades ago. With the best intention to help patients they applied prayer therapy and introduced prayers, invocations of saints in treatment, and they shared amulets and images of saints. They exorcised demons by sprinkling patients with holy water or touching patients with relics and blessed objects; they served Mass for the healing of the sick, which caused a lot of suffering to the patients, due to the absence of appropriate medical treatment at the optimum time. Therefore Savkov anachronistically applies the last stage of religious healthcare, which is dominated by superstition, into cultural strata where monks provided medical care of highest quality.

Certainly the discontinuation of the flow of fresh scientific knowledge also deteriorates popular forms of treatment. By making the same mistake, and under the influenced of older medical-historiographical literature, Savkov joined the chase against folk and traditional forms of treatment procedures too easily, and he sees them as actions beyond the rational sphere. However, sayings, ritual harvesting and drying of plants at a particular part of the day and at a specific date, incantations, curses and prayers to particular saints are just a side effect of excellent diagnostics, rational procedures and complex technology of making products which have a real

impact on the disease (*how else would an illiterate man remember the optimum agro-technical deadlines for collecting petals, fruits, leaves, roots from approximately 500 plants, along with drying and preparation technology, but to learn by heart songs that have dating – after a saint, at dawn, when dew occurs or on sunny day – along with description for preparing the composition and its use*). Folk healers have used knowledge based on experience, whose origins are old, probably reaching the times of primordial human communities, and actions to remedy the problems are a combination of ancient experience and technological innovations that are arriving along commercial, evangelical, military and pilgrimage paths. The accumulated knowledge resulted from a series of trials and errors and mutual communication of folk healers; however they are most often derivatives of academic medicine adapted to other forms of treatment by monks. Soothsayers alleviated problems by massage of painful places (*and acupressure points*) with herbs, oils or fats, and in order to enhance the effect during the massage they rhythmically recited prayers, songs and incantations. Magic atmosphere was enhanced by the burning of fragrant and intoxicating herbs and oils, massaging on certain days or hours, along with manipulation of light and shadow, and we should not exclude the use of hypnosis. Mental patients and people with emotional problems inhaled herbs, or rather their smoke or essential oil evaporation, which increased libido and alleviated depression. Soothsayers specialized in treatment of certain diseases and also examined herbs and ingredients which had a real impact on the disease. They were synchronized with each other, and after initial diagnosis patient was sent to soothsayer skilled in treating certain diseases. Their medical procedures can not be reduced to the sorcery and they are not based on superstition.

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And, of course, the last but not the least, we think that the book by Ilija Savkov should find space for Galenika, Zemun-based pharmaceutical factory, or at least for its director, Boško Zdravković, a pharmacist and anti-fascists, who started production of herbal preparations for wounded partisans on Papuk.