

Max Sandreczky: A Pediatric Surgeon in 19th-Century Jerusalem

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Until the mid-19th century, there had not been a single resident physician in the Holy Land. However, by the first World War in 1914, 19 hospitals had been established in Jerusalem. The reasons for this unusual phenomenon were religious, political, and sectarian. This does not apply to The Marienstift Kinderhospital, which was unique in 19th century Jerusalem. The hospital was founded and operated by Dr Max Sandreczky, a German pediatric surgeon. The standards of medical and surgical practice in the hospital not only compared favorably with those in western Europe, but, in certain aspects, they were more advanced. The Marienstift Kinderhospital was an "implant" of a western institution in a society that was medieval in character. The response of this society was studied as well as the natural history of this unique institution and its medical director, the pediatric surgeon, Dr Max Sandreczky.

The interest in the Holy Land among the European powers was markedly diminished after the final retreat of the Crusaders from the region in 1291. The Mameluks, who occupied the country and ruled it from Cairo, destroyed all ports to prevent another Christian invasion. This resulted in economic decline, which persisted during the Turkish rule between 1516 and 1918. The country was at the fringe of the Ottoman Empire and had no part in the progress that occurred in metropolitan Constantinople.

From the beginning of the 19th century, the interest in the Holy Land gradually increased. This was because of religious and political reasons. Consulates, schools, and hospitals were established by the various European powers. Until 1842, there had not been a single resident practitioner in the entire region.¹ By the First World War, 19 hospitals were established in Jerusalem.²

In Medieval societies, high mortality rates in children were acceptable. Until the 19th century, abandoned, and rarely sick, children were cared for in orphanages.³ In rare cases in which children were admitted to hospitals, they were placed in adult wards and often shared a bed with an adult patient, which created a moral as well as a psychological issue. Sick infants were totally excluded because of prohibitive high mortality rates.⁴ With the emergence of enlightenment, the child was regarded as a person and an individual to be reckoned with. When nationalism developed in Europe, it became apparent that children assured the continuation of the family as well as the nation.⁵ Medically, childhood diseases were recognized as separate and specific entities. This resulted in the establishment of children's clinics and later on, hospitals.

The first children's outpatient clinic was established in London by George Armstrong in 1769.⁶ The first children's hospital was founded in Paris, when the orphanage "Maison de l'Enfant Jesus" was transformed into the "Hopital des Enfants

Malades" in 1802,⁷ Half a century passed before childrens' hospitals would appear throughout the western world. The recognition of pediatrics as an independent subject to be taught in medical schools began only during the second half of the 19th century. The field of pediatric surgery developed much later in the 20th century.

Carl Sandreczky, the father of the pediatric surgeon, Dr Max Sandreczky, was a Bavarian, a graduate of the University of Munich in law, and served as a judge in the administration of Otto I, the King of Greece on the Cycladic Island of Syra, which is situated in the Aegean Sea (now part of Greece). After his conversion from Catholicism to Protestantism, he was elected the secretary of the Church Missionary Society in Jerusalem.⁸ He was one of the outstanding explorers of the Holy Land⁹ who documented the streets, gates, and buildings of Jerusalem in the survey of Captain Wilson in 1865.¹⁰ He was closely associated with Theodor Fliedner, the founder of the Deaconess Movement. They both came to Jerusalem in 1851, when Fliedner established the German Deaconess Hospital in the Old City.¹¹

Max Sandreczky was born in 1839 on the Island of Syra.¹² After graduation from the Anglican College in Malta,¹⁴ he studied medicine in Munich,¹⁵ Tuebingen,¹⁶ and Wuerzburg.¹⁷ He then joined Heinrich von Ranke in the newly founded Kinderpoliklinik in Munich. In 1866 he enlisted in the Prussian army as the medical director of the field hospital in Schloss Camenz. There he met his future wife, Johanna Alida Hofs, a lady-in-waiting to Marianna, Princess of the Netherlands.¹⁹ They both arrived in the Holy Land in 1868.²⁰ He was the first German physician at the German Deaconess Hospital in Jerusalem.²¹

In 1869 the Crown Prince of Prussia, together with his son Wilhelm, who later became Kaiser Wilhelm II, visited the Holy Land on the way back from the inauguration of the Suez Canal. They were guided by Carl Sandreczky,²² and the Crown Prince was asked to support a children's hospital in Jerusalem. A promise was made but never realized.²³

In 1871 the Archduke of Mecklenburg Schwerin and his newly wedded wife, Princess Marie of Schwarzburg Rudolstadt, came on a pilgrimage to Jerusalem.²⁴ They were very impressed by Johanna and Max Sandreczky and agreed to support a children's hospital. A year later, the hospital was named after the Princess: The Marienstift Kinderhospital.²⁶ The agreement was that under no circumstances would any attempt at proselytism be made on the children and their families. The hospital would serve the children of the Holy Land regardless of ethnic or religious affiliation. Johanna and Max Sandreczky pledged that they would work without a salary.

In a written proposition to the Archduke, Sandreczky described the abysmal conditions of children in the Holy Land. "Because of a filthy environment, ignorance, and apathy of parents, the mortality rate in childhood reached 50%. The only hospital that admitted children was the German Deaconess Hospital, but for lack of vacant beds, very often children were turned away."²⁷ He claimed that treating children in a children's hospital would reduce the consequences of various diseases as well as prevent disability. A great advantage in treating children in separate hospitals was the arrangement for "rooming in" of mothers with their children. The mothers would be taught hygiene and the care of children, and the children would benefit psychologically as well as practically from the presence of their mothers.²⁷ The hospital basically was financed by the Archduke and Duchess of Mecklenburg Schwerin.²⁸ For several years, Bismarck, through the German Foreign Office, allocated some funds to the hospital, which were eventually discontinued because the hospital treated only a small number of German children as compared with the local ones.²⁹ When the hospital ran into a deficit, Kaiser Wilhelm II made a single donation

of 1,500 marks, which was less than half of the yearly budget.³⁰ The remaining deficit was covered by Sandreczky's personal contributions.³¹ The Marienstift Kinderhospital did not have the financial support of an organization such as the Deaconess Movement or the Catholic Church. Because it refrained from proselytism, raising funds was extremely difficult.³² However, Sandreczky eventually managed to attract a large number of friends of the hospital (from the European continent and the United States), who contributed the necessary funds to cover the running expenses of the hospital.³³ Toward the 1890s, the hospital budget was balanced.³⁴

The children at The Marienstift Kinderhospital were treated by Sandreczky both medically and surgically. The diseases listed in the annual reports (Fig 1)



Fig 1: The front page of one of the 28 annual reports of The Marienstift Kinderhospital

were prevalent in the country during the 19th century: malaria, trachoma, leprosy, rheumatic fever, measles, pertussis, parasitic infestations, chickenpox, smallpox, diphtheria, meningitis, osteomyelitis, and gastrointestinal infections. Some of the above, such as osteomyelitis and trachoma, were treated surgically. In addition, he treated trauma and burns, performed herniotomies, resections of small bowel, colostomies, resections of tuberculous lymph nodes in the neck and axilla, amputations, tonsillectomy, and repair of cleft lip and rectal prolapse.³⁵ He removed urinary tract stones, which he analyzed chemically.³⁶ Early on, when he served at the Deaconess hospital, Sandreczky performed a successful stomach resection for cancer in an adult.³⁷ The operations were performed under primitive conditions with inhalation anesthesia given by his daughters.³⁸ Surprisingly, the mortality rate was rather low. In the first year, 5 children of 91, and in the last year (1898) 9 of 548 patients admitted, died in the hospital.³⁹ He was considered by his contemporaries to be a highly skilled surgeon and competent physician.⁴⁰ In spite of the great distance from European centers of medicine, Sandreczky kept abreast of the advances in medicine and surgery. In some respects he preceeded his generation. In his first annual report in 1872 he stated that the high rate of infections among Arab children was because of the fact that they lived in an unsanitary environment, and dirt constituted a good culture media for bacteria and fungus.⁴¹ His concept of the nature of leprosy was also far advanced.⁴² When Rudolf Virchow sent Paul Langerhans to study leprosy in the Holy Land, he collaborated with Sandreczky, whom he praised in his publications.⁴³ Sandreczky published his observations on the course and methods of treatment of leprosy in children in the German and English-language literature.⁴⁴ The psychological state of mind of children when admitted to a hospital was considered by Sandreczky to be of utmost importance. In addition to rooming in of mothers and children,⁴⁵ he felt that apathy can be prevented by providing his little patients with toys and other sorts of occupational therapy (Fig 2).⁴⁶



Fig 2. In the courtyard of the hospital, Dr Sandreczky, his wife, daughter Anna, a Moslem cook, a Jewish pharmacist and "Arab and Jewish patients with their mothers". Toys are on children's beds.

Sandreczky was unable to recruit nurses from Western countries. He did not have an organization supporting the Marienstift Kinderhospital, such as the Deaconess and the Catholic hospitals, which had an ample supply of nursing staff. He planned to train graduates of Deaconess orphanages in nursing, but failed because of the mentality of the local population.⁴⁷ Johanna Sandreczky, the wife of the pediatric surgeon who was also the housekeeper, took part in the nursing care of the children. In addition Sandreczky sent his daughters to the Bethel medical center in Bielefeld, Germany to learn nursing and anesthesia. Consequently, three of his daughters served as nurses in the hospitals.⁴⁸

The hospital had a Board of Trustees that consisted of the German Consul General; the Swiss architect, Conrad Schick; the Swiss banker, Johannes Frutiger; and the German Bishop, all of whom resided in Jerusalem.⁴⁹ When the Board of Trustees ceased to function, a committee was formed in Schwerin by the Archduke, which supported and directed the activities of the hospital.⁵⁰

During the first year, all the patients at the Marienstift Kinderhospital were Arab and Ottoman citizens. Some of the patients came from as far as Damascus, Jaffa, and Gaza.⁵¹ Soon Sandreczky gained the trust of the Jewish population as no proselytism was attempted in the hospital. Jewish patients flocked to the hospital from as north as the Caucasus and as far south as Alexandria in Egypt, from Sated, Gaza, Hebron, and Jerusalem.⁵² The only impediment in admitting Jewish patients was that the Jewish dietary laws could not be kept for lack of funds. This was not the case in the Anglican

Mission Hospital for the Jews, where Jewish dietary laws were strictly kept, including a Jewish ritual slaughterer (*shochet*).⁵³ From the Hebrew press of the 19th century and from memoirs of contemporaries, it appears that Sandreczky was greatly admired by the Jewish population, who expressed their gratitude in many ways.⁵⁴ From the bulletin of the General Committee of the Jewish community in the Holy Land we learn, that the only non-Jewish institution or person to whom the committee allocated financial support, was Dr Max Sandreczky and The Marienstift Children's Hospital.⁵⁵

The hospital was opened in 1872 with six beds, two cradles, and two beds for mothers.⁵⁶ In the first year, 107 patients were treated with 2,803 hospital days.⁵⁷ The hospital beds and the number of patients increased markedly over the years, and in 1899, 555 patients were hospitalized with 5,692 hospital days.⁵⁸ In addition, Sandreczky conducted an outpatient clinic free of charge.⁵⁹

The building of the hospital today at No. 29, Street of the Prophets in downtown Jerusalem was one of the first houses built outside the city walls by the Syrian Bishop (Fig 3).

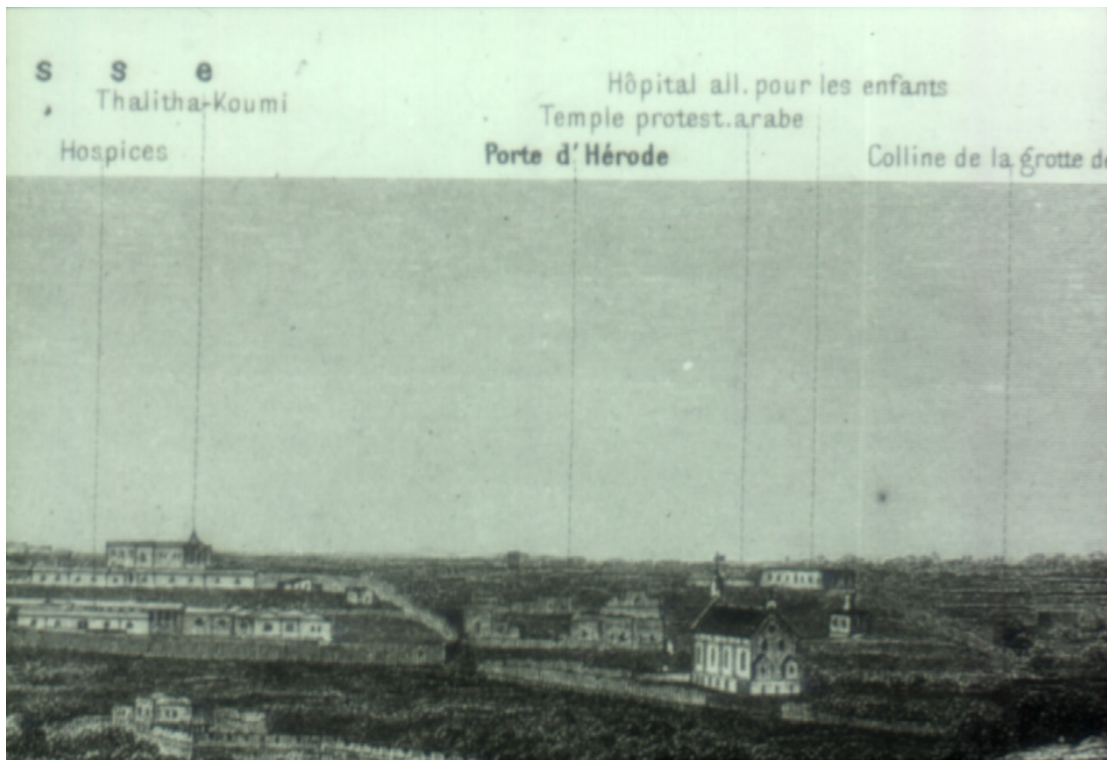


Fig 3. Panoramic view of Jerusalem from the Baedeker guide of Jerusalem of 1875.

It appeared on the map of Captain Charles Wilson, who surveyed Jerusalem in 1864.⁶⁰ The building was inadequate for the purposes of the hospital.⁶¹ Sandreczky made unsuccessful efforts to raise funds to build a permanent children's hospital in Jerusalem.⁶² However, he did not have the backing of an organization that could raise the necessary funds and therefore failed to attain his goal. His last hope was the visit of Kaiser Wilhelm II to Jerusalem in 1898, whose father, in 1869, had promised to build a children's hospital. His wife, Augusta Victoria, visited the hospital and was very impressed by what she saw. The Kaiser gave Max Sandreczky a second decoration, "the red eagle," but failed to contribute for the construction of a children's hospital.⁶³ As soon as the Kaiser departed, the Turkish ruler of Jerusalem ordered

Sandreczky to close down the Marienstift Kinderhospital.⁶⁴ Sandreczky's reply to the ruler was that for decades he served the children of the Holy Land regardless of religion or ethnic group, without any remuneration, and for this he was decorated by the Sultan Abdul Hamid II.⁶⁵ Although no evidence was found that a permit to run the hospital was granted, the hospital continued to function as before.

The tragic epilogue of this saga took place on June 22, 1899, when Sandreczky, realized that at age 60, he had reached the end of the road. He suffered from arthritis, dermatitis, and renal colic.⁶⁶ He was greatly concerned at becoming a burden on his family and that he would not be able to continue caring for sick children as he did for the past 32 years. On June 22, 1899, at 5 o'clock in the morning, he descended down to the valley of Jehoshaphat, located between the Mount of Olives and the Temple Mount, where the last judgment would take place.⁶⁷ He entered a burial cave of Bene Hezir, a priestly family who had served in the First and Second Temples, and at dawn he took his own life.⁶⁸ Sandreczky left a will in which he asked the German Bishop and friends in Germany to care of his wife, children, and his young Jewish pharmacist.⁶⁹ Curiously enough, neither Jews nor Christians considered his suicide a mortal sin. Crowds attended his funeral, which was conducted at the Redeemer's Church in the Old City.⁷⁰ He was buried in consecrated ground in the Protestant cemetery on Mount Zion.⁷¹ On his tombstone, a quotation from the Sermon on the Mount was inscribed: "Blessed are the merciful" (Fig 4).



Fig 4. Dr Max Sandreczky's tombstone with a quotation from the Sermon on the Mountain: "Blessed are the Merciful."

Within 1 year after his death the hospital was closed down.⁷² The Archduchess transferred the yearly allocation of funds that supported The Marienstift Kinderhospital to the Deaconess Hospital for the establishment of four "free beds for the treatment of children,"⁷³ that were named after her.

On June 23, 1996, the Israel Society of Pediatric Surgery and the Israel Council for Preservation of Historical Monuments mounted a plaque on the building of The Marienstift Kinderhospital that told the story of Max Sandreczky and the Children's hospital. The unveiling ceremony took place in the presence of members of the diplomatic corps, academic and theological institutions in Israel, members of the Israel Society of Pediatric Surgery, and outstanding figures from Israel and abroad. Tamar Kollek, wife of the Mayor of Jerusalem, Teddy Kollek, unveiled the plaque (Fig 5).



Fig 5. Unveiling of the plaque on the building of the Marienstift Kinderhospital by Mrs Teddy Kollek. Right to left-Dr Shemuel Katz, President, Israeli Association of Pediatric Surgeons; Mrs. Teddy Kollek, the wife of the Mayor of Jerusalem; Dr H.C. Galtzsch, great grandson of Dr Max Sandreczky from Dreedon, Germany; Dr. Shemuel Nissan, Professor and Chairman of the Departments of Surgery and Pediatric Surgery (Emeritus), Hadassah University Hospital Mount Scopus, Jerusalem.

The present Mayor of Jerusalem, Ehud Olmert, in response to pleas from Israel, Europe, and the United States, declared the building of The Marienstift Children's Hospital "an historical monument for preservation (Fig 6)".⁷⁴



Fig 6. Dr Max Sandreczky first visited Germany 10 years after undertaking the position in Jerusalem.

DISCUSSION

Max Sandreczky's specialty, as documented, "was a surgeon and an obstetrician."⁷⁵ In the 19th century, pediatrics was practiced by obstetricians and internists.⁷⁶ The combination of the two specialties led Sandreczky to pediatric surgery. It could be assumed that he was attracted to the care of children by Heinrich von Ranke, a German, who participated during the Crimean War in the care of wounded English soldiers. He visited Jerusalem when the war was over and returned to England, where he was associated with Dr Charles West and Sir William Jenner in building the Hospital for Sick Children at Great Ormond Street. In 1866, he became director of the Kinderpoliklinik in Muenchen, and Max Sandreczky became his assistant.⁷⁷

It was natural for Sandreczky, who lived as a teenager with his family in Jerusalem, and who spoke several languages including Arabic, to return to the Holy Land to practice medicine. Often westerners settled in the East as missionaries or "oriental enthusiasts." This did not apply to Max Sandreczky and his wife Johanna. He and his wife were motivated by deep religious feelings and compassion, expressed by service, sacrifice, and work ethics. In spite of the fact that Sandreczky was not backed by any organization, he managed, with the help of his wife and daughters, to maintain high medical and surgical standards that compared favorably with those in the west. In

some respects he preceded his generation in the understanding of leprosy and infections caused by bacteria and fungi. The fact that he advocated rooming in for mothers and occupational therapy for children, shows how advanced his concepts of child care were at the second half of the 19th century. Undoubtedly, his competence as a pediatric surgeon was one of the reasons for his acceptance by the Arab and Jewish populations, especially when his services were rendered without any ulterior motives such as material gains or an attempt at proselytism.

The demise of The Marienstift Kinderhospital after Sandreczky's death was inevitable because the institution was advanced, western in character, and was implanted into a medieval society that was unable to support it. External support by an organization or ethnic group was out of the question because proselytism was excluded, and the hospital did not care for patients of one religious denomination, nor for one ethnic group, but rather for all the children of the Holy Land. This institution depended on one person, namely, Max Sandreczky. When this person passed away, the activities of the institution came to an end,

Max Sandreczky should be admired for his endeavors in keeping high medical and surgical standards in a country plagued by disease, epidemics, and poverty. His sole motivation was the love of children whom he served and for whom he sacrificed 32 years of his life

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Abbreviations: AOK, Archive of the Oberkirchenrat, Schwerin; BAK, Bundesarchiv Koblenz, Department Potsdam, Turkey, Abt. 09.01 (No. 39558 1878-1894, No. 39559 1894-1904; EZA, Evangelisches Zentralarchiv Berlin Best 56 "Evangelische Jerusalemstiftung"; FA, Flidner's Archive, Diakoniewerk Kaiserwerth, DÜsseldorf; GCA, Israel State Archive: German Consulate Archive, Jerusalem; MLS, Mecklenburgisches Landeshauptarchiv Schwerin, Großherzogliches Kabinett III (Signatur 2098 1872-1896, Signatur 2100 1896-1910); PAAA, Politisches Archiv des Auswärtigen Amtes, Bonn

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69. GCA: file 823 "Selbstmorde 1895-1901." Will (no date)
70. Habazeleth (Hebrew) 37,1899, P 291
71. EZA: Report of Probst Hoppe in Jerusalem about 1898/99: "Aus dem Leben der Gemeinde."
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