A fake doctor?

Ernst Schlunegger

The zip code 3555 lists the town of ROMANG in Argentina, Santa Fe Province. The place-name goes back to a Swiss, whose real name was Peter Wingeyer, born in 1828 in Trubschachen (Canton of Bern). He studied law and in 1868 was appointed notary there and entrusted with the administration of the orphans' fund. In addition, he ran a watch factory. Wingeyer was married to a woman from the Bernese aristocracy, but it came to a costly divorce, which is why Wingeyer tampered with the fund's assets. He was threatened with imprisonment. His wife's lawyer, Jakob Romang, advised him to flee and sold Wingeyer the papers of his deceased brother, Dr.med. Theophil Romang. Wingeyer now assumed a new identity and emigrated to Argentina as Theophil Romang, settling first in San Carlos, then in Esperanza, and in 1865 became a co-founder of Colonia Helvecia and in 1873 founded Mal Abrigo, the present Romang named after him. He operated as a businessman and apparently successfully as a physician..

Various stamps point to Romang. We owe the information to René Jacobsohn, who is intensively involved with the postmarks of the Swiss colonies in Argentina.

Jean Nicot – or who?

Johan Diesveld

The spread of tobacco in Europe

Fig. 2: Rhodesia and Njassaland 1963

The use of tobacco by humans dates back about 12,300 years in the Americas. So when the first Europeans arrived in the Americas in 1492, its use was already well established. Its use was spread by sailors in the Mediterranean region. However, the final impetus for its spread in Europe came from Jean Nicot (Fig. 1).

Fig. 1: France „Jean Nicot“ 1961

Jean Nicot was born in Nîmes, France, in 1530 and died in Paris in 1605. Nicot was the French ambassador to Lisbon, Portugal. First under King Henri II from 1547 to 1559, then under King François II from 1559 to 1560, and finally from 1560 to 1574 under King Charles IX.

Fig. 3: Publibel No. 507 - Bayer

In Portugal, Nicot had come into contact with the tobacco plant (Fig. 2). Nicot planted tobacco in the garden of the embassy. Tobacco was believed to have a positive effect in treating old wounds, redness of the face, bruises, and insect bites had a laxative effect, reduced hunger and relieved

headaches, among other things (Fig. 3; *a published postcard from Belgium, these are official postcards with advertising. Picture of a tormented person finding relief with aspirin. Aspirin, if it had been known at the time, would certainly have helped better than nicotine*) and lung problems, especially among asthmatics. Tobacco was not only smoked but also the tobacco broth was also drunk, applied as a poultice, juice, oil or ointment.

Fig. 4: France 2016

In 1560, Nicot sent samples of tobacco powder to Catherine de Médici (Fig.4), the king's mother. King François II suffered from periodic headaches. These were miraculously cured by the use of tobacco. Thanks to Catherine, tobacco became popular at the other noble courts, and this was the beginning of the rapid spread of tobacco use throughout Europe.

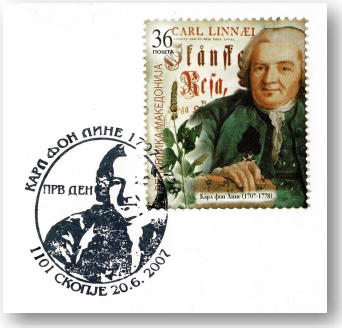


Fig. 5: North-Mazedonia 2007

Carl Linnaeus (Carl (von) Linné) (1707-1778) (Fig. 5) chose the name derived from Nicot when naming the tobacco plant: Nicotina tabacum. Later, the main active constituent of the alkaloids in the plant was named: Nicotine.

The false portrait of the namesake of nicotine

Fig. 6: Engraving by Hendrick Goltzius (1558-1617): Portrait of Jan Nicquet (1539-1608), art collector and merchant in Antwerp.

The person Nicot, who is depicted on the French stamp, seems to have something strange about him. It is supposed to represent Jean Nicot. However, in the Dutch magazine "Philately" of Nov. 1979, p. 808, D. de Vries explains in detail that the person depicted is NOT Jean Nicot. The Dutch merchant and patron Jan Nicquet (1539-1608) is depicted (Fig. 6, engraving by Hendrick Goltzius from 1595). In the Museum Boijmans Van Beuningen in Rotterdam this print by Jan Nicquet can be seen (see also: https://rkd.nl/nl/explore/images/171640).

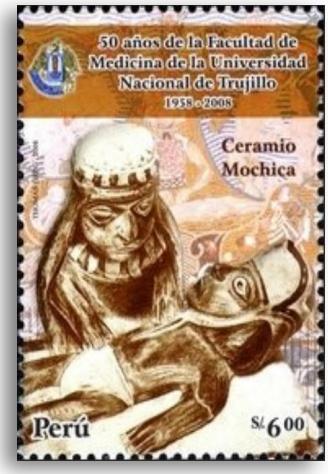
It is obvious that the wrong portrait was chosen for the stamp. The French Wikipedia article on Jean Nicot (https://fr.wikipedia.org/wiki/Jean_Nicot, as of 26 November 2021) also doubts that the correct portrait of Nicot was used and points out that it is very likely that of Jan Nicquet.

Unfortunately, we will always associate the name Nicot with tobacco and nicotine. Actually, his name and he himself should be better known because he wrote an encyclopedia, published posthumously in 1606: Thresor de la langue françoyse tant ancienne que modern. So this is long before the famous encyclopedias of Denis Diderot (1713-1784) (Fig. 7a) and Jean d'Alembert (1717-1783) (Fig. 7b), published between 1751 and 1772, and Pierre Larousse (1817-1875) (Fig.8), published between 1866-1877.

Fig. 7:
France 1958 France 1959 France 1968

Oroya fever - and another dispute about the right identity

D.M. Vogt Weisenhorn



Peru 2008 – Moche Ceramic

Wars claim victims - even after they are over. In 1879, an armed conflict broke out between three South American nations that became known as the Pacific War. Again, the war was already over resources, in this case, saltpeter. In 1883 - after a Chilean victory - peace was restored, but bad blood continued between Chile and Peru. This also affected the medical profession of the two countries, which disagreed on the connection between two diseases that were widespread in the high mountain ranges of the Andes: One disease - Verruga Peruana (Peru Warts) - is chronic, while the second - Oroya Fever - is acute and often fulminant.

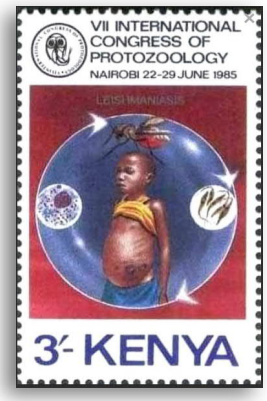
Peru 1974 – Mine in the town La Oroya

Peru warts and Oroya fever - one or two diseases?

The acute disease was named Oroya fever after an outbreak in 1875 during the construction of a high altitude railroad line to the town of La Oroya. This disease probably existed in pre-Inca times and is most likely the cause of the death of a quarter of the men in the invading army of the conquistador Francisco Pizarro. It is a severe disease with fever, hemolytic anemia, and microvascular thrombosis. It can affect different body systems and manifest as seizures, meningoencephalitis, jaundice, gastrointestinal symptoms, or angina. Many of the victims become immune-suppressed and are susceptible to superinfection with salmonella or toxoplasmosis. The overall untreated mortality rate is as high as 40%. Peru warts are also probably known from pre-Columbian times, as shown by wart-like lesions on ceramic figurines, e.g. from the Moche culture. This is a skin disease with reddish-purple skin nodules (granulomas) appearing mostly on the limbs and face. These can persist for months to years and are accompanied by pain and fever.

Peru 1993 – Already Pizzaro encountered the Oroya Fever during his invasion of Peru.

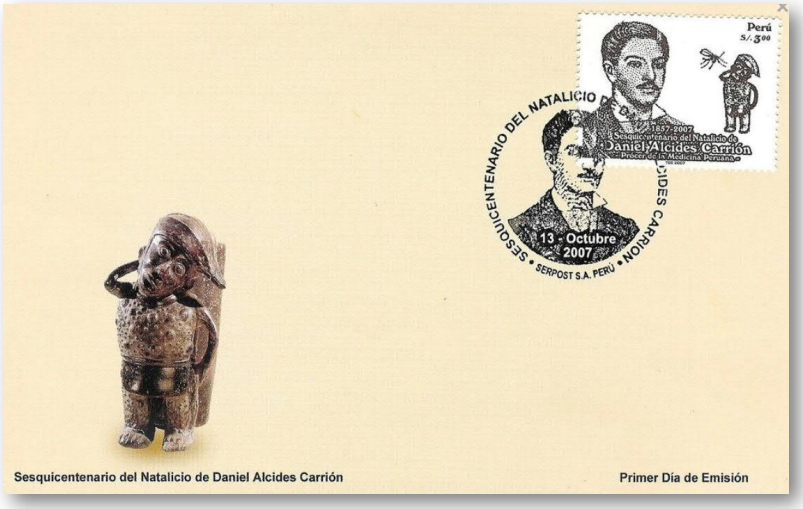
Today, the cause is known: both diseases are caused by a bacterium - *Bartonella baciliformis* - discovered by Alberto Barton in 1909 and isolated by Hideyo Noguchi in 1927 from the blood of both patients with Oroya fever and patients with Peru warts. It is therefore the biphasic manifestation (acute: Oroya fever, chronic: Peru warts) of one and the same infectious disease. The bacterium uses the sand fly (*Lutzomyia verrucarum*) as a vector, which infects endothelial cells of blood vessels by its bite. The diseases are (still!) endemic at altitudes above 800 m in Peru, but also sporadically in Chile, Ecuador, and Bolivia, and can nowadays be treated with antibiotics.



Kenia 1985 – Sandflies also transmit the pathogen of leishmanosis

So far, this is a very normal story about the discovery of a disease and its cause. But especially around this story, there are many other incidents that are remarkable. For example, the one about how a young doctor kills himself for nationalistic reasons, or the one about how scientific findings are ignored for racist and arrogant reasons. I will tell both stories here.

The death of Daniel Alcide Carrión:



FDC Peru 2007 – D.A.Carrion with the depiction of the disease vector - the sand fly - and a depiction of an ancient Moche ceramic figure covered with Peru warts

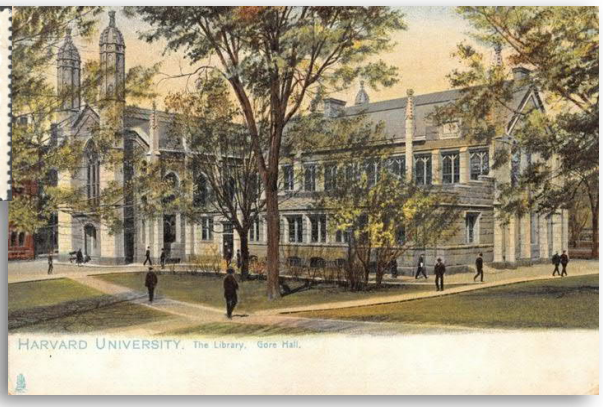
Daniel Alcide Carrión, a twenty-eight-year-old medical student at the University of San Marcos in Lima is working on the question of the cause of Peru warts at the time of the Pacific War and afterward. In doing so, he believes he is under time pressure, knowing that Chilean researchers are working on the same question. Since he does not want this problem - which he believes to be Peru's very own - to be solved by the arch-enemies, he resorts to an unusual method, albeit one that was permitted at the time.

On August 27, 1885, he draws blood from a wart near the eyebrows of a fourteen-year-old boy and has it inoculated into his arm. After twenty-one days he becomes ill, developing fatigue, fever, and joint pain, then hematuria, hemolysis, anemia, and increasingly severe symptoms. Only as his condition worsens and he nears death does he realize that he has inoculated himself with the dreaded Oroya fever, proving that it and Peru Wart are the same "disease." Carrión, however, pays for this knowledge with his life. Whether he dies from this disease or from intravenous carbolic acid injections used (experimentally) to treat his infection is still not clear.

The suspicion that the two diseases were related had long existed, but there was no evidence. Chilean physician Izquierdo had insisted that the two diseases were unrelated in a dispute colored by the recent rivalry between the two nations (the Saltpetre War). However, many Peruvian physicians, such as Tomas de Salazar, believed that the diseases had a common cause, and were thus confirmed by the death of Daniel Alcide Carrión. He is therefore now considered a "medical martyr" of Peru and memorials, hospitals, and universities have been named after him. Peruvian stamps with his portrait have also been issued in 1958, 1986, 2004, and 2007. And it is around this portrait that the next story revolves.

Peru 1979 – Even 100 years after the beginning of the Saltpetre War, the heroic deeds and heroes of the war are still commemorated by a 13-part series of stamps

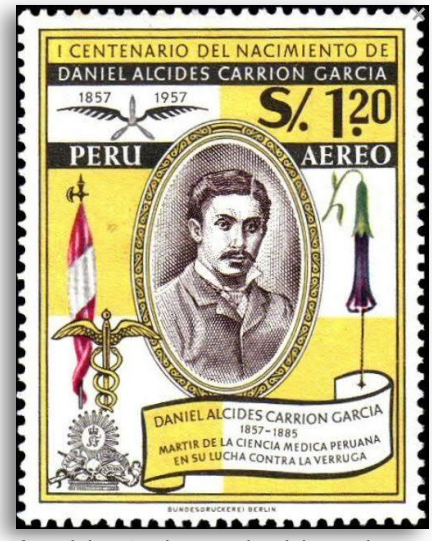
Ethnocentrism in science



Then as now, Harvard University is one of the world's most prestigious universities, where coriphae are said to work who are seldom wrong (postcard, Nic 1976)

In 1913, a group of scientists from Harvard, led by Richard Strong, traveled to Peru to study the disease of Peruvian wart. Within only three months, based on a human experiment in which a psychiatric patient was inoculated with wart secretion and subsequently developed Peruvian wart but not Oroya fever, they came to the conclusion that Peru warts are very different from Oroya fever, that is, they are not manifestations of a biphasic disease. They completely ignore the correlative clinical and epidemiological evidence previously obtained in Peru - as well as the fatal experiment of Daniel Carrión. The contrast between the two theories triggers a broad scientific debate between Harvard University and the Peruvian medical school. However, considering the prestige of Harvard University, its conclusions are disseminated in medical texts all over the world and it is even pointed out that the Peru warts are not caused by the bacterium but by a virus. This view persists for a long time. Even until after the bacteriological proof by Hideyo Noguchi whose conclusions are doubted by scientists of the Pasteur Institute. However, the biphasic nature of Carrión disease is definitively proven by later bacteriological research.

Thus, the story of Carrión disease is a typical example of scientific ethnocentrism, i.e., a worldview according to which one's own group is the center of all things and classifies and evaluates all others in terms of it. The high-ranking scientists from Harvard and Paris obviously found it difficult to acknowledge that researchers in poorer countries are capable of producing high-quality scientific findings despite the poor infrastructure.



On the left the "official" portrait of Daniel A. Carrion, on the right on the stamp the often used, retouched and "Europeanized" portrait (Peru 1958)

And one more aspect of the history of Carrión's disease that points in a similar direction is worth mentioning here. Two portraits of Daniel Carrión exist. One shows him with a rather "mestizo" appearance. This is also the official photograph that, after a long debate and historical research around the authenticity of this portrait, is recognized by the Peruvian medical faculty. The other is a more Europeanized representation of him and is also found on the stamp and in various journals. A mestizo as a role model in medical research was not well received, so retouching was necessary..... This is also a variety of ethnocentrism.

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