

## A MODEL FOR ALL? HEALTHCARE AND THE STATE IN 18<sup>th</sup> CENTURY HABSBERG INHERITED COUNTRIES

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The *Sanitäts- und Kontumazordnung*<sup>1</sup> issued on the 2<sup>nd</sup> of January 1770 has to be understood as one of the most important normative sources for the history of health-care structures in the central and south – eastern parts of Europe. This comprehensive regulation structured health care in the Habsburg inherited lands in detail and represents both the end of the long development of a model in certain regions and the beginning of a process transferring this model to other regions, with different existing ways of health care or into more or less completely new administrative management in those regions that had been included into the monarchy after the Turkish wars.

Based on secondary literature usually the “story” is told, that before the issue of this regulation, health-care was completely insufficient, hardly available or non-existent and thanks to Maria Theresia the situation changed and people could start a healthy life, with a basic network of welfare and health-care. It is possible that this way of “telling a history” was constructed by the enlightened absolutistic State, making ideas popular by presenting these measures as well meaning care by the mother of the people – the terminology *landesmütterliche Sorge* is often used in these contexts. Later this representation was carried on by historiography, especially in the history of medicine.

Analysing the contents of this regulation clearly shows the ideas of cameralistic governance, which can be found in the theoretical texts on Staats- und Polizeiwissenschaften especially of Joseph von SONNENFELS

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<sup>1</sup> Codex Austriacus, Pars IV, Suppl. IV, pp.1247-1292.

*The Price of Life. Welfare Systems, Social Nets and Economic Growth, Cidadania*, Lisboa, Edições Colibri/CIDEHUS/UE, 2007, pp. 303-315.

(1732–1817)<sup>2</sup>, and later Johann Peter FRANK (1745–1821)<sup>3</sup>. However, dealing with normative texts is always tricky, considering the fact that from a methodological point of view the value of such sources and their analysis is in debate. The question, if such regulations had any influence on reality is always a prerogative for further analysis. Such norms can be regarded as intentions and ideas of how governance or structures of administration, how “reality” should be developed and organised. These processes represent experiences in living together and negotiating positions, but with a variable influence of authorities and political ideas, typical for the actual situation. Seen in context with theoretical works on these questions, as well as with realisations, impacts on structures of administration and on every day life, normative sources can be used as a core information on the framework conditions within which (in this case) health-care was provided.

The regulations for the guilds of barbers and surgeons of today’s Lower Austria and Vienna for example, as well as privileges granted by the sovereign to the medical faculty of the University of Vienna in the 17<sup>th</sup> and 18<sup>th</sup> century are fine examples of the variety of experiences and characteristic conditions in various parts of this country. Consequences of Counter-Reformation and the developing absolutism slowly changed the regional features of these regulations and standardized them by the mid-18<sup>th</sup> century. The process of centralisation in health-care, with the medical faculty of Vienna as the controlling institution, setting the norms and guidelines for the development of health-care in this region, can also be comprehended with the help of these normative sources.<sup>4</sup>

Basically there is the question of how rules and regulations were finally dealt with, how they were interpreted and if they had any impact on everyday life. The use or abuse of such directions and the question, who had the chance to disregard them, and who did not, are interesting aspects of processes of negotiation in a specific society in a special place under typical conditions.

Nevertheless, regulations like statutes and privileges for the medical faculty, regulations for the guilds of barbers and surgeons and finally the *Sanitäts- und Kontumazordnung* are the legal base for the structures of health-care. However, the accompanying administrative measures have to

<sup>2</sup> Joseph v. Sonnenfels, *Grundsätze der Polizey –, Handlungs- und Finanzwissenschaft* (3 vols., 1765–1776).

<sup>3</sup> Johann Peter Frank, *System einer vollständigen medicinischen Polizey* (6 vols., 1779–1819).

<sup>4</sup> Sonia Horn, *Normative Quellen zum Niederösterreichischen Gesundheitswesen in der frühen Neuzeit* (2003); Sonia Horn, *Normative Quellen zum Wiener Gesundheitswesen in der frühen Neuzeit* (2005).

be taken into consideration when discussing the effectiveness, perhaps also the seriousness, of such regulations.

In the introduction of the *Sanitäts – und Kontumazordnung* the regions where this regulation had to be followed are specified in the complete title of the sovereign Maria Theresia – a vast region including Bohemia, Hungary, parts of Italy as Lombardy, Tuscany and the region around Trieste and today's Belgium. The text is divided into two parts, the second one is better known for its contents had been discussed by Erna LESKY,<sup>5</sup> and the "cordon sanitaire" (*Sanitätskordon*) as means of epidemic control is well known in the history of medicine. In this part the ways of dealing with goods, animals and persons regarded as potentially infectious is described in detail, which gives an excellent insight into methods of epidemic control but also into various aspects of every day life and the perception of "danger". It stands out, that several times ethical discrimination of any kind is strictly forbidden and that this was definitely pointed out. However, these measures should be regarded as means of economic and social control too and "living with the cordon sanitaire" would be a valuable topic of research.

The first part of the *Sanitäts- und Kontumazordnung* deals with the structures of health-care in the "civil society" (*bürgerliche Gesellschaft*) and describes the provisions to keep citizens healthy, apart from the very specific situation of epidemics.

### Epidemic control

The division of the *Gesundheits- und Kontumazordnung* into two parts, one dealing with structures of health-care, the other with epidemic control, seems to be a result of the methods of coping with epidemic diseases, which were in use for several centuries in Austria, especially in Vienna. Medical care for patients suffering from diseases, which were considered to be infectious, was completely separated from medical care for other sick people. Practitioners providing treatment in case of infectious diseases were not allowed to cure other patients, no matter if they were doctors of medicine, surgeons or barbers. The *Magister Sanitatis* of Vienna, introduced as an "office" in 1552 was not the "city-physician", as in various German cities.<sup>6</sup> Usually he was a young doctor

<sup>5</sup> Erna Lesky, *Österreichisches Gesundheitswesen im Zeitalter des aufgeklärten Absolutismus* (Archiv für österreichische Geschichte, vol. 122/ 1, 1959).

<sup>6</sup> Manfred Stürzbecher, "The *physici* in German-speaking countries from the Middle-Age to the Enlightenment", in *The Town and the State Physician in Europe from the Middle Ages to the Enlightenment*, hg. Andrew W. Russell,, Wolfenbütteler Forschungen 17, Wolfenbüttel, 1981, pp. 123-130.

of medicine, working in the Hospital of St. Marx rather far outside the city walls, supported by barbers and surgeons, who had to prove special skills in treatment of infectious diseases in an examination by the medical faculty. Mortality in these professions was very high but if these practitioners survived this service they had good chances to make a career as *Landschaftsmedicus* (physician in charge of one quarter of today's Lower Austria), who was employed by the regional government, a highly respected position with a good income. Barbers and surgeons who had survived the plague of 1679 in Vienna for example, were sought-after professionals in Saxony, when the epidemic occurred one year later.<sup>7</sup> Medical care for poor citizens of Vienna was provided by the various houses of the *Bürgerspital* and by a doctor of the medical faculty, since 1519 regularly appointed at the end of the year. From the beginning of the 17<sup>th</sup> century, doctors who were employed by this institution, were in charge of patients treated in these institutions. In the first half of the 17<sup>th</sup> century the big *Kontumazhof* was established between the later "General Hospital" and the *Jospehinum*, a large hospital for infectious patients. It was rebuilt as a military hospital in 1785 and now houses the clinic of dentistry and the collections of the Medical University of Vienna.

First results of work in progress show that similar institutions existed in almost every village of Lower Austria and Western Hungary. In bigger towns *Kontumazhäuser* (hospitals for patients with infectious diseases) were in existence, most of them had already existed as leper-houses during the Middle Ages.<sup>8</sup> As described in the voluminous book on noble economy and household, written by Wolf Helmhard von Hohberg (1612–1688), which shows the ideal way of directing a manor, a hospital and a special hospital for infectious patients were estimated as an important part of providing health-care for the subjects.<sup>9</sup> Providing health-care for the sometimes rather numerous employees and the subjects of the surrounding was regarded as one of the duties of noblewomen, as described in the third chapter of Hohberg's "Gorgica curiosa". Several ladies became famous for their medical knowledge and

<sup>7</sup> Mentioned by Elke SchlenkricH in her unpublished paper "Wissenstransfer und Austausch medizinischen Personals während der Pestzüge des ausgehenden 17. und frühen 18. Jahrhunderts. das Beispiel Niederösterreich – Sachsen – Schlesien", presented at the conference "Wissensaustausch in der medizin des 16. – 18. Jahrhunderts. Wiener Gesprächen zur Sozialgeschichte der Medizin 2004.

<sup>8</sup> First results of the research-projects: "Early modern health care in Western Hungary and lower Austria", supported by the Austrian Science Fund.

<sup>9</sup> "... was aber die Siechenhäuser anlangt, so für die Aussätzigen und diejenigen welche unheilbare Krankheiten haben, gebauet sind, auch tempore pestis et morborum contagiosorum, die werden nicht leichtlich in die Städte und Märkte, sondern abseits und außerhalb gebauet..." In Wolf Helmar von Hohberg, *Georgica Curiosa* (1682), Cap. 51, p. 51.

their efforts in building up structures of health-care in their manors as for example Eleonora-Rosalia Fürstin zu Eckberg, who wrote a guide on “health-care in a manor”, the “Freywillig – aufgesprungener Granatapfel”....”<sup>10</sup>. The book was first published in 1697, several issues followed until the end of the 18<sup>th</sup> century.

The concept of separate treatment of infectious and non-infectious patients obviously had been influenced by or taken over from the way of dealing with infectious diseases in the republic of Venice. Medical theories on epidemics taught at the University of Padua were plead for in Vienna too and can be found in scientific texts, written by members of the medical faculty throughout the 15<sup>th</sup> to 18<sup>th</sup> century. Giving medical advice to authorities when epidemics were supposed to occur, was one of the duties of the medical faculty of Vienna, since it came into existence. The *Landschaftsmedici*, who were in charge of epidemic control in the rural regions normally cooperated with the medical faculty, usually they were members as well.

The strict separation as provision for epidemic control ordered in the *Sanitäts- und Kontumazordnung* of 1770, can be regarded as a result of long experience and medical practice in the Habsburg countries, the administrative measures were developed according to the situation of the 18<sup>th</sup> century.

Around 1750, so called commissions for health care (*Sanitätskommissionen*) were established in some of the Habsburg counties, to provide early measures against plague and other epidemics. In Hungary the royal commission for health-care had already been established earlier – around 1720.

In Bohemia and in the Austrian lands the medical faculties of Prague and of Vienna acted as health-care commissions before the middle of the 18<sup>th</sup> century.<sup>11</sup> They were in charge of licensing medical professionals, collecting information on potential epidemic diseases and giving advice for adequate measures. In the epidemic plague that struck Vienna in 1713, the systematic measures that had been introduced, especially a kind of early warning system, kept mortality to a certain limit. As soon as first rumours that some people had died in Western Hungary who had shown symptoms of a bubonic plague occurred, a group of young physicians was sent there by the medical faculty, reporting their opinion on the situation. When first

<sup>10</sup> *Freywillig-auffgesprungenergranat-Appfel, deß christlichen samaritans...von...Eleonora Maria Rosalia Hertzogin zu Crumau und Fürstin zu Eckenberg...gebohrne Fürstin von Liechtenstain, Hertzogin zu Troppau und Jägerndorff zusammengetrage* (1697).

<sup>11</sup> Petr Svobodny, “Universitas-Civitas-Sanitas. Relevante Quellen im Archiv der Karlsuniversität in Prag”, in Sonia Horn und Susanne C. Pils (eds.), *Sozialgeschichte der Medizin. Wiener Gespräche. Stadtgeschichte und Medizingeschichte* (1998), pp. 52-56.

cases of bubonic plague in Lower Austria signalled what was about to come, measures were taken to prepare special hospitals for the high number of patients which were expected. Trade was reduced, and animals as well as goods were strictly controlled or kept in quarantine before they could be brought to Vienna. However, it was not easy to put through all these measures. On one hand the religious attitude regarding an epidemic as punishment or as a divine trial might have been a reason for the not very rigorous handling of the recommendations of the medical faculty. On the other hand, I think that the situation and the recommendations had not been taken serious enough (perhaps because of religious attitudes too) and that the lack of strict regulations contributed to the outbreak of the epidemic. After this, there was an intense discussion in the medical faculty, finally stressing the importance of strict regulations for future epidemic control and especially separation of patients with infectious diseases and quarantine for persons, animals and goods coming from Hungary or the Ottoman Empire. At that time a structure similar to the later "Cordon Sanitaire" was established in parts of Hungary at the Turkish border.

### Administration of health care

According to the *Gesundheits- und Kontumazordnung* of 1770 commissions for health-care were established in the capitals of the Habsburg inherited lands. They consisted of two administrative officers, one acting as president of the commission, and at least one physician. In regions with military administrations, deputies of the military were members of these commissions.

As the commissions in the capitals could not survey the regions as such, the directors of the administrative districts together with the local district-physicians and district-surgeons had to give reports to the commission regularly or had to decide immediately in unforeseen situations and then give a report to the commission. The local medical professionals, physicians, surgeons, barbers, midwives as well as migrant professionals and eye-specialists had to pass on information on all unusual occurrences to the commission or to the district authorities, especially signs of infectious diseases in persons or animals, but first they had to provide adequate therapy in any case. They were obliged to do so by their instructions and their oath of office, which is specified in the *Sanitäts – und Kontumazordnung* and contains a detailed description of their duties.

Physicians acting as medical officers had to have reached the doctorate of medicine. Those who had graduated in Vienna could work in any part of the monarchy, whereas those who got the doctorate from a different

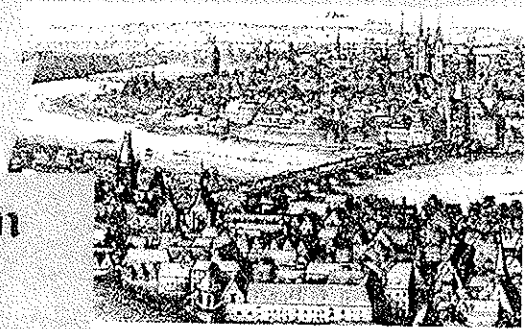
Administrative structures of  
health care according to the  
"Sanitäts- und  
Kontumazordnung"  
1770



## Sanitätshofdeputation

reports weekly

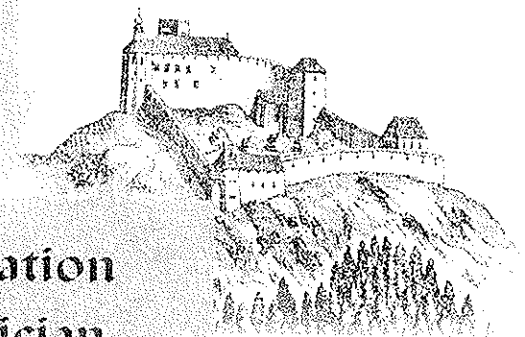
**Sanitätskommission**  
(2 officers, at least  
one physician)



## Provinzialdeputation

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**District administration  
and district physician**



university could only practice in the country where they had finished their studies. The district-physicians had to control all other medical professionals, they had to see if pharmacies had all necessary medications in stock and in good quality, they had to observe dissections and to keep an eye on good hygienic standards at markets etc. This function of doctors of medicine had been the duty of the medical faculty of Vienna for a very long time and this was handled in Prague in a similar way.

### The Vienna medical faculty and health care

According to the regulations in the Sanitäts – und Kontumazordnung medical practitioners like surgeons, barbers and midwives had to be examined by a university, and also here the model practiced in Vienna can be recognised. The records of the medical faculty, going back to 1399<sup>12</sup>, show the development of this domain of the medical faculty, of course a complex and multifarious process of negotiating positions in society and on the “medical marketplace”. From the beginning of the records onwards, a rather strict separation of internal treatment provided by doctors of medicine (*cura interna*) and external treatment by professionals (*cura externa*), who had been educated in other than academic contexts, was practiced. Until 1407 the medical faculty controlled medical practice of those who provided the *cura interna* in the city of Vienna and a region of two miles around the city. A privilege issued by the bishop of Passau in 1407 (Vienna was part of this diocese at that time) conferred the right to approve doctors of medicine and allow them to perform medical practice in the whole diocese. Persons treating patients by *cura interna* without the permission of the medical faculty were excommunicated. Though this process was rather expensive, the medical faculty made use of these measures several times and with this the professional position was strengthened.

In 1517, after several attempts and intense discussions, also the surgeons and barbers of Vienna had to get their approbation by the medical faculty. They were examined by the doctors of the faculty and the masters of their guilds. Step by step this approbation became usual in the surrounding regions, in today's Lower and Upper Austria, though this was not compulsory until 1638.<sup>13</sup> The neighbouring regions of Western Hungary used this model too, though there was no specified

<sup>12</sup> The work on the online edition of these sources is in progress, the first volumes are available on [www.meduniwien.ac.at/memoria\\_medicinae](http://www.meduniwien.ac.at/memoria_medicinae) by the end of 2005.

<sup>13</sup> Sonia Horn, *Examiniert und approbiert. Die Wiener medizinische Fakultät und nicht-akademische Heilkundige in Spätmittelalter und früher Neuzeit*. (PhD – thesis in History, Univ. Vienna 2001).



regulation. Since 1642 midwives were educated by so called *magistrae*, the twelve most experienced midwives of Vienna within the context of the medical faculty. They were matriculated at the medical faculty during the four years of their education, examined and licensed by the doctors of the faculty and their *magistra*. Several midwives who had been examined in Vienna worked in Hungary, Bohemia and Moravia and educated their pupils according to the standards of Vienna, finally sending them to Vienna to get examined.<sup>14</sup> Although the sources of the medical faculty of the University of Prague are not as informative as those of Vienna, it can be stated that a similar model of licensing medical professionals and controlling health-care structures was in use there.

By the middle of the 17<sup>th</sup> century the medical faculty served as multifunctional and central institution for the administration of health care in this vast region. These administrative duties were finally taken over by the *Sanitätskommission* in the middle of the 18<sup>th</sup> century.

### New structures

The local commissions were subordinated to the *Sanitätshofdeputation* in Vienna and had to send regular reports to this administrative unit. This is a typical example and by far not the only one for the centralisation of Austrian governance in the 18<sup>th</sup> century, starting with the administrative reforms of Maria Theresia and carried on by Joseph II.

Under the reign of Joseph II, medical statistics and precise statistical descriptions of the structures of health care had to be sent to the regional government every year. These lists, often mentioned as *Conduitlisten*, were exactly the same in the various Habsburg countries and are important historical sources today, but have hardly been researched.<sup>15</sup> The quality of information however depends on the educational level of the describing physician and his awareness of the necessity of these measures. It is interesting that geometry and mathematics, which are the basis of statistics, were compulsory subjects in the curriculum of the medical and surgical academy established by Joseph II in 1785, but not in the curriculum of the medical faculties. This was the same concerning the education in *Staatsarzneikunde*, which is similar to “public health” of today. In this academy people from all kinds of social backgrounds were educated as medical “all-rounders” for the military service, but as

<sup>14</sup> Sonia Horn, “Wiener Hebammen 1643 – 1753”, in *Studien zur Wiener Geschichte, Jahrbuch des Vereins für Geschichte der Stadt Wien*, Bd. 59, 2003, pp. 35-102.

<sup>15</sup> Lilla Krasz, “Das Hebammenwesen im Ungarn des 18. Jahrhunderts. – Zwischen Tradition und bürokratischer Verwissenschaftlichung”, in *MedGG* 19 (2001), pp. 179-198.

mentioned above, several regions of the Habsburg empire were under military administration and there these medical professionals provided health-care not only to the members of the military but also to civilians. These regions had been “colonialized” after the last Turkish wars in the early 18<sup>th</sup> century and the military administration built up completely new structures also in health-care. Graduates from this academy were educated in a science that can be described as “medical cameralism”, they had the skills to create lists and statistics and with this observed the development of the population. The theoretical basis for this was the *Staatsarzneykunde*. But where did these ideas come from?

### Mercantilist ideas and medical police

The mercantilist economists writing on the optimization of the Austrian economy in the 17<sup>th</sup> century, Johann Joachim BECHER (1635-1682)<sup>16</sup> and Philipp Wilhelm HÖRNIGK (1640-1714)<sup>17</sup> regarded the development of a structured and centralised health-care system as a possibility to raise the number of people living and working in the Habsburg countries. Later Joseph von Sonnenfels and Johann Peter Frank developed these ideas in several writings to a theory, based on experiences already collected.<sup>18</sup> The *Sanitäts- und Kontumazordnung* can therefore be seen as a realization of theories as well as experiences made with an existing model in a smaller region and finally brought to a much larger area.

The central idea of these theories and one of the aims of enlightened absolutistic governance in the Habsburg countries was the increase of the healthy and working population. It was considered as a responsibility of the State to provide health-care on a high level, and support the realisation of these theories. The book on economy and politics by Joseph Sonnenfels, *Grundsätze der Polizey, Handlung und Finanz*, issued in three volumes between 1765 and 1776, refers to the importance of a structured health-care system and provision for poor in detail. However these ideas – especially the importance of a healthy working population – can be found in the treaties of the economists Becher and Hörnigk, of the 17<sup>th</sup> century, who wrote on the special situation of Austria. It is more than obvious that the family relations to Ludwig Hörnigk (1600-1667), a doctor of medicine and law, father of Phillip Hörnigk and father in law

<sup>16</sup> Johann Joachim Becher, *Politischer Discurs von den eigentlichen Ursachen des Auf- und Abnehmens der Städte, Länder und Republiken*, 1667.

<sup>17</sup> Philipp Wilhelm von Hörnigk, *Österreich über alles, wann es nur will* (1684).

<sup>18</sup> Joseph von Sonnenfels, *Grundsätze der Polizey, Handlung und Finanz* (1765), esp. pp. 198-229.

of Johann Joachim Becher, who had studied medicine with him, had influenced their theories. In Ludwig Hörnigk's *Politia medica*,<sup>19</sup> a structured and centralised health-care was described as the ideal measure to keep population healthy. Though he did not describe the situation in Austria, the structure he described was already reality when his book was published. Ludwig Hörnigk knew this structure as he had connections to the medical faculty in Vienna and in 1647 applied for the position of *Magister Sanitatis*. He was accepted, but did not start working in Vienna.

Parallel to these theoretical texts, the important and well known *Georgica curiosa* published in 1682 by Wolf Helmhard von Hohberg, an emigrated protestant aristocrat, describes the duties of lords to take care for the health of their subjects and to build up good structures in their manors. In this work the idea that the lord, or better the lady, is responsible for health-care is stressed, whereas in the texts of the economists Philipp Wilhelm Hörnigk and Johann Joachim Becher, the idea is plead for that this should be a responsibility of the State. This fits into the political situation of Austria in this period – when the last protestant aristocrats (as Hohberg) had to leave Austria for “confessional” reasons, as it was defined. In this period the aristocracy were severe opponents to the Habsburg sovereign and mainly protestant. As Counter-Reformation in Austria has to be seen more as a political means of establishing the political power of the sovereign and get rid of the aristocracy, it is of special interest, that both – the aristocrat, passing on knowledge how to run the aristocratic economy, as well as the economist, developing theories of absolutism, end up with the same idea – the claim for a structured health-care to keep people healthy and able to work.

In his well known text on medical police, Johann Peter Frank, the experienced director of the health-care institutions of Lombardy (1795-1805) and later director of the General Hospital in Vienna, worked out a system of health-care structures, including a lot of different aspects of life, for example the way of building cities, lights in classrooms as well as the care for healthy and numerous infants. Medical police should cover and percolate through the whole way of life of citizens and should be considered in every aspect of administration and governance.

Seen in historical and theoretical contexts, the Sanitäts- und Kontumazordnung developed out of pre-existing and proved models of health-care structures. The theoretical background obviously influenced

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<sup>19</sup> Ludwig von Hörnigk, *Politia medica* oder Beschreibung dessen was die Medici, so wohl insgemein als auch verordnete Hof- Statt- Feldt- Hospital und Pest-Medici, Apothecker, Materialisten, Wundärzte, Barbierer, Feldscherer, Oculisten, Bruch- und Steinschneider [...] tun und beachten sollen. (1638).

or described these models. The idea and practical realization of enlightened absolutism in the Habsburg countries by the end of the 18<sup>th</sup> century made the state and the community responsible for the provision of health care for all citizens on a high level.

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- Fürstin zu Eckenberg...gebohrne Fürstin von Liechtenstain, Hertzogin zu Troppau und Jägerndorff zusammengetragen, Vienna, 1697.*
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