
A FELVILÁGOSULT ABSZOLUTIZMUS EGÉSZSÉGÜGYE THE HEALTH REVIEW OF ABSOLUTISM

Founding the modern Hungarian health system in the 18th century

A modern magyar egészségügyi rendszer megteremtése a 18. században

Prof.dr. Balázs Péter

Semmelweis Egyetem, Népegészségtani Intézet
balazs.peter@med.semmelweis-univ.hu

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Abstract

Since the middle Ages, Hungary's prolonged 18th century provided the first opportunity to leave behind the medieval legacy of this country. After the lost battle at Mohács 1526 against the spreading Ottoman Empire, the kingdom founded in 1000 A.D. was split up in three parts for more than 150 years. Hungary entered first Europe's modern period at the turn of the 17th and 18th century in the wake of the long series of successful Habsburg military campaigns against the Ottomans. As a result, the Habsburg house incorporated the royal Hungary like other provinces to its empire. Following the military victories, the primary issue of the imperial-royal public health was creating a nationwide defence system in Hungary to hold up the devastating plague epidemic invasions crossing the eastern and southern state borders. Since the late 1720s, and after the era massive epidemic devastations, the peaceful socioeconomic development revealed a number of earlier second tier problems of water supply, food security, community and industrial waste material management, burial hygiene and many other related issues. Obviously, the community and individual medical services were insufficient to cope with all these problems. However, the imperial-royal health legislation endeavoured to keep pace with these emerging needs too, while enacting relevant laws and strove to create circumstances up to the level of the most developed European nations.

Keywords: Hungary's historic public health, 18th century health legislation, epidemics, medical service

Kulcsszavak: Magyarországi közegészségügy története, 18. századi egészségügyi jogszabályok, járványok, egészségügyi szolgáltatások

Hungary's short history in the 18th century

Hungary's prolonged 18th century provided first the opportunity to leave behind the middle Ages and enter the early modern period of this country. To realize the pivotal turns of this era we have to start the story in 1686. From Hungarian point of view, it was a symbolic year of victorious military campaigns against the Ottoman Empire i.e. that time was the liberation of Buda the former capital from alien occupation. In Hungary, the Ottoman conquest started after the lost battle of Mohács 1526. As a result, the Ottomans subjected the north pointed wedge shaped central part of the kingdom. The rest arranged a parallel coronation of two kings (one of the Habsburg house and the other of Hungarian nationality) who launched a prolonged conflict between the so-called legitimate Habsburg ruled royal Hungary and Transylvania. To the royal Hungary belonged the northeaster and western parts from the upper course of the river Tisza and followed a semi-circle line down to the Adriatic seacoast of Croatia an associated kingdom of Hungary for

800 years. In the eastern part of the former country, Transylvania was a special region in itself since the foundation of the realm in 1000. When separated from the former integrity, it was in the hand of the Hungarian national king who finally abdicated and was created prince of Transylvania. The new principality the Ottomans provided a so-called military protection until 1699 when the Habsburgs took over Transylvania however did not re-unite it with the restored Hungarian kingdom. This year, the peace treaty of Carlowitz 1699¹ did not prohibit this option, nevertheless the last southern part of the former medieval kingdom was freed first 1717. In this regard, among all other nations only the Hungarians had resolute expectations, but none of the triumphant European powers at least the Habsburgs were interested to revitalise whichever new edition of the strong medieval kingdom. Alone the French diplomacy showed a modest interest, but the French were heavily engaged in the Spanish succession war (1700-1714) and in terms of anti-Habsburg considerations supported rather the Ottoman Empire.

Hungary entered as a divided and separately ruled country the 18th century (royal Hungary, Transylvania, and Croatia) and after the short enthusiasm of liberation experienced the first steps of province-like integration into the Habsburg Empire. Having expelled the Turks out of Buda, the Hungarian parliament enacted 1687 the law of the Habsburgs' hereditary male throne succession and abandoning this way the law 1222 of the king's free election. King Leopold I (1657-1705) and Joseph I (1705-1711) set on to reorganise the country exclusively in line with interests of the Vienna imperial administration. These actions attacked spectacularly the Hungarians' historic hopes and expectations. Dissatisfaction was spreading from the lower classes through the nobility to the highest aristocracy. This tension exploded in the freedom fight (1703-1711) of prince Rákóczi. Unfortunately, and as mentioned above, this prolonged military conflict was only a collateral battlefield of the Spanish succession war (1700-1714), which determined Western Europe's future in the 18th century. Rákóczi was defeated, nevertheless the Hungarians' changed the strategy and resisted the Habsburgs through political means and ways by the Parliament's actions. Finally, the parliamentary session 1723 achieved a peaceful settlement by reorganizing and partly rearranging the traditional medieval state administration and law enforcement based on the self-governing counties. This constitutional system proved to be a firm foundation for the socioeconomic development of the country even beyond the 18th century. Hungary, within the Habsburg Empire, that extended from beyond the eastern Carpathians to the Austrian Netherlands (Flandern, Brabant, Hennagau, Luxembourg) i.e. to the Atlantic Ocean became a part of this European big power and its modernisation.

Absolutism as a precondition of any modern health systems

Preconditions of any nationwide and effective legal regulation are the centralised administration of the government and its firm law enforcement. Throughout the medieval ages (A.D. 500-1500) Europe's typical governing system was the hereditary monarchy supported or controlled by imperial or national assemblies, delegates of which were initially the members of aristocracy and the highest ranking priests of the Catholic clergy. In the overwhelming agricultural environment, re-emerging cities literally on the ruins of the former Roman Empire became trade and manufacturing centres since the 1200's, and were exempted out of the feudal territorial system. They were the privileged free imperial or royal cities, had their separate local legislation and administration, and sent delegates to the national assemblies. These cities were primary supporters of the evolving centralised governing bodies and imperial or royal agencies.

Since the 17th century, the key issue of development in trade, industry and military supremacy was apparently the centralised and efficient administration of the most important state affairs as reorganisation of trade and industry, armies and navies and international diplomatic activities. Among Europe's competing big powers France was the first that realised these new opportunities and was unquestionable winner of this race in the 1600's. Based on the principle *un roi une foi une loi* (one king, one belief, one law) the greatest statesmen of this era, Cardinal Mazarin (1602-1661) and Richelieu (1685-1742), Jean Baptist Colbert (1619-1683) and François Michel Le Tellier du Luvois (1641-1691) reshaped the ancient style medieval France. They were founders of the new state administration that was copied later as absolute monarchy in the following century. Instead of the king's former secret court councils and advisory committees, they

ministered and headed specialised executive departments. The greatest merit of Cardinal Mazarin as “prime minister” (1643-1661) was the exclusion of the highest aristocracy out of running the state affairs. He was the pre-eminent mastermind of the historic peace treaty of Westphalia (1648) which opened the way for the fundamentally new European development. Cardinal Richelieu as Mazarin’s successor headed the Royal Council (1624-1642) the first modern cabinet. He set up the permanent army, reorganised the local government of the provinces while delegating royal intendants. They dismissed the locally elected members of the aristocracy and backed up the urban magistrates as the most important supporters of the centralised administration. J. B. Colbert as a minister of finances (1665-1683) hallmarked the mercantilism a new style of arranging trade and monetary affairs of the emerging national economy. He prepared the first annual state budget and introduced the systematic bookkeeping of the treasury. The pledge for the large-scale future industrial development was changing the obsolete cottage industry for manufacturing mass production. Louvois was in modern terms the first Secretary of State for War (1662-1691) and established the permanent army clad in uniforms under the commandment of systematic ranks of officers.

In the middle of the following century while analysing these historic changes created Montesquieu (1689-1755) his masterwork “The spirit of the laws” and published it first anonymously in 1748. His brand-new idea was the separation of state power to legislative, executive and judicial branches. This clear sectioning emphasized primarily the significance of the executive power development of which was the basic achievement of the 17th century French kingdom.

Coming back to the late 1600s and the early 1700s, Europe’s traditional and emerging military and economic powers realized that the pledge of success in the international arena was the absolute power of the executive. Unlikely to the legislative and judicial powers, which deeply rooted in the traditional feudal system, the new executive surpassed the regional borders of former local governments and created nationwide agencies servants of which were recruited out of the emerging civil middle classes. Parallel to the civil administration, reshaped armies and navies gained new functions. Navies protected and controlled the trade by sea and armies had to do the same in land transportation. Since civil agencies were lacking of armed forces (like police today) they needed if necessary the help of armies in critical situations like isolation or *cordon sanitaires* in time of epidemics in seaports and at land respectively. Acceleration of economic and political changes transformed dramatically the feature of national legislation. Assemblies summoned once in a year created acts for regulating the state affairs nevertheless they were not able to satisfy the legislative needs of day-to-day changes in the politics and economy. In this situation, the sovereign’s mandates or orders provided help in all successful countries. Issuing these was not a new phenomenon nevertheless past imperial or royal mandates lacking of centralised and nationwide law enforcement were rather solemn declarations than effective rules for day-to-day use of the society.

Prussia, the rapidly emerging military power in Europe copied first the new model of absolutism at the beginning of the 18th century. King Frederic William I (1713-1740) introduced the model of centralised and professionally subdivided government with *departments* of nationwide administration and law enforcement. This new organisation re-formed also the health affairs. Europe’s first comprehensive health legislation was issued in 1725 as “General and new sharpened medical edict of Prussian king and prince elector of Brandenburg”.²

The next turn of developing absolutism was the absorption of social and economic ideas of the Enlightenment. This new understanding of social practices and sciences spread out of France but the birthplace of new economics opposing the French mercantilism and named as physiocratic school was in England. The updated edition of absolutism attributed as enlightened, applied both ideas while having acknowledged that the ultimate source of economic and military power was the wealth and health of the society. Iconic monarch of this new wave was Frederic II king of Prussia (1740-1786). Under his rule, the kingdom experienced the greatest reform since ever of economic infrastructure (roads, river engineering by canalisation and draining of marshlands, extensive agriculture, internal and external trade and manufacturing industry). The new social merits cited sometimes negatively as “Prussian” were order, discipline, security, accuracy and reliability embedded in the classic liberalism.

Maria Theresa (1740-1780) and the Habsburg Empire in a permanent rivalry with Frederic II considered the Prussian edict 1725 as a golden standard for the health legislation. However, the Habsburgs re-tuned it by the social ideas of the Enlightenment. Maria Theresa declared solemnly 1770 in the preamble of the General Code of Health that “amongst our maternal cares there is a primary goal to save the health of our subjected nations”.³ The Code as a comprehensive legal framework of public and private health affairs was the key stone of the 18th century Habsburg health legislation.⁴ Maria Theresa’s son and her successor on the throne Joseph II issued more than 6,000 mandates. The health related ones regulated public health agencies and community services, individual medical caregivers (physicians, surgeons, midwives, pharmacists, bathers) veterinary needs of livestock farming and the widespread environmental health issues.

Paramount legal works of the 18th century Habsburg Empire

In the dawning era of enlightened absolutism, the health and wealth of the subjects, as mentioned above, became primary concern as a pledge for any social and economic development. Following the contemporary trends of centralisation, it was obvious that all kingdoms and provinces of the Habsburg Empire needed a uniform state run public health system with devoted public and civil servants. City administrations of medieval and early modern period developed traditional elements of public health as providing healthy and ample water supply, managing the communities’ wastewaters, keeping clean public places, regulating burial rites, and cemeteries, protecting the natural and managing the built environment. Additionally, there were contracted physicians and surgeons advising the magistrates and providing free of charge services for indigent urban people. Local and regional regulations of pharmacies completed this typical city legislation.

Above all these developments, the main concern of imperial public health was that repeating waves of plague epidemic attacked permanently the border regions between the Habsburg and Ottoman Empires. Ravages left behind were more serious than any past direct and collateral military losses. The imperial administration considered the Turkish occupied parts of the former Hungarian kingdom as a natural buffer zone protecting the western and northern parts of the Empire. Yet among all hereditary provinces, Lower-Austria was under permanent threat to the end of the 17th century. Thus in the second half of the 1600’s this hereditary province established a standing public health council. The sessions headed the emperor’s personal commissioner and there were regularly invited some MD’s and the dean of the medical faculty of the Vienna University further the mayor of the city. Since 1683, in the wake of the victorious military campaigns, the council extended its authority to the occupied territories. Despite of these endeavours, a serious plague epidemic spreading from the Balkan devastated also Lower Austria 1713-15.

Since the historic turn by the peace treaty of Carlowitz 1699, the central government in Vienna faced new challenges of the free trade with the Ottoman Empire. New ways of land transportation opened on the Balkan and at sea in the Mediterranean through the Adriatic seaports. Instigated by new economic and military advantages in the maritime affairs, the main interest was promoting the long distance sea trade and mounting a powerful navy. However, for epidemic security reasons, creating the maritime public health service was a primary issue for protecting the Adriatic seaports of the threatening plague outbreaks. Repeating waves of epidemic started out of the coastal trade centres of the Eastern Mediterranean.

Concerning generally the health affairs emperor, Charles VI (1711-1740) issued a number of public health mandates seemingly without any signs of a comprehensive conception. Yet the main topics were apparent: uniform regulation for providers of individual health services, professional support for general administration and law enforcement, epidemiologic security of the maritime trade by health magistrates in the seaports and along the coastal lines of threatened provinces. Despite of partial achievements, inland protection on the Balkans remained unsolved, however the first quarantine stations apparently the copies of seaport facilities were already in service on the border crossings of the main trade routes.

Charles VI (the III as a king of Hungary) deceased 1740 without male successor on the throne. Albeit, he tried to have the female inheritance of the Habsburg house accepted by the European big powers the Empire faced serious challenges and military conflicts in the 1740s. Thus the first decade under Maria

Theresa was not ideal (to put it mildly) for any comprehensive health legislation. In the first years of the consolidated 1750's the central administration set on to prepare general rules for inland public health services and special rules for the maritime public health agencies. In order to speed up the preparations, Maria Theresa appointed 1753 the former Lower Austria public health council as a new imperial court council of health affairs. While starting a comprehensive legislation, it was plausible to take over the Prussian medical edict 1725 with due modifications. Professional mastermind of this adaptation was Gerard van Swieten (1700-1772) court physician of Maria Theresa since 1745. Swieten's role far exceeded that of a usual personal physician since he persuaded the queen and emperor consort first to change the administrative structure of the medical school in the Vienna University. In a newly created position, Swieten was appointed 1749 as president of the faculty, thus he controlled and supervised the dean and his intern elected council. While extending gradually his competencies, Swieten took over practically the dean's role, issued the faculty's resolutions, decided about the appointment of professors, examined and licenced surgeons, pharmacists and midwives.

The first comprehensive legislation as imperial mandate was the "Order of Medicine in the Bohemian Kingdom" in Prague 1753.⁵ Swieten knew exactly and appreciated the Prussian edict thus he transferred even entire sections of its original wording.⁶ Initially the territorial power of the mandate concerned only the Bohemian kingdom but the order was enacted soon in all hereditary provinces.

The order applied the medical faculty's administration in Vienna to the Prague University and made it a central agency of the law enforcement of individual medical services. Together with orders for medical providers (physicians, surgeons, pharmacists, midwives) the new legislation endeavoured to separate the trade of chemicals, spices, herbs, desserts, and distillery products from those of pharmaceuticals. At the end, in the miscellanea it concerned medical fees in case of litigation and ordered to prepare the Czech translation of the midwifery chapter.

The greatest merit of the Prague order was the mandatory employment of physicians, surgeons, and midwives as public servants, further extending the administrative powers of medical schools in licensing doctors, surgeons, midwives and pharmacists, finally creating an imperial network of public health administration.

The next urgent issue of the court commission was the regulation of already existing maritime public health service. Since 1717, the Adriatic cities Trieste and Fiume were declared as duty free seaports. They had as soon as 1725 public health magistrates and quarantine stations. Relevant imperial mandates copied substantially the infrastructure and procedures of the Venetian Republic and other Italian coastal centres. Public health magistrates of the new seaports run two subdivisions to control entering and leaving ships, and to manage so-called purification goods and passengers in quarantine stations. Further, the magistrates cooperated with the port authority in general law enforcement issues. The weakest link of these local services was the protection of the long coastline in imminent danger when outbreaks were detected in the neighbouring Venetian or Ottoman provinces.

The first and last comprehensive maritime legislation of the century was issued 1755 as "General public health rules and instructions for public health officers in the seaside region of Inner-Austria".⁷ However, it was amended 1769 when new and separated port and quarantine station were erected in Trieste for certainly infected ships, crews, passengers and cargoes. In the meantime 1757 distinct rules and instructions regulated the rest of primary Adriatic ports with own magistrates but without quarantine stations: "Regulation and instructions for public health authorities to be implemented in the royal commercial free city Zengg and the royal commercial city Carlobag".⁸ The following legislation in 1764 ranked the ports as primary, secondary and tertiary and regulated the means and ways of epidemiologic defence along the entire coastline. Secondary ports had only a public health delegate and tertiary were without any standing professional service. The concerning mandate had a long title: "Regulations of provinces and instructions for public health magistrates, delegates, tax-collectors, office attendants, sentinels, peasants, and soldiers on the flat and rocky seaside of the Austrian shores, and in case of special exclusion and prohibition of provinces in the same or the neighbouring region".⁹ Substantial innovation was

a close chain of sentinels positioned in a naked eyes' distance along the coastlines in case of imminent epidemic invasions.

The 1755 legislation named shortly as Sea quarantine law contained 16 chapters. The first seven of them concerned the official procedures of controlling incoming and issuing leaving ships, purging separately ships, crews, passengers and merchandise. Second part of the law determined the structure and personnel of public health magistrates and its subordinated offices. There were three subdivisions: the port authority with special mandates in health affairs, the quarantine station, and the control house of the public health guard at the entrance of the harbour. A special additional chapter concerned the military guard commanded to the quarantine station. The last chapter regulated the medical service represented by a physician or a surgeon. Avoiding any misinterpretation of law enforcement, it emphasized that these professionals were public servants without causal or permanent authority entitlements of civil servants except extremely urgent situations.

Additionally to these legislations, a special penalty law of public health crimes came out 1766: "Execution by hanging of perpetrators of quarantine regulations".¹⁰ It focused mainly on the coastal region nevertheless anticipated the inland crimes perpetrated in terms of the General Code of Health (GCH) 1770.

The GCH was the most comprehensive legislation of the 18th century. In Hungary, it stayed in power through more than hundred years. First 1876 was the new public health law enacted by the 1867 restored parliament of the kingdom. The GCH summarized all the law-making achievements of its century. The preamble incorporated the former maritime mandates 1755, 1757, 1764, and 1769 together with the penalty law 1766.

Substantial novelty of the GCH was the comprehensive regulation of individual medical providers applied and controlled by the general law enforcement. Because of pre-eminent importance of fighting epidemic invasions through the Balkan routes, as a separate branch of the law enforcement the inland epidemic service was also created. Based on the sea-patterns, a strongly controlled line of defence was drawn from the Adriatic Sea to the eastern Carpathians, which was completed by 1770 and extended towards Poland 1771.

Ahead of these two special parts, the GCH determined the structure of the imperial public health administration. At the supreme level, the court administration in Vienna arranged the cooperation of civil and military services. Under the central imperial government, there were governments of provinces with public health commissions that ruled the subordinate magistrates of cities and counties.

Part I concerned the population's individual health care through medical services in the inland provinces. Private professionals became appointed first as public servants for advising civil services and providing public financed medical care for indigent people. This part contained four chapters each one with rules for special public servants as 1) physicians, 2) surgeons, 3) pharmacists, and 4) midwives. All chapters ended with a solemn oath for the public service. These providers, contrasted to their private counterparts operating on the free market, became agents of the law enforcement. If necessary, they were experts of the judiciary system and physicians supervised and controlled all surgeons, pharmacists and midwives.

Part II regulated the imperial border service of *cordon sanitaires* a chain of sentinels (in necessary) and quarantine stations. According to chapter 1, lacking of any armed forces the civil law enforcement needed army personnel for setting up the cordons in imminent danger. Chapter 2 detailed the director's instructions of quarantine stations with his solemn oath. Chapter 3 advised medical doctors and surgeons of quarantines, and chapter 4 contained the rules for staff purging the merchandise and guarding the merchants and passengers. They as public servants had also to put down a required oath. Part II contained also the itemised list of duties for purging merchandise. The final section concerned the local cross-border trade with substantial concessions acknowledging the day-to-day needs of communities living close to the frontier between the Habsburg and Ottoman Empires.

Hungary's own health legislation in the Habsburg Empire

First, the Act of the parliamentary session 1723 opened the way for the peaceful socioeconomic development of the Hungarian Kingdom that was separately governed from principality Transylvania and kingdoms of Slavonia-Croatia. Further, the near-to-border regions from the Adriatic Sea to Transylvania were under military administration commanded immediately by the central imperial war council in Vienna. In the evolving protection against invading epidemics, the Hungarian Kingdom's administration played a negligible role since it had only one external imperial-royal border station (Máramaros) in the Northeast of the country. Under these circumstances, it is understandable that the Hungarians promoted pre-eminently the rearranging of individual medical services of local health administrations since they were in a desolate situation in the former Turkish occupied territories.

Following the Act 1723, Hungarians had a separate royal council headed by the governor, a Habsburg archduke who lived permanently in the capital of the country. The king resided in Vienna and had a special court chamber of Hungarian affairs for official communication with the governor's council. Vienna issued the same imperial mandates for all provinces and kingdoms of the Empire. They came automatically into operation except Hungary where only the governor's council was entitled to publish them by actual resolutions. Additionally, the council as a separate authority issued its own regulations for magistrates of free royal cities and counties. Local administrations by a self-governing principle operated under local congregations and city councils. Lacking of any central task force of law enforcement, local magistrates were able to put off inconvenient orders issued even at the highest levels. By the way, this tug of war named as passive resistance was played throughout the 18th century between Vienna and the Hungarian counties assisted occasionally also by the governor's council.

Since Hungary had practically no external imperial borders, the country set on in the 1740s to create a nationwide framework for medical services and health administration. First, the governor's council mandated 1742 János Justus Torkos MD and public servant physician of the contemporary capital Pozsony (today Bratislava in Slovakia) to compile a list of prices for pharmacies, and surgical and obstetrical fees with legal instructions for pharmacists, surgeons and midwives. The council issued the relevant resolution 1745 to introduce a new nationwide regulation. Nevertheless, the pharmaceutical list was not attached to the distributed copies of the legislation.¹¹ The county and city magistrates were advised instead to buy the list from Torkos himself who had already printed 1,000 copies. He noticed after 20 years when the updated imperial regulation came out in 1765 that he had 800 copies on store yet.¹²

In the wake of the Prague order, 1755 the standing health committee of the governor's council prepared a general plan of health regulations.¹³ As Hungary had no medical faculty in its university in Nagyszombat (Trnava today in Slovakia), the Prague model was not applicable to the non-existing academic administration. However, this plan concerned first nationwide rules for physicians and the committee proposed mandatory fees for medical doctors too (based on the Prussian edict 1725). Nevertheless, the councillors knew exactly that the imperial administration opposed since ever fiercely this type of remuneration, thus they rejected it in turn by themselves while apologising for such an unappropriate idea. Unfortunately, in the era between 1755 and 1770, even other parts of this plan were never concerned seriously by the Vienna administration.

The GCH came in power January 2, 1770 in the whole empire except the Hungarian Kingdom. The governor's council received the official German wording only April 25, 1770. The first step was the translation since Latin was the country's administrative language. The council added a changed introduction emphasizing the historic integrity of the kingdom, as it existed through the Medieval Ages. The modified context indicated that the kingdom had to be ruled together with Transylvania, Croatia, Slavonia, and Dalmatia. Additionally, some humble proposals presented the MD councillor of the standing health committee in his medical opinion. It discussed the procedure of doctors' licencing, the physicians' fees and the examination of surgeons. Since 1756, licencing in the Hungarian kingdom was delegated to the health committee of the governor's council but the new legislation mandated exclusively medical faculties of imperial universities. This problem was already solved at the end 1769 when Maria Theresa founded

December 14 the medical faculty of the university in Hungary¹⁴ and the training started in the academic year 1770/1771. The second issue was mandatory setting of physicians' fees based on the referred Prussian list to be introduced also in Hungary. As expected, the imperial court rejected it in turn and left unchanged the principle of doctors' free bargain with their patients. A single but delayed success was the examination of surgeons by local physicians. The original GCH mandated exclusively the universities' medical faculties, which was obviously not feasible in the day-to-day practice. Thus, the imperial GCH amendment revised it 1773 and delegated this entitlement to the contracted public servant physicians of cities and provinces (counties in Hungary). The only flaw in a matter was that the governor's council enforced the amendment as late as 1778 after urging of the royal court chamber.

Albeit, the GCH was generally accepted, the Hungarian legislature challenged it continuously since according to the national traditions a basic law of this importance should have been discussed and enacted only by the parliament of this country. The conflict was obvious already during the preparations because the queen did not summon the parliament since 1765 until her death in 1780. His successor Joseph II did not change this practice however shortly before his death he promised to summon the parliament but the first session was opened by the new king Leopold II (1790-1792) in 1790. The parliamentary commission delegated among others in public health issues prepared a new comprehensive law and a separate royal mandate for execution.¹⁵ However, these proposals were never discussed seriously at any parliamentary session of the outgoing and the subsequent century. First the Austro-Hungarian Monarchy founded 1867 put aside the obsolete GCH and enacted a brand-new legislation in 1876.

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