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ANALYSIS OF THERESIAN GENERAL HEALTH REGULATIONS FROM 1770 AND HEALTH REGULATIONS IN CROATIA AND SLAVONIA DURING THE SECOND HALF OF THE 19TH CENTURY

Abstract: *In the introductory part of the work, the assumption of power by the Empress and Queen Maria Theresa is presented and her reforms in the field of health are explained. Particular attention is paid to the adoption of the General Health Ordinance of 1770, which unified all previous health regulations into one valid for the entire Habsburg Monarchy. In the further course of the work, the legal provisions of the aforementioned ordinance, which regulated health care, are presented in detail. Furthermore, the importance of the Croatian-Hungarian Compromise of 1868 and the creation of a legal basis for the development of further health reforms is explained, which is why the Health Care Regulation Act was first enacted in 1874 and the Health Care Service Regulation Act, the Pharmacy Act and other accompanying health regulations in 1894.*

Keywords: *health care, regulations, Maria Theresa, Croatia and Slavonia, 19th century.*

1. INTRODUCTION

When Maria Theresa succeeded her father Charles VI. on the Habsburg throne in 1740, she faced a number of problems in consolidating her power. Faced with the fact that she would have no male heir, numerous political enemies of the House of Habsburg hatched a conspiracy and did not accept Maria Theresa's assumption of power. The Croatian authorities, on the other hand, wanted to help

Maria Theresa and recognised the “royal right of the female gender” at the Parliament of 1712, which gave her a pragmatic sanction that was later accepted by other crown lands.¹ Put simply, the Croatian pragmatic sanction, i.e. Article 7, passed by the Croatian Parliament in March 1712, recognised the right of succession of the female line of the House of Habsburg in the Kingdom of Croatia.² Shortly after the seizure of power, there was unrest between political dissenters and the outbreak of the War of the Austrian Succession (1740- 1748). However, thanks to the support of the Croatian and Hungarian estates, Maria Theresa was crowned in the Hungarian Parliament in 1741.³ This was of great importance to the Croatian estates, especially since most Croatian territories had been liberated from Turkish rule in the late 17th and early 18th centuries.⁴ Maria Theresa’s decision of May 1741 confirmed the annexation of Slavonia, which reinforced the need for structural reforms in the liberated territories.⁵ Thus, during the reign of Empress and Queen Maria Theresa, the county administration in Banal Croatia was reorganised, the Croatian Royal Council was established and the executive and legislative powers were separated. This separation of powers made it possible to pass and implement reform laws in the areas of administration, education, justice and health care.⁶ Finally, in 1770, the Empress and Queen Maria Theresa, with the help of the Austrian physician Gerhard Van Swieten⁷ issued the General Health Ordinance – *Generale Normativum Sanitatis*⁸ and lesser known ordinance against the plague – *Pestreglement*.⁹ The General Health Ordinance of 1770 applied throughout the Habsburg Monarchy and formed the basis for the regulation of health care in the Austrian Empire.¹⁰ It stipulated that every provincial government had to have its own health commission¹¹ and introduced compulsory training for

¹ Trpimir Vedriš, “Apostolska kraljica ... Dalmacije, Hrvatske i Slavonije Povodom 300. obljetnice rođenja Marije Terezije (1717.–1780.).” *Obnovljeni Život*, 2/2017, 147.

² Ivana Jukić, “Vladavina žena na Bečkom dvoru 1711./1712. i Hrvatska pragmatička sankcija.” *Povijesni prilozi*, 30/2006, 104.

³ Trpimir Vedriš, o. c., 147.

⁴ Robert Skenderović, “Zdravstvene reforme Marije Terezije u slavonskom Provincijalu i Generale normativum sanitatis iz 1770.” *Scrinia Slavonica*, 1/2005, 137.

⁵ Trpimir Vedriš, o. c., 149.

⁶ Ivana Horbec, “Homo principis et homo statuum – banska služba za vladavine Marije Terezije.” *Povijesni prilozi*, 37/2009, 284.

⁷ Jan G Van den Tweel, Roland Sedivy, “Gerard van Swieten, the Dutch personal physician of Empress Maria Theresia (1700-1780).” *Wiener medizinische Wochenschrift*, 11 – 12/2020, 320–324.

⁸ Robert Skenderović, o. c., 139; Lujo Thaller, *Povijest medicine u Hrvatskoj i Slavoniji od godine 1770. do 1850*, Karlovac 1927, 33.

⁹ Alexander Buczynski, “Kuga, kontumaci i karantena: epidemiološke mjere u Vojnoj krajini u 18. i 19. stoljeću” *Narodna umjetnost*, 1/2021, 196.

¹⁰ Robert Skenderović, o. c., 139; Christa Kletter, “Austrian Pharmacy in the 18th and 19th Century” *Scientia Pharmaceutica*, 3/2010, 400.

¹¹ Robert Skenderović, o. c., 139.

pharmacists, midwives and doctors.¹² These provisions formed the backbone of the legal regulation of health care in the Monarchy, including the Kingdom of Slavonia, until the conclusion of the Croatian-Hungarian Compromise in 1868, by which the Kingdom of Croatia and Slavonia and the Kingdom of Hungary regulated their interstate relations. This stipulated that matters of internal administration and health care were autonomous matters, which would henceforth be administered by the National Government, the Parliament and the Ban.¹³ On this basis, and thanks to the strong political activity of the Ban Ivan Mažuranić in the period from 1873 to 1880¹⁴, new and modern laws regulating public health were passed.¹⁵ First, in 1874, the Law on the Regulation of Health Care¹⁶ was passed, and due to the territorial and administrative changes that had taken place in the meantime, a new regulation was passed in 1894, the Law on the Regulation of Health Care in the Kingdoms of Croatia and Slavonia.¹⁷ In the same year, i.e. on 11 April 1894, the Law on Pharmacy was passed, which placed public pharmacies under the control of the provincial government.¹⁸ In addition to the aforementioned laws, the Executive issued several decisions in the form of instructions, circulars, orders, notices and other legal acts regulating health care.

2. ORGANIZATION OF THE HEALTH SYSTEM BEFORE THERESIAN REFORMS

At the end of the 17th century, Buda and Pest were hit by a plague epidemic, and at the beginning of the 18th century, the entire Habsburg monarchy was hit by

¹² Robert Skenderović, o. c., 140 – 141; Slavko Čandrić, Dubravka Holik, Ivan Včev, „Pravna regulativa ljekarništva u Slavoniji u prvoj polovini 19. stoljeća“ *Zbornik radova Pravnog fakulteta u Splitu*, 1/2023, 176 – 177.

¹³ Ivan Beuc, *Povijest institucija državne vlasti Kraljevine Hrvatske, Slavonije i Dalmacije*, Zagreb 1985, 284.

¹⁴ Dalibor Čepulo, “Središte i periferija: europske i hrvatske odrednice Mažuranićevih reformi ustroja vlasti i građanskih prava (1873.-1880.)“ *Zbornik Pravnog fakulteta u Zagrebu* 6/2000, 901.

¹⁵ *Ibid.*

¹⁶ Miro Gardaš, Slavko Čandrić, “Legislative regulation of public health in Croatia in the second half of the 19th century“ *Zbornik radova Pravnog fakulteta u Novom Sadu* 2/2020, 810.

¹⁷ Đuro Sremac, Branko Žuža, *Hrvatsko zdravstveno zakonodavstvo 1830-1941.*, Zagreb 2002, 15–16.

¹⁸ *Ibid.*, p. 25. and 26. Other less well-known, but also important regulations are adopted, namely: *Zakon o ciepljenju boginja u kraljevinah Hrvatskoj i Slavoniji*, from 6. July 1891. See in: Milan Smrekar, *Priručnik za političku upravnu službu*, Zagreb 1902, 815. and *Zakon o uređenju veterinarstva* from 1888. with all accompanying regulations related to various animal infectious diseases. See In: Željko Bartulović, Marinko Đ. Učur, „Zaštita od “pošasti” u hrvatskoj povijesti u 18. i 19. stoljeću i nomotehničke pretpostavke za izradu propisa de lege ferenda.“ ur., Mirko Kulić, *Katastrofe Prevencija i saniranje posljedica*, Zbornik radova sa III međunarodnog naučnog skupa; I tom. Brčko, Evropski univerzitet Brčko distrikt, 2015, 525.

a major plague epidemic. In response to these challenges, sanitary councils were established in the cities. For this reason, the Viennese Court established the Court Health Council – K. K. *Hoff Commission in Sanitäts Sachen* – which was responsible for the Austrian hereditary lands, while the sanitary (health) deputation – *Sanitatis Deputatio* – was responsible for the Kingdom of Hungary. By 1712, health councils had been set up as temporary bodies that were appointed in the event of epidemics of contagious diseases and were subsequently dissolved. Very quickly it became known that the health councils or commissions were to become permanent state institutions to monitor and combat infectious diseases.¹⁹

In parallel, sanitary barriers were erected along the rivers to separate the infected from the uninfected areas. Since contagious diseases reached the territory of the Habsburg Monarchy mainly from the Ottoman Empire, it was precisely these border crossings that were necessary to protect the public health of the inhabitants of the Austrian Empire. Joseph I's imperial mandate of 27 December 1709 stipulated that three medical cordons were to be established in Hungary, primarily to protect the capital Vienna. Also the rescript of Charles VI. of 22 October 1728 established a permanent medical cordon between the Habsburg Monarchy and the Ottoman Empire.²⁰ For this purpose, “guard houses” (ger. *czardaquen*) were established along the border, from which the cordon service of the border guard carried out surveillance. The cordon service also carried out regular patrols for border security and prevented illegal border crossings. In addition to surveillance, it was particularly important to collect data on diseases and epidemics that occurred in the territory of the Ottoman Empire. Data collection was carried out by travellers and spies sent by the Austrian authorities to the Turkish territories to observe the public health situation of the population and to inform the competent authorities in good time about the occurrence of the plague and other infectious diseases. To protect the public health of the inhabitants of the Austrian Empire, three quarantine levels were introduced at the border crossings. The first quarantine level referred to the official situation, while the second quarantine level was lifted if the plague occurred, for example, in the central part of the Ottoman Empire far from the border with the Habsburg Monarchy. If the disease appeared in the immediate vicinity of the border crossings, the third quarantine stage would be lifted, for which eleven thousand soldiers would be mobilised.²¹ The establishment of the sanitary cordon is one of the best health policy measures of the Habsburg Monarchy, carried out in the period from 1728 to 1871. This is supported by the fact that Charles VI. himself believed that the sanitary cordon was the best protection in suppressing epidemics of contagious

¹⁹ Robert Skenderović, o. c., 126 – 127.

²⁰ *Ibid*, 127 – 128.

²¹ Alexander Buczynski, o. c., 196 – 197.

diseases.²² This led to the adoption of a basic health ordinance, namely the General Health Ordinance – *Generale Normativum Sanitatis* of 1770, which regulated the establishment of the sanitary cordon in two-thirds of its provisions.²³

3. GENERAL HEALTH REGULATIONS FROM 1770.

The adoption of the first basic health ordinance was preceded by the adoption of the municipal health regulations – Collegium Sanitatis of 1692 – and other, lesser-known health regulations.²⁴ One of these was the Ordinance on Contumaz – *Contumaz und respective Reinigungsordnung* of 10 May 1738, whose provisions prescribed the handling of goods, letters and travellers quarantined at the border.²⁵ To ensure the implementation of disease control at the border crossings, the Contumaz Patent was issued in 1766, which provided for criminal sanctions for violations.²⁶

There were many such legal acts, but at the same time there was no basic (general) health regulation that applied throughout the Habsburg Monarchy. For this reason, the Empress and Queen Maria Theresa combined all previous health regulations into one law and issued the General Health Regulations – *Generale normativum in re sanitatis* in 1770, which was valid for the entire Habsburg Monarchy.²⁷ This law formed the basis for the legal regulation of the public health service in the Monarchy. It prescribed compulsory training for medical personnel, in particular for doctors, who had to have completed a medical degree in order to practise as physicians. The 1770 decree prescribed the establishment of a sanitary cordon as a necessary system of disease control to ward off infectious diseases that

²² Robert Skenderović, “Sanitarni kordon na Savi i začeci javnog zdravstva u Slavoniji“. In: *Rijeka Sava u povijesti.*, ur. Branko Ostajmer, Hrvatski institut za povijest – Podružnica za povijest Slavonije, Srijema i Baranje, Slavonski Brod 2015, 316.

²³ *Ibid.*, str. 319.

²⁴ Nikola Ostojčić, “Uspostava i funkcija sanitarnoga kordona.” *Radovi Zavoda za znanstvenoistraživački i umjetnički rad u Bjelovaru*, 16/2022, 14.

²⁵ Dubravka Mlinarić, Sanja Lazanin, “Zarazne bolesti, prostorna mobilnost i prevencija u ranome novom vijeku: povijesna iskustva Dalmacije i Slavonije.” *Povijesni prilozi*, 61/2021, 30.

²⁶ Ivana Horbec, *Zdravlje naroda – bogatstvo države. Prosvijećeni apsolutizam i počeci sustava javnoga zdravstva u Hrvatskoj*, Zagreb 2015, 117.

²⁷ According to Skenderović, The General Health Ordinance from 1770 is a set of all previous regulations on health, namely: *Haupt Sanitäts Gesetz* from 1755., *General Regolamento di tutto il Littorale Austriaco* from 15. December 1757., *Regolamento delle Providenze, e Rispettive Istruzioni per gli Offizi di Sănita, Deputati, Essattori, Fanti e Guardie, Paesane e Militari nelle Spiagge, e Coste del Littorale Austriaco* from 18. March 1764. and Law on Punishment of Violators of Quarantine Regulations from 25. August 1766. See in: Robert Skenderović, „Zdravstvene reforme Marije Terezije u slavonskom Provincijalu i *Generale normativum sanitatis* iz 1770.“ *Scrinia Slavonica*, 1/2005, 139.

had appeared mainly in the territory of the Ottoman Empire.²⁸ Put simply, one of the most important parts of this regulation related to the sanitary cordon, i.e. the way quarantine measures were ordered and implemented.²⁹ The regulations specified the compulsory isolation period. If there was no epidemic, people had to remain in isolation for twenty-one days, while if there was a suspicion of an epidemic, this period increased to twenty-eight days. For travellers from Turkish areas and from areas where infectious diseases were suspected, a quarantine period of forty-two days applied.³⁰ Subsequently, a regulation was introduced whereby the health commissions had to report on the epidemiological situation to the Palace Sanitary Commission in Vienna.³¹

This decree created a legal framework for the regulation of midwifery in the Habsburg Monarchy for the first time, which is why it was stipulated that only licenced midwives who had previously obtained the approval of the provincial sanitary commission or the provincial or district physicians were allowed to provide midwifery services independently. This legal regulation led to the gradual emergence of qualified midwives, some of whom held a degree from the Royal University, while various other midwives were licenced to practise on the basis of passing a public examination. Midwives who had not completed any of the abovementioned training were allowed to practise some midwifery, but under the compulsory supervision of qualified health personnel.³² Pharmacists, like doctors, were required to have completed formal training, and this law enabled health commissions to exercise disciplinary powers over pharmacists and to have their work inspected by doctors every year.³³

The same law regulated forensic medicine by requiring surgeons to report any violent injury or death to the local authorities. Surgeons were obliged to perform anatomical operations at the request of the physician and to report jointly with him on the work performed. In addition, pharmacists and midwives were obliged to provide forensic medical opinions if their expertise was requested.³⁴

²⁸ Trpimir Vedriš, o. c., 149 – 150.

²⁹ Lavoslav Glesinger, "Povijest zdravstva u Senju." *Senjski zbornik*, 1/1968, 233.

³⁰ Iva Salopek Bogavčić, "Od kontumca do bolnice: javnozdravstveni uvjeti gradiške Posavine 18. i 19. stoljeća." *Povijesni prilozi*, 62/2022, 277 – 278.

³¹ Miro Gardaš, Slavko Čandrić, Marko Repić. "Ovlasti i mjere županijskih i gradskih vlasti u javnom zdravstvu u Slavoniji u 19. stoljeću." *Zbornik Pravnog fakulteta Sveučilišta u Rijeci*, 2/2020, 534.

³² Mirela Krešić, Monika Rakitičan, "Primaljstvo u Hrvatskoj i Slavoniji 1876.-1918.: zakonodavni okvir ustroja primaljske službe." *Historijski zbornik*, 2/2015, 282.

³³ Boris Suljagić, "Regulativa lijekova na području Banske Hrvatske u vrijeme Austro – Ugarske i između dva svjetska rata: zakonodavni aspekt." *Arhivski vjesnik*, 1/2021, 150 – 151.

³⁴ Marko Kolić, "Sudska medicina i Medicinski fakultet Sveučilišta u Zagrebu (1922. – 1945)." *Časopis za suvremenu povijest*, 2/2021, 663.

4. HEALTH REGULATIONS IN CROATIA AND SLAVONIA DURING THE SECOND HALF OF THE 19TH CENTURY

After the adoption of the General Health Ordinance from 1770 and the health reforms of the Empress and Queen Maria Theresa, the development of the health care system gradually stagnated. The reason for this was the political tensions between Vienna and Pest during neo-absolutism and pseudo-constitutionalism.³⁵ A positive development was only achieved with the conclusion of the Croatian-Hungarian Agreement in 1868, which established matters of internal administration, including health care, as autonomous matters to be administered by the National Government, the Parliament and the Ban.³⁶ On this legal basis and the conclusion of the agreement between the People's Party and the Central Government, further reforms and the adoption of modern European health regulations were made possible.³⁷ Thus, on 15 November 1874, the Law Regulating Public Health in the Kingdom of Croatia and Slavonia was passed. It largely regulated the public health network, but not pharmacy and pharmacy services.³⁸ It gave the sub-district doctors, sub-district veterinarians and rural veterinarians the status of rural officials.³⁹ This law establishes the hierarchy between the National Government and the lower organisational units. The Department of Internal Affairs and the National Health Council assist the National Government in regulating public health.⁴⁰ The main role of the National Health Council was to advise the National Government on health issues. In addition to the advisory function, the Council was entrusted with the supervision of doctors and performed important administrative tasks for the health system, which is why it issued instructions, opinions and health reports. The law also specified the composition of the National Health Council, so that there were ordinary and external members. The ordinary members were a government representative and four doctors, while the external members were appointed by the National Government.⁴¹ In regulating the municipalities and their role in regulating health care, the legislature did not provide for the introduction of community doctors, which is the main shortcoming of this law. In both municipalities and cities, sanitary hygiene measures in public places were carried out by the health authorities responsible for them.⁴² In the sub-districts and counties, the doctors oversaw supervising swimming pools, health facilities and pharmacies, as well

³⁵ Dalibor Čepulo, o. c., 900.

³⁶ Ivan Beuč, o. c., 284.

³⁷ Dalibor Čepulo, o. c., 901.

³⁸ Borna Mažar, Vladimir Grdinić, "Razvoj ljekarničke mreže u Zagrebu od 1874. do 1991. godine." *Geografski horizont*, 2/2019, 38.

³⁹ *Sbornik zakonah i naredabah 440/1874.*

⁴⁰ Đuro Sremac, Branko Žuža, o. c., 11.

⁴¹ *Ibid.*, str. 13 – 14.

⁴² *Ibid.*, str. 11 – 12.

as carrying out vaccinations of the population. The doctors also took on other tasks such as combating quackery and preparing medical reports.⁴³

With the 1894 Act on the Regulation of Health Care in the Kingdoms of Croatia and Slavonia, the legislature corrected its mistake when the previous 1874 Act did not provide for the introduction of community doctors. A new law of 1894 stipulated that each municipality must have its own doctor. The conditions for the election of a community doctor were almost the same as in the General Health Ordinance of 1770, and it was required that doctors had a degree from an Austrian or Hungarian royal university.⁴⁴

Article 63 of the law stipulates that each administrative municipality must be assigned a certified midwife. This was followed by Article 64, which required midwives to obtain permission from the district authorities before commencing midwifery activities.⁴⁵ This decree introduced health committees in cities, counties and municipalities and, in accordance with the law, stipulated that municipalities with an income of at least one thousand forints can become independent health municipalities, while those that do not meet this condition are included in the community of associated health municipalities. At least one doctor had to be active in these associations.⁴⁶ The same decree provided for the establishment of the Health Department as part of the state administration, making health matters independent and autonomous from other administrative matters that fell under the jurisdiction of the Department of Internal Affairs.⁴⁷

In the same year, a lesser known but equally important health ordinance was passed to regulate the operation of pharmacies. The Pharmacy Act of 1894, which stated in its provisions that pharmacies were under the supervision of the National Government.⁴⁸ According to Article 3 of this Act, the National Government decided on the establishment of individual pharmacies. However, the proposal for the establishment of a pharmacy in the districts could be submitted by the administrative councils. In the cities, the proposals for the establishment of pharmacies were submitted by the city councils.⁴⁹ A prerequisite for the establishment of pharmacies was that more than four thousand people lived in each area. To ensure the availability of pharmacy services, pharmacies were also established in places that were 24 kilometres away from the nearest pharmacy.⁵⁰ A pharmacy could only be

⁴³ *Ibid.*, str. 12–13.

⁴⁴ *Ibid.*, str. 18–19.

⁴⁵ *Sbornik zakonah i naredabah* 169/1894.

⁴⁶ Đuro Sremac, Branko Žuža, o. c., 19–23.

⁴⁷ *Ibid.*, str. 15–16.

⁴⁸ Bruno Raguž, „*Razvoj zagrebačkog zdravstva u posljednjim desetljećima 19. stoljeća.*“ *Acta medico-historica Adriatica*, 2/2022, 310.

⁴⁹ *Sbornik zakonah i naredabah* 354/1894.

⁵⁰ *Ibid.*

operated by a person who had obtained a master's degree or doctorate in pharmacy by certifying or completing their education at the appropriate Austrian or Hungarian university. In addition, they had to carry out their activities on a voluntary basis and have a corresponding professional experience of five years.⁵¹ As far as supervision is concerned, it is foreseen that pharmacies must be examined by the county psychologist before their establishment. In the cities of Osijek and Zagreb, pharmacies had to be examined by the chief physician of the county or his deputy before they could start their activities.⁵² In the second half of the 19th century, there were many accompanying and other health regulations,⁵³ but the 1874 and 1894 laws formed the basis for all other regulations issued later.

5. CONCLUSION

The General Health Ordinance of 1770 is the fundamental health ordinance that encompasses all previous laws regulating health care. This unique law, which was valid throughout the Habsburg Monarchy, became the basis for many other and more modern health ordinances that were later derived from it. The ordinance essentially regulated disease control, i.e. the operation of sanitary columns, and compulsory training for pharmacists, midwives and doctors was introduced and prescribed. This is particularly important considering that the 1874 Act on the Regulation of Health Care in the Kingdom of Croatia and Slavonia strongly emphasised and regulated medical activities and services, but not pharmacy. The 1874 Act made the greatest contribution to the development of health care by introducing and prescribing the hierarchy between the National Government and lower organisational units and establishing the National Health Council. This led to the creation of a better public health service system. However, the biggest omission was the regulation of the municipalities, as the legislature did not provide for the introduction of community doctors. However, this omission was corrected by the new Law on the Organisation of Health Care in the Kingdoms of Croatia and Slavonia of 1894, which stipulated that each municipality had to have its own doctor.

⁵¹ *Ibid.*

⁵² *Ibid.*, 358.

⁵³ Those were following orders: *Naredba proti prekomjernom pušćanju krvi, Zakon o ustroju primaljskog učilišta u Zagrebu, Naputak za živinare, Red za zborove liekarske, Propis o domaćih liekarnah, Naredba u pogledu liekovnog cienika, Naredba o razgledbi mesa, Naredba o ciepljenju proti boginjah, Naputak kako treba da se postupa prigodom vladajuće medju pućanstvom pošasti u obće a kolere napose, Naredba o javnoj opskrbi siromaha u njihovoj općini ali i u javnim ubožnicama i zdravstvenim zavodima, Opskrba bolesnika u zemaljskoj ludnici, Naredba o ogledu mrtvaca, Pravilnik o transportu mrtvaca, Zakon o postupku protiv goveđe kuge, Okružnica o postupku protiv stoćnih pošasti*. See in: Milivoj Vežić, *Pomoćnik za javnu upravu*, Zagreb 1884, 320–579.

It may be noted that the 1894 Act prescribed almost the same thing as the General Health Ordinance of 1770, when compulsory education was introduced for the various health professions. Thus, the 1894 Act stipulated that doctors had to hold a diploma from one of the royal universities, otherwise they were not allowed to practise medicine. The special feature of this law was the establishment of the Health Department as part of the state administration, which made the health system largely independent of other administrative tasks that came under the authority of the Department of Internal Affairs.

Through the presentation and comparison of legal sources in this paper, it was possible to show to a certain extent that health care was regulated by law in Croatia and Slavonia at the time of Empress and Queen Maria Theresa and later in the second half of the 19th century in Croatia and Slavonia. However, further research is needed in this area to get a more complete picture of how these regulations were regulated and implemented in practise.

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**Анализа терезијских општих здравствених прописа из
1770. године и здравствених прописа у Хрватској и Славонији
током друге половине 19. века**

Сажетак: У уводном делу рада приказан је долазак на власти царице и краљице Марије Терезије и објашњене њене реформе у здравству. При томе је посебан акценат стављен на доношење Опште здравствене уредбе из 1770. године, која обједињује све досадашње здравствене прописе у једну која је важила за целу Хабзбуршку монархију. У наставку рада детаљније су разрађене законске одредбе наведеног правилника којим је уређен здравствени систем. Надаље, истражује се значај Хрватско-угарске нагодбе из 1868. и стварање правне основе за развој даљих здравствених реформи, због чега је први пут донет Закон о уређењу здравствене заштите 1874. године, а 1894. године. Закон о уређењу здравствених услуга, Закон о фармацији и други пратећи здравствени прописи.

Кључне речи: здравство, прописи, Марија Терезија, Хрватска и Славонија, 19. век.

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