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Managing the Epidemics in 19th Century Dalmatia: From Fatherly Monarch to Scientific Grounds

*Kristina Puljizević**

Abstract: »*Management der Epidemien im Dalmatien des 19. Jahrhunderts: Vom väterlichen Monarchen zu wissenschaftlichen Grundlagen*«. The provincial government in Zadar managed public health in Dalmatia until the 1860s under the strict control of the central government in Vienna. In the period from 1814 to 1918, the Dalmatian Government enacted a series of regulations and guidelines for governance during various epidemics. These were publicly proclaimed announcements, instructions, and recommendations, some of which were mandatory, and some were in the form of a recommendation. As Dalmatian healthcare was influenced by the concept of medical police, a wide network of public officials was established to monitor the outbreak and course of epidemics, and government announcements were targeted at various social and professional groups, such as the population, clergy, local government, doctors, and sanitary officers. With social and political changes, i.e., the end of absolutism in the Monarchy and the secularization of society, the government's discourse on epidemics changed, but the obligation to adhere to anti-epidemic measures remained in force. Furthermore, anti-epidemic measures corresponded to the dominant etiological theories and medical knowledge.

Keywords: Epidemics, Dalmatia, 19th century, Habsburg Monarchy, cholera, plague, vaccination.

1. Introduction

Fast industrialization, extensive migrations, cholera outbreaks around the world, the development of medicine, and new aetiological theories brought the struggle against epidemics during the 19th century to a more challenging level. The Habsburg Monarchy, on the top of that, faced additional difficulties managing epidemics in the newly acquired province of Dalmatia.

In the context of specific war and political circumstances, the Habsburg Monarchy came into possession of Dalmatia in 1797, abolishing the centuries-

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old Venetian rule over that province.¹ The continuity of Habsburg rule in Dalmatia was interrupted in the period from 1805 to 1813, when The First French Empire ruled the province. The period of Austrian rule in Dalmatia from 1797 to 1805 is referred to as The First Austrian Administration. With the war operations of 1813 and the provisions of the Congress of Vienna in 1814 and 1815, the Second Austrian Administration began in Dalmatia and lasted until the end of the First World War. In that period, Dalmatia had the status of a crown land within the Habsburg Monarchy.² Certain anti-epidemic measures in Dalmatia were passed on even in the turbulent period of the Napoleonic Wars and frequent changes of government until 1813, but their systematic and consistent implementation is questionable given the unstable political circumstances. In this paper, I will therefore detect and analyse the processes that influenced the anti-epidemic actions during the long period of peace of the Second Austrian Administration.³

Considering the encounter of early modern Dalmatian institutions and society with a large, centralized empire, a range of questions came into focus. How did the Austrian Government in Dalmatia implement its own public health policies, such as the medical police concept, and how did these affect anti-epidemic measures? How have anti-epidemic measures been affected by political changes in the Habsburg Monarchy over the centuries and by new medical knowledge? What preventive and what restrictive anti-epidemic measures were used by the Habsburg Government in Dalmatia?

The present research is based on unpublished archival material, that is various proclamations, instructions, orders, advertisements, and appeals through which the government communicated to the Dalmatian population.⁴ Although it can be said that it was a one-way communication, the reaction of the population can be sensed from the way the government addressed it, or from the subject matter and frequency of certain bans. I also analysed publications on epidemics in a form of brochures issued by the government in the last two decades of the 19th century after the Koch's bacteriological

¹ The Republic of Venice ruled Dalmatia uninterrupted between 1409 and 1797.

² For more on Dalmatian political history, see Novak 2004; Trogrlić and Šetić 2015.

³ Although certain topics from the history of Dalmatian health care in the 19th century (such as the hospital system, certain institutions, or deserving individuals) have been researched by Roman Jelić, Mirko Dražen Grmek, Ivo Perić, and others, there are only a few studies on epidemics: Tomasović 2017; Vekarić 1988; Katušić and Puljizević 2021.

⁴ The majority of documents used in this paper are in the State Archives in Zadar's collection of printworks: Hrvatska – Državni arhiv u Zadru, Zadar – fond 386- Zbirka tiskovina/Stampata (further: HR-DAZD-386-Zbirka tiskovina /Stampata). The documents were most often printed in two languages, Italian and Croatian, sometimes also in German. Quotes from some documents have been translated from Croatian, but some quotes have been left in the original language (although in Italian) to emphasize the context.

discoveries, giving the comparative perspective.⁵ The first section analyses the institutional framework within which anti-epidemic and public health measures have been implemented. The preventive actions of the government are discussed in the second section, while the third argues about the processes in restrictive ones.

2. Framework

The congress of Vienna in 1815 ended the turbulent period of Napoleonic wars. In the long period of peace that followed in Dalmatia, the administration went through a process of centralisation and bureaucratization (Trogrlić and Šetić 2015, 29-32). Early modern communal institutions were replaced, and old nobility privileges lost on their importance. Integration of Dalmatia into a larger state union reflected on the managing of health issues as well. Although the Dalmatian Government passed and printed the health regulations in the provincial capital city of Zadar, considering the context of their political position within the Habsburg Monarchy, they followed the health policy of Vienna (Grmek 1950, 182). Strict adherence to the hierarchy sometimes resulted in the adoption of norms that were not in line with the real public health situation in Dalmatia. For instance, the first “Instruction for Midwives,” published in 1816, made institutional training for new midwives obligatory at the time when there were no midwifery school in Dalmatia (Puljizević 2016, 95-7).⁶ Also, a series of instructions for procedure in case of a cholera outbreak was passed in (and for) Dalmatia in 1831 when the epidemic ravaged Vienna. The first cholera epidemic in Dalmatia broke out five years later, in 1836 (Katušić and Puljizević 2021, 106).

Both the Austrian authorities during their first administration (1797–1805) and French administration (1805–1813) attempted to modernize health care and regulate anti-epidemic and preventive health measures in Dalmatia. However, their efforts were generally subordinated to the circumstances of the war and disrupted due to short-term governance. Only the long-running Second Austrian Administration and the principle of consistency enabled implementation of their health policies. In the first few decades, the central government tried to regulate what we now call public health “as it was in other parts of the Monarchy” (Puljizević 2016, 84, 89). For that purpose, specific

⁵ Naputak o načinu kojim se je pučanstvu vladati kad prieti ili bukne kratelj 1884; Naputak protivu Kratelju 1886; Naputak o odkuživanju priljepčivih bolesti 1888; Pučka pouka o koleri i mjerama priti ovoj bolesti 1892; Razkužba u doba kolerične pošasti 1893; Naputak o kugi i zdravstvene mjere za njezino prepriječnje i utamanjenje 1899. Brochures are kept in the scientific library in Zadar.

⁶ The provision was also inappropriate for the illiteracy of Dalmatian women; see Puljizević 2016.

regulations and instructions for medical personnel were printed and passed on [delete “on”] every 5 to 10 years.⁷

Executive authority over the health issues of the province until the 1860s had the office of protomedik (protomedico; Grmek 1950, 182). The network of medical and sanitary officers was in line with the territorial and administrative organisation of the province. Public physicians, surgeons, and midwives were in charge of both monitoring and the implementation of prescribed health regulations in the district or borough in which they were engaged.⁸ Traditionally, their duties were treating individuals, supervising the hospitals and orphanages, inspecting the dead, determining the causes of death, and, if necessary, dissecting the dead. In addition to this, some of their newly prescribed professional responsibilities corresponded to the concept of medical police (compare Rosen 1957; Carroll 2002, 465). Medical and sanitary staff in public service took care of clean water supply and general cleanliness in the cities. They had to monitor the general health of the population; their everyday life customs, nutrition, and housing in order to detect harmful habits including quackery. The reliance of the rural population on self-taught folk healers was a common occurrence that the authorities tried to eradicate, so doctors in the public service were obliged to supervise that persons without the necessary education and license would not practice treatment and midwifery, or sell drugs and poisons (Puljizević 2016, 61).

Sanitary officers, public physicians, and other public servants were traditionally engaged in observing the epidemics outbreaks and had duties in quarantines. The special sanitary department was in charge of epidemiological control in harbours and in maritime traffic.⁹ However, the greatest caution regarding epidemics outbreaks Austrian authorities took was on the long border with Ottoman Empire, i.e., Bosnia and Herzegovina. Due to a complete lack of anti-epidemic measures and fatalistic comprehension of the disease and death, the Ottoman Empire represented constant danger for spreading diseases, especially plague (Rothenberg 1973; Harrison 2004, 43, 102-3; Horbec 2015, 85-120). Some forms of sanitary control on the border were established during the rule of Venetian Republic (Grmek 1950, 181-2), the Austrian Government determined the strict sanitary rules by the Order from the

⁷ For example, instructions for physicians and surgeons were printed in 1817 and 1827, instructions for the prevention of infanticide were printed in 1821, 1827, and 1839, and instructions for physicians on coronation were printed in 1816, 1821, and 1827. See Grmek 1950; Puljizević 2016, 61, 84, 88.

⁸ Istruzione per li medici e chirurghi di sanita della Dalmazia. Zara, 1817; Istruzioni per i medici e chirurghi distrettuali, Circolare del governo n. 4275-1018 od 13. ožujka 1827, u: Raccolta delle leggi ed ordinanze dell'anno 1827. per la Dalmazia. Zadar: Antonio – luigi Battara, 1829: 56-69. These Instructions were also analysed in Puljizević 2016.

⁹ The seat of this department was in Zadar, and all local district and municipal sanitary departments were subordinated to it. This body consisted of a government counselor, a physician, a pharmacist, and a captain of the Zadar harbor. See Grmek 1950, 182.

21st of May 1805 (in the last year of their first administration),¹⁰ and the French rule maintained the same caution (Grmek 1960, 410-1, 423). In the time of taking over the province for the second time, Austrian administrators faced the treat threat of the plague epidemic that ravaged Bosnia and Herzegovina during 1814 and 1815. The plague eventually broke out in the Makarska and Dubrovnik hinterland in June 1815 and lasted in Dalmatia until May 1816.¹¹ In that period, a number of official warnings, orders, and instructions were passed on,¹² where the government often repeated the specific orders from the 21st of May 1805 and the 28th of January 1814. Severe breaking of sanitary rules on the border and illegal crossings were constantly pointed out.¹³ Finally, the Austrian Government applied the same rules for sanitary cordon as ones valid for the sanitary cordon organized along Croatian military border.¹⁴ The level of precaution and duration of quarantine were graded depending on the situation on the other side of the border. In “the time of health,” when there were no plague or suspicious diseases all the way to Constantinople, entrance was free from enduring the quarantine; in “the time of suspicion,” meaning that the plague was present in one of the distant Ottoman provinces, quarantine duration was 10 days; and in “the time of danger,” when the plague was near the border, quarantine duration lasted 20 days.¹⁵ The protocol on the border was strictly defined by the same document and was conducted by sanitary officers, border military officers, and various

¹⁰ HR-DAZD-386-Zbirka tiskovina /Stampata, Od strane Cesarskoga Kraglivo Vichie Sridetelno od Sainad Vladitegno stojechie u Zadar. Javljegne. Od strane Cesarskoga Kraglieva Vjehia Sridgnega od Vladagna varhu Zdravglia, sidechiega u Zadru. Oznagnegne. Zadar, 28 siječnja 1814. Box 26, Folder 7; HR-DAZD-386-Zbirka tiskovina /Stampata, Od strane Cesarskoga Kraglieva Vjehia Sridgnega od Vladagna varhu Zdravglia, sidechiega u Zadru. Zadar, 28. siječnja 1814. Box 26, Folder 8.

¹¹ This plague outbreak is considered the last one in what is now Croatia (Buklijaš 2002).

¹² The first document announcing that the plague broke out in several places in the hinterland of Makarska due to the violation of the sanitary cordon and illegal crossing of the border was published on June 6, 1815: HR-DAZD-386-Zbirka tiskovina /Stampata, Propisi u pogledu sanitarnog kordona uzduž turske granice. Zadar, 6. lipnja 1815. Box 27, Folder 31. In the document from the 18th of May stands that “the health is back in Dalmatia”: HR-DAZD-386-Zbirka tiskovina /Stampata, Javljegne od strane C. K. Vladagne Opchjeno od Dalmacije. Zadar, 18. svibnja 1816. Box 28, Folder 26, 1.

¹³ For example, HR-DAZD-386-Zbirka tiskovina /Stampata, (The text has no original title) “Propisi u pogledu sanitarnog kordona uzduž turske granice.” Zadar, 6. lipnja 1815. Box 31, Folder 27, 1; HR-DAZD-386-Zbirka tiskovina /Stampata, (The text has no title). Zadar, 13. prosinca 1815. Box 27, Folder 61; HR-DAZD-386-Zbirka tiskovina /Stampata, Javljegne od straane cess. Kragljevsk. Vladagna Dalmacije. Zadar, 20. veljače 1816. Box 28, Folder 8; HR-DAZD-386-Zbirka tiskovina /Stampata, Ukaz cessars. kraljs. vladanja od Dalmacije. Zadar, 11. lipnja 1824. Box 36, Folder 9.

¹⁴ HR-DAZD-386-Zbirka tiskovina /Stampata, Oznanjenje. Zadar, 27. ožujka 1821. Box 34, Folder 22. On Sanitary cordon of Croatian Military Border see Rothenberg 1973; Horbec 2016; Buczynski 2021.

¹⁵ HR-DAZD-386-Zbirka tiskovina /Stampata, Oznanjenje. Zadar, 27. ožujka 1821. Box 34, Folder 22, 1-2.

outsourced staff.¹⁶ Besides the prescribed rules that should be followed, the document contains the description of the plague and its transmission written in a simple manner, understandable to the uneducated rural population and poorly educated border officers.¹⁷ By interpreting allowed, desirable, and forbidden behaviour, the legislators depicted the vivid contacts among the population on both sides of the border.¹⁸

Although the epidemic of 1815/1816 was the last plague outbreak in Dalmatia, occasional plague outbreaks persisted in the Ottoman territory over the next few decades,¹⁹ hence the same precaution on the border continued until 1847 when the duration of the quarantine was shortened.²⁰ In May 1850, the Dalmatian Government announced that the situation with the plague in the European part of the Ottoman Empire was “good” so the quarantine for travellers, merchants, and merchant goods were cancelled; still, used clothes and the woollen and cotton fabrics had to be washed properly.²¹

While plague epidemics died down, Europe faced waves of newly imported contagion from Asia. Cholera epidemics ravaged Dalmatia in 1836, 1849, 1855, 1873, and 1887 (Grmek 1950, 183; Katušić and Puljizević 2021, 113). Although the etiology of both plague and cholera was unknown until the late 19th century, there were some differences between the management of plague epidemics and cholera epidemics in Dalmatia. While anti-plague measures were based on centuries of experience (which most often resulted in prescribing

¹⁶ For example, for the care of plague sufferers, it is advisable to take older unmarried people, preferably widows without sons. They don't get infected as easily as young men who hang out more, “and on the other hand, they don't have much time left to live.” HR-DAZD-386-Zbirka tiskovina /Stampata, Oznanjenje. Zadar, 27. ožujka 1821. Box 34, Folder 22, 16.

¹⁷ The document emphasizes the transmission of the plague using the clothing of those who died of the plague. It was considered that the clothes of the deceased from the plague contains the infectious body fluids and “deadly stink and filth” of the late owner: *Le esalazioni, ed il succidume pernicioso, di cui è impregnato il vestito di qualche persona decessa da peste, costituiscono il fomite del morbo pestilenziale. Questo non è altro in se stesso che la parte più tenace, più grassa e più densa che svapora l'infetto da peste.* HR-DAZD-386-Zbirka tiskovina /Stampata, Oznanjenje. Zadar, 27. ožujka 1821. Box 34, Folder 22, 4, 22.

¹⁸ Mention is made of family ties, shepherds grazing herds on both sides of the border, smugglers, and the trade bustle. The rulebook calls the Dalmatian side of the border Austrian, while Bosnians and Herzegovinians are called Turks without distinction. HR-DAZD-386-Zbirka tiskovina /Stampata, Oznanjenje. Zadar, 27. ožujka 1821. Box 34, Folder 22, *passim*. It seems that the old prejudice that the plague attacks only infidels was still common, so the ordinance had to point out that (“experience has shown”) the plague attacks Catholics, Orthodox, and Muslims alike, but Jews more often, because they most often trade in old clothes. HR-DAZD-386-Zbirka tiskovina /Stampata, Oznanjenje. Zadar, 27. ožujka 1821. Box 34, Folder 22, 30.

¹⁹ For example, in 1824, the document mentions the plague in the Albania Pasalik. HR-DAZD-386-Zbirka tiskovina /Stampata, Ukaz Cessars. Kraljs. vladanja od Dalmacie. Zadar, 11. lipnja 1824. Box 36, Folder 9.

²⁰ HR-DAZD-386-Zbirka tiskovina /Stampata, Notificazione dell' I. R. Governo della Dalmazia. Zadar, 22. siječnja 1847. Box 45, Folder 60; HR-DAZD-386-Zbirka tiskovina /Stampata, Notificazione dell' I. R. Governo della Dalmazia. Zadar, 14. listopada 1947. Box 45, Folder 90.

²¹ HR-DAZD-386-Zbirka tiskovina /Stampata, Objavljenje C.K. Vlade Dalmatinske. Zadar, 7. svibnja 1850. Box 48, Folder 18.

segregation measures), the fight against cholera until the 1860s was characterised by a global debate on the contagious or non-contagious nature of the disease, which affected measures taken (Brunton 2004, 191-2; Porter 1999, 83-7; Harrison 2004, 109-17). Anti-contagionists believed that cholera was not contagious but was the result of miasmas, inanimate particles created by the evaporation of air-floating rot. Contagion theory supported the belief that cholera was contagious and spread by contact, with the solution being segregation of patients, quarantine, and sanitary cordons. However, such measures slowed trade and harmed the economy. In addition, cholera spread despite quarantine regulations, and the anti-contagion lobby was growing stronger among physicians, politicians, and economic experts. Affected by the cholera epidemic of 1831, the Habsburg Monarchy struggled with the same dilemma that reflected on Dalmatia. In July of 1831, the government proclaimed “the danger of the second degree” in the sanitary cordon due to “plague and cholera that threaten from Turkey,” leading to other border restrictions being introduced.²² Several months later, in October of 1831, the Imperial letter (printed and published in Zadar) abolished the quarantine due to cholera in Dalmatia.²³ When cholera finally hit Dalmatia in 1836, and later in 1849, some municipalities turned to a known solution and established quarantines on their own, to which the government strictly reacted and abolished them.²⁴ However, other comprehensive precautions had been adopted, including various attempts at prevention and treatment, monitoring the course of the disease, and isolation and care of sick individuals, especially the poor (Katušić and Puljizević 2021).

The instructions for procedure in cases of cholera epidemics issued in Dalmatia in the 1830s were under the significant influence of the concept of medical police (compare: Rosen 1957); the term itself was used for the first time (in this type of document) in the first publication on cholera printed in a bilingual (Italian and Croatian) version in Vienna 1830.²⁵ Sanitary officers and physicians in the public service had a number of responsibilities in monitoring the cholera epidemic and data collecting. They monitored urban and more densely populated areas by focusing on the lifestyle of the population believed to be conducive to the spread of diseases such as overcrowding, uncleanliness, alcoholism, etc. (Katušić and Puljizević 2021, 103-5). The poor were closely supervised, as well as inns and lodgings for “the innkeepers most

²² HR-DAZD-386-Zbirka tiskovina /Stampata, Oznanjenje. Zadar, 27. srpnja 1831. Box 40, Folder 40.

²³ HR-DAZD-386-Zbirka tiskovina /Stampata, Oznanjenje. Zadar, 23. listopada 1831. Box 40, Folder 62.

²⁴ HR-DAZD-386-Zbirka tiskovina /Stampata, Kratko i razložito iskazanje postupanja bivše Pridvorne sjedinjene Kačelarie, i Ministarstva unutrašnjih pozalaha, tičućeg se postavljenja stege (kontumacie) protiv Koleri. Zadar, (undated) 1850. Box 48, Folder 6.

²⁵ HR-DAZD-386-Zbirka tiskovina /Stampata, Uvičbanje. Vienna, 18. studeni 1830. Box 39, Folder 78, 4. On Croatian language the term is: Pulicia od zdravlja; on Italian: polizia dalla salute.

affected by this disease.”²⁶ Physicians had to submit comprehensive reports on a weekly basis, compiled by determined forms and questionnaires on the course of the epidemic, the number of infected, dead, and many other various data (Katušić and Puljizević 2021, 108-9).

From the 1860s until 1918, provinces in the Habsburg Monarchy gained autonomy in internal affairs. During that period, public health care was competent for the Dalmatian Government and Parliament. Duties of protomedico were transferred to the department of sanitary officer in the State Committee (the executive body of Dalmatian parliament). A special Health Council for the management of public health in the province had been established in Zadar. The Council collected reports from local health officials and issued instructions and orders regarding the province’s health matters (Grmek 1950, 182). In addition, in 1874, a part of the health affairs was transferred to the jurisdiction of the municipalities, which was a change in relation to the former centralist system (Glesinger 1954, 66; Puljizević 2016, 65). In this sense, the management of epidemics had passed mainly to local authorities, districts, and municipalities. Regulations from 1866, 1870, and 1873 required that all “health disciplines (quarantines)” be set, maintained, and financed by municipalities with the approval of the Dalmatian Government.²⁷ Specific anti-epidemic measures had, therefore been adopted at the local level.²⁸ Until then, printed government instructions, orders, and announcements that often contained simple tips for preventive action, descriptions of diseases, and treatment for the general population as well as care and treatment procedures for professional medical staff were no longer issued in this form. In this regard, and the fact that medicine had made significant progress in understanding infectious diseases, the Ministry of the Interior, responsible for health issues in the Austrian part of the monarchy, had issued several brochures on disinfection and instructions against plague and cholera in line with the latest knowledge in the field of bacteriology. For example, government instructions from 1884 gave the first explanation of cholera transmission by the faecal-oral route through contaminated water,²⁹ and the

²⁶ HR-DAZD-386-Zbirka tiskovina /Stampata, Oznanjenje od strane c. k. komissiuna dervavskoga od zdravlja puku dalmatinskomu vije grixe kuxne zvane colera morbus. Zadar, 25. rujna 1831. Box 40, Folder 57, 5

²⁷ HR-DAZD-386-Zbirka tiskovina /Stampata, Pravila kojima imadu se rediti zdravstvene stege toliko na kopnu koliko pri moru i koje su neodvisno od vladinih Vlastih u kripost stavljene protiv Koleri. (Undated document) Box 47, Folder 86.

²⁸ Only a few such instructions have been preserved in the collection of Stampata. For example, a report compiled during the cholera epidemic of 1873 in Zadar describes the anti-epidemic actions taken: commissioners were elected from among prominent citizens who monitored the course of the epidemic in the neighbourhoods, the cleanliness of the city, sanitary regulations in the markets, etc. See HR-DAZD-386-Zbirka tiskovina /Stampata, Avisso. Zadar, 30. srpnja 1873. Box 50, Folder 139. Reports and instructions issued in other Dalmatian cities are certainly kept in those city archives.

²⁹ Naputak o načinu kojim se je pučanstvu vladati kad prieti ili bukne kratelj 1884, 4.

transmission by infectious “seed” was elaborated in more detailed instructions from 1886.³⁰ Although they did not yet offer therapeutic solutions, new insights into the nature and transmission of the disease offered a solid foundation for preventive measures that had hitherto been based on observation and experience.

3. Prevention and Health Campaigns

For the purpose of anti-epidemic action, the government also recruited non-medical individuals, and among them, the priests were of the greatest importance.³¹ The Church was the mainstay of Habsburg rule in several sectors of the province’s administration. For example, the Habsburgs used church infrastructure, parishes, parish offices, and clergy who, until the 1870s, largely conducted primary education (Pažanin 2000, 337-8). In addition, parishioners collected data for annual censuses, i.e., for state statistics (Bralić and Kozličić 2012, 13), and since 1825, they have been obliged to keep specific “civil” registers according to the forms prescribed by the Austrian administration (Fantina and Strgačić 2006, 3-5). With regard to public health affairs, the Austrian authorities saw them as the main agents for promoting the government’s public health regulations. The population of Dalmatia, mostly rural, poor, uneducated, and illiterate, had respect and trust for their priests, while they were traditionally distrustful towards the urban gents, nobility, and citizens (Trogrlić and Šetić 2015, 36-9). The rural population used mainly traditional methods of treatment, so the Enlightenment discourse against quackery was still relevant during the 19th century (Jelić 1957; Fatović-Ferenčić 1995). Therefore, the government obliged priests (in most of its publications on public health measures until the mid-century) to read and interpret government proclamations after Sunday Masses, when there were the most people in the church.³² The parishioners had to explain, “kindly and in good faith

³⁰ Naputak protivu Kratelju 1886, 2.

³¹ The mutual support of the Catholic clergy in Dalmatia and the Habsburgs was very concretely materialized during the riots of 1806 and 1809 (during the French administration) when the clergy was the main leader and motivator of the uprising against the French. The Dalmatian clergy openly supported the Habsburg Monarchy, and was in collusion with the army of the monarchy during the uprisings. See Novak 2004, 71-3.

³² Here are four representative examples: HR-DAZD-386-Zbirka tiskovina /Stampata, Raspis Na C. K. Kapetanie okolišne, činovnike političke, upraviteljne, občinske, čuvare zdravlja, Pripoštovana cerkovna starešinstva, župnike i duhovnike u Deržavi. Zadar, 10. listopada 1849. Box 47, Folder 86. (Instructions regarding cholera outbreak in Zadar 1849); HR-DAZD-386-Zbirka tiskovina /Stampata, Oznanjenje cesar. kraljs. vladanja od Dalmacie. Zadar, 27. lipnja 1824. Box 36, Folder 12. (Instructions regarding plague); HR-DAZD-386-Zbirka tiskovina /Stampata, Oznanjenje cesarskoga kraljskoga vladanja od Dalmacije. Zadar, 17. kolovoza 1824. Box 36, Folder 17. (On vaccination); HR-DAZD-386-Zbirka tiskovina /Stampata, Oznanjenje. Zadar, 24. travnja 1832. Box 41, Folder 14. (Preventive guidelines).

in a very clear way, so that everyone could understand,” habits and the way of life that were thought to favour the spread of the epidemic.³³ In an attempt to eradicate the common belief that alcohol consumption, pipe smoking, and a hearty diet (gluttony) protect against disease,³⁴ moderation had been strongly and repeatedly recommended in every segment of private life.³⁵ Strong alcohol was recommended only in small quantities, before or after hard work, and drinking water should be diluted with a little mature wine, vinegar, or brandy. The cholera prevention guidelines described the diet in particular, but without explaining its benefits or harms: it should have been based on fresh foods, especially meat (except pork) and well cooked. Immature fruits (especially melons of all kinds) and green raw vegetables (especially cucumber), mushrooms, clamps (during the summer season), and rancid food in general (oil, cheese) should be avoided. Special emphasis is placed on dietary customs observed “in these countries,” i.e., specific to Dalmatia: poorly baked bread that often remained unbaked in the middle due to the way it was baked under the baking bell and the consumption of meat from animals that died of disease.³⁶ Moderation and a mild diet were also recommended in the late 19th century, supplemented by new scientific findings: the health of the digestive system should be preserved because a healthy stomach acid will prevent cholera germs.³⁷ Other local customs (or necessities of life) were also pointed out as harmful, such as sleeping outdoors, especially at night and on bare ground, living with domestic animals, too much or too little physical effort, and exposure to cold and moisture. The positive example of *Morlacs* was highlighted,³⁸ who used to cover their socks with tallow

³³ HR-DAZD-386-Zbirka tiskovina /Stampata, *Oznanjenje*. Split, 24. travnja 1832. Box 41, Folder 14. This instruction was issued with the aim of being read by pastors to their parishioners and contains advice for a healthy life. The guidelines do not explicitly name the disease, but refer to cholera, which can also be a strategic move aimed at alleviating panic among the population.

³⁴ HR-DAZD-386-Zbirka tiskovina /Stampata, *Oznanjenje cesars. kraljs. vladanja od Dalmacie*. Zadar, 27. lipnja 1824. Box 36, Folder 12; This preconception seems to have been difficult to eradicate because it was also mentioned in the 1880s in the Instructions against Cholera: Naputak o načinu kojim se je pučanstvu vladati kad prieti ili bukne kratelj, 6.

³⁵ For example: HR-DAZD-386-Zbirka tiskovina /Stampata, *Oznanjenje cesars. kraljs. vladanja od Dalmacie*. Zadar, 27. lipnja 1824. Box 36, Folder 12 (against the plague); HR-DAZD-386-Zbirka tiskovina /Stampata, *Oznanjenje*. Zadar, 24. travnja 1832. Box 41, Folder 14 (in general); HR-DAZD-386-Zbirka tiskovina /Stampata, *Oznanjenje od strane c. k. komisiuna derxavskoga od zdravlja puku dalmatinskomu vije grixe kuxne zvane colera morbus*. Zadar, 25. rujna 1831. Box 40, Folder 57 (against the cholera).

³⁶ HR-DAZD-386-Zbirka tiskovina /Stampata, *Oznanjenje*. Split, 24. travnja 1832. Box 41, Folder 14.

³⁷ *Pučka pouka o koleri i mjerama proti ovoj bolesti* 1892, 23.

³⁸ The *Morlacs* were the name of the population of mainland Dalmatia.

to keep their feet dry during the rain.³⁹ The body had to be kept clean, dry, and warm, and the living space clean and ventilated.⁴⁰

Emotional stability was also considered important in disease prevention, so in addition to informing and teaching, priests were required to spiritually empower and encourage their parishioners during epidemics.⁴¹ In addition, the behaviour of the clergy was of great importance, so it was sometimes prescribed how the priests themselves should behave. For example, the 1831 disease prevention instructions instructed pastors to warn the population of the personal hygiene and cleanliness of their clothes. The priest's appearance, i.e., his own hygiene habits, says the document, "would speak more than his words."⁴²

The priests had an important role in the vaccination campaign in Dalmatia. Both the First Austrian and French administrations carried out vaccinations in Dalmatia, but this was not systematic or mandatory (Dojmi-Jamnicky 2005, 22; Grmek 1960, 407). Vaccination remained optional during the Second Austrian Administration, but with numerous restrictions for unvaccinated individuals.⁴³ Doctors and surgeons, sanitary officers, and the local administration were involved in the vaccination, with the medical staff having the most extensive task. They collected data on the vaccinated and unvaccinated, took care of sufficient vaccine supplies, and vaccinated children in orphanages. Once a year, they organized vaccinations in the places they were in charge of, and they were obliged to pay attention to the consequences of vaccinations on individuals. Finally, they were required to corroborate all of this with detailed written reports and completed forms.⁴⁴

In attempting to implement preventive measures, the government also used harsh psychological pressures. Local government officials had to put an inscription in "huge letters" on the front door of the home of patients infected

³⁹ HR-DAZD-386-Zbirka tiskovina /Stampata, *Oznanjenje od strane c. k. komisiuna derxavskoga od zdravlja puku dalmatinskomu vije grixe kuxne zvane colera morbus*. Zadar, 25. rujna 1831. Box 40, Folder 57, 3.

⁴⁰ HR-DAZD-386-Zbirka tiskovina /Stampata, *Oznanjenje od strane c. k. komisiuna derxavskoga od zdravlja puku dalmatinskomu vije grixe kuxne zvane colera morbus*. Zadar, 25. rujna 1831. Box 40, Folder 57, 3; HR-DAZD-386-Zbirka tiskovina /Stampata, *Uvičbanje*. Vienna, 18. studeni 1830. Box 39, Folder 78, 8, 10.

⁴¹ Here is a quote, as an example, from the instructions against cholera: "Sara quindi [...] dei ministri dell' Altare, quello d'istruire indefessamente il popolo dietro la guida tracciata dal presente, dell'avvertenze tutte, che vi si conteplano, onde ignaro delle medesime non vi venga fatalmente sorpreso dal terribile flagello, da cui altrimenti coll' uso di quelle sarebbe per campare. Sarà pure del ministero loro di fortificare coll spirito di religione il timido, e pusillanime, egualmente che rinviare il temerario nei limiti di temperanza, e di prudenza." HR-DAZD-386-Zbirka tiskovina /Stampata, *Oznanjenje od strane c. k. komisiuna derxavskoga od zdravlja puku dalmatinskomu vije grixe kuxne zvane colera morbus*. Zadar, 25. rujna 1831. Box 40, Folder 57, 12.

⁴² HR-DAZD-386-Zbirka tiskovina /Stampata, *Oznanjenje*. Split, 24. travnja 1832. Box 41, Folder 14.

⁴³ Which will be discussed more in the next section.

⁴⁴ HR-DAZD-386-Zbirka tiskovina /Stampata, *Oznanjenje cesarskoga kraljskoga vladanja od Dalmacie*. Zadar, 17. kolovoza 1824. Box 36, Folder 17.

with smallpox that read “the smallpox appeared in a family of [name and surname] living in this house.”⁴⁵ After that, measures of isolation of the infected family were carried out. Local administrators were required to post on the bulletin boards the names and surnames of persons who had died of smallpox emphasizing their own responsibility. It was pointed out that “these were individuals, stubborn in their misconceptions, who rather let their sons and adopted orphans die than to use the help to preserve them through vaccination given to them by the government.”⁴⁶ The government gave monetary rewards to medical staff who excelled in vaccinations, their names were made public, according to which it can be concluded that vaccination was more or less regularly performed.⁴⁷

The priest’s duties regarding vaccination were in line with their role in the society. For example, they accompanied doctors or health officials when visiting houses to make a list of people to be vaccinated. They had to compile a list of new-borns in their parishes every three months, which served the purpose of vaccination. Every three months they were required to read from the altar the names of those who had died of smallpox and at the same time “briefly and clearly warn parents of their duty before God and before the King, convincing them to accept help [meaning vaccination] to save their children’s lives.”⁴⁸

Making contact with the population through priests for the Habsburg Monarchy was practical for a number of reasons,⁴⁹ but it also gave moral legitimacy to Habsburg paternalistic health policy. Most documents containing preventive health instructions depict the monarch as a good father who watches over the health of his subjects, which also fits to a concept of spiritual guidance of the priests, the shepherds of their flocks.⁵⁰ For example, in an attempt to convince the parents to vaccinate their children, the government states that “our benefactor Monarch and Father” convinced by himself at the benefits of vaccine; and if the parents whose duty is to preserve their children’s lives do not believe him; they should ask the “Shepherds of their

⁴⁵ HR-DAZD-386-Zbirka tiskovina /Stampata, *Oznanjenje cesarskoga kraljskoga vladanja od Dalmacie*. Zadar, 17. kolovoza 1824. Box 36, Folder 17, Article 39.

⁴⁶ HR-DAZD-386-Zbirka tiskovina /Stampata, *Oznanjenje cesarskoga kraljskoga vladanja od Dalmacie*. Zadar, 17. kolovoza 1824. Box 36, Folder 17, Article 42.

⁴⁷ Ivan Fantina, HR DAZD - 386. Štampe (inventory of the collection) Zadar, State Archives in Zadar: 2006, 267-309.

⁴⁸ The Italian version of the text talks about the lives of “children,” and the Croatian version about the lives of “sons.” In the Dalmatian patriarchal society reflected in the spirit of the language, the sons had a greater value. HR-DAZD-386-Zbirka tiskovina /Stampata, *Oznanjenje cesarskoga kraljskoga vladanja od Dalmacie*. Zadar, 17. kolovoza 1824. Box 36, Folder 17, Article 43.

⁴⁹ In addition to the above reasons, poor traffic and postal connections can also be taken into account.

⁵⁰ I quote one part of the sentence from the Imperial letter as an example: “Mosso da sollecitudine paterna per il bene de' mici amati fedeli popoli [...]” HR-DAZD-386-Zbirka tiskovina /Stampata, *Oznanjenje*. Zadar, 23. listopada 1831. Box 40, Folder 62.

souls.”⁵¹ The Monarchy also used a more direct discourse to establish the idea of God’s mission of its secular authority, trying to gain from the subjects as much devotion to themselves as they had towards the Church:

Dopo di che sembra superfluo di ricordare ai sudditi soggetti al soave e mite Austraco Scettro, che la veneranda religione di Cristo professano, ciocchè disse il divino di lei fondatore: *Le Superiorità fanno di Dio le veci.*⁵²

With the end of absolutism and the establishment of representative bodies in the 1860s, this kind of discourse ceased. Also, the central government in Vienna, as it was said, no longer dealt with local epidemiological circumstances, and brochures published in the last two decades of the 19th century highlighted scientific research as the basis for anti-epidemic measures.⁵³ Since the middle of the century, documents have made no mention of the mutual obligation in health prevention between the paternal monarch and his subjects, and since then there has been a lack of traditional appeals to the clergy to spread government instructions. With the general secularization of society since the 1870s and the increase in literacy, the clergy gradually lost their role in the health enlightenment as well.⁵⁴ The population was recommended to inform themselves about the prescribed anti-epidemic measures and to be thoroughly acquainted with the contagious nature of the disease, because in this way they would be convinced that the disease could be prevented.⁵⁵ In addition, conscientious citizens were appealed to “educate the uneducated individuals of the orders of the government by their appearance and instructions, and to divert vicious or unreasonable folks from prejudices about cholera and measures against cholera.”⁵⁶ While the discourse on the paternal role of the monarch and the state in health policy ceased in Dalmatia by the 1860s, as elsewhere in Europe (Rosen 1957, 47), broad public health activities, the concept of medical policing, and the term itself remained in governmental acts in Dalmatia until the late 19th century,⁵⁷ and this was the case in Italy as well (Rosen 1957, 46).

Preventive proposals for the case of plague mainly contained instructions based on infection theory and experience. In addition to general and brief

⁵¹ HR-DAZD-386-Zbirka tiskovina /Stampata, *Oznanjenje cesarskoga kraljskoga vladanja od Dalmacije*. Zadar, 17. kolovoza 1824. Box 36, Folder 17.

⁵² HR-DAZD-386-Zbirka tiskovina /Stampata, *Oznanjenje od strane s. k. komisiuna derxavskoga od zdravlja puku dalmatinskomu vije grixe kuxne zvane colera morbus*. Zadar 25. rujna 1831. Box 40, Folder 57, 12.

⁵³ For example: “Le indagini piùrecenti hanno dimostrato che la maggior parte delle materie infettive, sino ad ora conosciute più davvicino, sono organismi vegetali [...]” *Naputak o od kuživanju priljepčivih bolesti*, 5.

⁵⁴ Schools secularized in the 1870s, literacy was on the rise at the turn of the 20th century, and from 1857 onwards, the Habsburg Monarchy conducted censuses according to the principles of modern statistics.

⁵⁵ *Pučka pouka o koleri i mjerama proti ovoj bolesti* 1892, 22.

⁵⁶ *Pučka pouka o koleri i mjerama proti ovoj bolesti* 1892, 25.

⁵⁷ *Pučka pouka o koleri i mjerama proti ovoj bolesti* 1892, passim; *Naputak protiva kratelju*, 10.

advice for a healthy life, they advised caution in commercial and personal contacts, especially at borders, and timely segregation of the sick. With bacteriological research and the knowledge that the incubation lasts from two to seven days, ten-day quarantine and isolation of patients remained the best available way to curb plague epidemics well into the late 19th century.⁵⁸ In addition, in the Instructions for Disinfection of Infectious Diseases of 1886, the plague was not on the list of diseases indicated for thorough disinfection as a preventive method.⁵⁹ On the other hand, cholera prevention guidelines contained much more extensive advice on diet and lifestyle in general, and caution in commercial and personal contacts included screening passengers and their luggage, traders, and merchandise on public transport, in ports, and at train stations, especially on lines coming from infected areas.⁶⁰ Disinfection of premises, objects, and people at the time of the threat of cholera outbreak is prescribed as an important preventive action.⁶¹

The authors of government guidelines and anti-epidemic measures have pointed out in several ways that adherence to the guidelines can prevent plague and cholera, and government discourse on the matter remained similar throughout the Second Austrian Administration period. In the 1824 text, for example, they attributed with great confidence the responsibility for a possible outbreak of a plague epidemic solely to ignorance, negligence, and prejudice.⁶² During the cholera epidemic of 1849, the government argued about preventive measures: "If every person [...] would behave according to proclaimed guidelines against the cholera, it would indeed be quite a bit death cases from this disease."⁶³ Towards the end of the century, the government often used scientific grounding of the prescribed measures as the argument for conducting them,⁶⁴ emphasizing also the need of collective action against the epidemic. Each individual was expected to behave responsibly, report possible cases of cholera, and support the medical and local authorities, in which case they could "celebrate the victory over this poison enemy with only a few victims."⁶⁵ From the first outbreaks of cholera in Europe, it was clear that it affected the poor the most, moreover, poverty was understood as one of the main causes of cholera (Porter 1999, 84-5). Therefore, poverty alleviation activities were seen as a preventive action against cholera.

⁵⁸ *Naputak o kugi i zdravstvene mjere za njezino prepriječenje i utamanjenje* 1899, 7, 17.

⁵⁹ *Naputak o odkuživanju priljepčivih bolesti* 1888, 4-6, 20-2.

⁶⁰ *Pučka pouka o koleri i mjerama proti ovoj bolesti* 1892, 9-11.

⁶¹ *Naputak protiva kratelju* 1886, 22-6; *Pučka pouka o koleri i mjerama proti ovoj bolesti* 1892, 26-33; *Nautak o načinu kojim se je pučanstvu vladati kad prieti ili bukne kratelj*, 6-12. *Raskužba u doba kolerične pošasti*.

⁶² HR-DAZD-386-Zbirka tiskovina /Stampata, *Oznanjenje*. Split, 24. travnja 1832. Box 41, Folder 14.

⁶³ HR-DAZD-386-Zbirka tiskovina /Stampata, *Raspis Na C. K. Kapetanije okoljšne, činovnike političke, upraviteljne, občinske, čuvare zdravlja, Pripoštovana cerkovna starešinstva, župnike i duhovnike u Deržavi*. Zadar, 10. listopada 1849. Box 47, Folder 86.

⁶⁴ *Pučka pouka o koleri i mjerama proti ovoj bolesti* 1892, 13.

⁶⁵ *Pučka pouka o koleri i mjerama proti ovoj bolesti* 1892, 11-12.

The threat of cholera was promoted as a good opportunity to express “togetherness and love of neighbor,” so the government called for protection and assistance to the poor by caring for orphanages, shelters, and soup kitchens, recalling that cholera is most prevalent among the poor.⁶⁶

If the epidemic broke out despite numerous disease prevention guidelines (as it often did), state authorities would try to curb it with restrictive measures.

4. Restriction

The government immediately at the beginning of its Second Administration in Dalmatia took the most severe restrictive anti-epidemic measures, when the plague was ravaging territory of the Ottoman Empire, including Bosnia and Herzegovina. The basic restrictions for the border with the Ottoman Empire were enacted as early as 1805 and were reprinted and passed on 28 January 1814, soon after the establishing the administration in Dalmatia.⁶⁷ These provisions were republished four more times during 1815 and 1816 when the epidemic spread to the territory of Dalmatia, and the government published other information and instructions related to the epidemic during that period.⁶⁸

Crossing the border with the Ottoman Empire, i.e., the sanitary cordon, without being quarantined and inspected by sanitary officials was a serious violation of the “Health Act.” In addition, it was considered a criminal offense to assist in illegal border crossing, forgery of health documents, and admission of persons, traders, or their merchandise to inns. These offenses were punished with five to ten years of “hard dungeon,” and in circumstances where the perpetrator would be responsible for the large-scale epidemic and many deaths, or if caught in a repeat offense, the court could impose a maximum sentence of 20 years. The punishment could be milder than prescribed if it were proved that the offense was committed out of inadvertency, in which case the offender could be punished by beating.⁶⁹

⁶⁶ *Pučka pouka o koleri i mjerama proti ovoj bolesti* 1892, 15.

⁶⁷ HR-DAZD-386-Zbirka tiskovina /Stampata, Oznagnegne. Zadar, 28. siječnja 1814. Box 26, Folder 8.

⁶⁸ HR-DAZD-386-Zbirka tiskovina /Stampata, Oznagnegne. Zadar 21. svibnja 1815. Box 27, Folder 29; HR-DAZD-386-Zbirka tiskovina /Stampata, Namislajuchi kolikojest potribno u sadasnih nadogada (...). Zadar, 6. lipnja 1815. Box 26, Folder 16; HR-DAZD-386-Zbirka tiskovina /Stampata, Rasglas. Dubrovnik, 21. veljače 1816. Box 26, Folder 16; HR-DAZD-386-Zbirka tiskovina /Stampata, Javljenje od strane c. k. Vladagne opchjeno Dalmacije. Zadar, 18. svibnja 1816. Box 28, Folder 26. The same provisions were repeated in 1821: The same provisions were repeated in 1821: HR-DAZD-386-Zbirka tiskovina /Stampata, Oznanjenje od strane cesar. kral. vladanja sve Dalmacie. Zadar, 15. svibnja 1821. Box 34, Folder 33.

⁶⁹ HR-DAZD-386-Zbirka tiskovina /Stampata, Oznagnegne. Zadar, 28. siječnja 1814. Box 26, Folder 8, Article 1-2.

However, violating the sanitary cordon also posed a greater risk than the dungeon. Guards on the sanitary cordon had the authority to shoot anyone who tried to cross the border secretly or violently or did not respond to a call to stop.⁷⁰

Officers (guards and sanitary staff) were also required to perform their duties at the border responsibly and fairly. They were forbidden to receive any “gifts,” to allow individuals to cross the border without enduring quarantine, or to let people go before the quarantine expired. In addition, they were forbidden to issue false health certificates. Severe penalties were provided for these offenses, especially if the offenders were bribed, in which case they could be sentenced to 10 to 20 years in prison; but under extenuating circumstances, the sentence could have been less than 5 years.⁷¹ Violation of sanitary measures at the border was also punishable by the most severe punishment, shooting, which could have occurred if the offenses had been planned despite the knowledge of the ban, frequency of offenses, or if they had resulted in dangerous consequences. In such cases, a military court should have been convened and a rigorous trial held.⁷²

Despite the law, repeated announcements of regulations, and severe penalties, there were frequent violations of sanitary regulations on the sanitary cordon and illegal border crossings.⁷³ The offenses did not appear to be sanctioned as prescribed. When the plague broke out in Albanian Pashalik in 1824,⁷⁴ the government raised the level of caution, arguing that it would no longer tolerate numerous violations on the sanitary cordon.⁷⁵

Isolated Dalmatian villages outside local government headquarters and without a physician engaged in the public service were also subject to restrictive measures when a plague was suspected. The sick person’s house was to be isolated as soon as possible and placed under guard, composed of villagers whose gathering was the duty of the village headman. The guards were supposed to block every entry and exit from the house (people, things, and animals) except the most necessary for living. A further procedure would follow: the village headman, and the guard he assembled from the villagers, had the

⁷⁰ HR-DAZD-386-Zbirka tiskovina /Stampata, *Oznagnegne*. Zadar, 28. siječnja 1814. Box 26, Folder 8, Article 3; HR-DAZD-386-Zbirka tiskovina /Stampata, *Oznagnegne*. Zadar, 2. travnja 1834. Box 41, Folder 104.

⁷¹ HR-DAZD-386-Zbirka tiskovina /Stampata, *Oznagnegne*. Zadar, 28. siječnja 1814. Box 26, Folder 8, Article 4-5. It is not specified what the mitigating circumstances are.

⁷² HR-DAZD-386-Zbirka tiskovina /Stampata, *Oznagnegne*. Zadar, 28. siječnja 1814. Box 26, Folder 8, Article 9.

⁷³ For example: HR-DAZD-386-Zbirka tiskovina /Stampata, (The text has no title). Zadar, 13. prosinca 1815. Box 27, Folder 61; HR-DAZD-386-Zbirka tiskovina /Stampata, *Javljegne od straane cess. kragljevske vladagna Dalmacije*. Zadar, 20. veljače 1816. Box 28, Folder 8.

⁷⁴ At that time, the territory of today’s Albania was the part of the Ottoman Empire as the semi-independent Albanian Pashalik. The cited document mentions “the plague in Albania.”

⁷⁵ HR-DAZD-386-Zbirka tiskovina /Stampata, *Ukaz cessars. kraljs. vladanja od Dalmacie*. Zadar, 11. lipnja 1824. Box 36, Folder 9.

authority and duty to surround the village as well and to strictly and without exception forbid leaving the village. The headman was then to send two of the most worthy and honourable villagers to the local government headquarters to report the situation, after which a commission composed of a physician, local government representative, and a priest would come to the village and proceed in accordance with segregation and sanitation regulations. If it was determined with certainty that it was a plague, the closure of taverns and shops was immediately ordered. In addition, it was forbidden to gather a large number of people, which included holding Mass. Only a priest and a minister could attend Mass, and the administration of the sacraments was also reduced to a minimal procedure. It was prescribed that when the plague appeared, all animals that could transmit the plague around (from house to house) should be killed immediately: dogs, cats, chickens, pigeons, and all poultry.⁷⁶ Sanitary officers accompanied by one infantryman were obliged to visit the houses to check if there were any new patients, and if any of the residents had fled the epidemic.⁷⁷

Rough restrictions on freedom of movement and personal contacts of the absolutist administration at a time when the Dalmatian peasantry was burdened by feudal and colonial systems were not questioned. However, in attempts at analogous austerity after the outbreak of cholera, European governments encountered resistance from populations who had experienced or witnessed liberal revolutions (Porter 1999, 88-9). In Dalmatia, the situation seems to have been somewhat different. The resistance to the authorities consisted in the fact that the Dalmatians set up quarantines and local sanitary cordons in the event of cholera, although the monarch himself by the “royal letter” forbade this. However, the government made an effort to explain the decision, assuring the population that the quarantine was lifted because the highest health council composed of the best doctors in the monarchy recommended it (Katušić and Puljizević 2021, 109-10). The government argued that quarantine did not help prevent the epidemic but was harmful because the establishment of such measures further spread panic among the population.⁷⁸ The Habsburg Monarchy, like most European governments, banned compulsory quarantine for cholera cases, enabling free trade, but left in force a number of other restrictions that equally restricted the freedom and dignity of the individual. The poor, especially those without a home of their own, could be involuntarily hospitalized in temporary hospitals established

⁷⁶ However, livestock of the segregated family should be properly taken care of, making sure they had enough pasture.

⁷⁷ HR-DAZD-386-Zbirka tiskovina /Stampata, *Nauczi podaniod Cesarskoga Kraglieva Sridgnega Vjehia Vladaoskoga varhu Zdravglia akobise po ensrichi okuxillo koje Selo od Dalmaczie*. Zadar, 26. listopada 1814. Box 26, Folder 66.

⁷⁸ HR-DAZD-386-Zbirka tiskovina /Stampata, *Kratko i razložito iskazanje postupanja bivše Pridvorne sjedinjene Kačelarie, i Ministarstva unutrašnjih pozalah, tičućeg se postavljenja stege (kontumacie) protiv Koleri*. Zadar, (undated) 1850. Box 48, Folder 6.

specifically for cholera patients (Katušić and Puljizević 2021, 104). In addition, regulations of the 1830s gave the sanitary service, health commissions, and local government broad powers to conduct detailed inspections to follow preventive provisions related to the sale of food and beverages and housing. Public institutions, pubs, and inns were inspected, as well as private homes, with the military being involved (Katušić and Puljizević 2021, 103). In the second half of the 1870s, however, the government allowed the establishment of a seven-day quarantine and the closure of borders for cholera cases but left the decision to the municipalities.⁷⁹ Prior to quarantine, travellers and traders had to undergo a medical examination.⁸⁰ After the 1880s, quarantine had not been mentioned as a relevant means of combating the spread of cholera, but strict traffic control had been prescribed. A physician examined passengers and their luggage,⁸¹ and a traveller infected with cholera would be banned from continuing his journey and would have to be hospitalized.⁸²

The population was also subjected to severe anti-epidemic measures as soon as the first cases of cholera appeared. Events with a large number of people, such as festivals, pilgrimages, assemblies, meetings, and fairs were banned. Schools were also closed.⁸³ Begging and door-to-door sales were regularly among the prohibitions at the time of cholera (Katušić and Puljizević 2021, 104).⁸⁴

The restrictions also permeated the primary preventive actions against epidemics. This is particularly evident in the rules laid down by the government regarding the vaccination. The vaccination procedure was not completely harmless and safe, by administering the vaccine hand in hand; the vaccine recipient could become infected with additional diseases such as syphilis (Porter 1999, 129). In some European countries, resistance to compulsory vaccination has become organized (Porter 1999, 129; 1997, 420), and according to pressures and restrictions towards the non-vaccinated population in Dalmatia, it seems that the Dalmatians were also distrustful of this immunological method. State institutions were inaccessible to unvaccinated individuals. For example, orphanages did not accept unvaccinated children, shelters did not receive unvaccinated poor, and dormitories did not accept unvaccinated

⁷⁹ HR-DAZD-386-Zbirka tiskovina /Stampata, *Pravila kojima imadu se rediti zdravstvene stege toliko na kopnu koliko pri moru i koje su neodvisno od vladinih Vlastih u kripost stavljene protiv Koleri*. (undated) Box 47, Folder 86. The document has no date but refers to earlier provisions, the most recent of which is from 1873. The re-establishment of quarantine was probably considered after cholera broke out again in Dalmatia in 1873.

⁸⁰ HR-DAZD-386-Zbirka tiskovina /Stampata, *Pravila kojima imadu se rediti zdravstvene stege toliko na kopnu koliko pri moru i koje su neodvisno od vladinih Vlastih u kripost stavljene protiv Koleri*. (undated) Box 47, Folder 86.

⁸¹ Besides the signs of infection, the physician should notice the traces of the faeces on passenger's clothes. *Naputak protiva kratelju* 1886, 8; *Pučka pouka o koleri i mjerama proti ovoj bolesti*, 9.

⁸² *Naputak protiva kratelju* 1886, 8; *Pučka pouka o koleri i mjerama proti ovoj bolesti*, 13.

⁸³ *Naputak protiva kratelju* 1886, 18.

⁸⁴ *Naputak protiva kratelju* 1886, 18; *Pučka pouka o koleri i mjerama proti ovoj bolesti*, 13.

students. In addition, unvaccinated individuals were denied state aids of any kind, such as scholarships, and all civil servants and their children had to be vaccinated.⁸⁵ Resistance was evident also among physicians. Vaccination of children in orphanages was obligatory and surgeons employed at these institutions were obliged to perform it. If they refused, they would get fired.⁸⁶ The same would happen to physicians and surgeons in public service. In addition to the risk of losing their employments, they could have been reported to their superiors if they had not complied with all vaccination orders.⁸⁷ However, in Dalmatia there appears to have been no organized resistance to vaccination or to the restrictions to which unvaccinated individuals were subjected.

5. Conclusion

Having taken over Dalmatia, the Austrian authorities took over the communal public health institutions and the long border with the Ottoman Empire, which was perceived as a plague reservoir. In addition to that, they faced a poor and illiterate population, poor transport connections, insufficient health infrastructure, and lack of medical staff. Therefore, anti-epidemic actions were adapted and targeted at different vulnerable groups in society, occupations, and what was considered harmful way of life. To this end, the government used all the methods and means at its disposal: the clergy, medical staff, civil servants, and the military participated in health education, prevention, anti-epidemic measures, and restrictions.

An anti-epidemic set of rules and actions was implemented together with a comprehensive and centralized public health system based on the concept of medical police. By frequently issuing anti-epidemic regulations, the government sought to establish a solid and consistent anti-epidemic system. Also, by establishing an extensive network of public servants (of medical, civil, military, and religious provenance), efforts were made to control the widest possible aspects of the daily life of citizens.

Prescribed actions during epidemics, with the exception of doubts about the introduction of quarantine in the case of cholera, did not change significantly during the 19th century despite political and social changes and knowledge in medicine. With the end of the plague around which measures were always rigid, and the abolition of absolutism, there was no discourse on

⁸⁵ HR-DAZD-386-Zbirka tiskovina /Stampata, *Oznanenje cesarskoga kraljskoga vladanja od Dalmacije*. Zadar, 17. kolovoza 1824. Box 36, Folder 17, Article 35, 36.

⁸⁶ HR-DAZD-386-Zbirka tiskovina /Stampata, *Oznanenje cesarskoga kraljskoga vladanja od Dalmacije*. Zadar, 17. kolovoza 1824. Box 36, Folder 17, Article 14.

⁸⁷ HR-DAZD-386-Zbirka tiskovina /Stampata, *Oznanenje cesarskoga kraljskoga vladanja od Dalmacije*. Zadar, 17. kolovoza 1824. Box 36, Folder 17, Article 17.

the paternalistic role of the monarch, but the government demanded that the rules continue to be strictly enforced. After the secularization of society in the 1870s and the bacteriology outbreaks of the 1880s, the discourse on the validity of anti-epidemic measures is changing; scientific research displaces an outdated mutual obligation between subjects and monarchs, but most of the preventive and restrictive measures of the first half of the 19th century remained in force.

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