Original scientific article
Izvorni znanstveni članak

Acta Med Hist Adriat 2021; 19(1);33-60
https://doi.org/10.31952/amha.19.1.2

MEDICINE ON THE EDGE OF THE HABSBURG TERRITORIES: MEDICAL PRACTICES AND MEDICAL CARE AT THE BANAT MILITARY BORDER (LATE 18TH CENTURY – EARLY 19TH CENTURY)

MEDICINA NA RUBU HABSBURŠKIH TERITORIJA: MEDICINSKA PRAKSA I MEDICINSKA NJEGA NA VOJNOJ GRANICI BANATA (KRAJEM 18. – POČETKOM 19. STOLJEĆA)

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Summary

Designed as a defensive system against the Ottoman Empire, the Austrian military border was doubled by a sanitary cordon, which served as a defense shield against epidemics. In order for this system to function adequately, the border patrol troops that served the House of Habsburg also needed protection against the diseases that threatened the empire. The present study brings into discussion the health problems that border guards from the Banat region experienced, a topic that remains largely unaddressed in the existing literature. By building on original archival research and the specialized work of the epoch, this article traces the main conditions, the means of tackling diseases, the remedies that were specifically local or those found within the European repertoire. It also sheds light on the support that the administrative apparatus offered to the troops, namely medical care in its material form (hospitals, quarantines, pharmacies, medicine, monetary assistance) and human form (the personnel hired at the borders: military doctors, surgeons, midwives, veterinarians).

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This article concludes that the entire correspondence from the center directed at the local authorities in Banat and vice versa reflects in a unique and subtle way the level of medical knowledge of the time.

Keywords: *Austrian military border, Banat, border guards, medicine, diseases, healthcare*

Introduction

The 1800 km border between the Archducal House of Habsburg, subsequently known as the Austrian and Austro-Hungarian Empire, and its eternal enemy, the Ottoman Empire, was established and protected by the armed force. The Austrian military border had had its origins in the 16th century, at the same time that the captaincies of Karlstad (Karlovac) and Warasdin (Varaždin) were created. The Banat and Transylvanian military borders had been created in the second half of the 18th century through the reorganization of the borders and the peace treaties of Karlowitz (Sremski Karlovci), Passarowitz (Požarevac), and Belgrade.

Banat, newly conquered by the Habsburgs after the Austro-Turkish war in 1716-1718, had been organized as a land of the Crown. According to the new rules, the sovereign was simultaneously the supreme dominion and the sole owner of the land. In order to consolidate the status of the province and enhance its economy, the newly conquered territory went through a process of colonization. As a result, Orthodox Serbs and Romanians, Jews, and other autochthons were joined by a German-speaking Catholic population. Moreover, the loss of Northern Serbia in 1740 led to the dissolution of the Tisza-Maros borderline, which was followed by the gradual setting up of a new military border along the Danube.

The militarization of Southern Banat began with the transformation of peasants into soldiers, who enjoyed the benefit of hereditary usufruct of land without paying some of the usual taxes. Most villages accepted the military status, but the population who refused militarization was transferred into the civil province. Firstly, the Banater *Landmiliz* has passed under military administration (1764-1765). Afterward, the middle segment of the border's territory was separated from the provincial Administration of Banat and became the Illyrian Regiment; the North-Eastern part of the Banat border reached at its end the Transylvanian frontier and belonged to the Romanian battalion (1768). These two units have been merged into one Wallachian-Illyrian Regiment in 1774 (headquartered in Weißkirchen/Bela Crkva until 1804, after

that in Karansebesch/Caransebeș, the 13th Regiment). At the same time, the Banat border was colonized by veterans and invalids from the Holy Roman Empire, who settled here and were enlisted in the German-Banat Regiment (that served the most Western part of the Banat frontier, headquartered in Pancsowa/Pančevo, 12th Regiment). The process of colonization, coupled with relocations between military and civilian territory and constant waves of refugees, led to a high degree of population mobility in these areas.[1]

The concept of border received various valences over time. Irrespective of its perception – as a well-coagulated defense territory or as an imaginary space of transition – the military border created by the Austrians was a conglomeration of human forces (officers, border guards, watchmen, doctors) and material forces (security checkpoints, quarantine houses). This frontier had to protect the territories of the House of Habsburg not only from visible enemies but also from other dangerous enemies that were difficult to detect with the naked eye: epidemics. Whether we talk about the plague or other contagious diseases in general, the regulations and ordinances of the Viennese Court had almost obsessively pursued the avoidance of such invisible hazards entering the Habsburg provinces. The authorities focused their attention especially on the medical care that the protectors of the borders – the military – should enjoy as well. The article shows that the above-mentioned directives, besides wishing to protect the borders, the subjects, and the commerce, reflect the level of medical knowledge of the time. Due to their access to specialized consultants such as Gerard van Swieten or Adam Chenot, Maria Theresa and her heirs to the throne were able to develop rescripts and orders that were up to date with the evolution of science.

The appearance and perception of diseases, the finding and validation of treatments and remedies, the training of the medical personnel, and the genesis of hospitals are fascinating themes in the history of medicine. However, the period we bring into the discussion is situated at the interval before the discoveries that have certified the modern medical practice. Various theories have confronted each other in order to explain the occurrence of serious diseases such as the plague, cholera, malaria, typhus, smallpox, etc. This is especially true about the miasma theory. Namely, it was believed that the unclean

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[1] For the formation of all border regiments see, among others: Hietzinger, Carl Bernhard von (1817-1823). *Statistik der Militärgränze des österreichischen Kaiserthums. Ein Versuch.* Band I-III, Wien.; Vanicek, František (1875). *Specialgeschichte der Militärgrenze. Aus Originalquellen und Quellenwerken geschöpft*, Wien.; for the history of Banat border regiments see: Milleker, Felix (1925). *Geschichte der Banater Militärgrenze 1764-1873*, Pančevo; Druck- und Kommissionsverlag Karl Wittigschlager.

and foul-smelling air of cramped and crowded areas (streets, houses, hospital rooms), as well as the emanations around standing waters (sometimes with rotting elements) were the cause of the great epidemics that affected Europe. Surviving until late in the 19th century, the miasma theory crashed into the contagion theory, which had found adherents since the 16th century. In 1546, Girolamo Fracastoro considered that many diseases are transmitted through "living seeds" from the human body.[2]

The subjects' state of health represented a constant preoccupation in most European states, but the solutions employed were not the same everywhere. Interesting parallels have been made between the types of government and the preferred means of combatting illnesses. Therefore, the quarantine imposed on people, animals, and goods was related to the policies of absolutist states, while more liberal governments sought methods that would interfere less with the individual's liberty.[3] The category in which Austria was situated is obvious, hence the emergence of the long sanitary cordon established at its borders.

Coming back to the several signs of progress that had been made from the 17th to 19th centuries, inoculation against smallpox is one of the first efforts made to prevent the spread of diseases on European territories. It was introduced in England in the first half of the 18th century at the instruction by the then-wife of the British ambassador in Constantinople, Lady Mary Montagu, who had been inspired by the practices of the Ottomans. The vaccine's effectiveness was proved in 1796 when Edward Jenner used bovine smallpox against the human one.[4] Another interesting evolution was determined by the study of cholera *in situ*. John Snow was the first to correctly explain the methods through which the devastating epidemic spread in the middle of the 19th century. He discovered that drinking water, the water reserves, and the faulty sewerage system in cities are the means through which the disease spreads.[5] Unfortunately, even when the level of knowledge advanced in a specific branch, patients' health improvements were hindered or delayed by the invalidation of scientific discoveries, the lack of real treatment, or

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2 Porter, Roy (1999). *The Greatest Benefit to Mankind. A Medical History of Humanity from Antiquity to the Present*, London; Fontana Press, 259.; Wootton, David (2006). *Bad Medicine. Doctors Doing Harm Since Hippocrates*, Oxford University Press, 124, 180.; Porter, Dorothy (1999). *Health, Civilization and the State. A History of Public Health from Ancient to Modern Times*, London/New York; Routledge, 80.

3 Baldwin, Peter (2004). *Contagion and the State in Europe 1830-1930*, Cambridge University Press, 12.

4 Wootton, D. (2006), 153-156.

5 Ibid., 195-204.

the time lag between the discovery of disease and discovery of treatment. For a very long period of time, the universal remedy practiced by doctors remained bloodletting, which was completely useless in the treatment of most conditions.

Literature review and argument

The study of medical care in the Austrian military border has been carried out in a variety of fields: history of medicine, military history, and especially the history of the part of the military frontier studied by this article. The first complex monographs on the military border were written in the 19th century (Hietzinger, Vaniček, Stopfer, etc.). Johann Heinrich Schwicker, a Banatian local historian figure, wrote in 1883 another history of the Austrian military border. Medical writings worth mentioning also date back from the end of the 18th century and 19th century: Dr. Schwarzott's and Dr. Stadler's books dedicated to Herkulesbad (Băile Herculane) in Banat. In 1925, another historian from Banat, Felix Milleker, published the only synthesis of the Banat military border: *Geschichte der Banater Militärgrenze*. In 1940, a PhD thesis in Vienna was dedicated to *Das Banat als Glied der österreichischen Militärgrenze im 18. Jahrhundert bis zum Tod Maria Theresias* (E. Volkmann). Although they did not specifically investigate the medical practices and care of the armed forces and the civilian population, the Austrian sanitary cordon and the plague were studied by Rothenberg[6] and Lesky, and more recently, by Jesner, Sechel, Havadi-Nagy, Sutterlüti. Erik Roth studied the German border (1988) in connection with the colonization process and the habitat changes that they caused. More significantly, research on health conditions in Habsburg Banat are grouped in Petri's *Beiträge zur Geschichte des Heilwesens im Banat*, but not exclusively (also Anton von Hammer's very important History of the Plague in Banat 1738-1740). In addition to that, Josef Stitzl's articles from the 30s and 40s offer only a very brief survey of the main human and animal conditions inside the Transylvanian and Banat borders. Other more recent studies (Wolf, Bocșan, Gräf, Popovici[7]) and the newly published *Digital*

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[6] Rothenberg, Gunther E. (1973), The Austrian sanitary cordon and the control of bubonic plague 1710–1871, *Journal of the History of Medicine and Allied Sciences,* 28.; Rothenberg, Gunther E. (2001), The Shield of the Dynasty: Reflections on the Habsburg Army, 1649–1918, *Austrian History Yearbook*, Volume 32. The other authors mentioned here are quoted in this paper.

[7] Gräf, Rudolf (2011), Die wirtschaftliche und soziale Auswirkung der Organisierung der Banater Militärgrenze im ländlichen und urbanen Raum, *Romanian Journal of Population Studies*, Supplement.; Popovici, Vlad (2018), Establishment of the Austrian Military Border in Transylvania and Its Short- and Medium-term Effects, *Povijesni prilozi*, 37.; Wolf observes: "exactly the studies focused on the small actors of the border, the border guards, are missing", Wolf, Josef (2010),

Framework[8] – all relate to several aspects of the military border in Banat and Transylvania (historiography, social, demographical, economical facets) but interestingly enough, none of this literature focuses on the health conditions of the population that lived on the border. Although the topic of the military border in Transylvania received more scholarly attention (but less than the Croatian-Slavonian parts), the academic literature focusing on the medical care, practices, and knowledge of the Transylvanian and the Banat border remains sparse.

In order to address this gap, this article studies the two border regiments from Banat – the Wallachian-Illyrian and the German-Banat Regiment, as a representative echelon of the militarized frontier. By building on original archival research at the State Archives in Temeswar (Timișoara) and the literature of the epoch, the article sheds light on the measures imposed by authorities in the sanitary domain and illuminates the constant worries regarding the medical practices at the periphery of the territories of the House of Austria thereby revealing the methods through which the Court of Vienna sought to protect those that are responsible for the protection of its borders. In so doing, the article develops our understanding of the level of the medical knowledge of the time, thus extending the geographical scope of the literature on the military border and contributing to the literature on the medical history of the Habsburg Empire.

Terms and phrases, such as sanitary cordon, quarantine, miasma theory, and contagion theory, border and frontier, epidemic, contamination, conditions, are used in this article in order to explain, from the perspective of the medical and social history, the specificity of the medical knowledge of the time. In this respect, this article concentrates on the exchange of information coming from Vienna (the Aulic War Council) to the General Command of Banat or the provincial Administration of Banat, which sent their responses, news, orders, and rules to the units under their command (quarantine stations, the commands of the border regiments) back to the center.

Granița militară din Transilvania și din Banat (1762/64-1851/73), in: Pop, Ioan-Aurel and Bolovan, Ioan ed., *Călăt*or *prin istorie. Omagiu profesorului Liviu Maior la împlinirea vârstei de 70 de ani*: Cluj-Napoca: Academia Română, Centrul de Studii Transilvane. 2010, 86.

[8] Hirsch, Sandra, Horváth, Csaba, Lumezeanu, Angela, Popovici, Vlad (2019), Digital Framework for the History of the Austrian Military Border in Transylvania. Database documentation and manual, *Studia Universitatis Babeș-Bolyai. Series Digitalia*, 64 (2). – a digital tool for accommodating the main type of documents issued by the border regiments in Transylvania and the Banat: monthly staff records, muster rolls, lists of conduct, medical certificates, etc.

In order to cover their thematic diversity (treatments and medical care for the troops, hospitals, medicine, medical personnel, means of prevention and sanitation, etc.), the paper is limited to a shorter timeframe, namely that between the formation of the two regiments and the first decades of the 19th century. We are interested in the geography of the army's sanitary facilities, but also in the relation of local medical knowledge to the European one. The main purpose is to present the common health issues of the frontier region of Banat and the means put by the state at the disposal of the subjects in the army. All kinds of diseases are taken into account, including the remedies practiced at the time, and the type of specialized medical care available for the soldiers. The paper discusses the medical care of the army stationed in Banat in general, but the case studies and archival proofs have been retrieved from the world of border guards in particular.

The article is organized into two sections. The first section investigates the state of the health of soldiers from Banat and the treatments that were made available to them, while the second section sheds light on the organized forms of medical care available in the border. The paper concludes with a discussion on the medical knowledge of the Habsburg Empire.

Diseases and tackling diseases

Banat was reflected in the collective imaginary as a profoundly miasmatic territory, a land lined with swamps and other standing waters, and was called, just like Hungary, "the graveyard of the colonists". The torrid summers, the moist air, insects, and thicket have left a sad impression on the doctors sent to the province, but also on the occasional travelers. They continually emphasized the connection between the climate, the water, and the sickly faces of the residents of the province.[9] As a consequence, the provincial Administra-

[9] Several authors that give accounts on the province and its capital, Temeswar,at the end of the 18th century: Francesco Griselini (Versuch einer politischen und natürlichen Geschichte des Temeswarer Banats in Briefen an Standespersonen und Gelehrte, Wien, 1780), Ignaz von Born (Briefe über mineralogische Gegenstände auf seiner Reise durch das Temeswarer Banat, Siebenbürgen, Ober- und Nieder-Hungarn, Leipzig, 1774), Johann Lehmann (Reise von Preßburg nach Hermannstadt in Siebenbürgen, Leipzig, 1785), Lieutenant Colonel Philipp von Elmpt (Geographische und oeconomische Beschreibung von Temesvarer District nebst besonderen Anmerkungen in Betref der Stadt Temesvar und dasselbstigen Vorstadten, 1773), J. J. Ehrler (Das Banat vom Ursprung bis jetzt, 1774), the Archduke Maximilian von Habsburg (Journal meiner Reise durch Hungarn, Slavonien und das Banat, 1777) all mention the unfavorable atmosphere in the area, one of the first doctors active in Banat does too: Johann Georg Heinrich Kramer (in Petri, Anton P. (1988). *Beiträge zur Geschichte des Heilwesens im Banat*, Marquarstein; Herausgegeben von der Semmelweis-Vereinigung Banater Heilberufer e. V, 27-31); for a general view on the health in Banat, see also: Gün, Ilknur, Schäfer, Gereon, Groß, Dominik

tion of Banat and the Viennese Court made considerable efforts to stabilize the sanitary situation by establishing of the first hospitals and pharmacies, through the drainage of swamps, the regularization of rivers, or by attracting specialized doctors in the area. This section discusses a number of diseases that affected the military border and the means through which they were tackled.

The plague. The plague managed to enter the Austrian Banat for the first time in 1737, during the war between the Habsburgs and the Ottoman Empire. It caused damages and made victims in the city of Temeswar (today Timișoara, Romania) and other localities. Until 1740, when the last cases were registered, the authorities had exercised various sanitary methods, including the drafting of a set of sanitation instructions and sending some epidemiologists (contagion physicians) to the region.[10]

The idea of the sanitary cordon in the sense of a military guard doubled by watchhouses and quarantines appeared in the 17th century. A while later, in 1710, a first patent is emitted to remind local authorities of the need to report the cases of plague to the health authorities in Vienna, to issue a health certificate for travelers, and establish quarantines whenever necessary. In 1728, it was decided that the strengthening of the border with the Ottoman Empire with a sanitary cordon should become a permanent measure.[11] The epidemic erupted again in the vicinity of the Habsburg provinces in 1765, during the Russo-Turkish War of 1768-1774, then in 1784, while in 1795-1796, it entered Syrmia. At the beginning of the following century, a recurrence of the epidemic took place in Istanbul and Izmir, which reached North in Serbia and Wallachia in 1813. Two years later, in 1815, it reached even Kostajnica (the Banal frontier).[12] Interestingly, in 1816 the General Command of Banat had received the work of the chief physician (*Protomedicus*) Franz Schraud about the mentioned plague in Syrmia, with the duty of making excerpts from it available to the doctors of the regiments, garrisons, and quarantines.[13] Along the

(2009), Medizinische Versorgung und Gesundheitsverhalten in den 'donauschwäbischen' Siedlungsgebieten Banat und Sathmar im vormaligen Ungarn (1700–1918), in: Groß, Dominik, Karenberg, Axel ed., *Medizingeschichte im Rheinland. Beiträge des Rheinischen Kreises der Medizinhistoriker*: Kassel University Press. 2009, 201-232.

10 Details in: von Hammer, Anton (2011). *Istoria ciumei din Banat 1738-1740*, Timişoara; Ed. Diacritic.

11 Lesky, Erna (1957), Die österreichische Pestfront an der k.k. Militärgrenze, *Saeculum*, VIII, 84, 86.

12 Havadi-Nagy, Kinga (2010). *Die Slawonische und Banater Militärgrenze. Kriegserfahrungen und räumliche Mobilität*, Cluj-Napoca; Rumänische Akademie/Zentrum für Siebenbürgische Studien, 185-186.

13 State Archives in Timișoara, Comandamentul General Bănățean [Fund of the General Com-

cordon, quarantine stations or houses (*Contumaz-Stationen*) were tasked to register and admit all those that crossed the border from Turkey. Moreover, there were the enclosed smaller stations that played the role of local markets called *Rastel* and also several watchhouses (*Tschardak*). The three quarantines in Banat were located in Pancsowa, Mehadia, and Schuppanek (Mehadia and Jupalnic[14] belong nowadays to Romania, Pančevo to Serbia) and the *Rastel* areas in Kubin, Homoliza, Ujpalanka/Neu Palanka, Moldowa, Svinitza, and Alt Orschowa[15] (Kovin, Omoljica, and Banatska Palanka are now in Serbia, Moldova Veche, Șvinița and Orșova are in Romania). The guarding of the sanitary cordon was made through the permanent patrolling of the border guards between the watchhouses, whose efforts were supplemented by the patrolling boats of *Tschaikisten* on the Danube.

The most comprehensive document for the period of the beginning of the Banat sanitary cordon had been the "Sanitary Norm"of Maria Theresa from the 2nd of January 1770[16], drawn under the tutelage of her personal physician, Gerard van Swieten. Findings from the Sanitary Norm, such as the timespan of quarantine, the division of objects into contagious and not contagious, etc., were questioned by Adam Chenot, whose observations were sent even to the General Command in Temeswar. It seemed that the three quarantines from the Banat military frontier did not have sufficient water resources for the implementation of some changes (the purification of clothes or the frequent washing of patients). The response of the staff surgeon in Temeswar,

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mand of Banat], inventory 806, package no. 168, file no. 17/1816.

14 Actually, the village Jupalnic disappeared along with the construction of Porțile de Fier/ Iron Gate hydroelectric power station, as the nearby island of Neu Orschowa/ Ada Kaleh submerged for the same reason. Some descriptions of the quarantines in: Sutterlüti, Sabine (2016). *Die Kontumaz in Mehadia. Mobilitätskontrolle und Seuchenprävention im 18. Jahrhundert*, Master Thesis, Vienna, 31-39, and Stitzl, Josef (1943), Das Gesundheitswesen der ehemaligen Militärgrenze, *Der Arzt im Osten*, 17(11), 174.

15 The quarantines were subordinated to the Banat Administration. The sections of the sanitary cordon were under the supervision of a "cordon commander", who in turn was subject to the command of the nearby regiment. In each border generalate, there was a Sanitary Commission, therefore in Timișoara as well; more in: Hietzinger, C. B. von (1817-1823); Stopfer, Mathias (1841). *Lehrbuch über die Militär-Gränz-Verwaltung des österreichischen Kaiserthums*, Graz.; Vanicek, F. (1875); Havadi-Nagy, K. (2010).

16 This *Sanitäts-Normativum/ Generale Normativum in Re Sanitatis.Von den Vorsichten, welche die Besorgung der Gesundheit von fremden Gränzen her betreffen* is also kept at State Archives in Timișoara, Comandamentul General Bănățean, inv. 197, package no. 20, file no. 4/1770. From this Norm, we learn which were the attributions and responsibilities of each of the members of the quarantine, information about the admittance and behavior in the lazaretto, the rules for cleaning people, for manipulating and processing animals and goods. They all mark the importance of isolation and the prevention of mingling with people and objects suspected of carrying the plague when it was difficult to trace the origin and means of transmission of epidemics.

Nikolaus von Vizius, showed that the miasma theory prevailed in the region, a theory that Chenot criticized with good reason.[17]

The anti-epidemic protection of the communities at the frontier was very important. In the event that some border guards were suspected of having been contaminated with the plague, either in the lazarettos or through contact with other persons at the border, it was necessary for them to be hospitalized and receive medical care.[18] Analogously to the epidemic of 1737-1740, households with infected people or suspect households that had been already isolated were visited regularly after 1800. For this purpose, the disinfection servants from the nearby quarantines remained of utmost importance, as the example of three such *Reinigungsdiener* from Schuppanek shows (Georg Sandu, Georg Mustetza, and Johann Magla), who were sent on a mission in Lapuschnik, Ieschelnitza, and Mehadika[19] (Romanian villages today).

The unrest caused by the plague followed the affected communities even after the death of the victims. The epidemic had altered the funeral ritual, replacing it with a quick burial. It has been decided in 1770 that bodies should be buried at a depth of 2 *Klafter* (approx. 4 m), unclothed, and obligatorily covered with lime and earth. Visits were forbidden in all the cemeteries that were located near quarantines.[20] In 1773, the Aulic War Council decided that the measures imposed for the cities needed to be applied to the militarized areas as well. The ordinance forwarded to the General Command of Banat, the Illyrian and Wallachian Border Regiments, and the Command of the Sanitary Cordon showed that, although it had been announced, the Temeswar Command did not respect the order of spraying with lime the military corpses from the borderland. Local authorities were demanded to focus on the state of health of the localities of the military frontier, especially because in

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17 Chenot was a contagion physician sent to Transylvania, who subsequently became the chief physician of the province. He wrote treaties through which he attempted to modify the imperial decisions, showing that the incubation time for the plague is 7 days and not 21, and that some materials should not be considered very contagious, as it had been erroneously believed. Subsequently, Chenot's ideas will influence the drafting of Joseph II's Patent of 1783 and of the 1837 ordinance (*Pest Polizei-Ordnung*); Jesner, Sabine (2015), The Physician Adam Chenot - Reshaping Plague Control in the Austrian Cordon Sanitaire (Approx.1770-1780), *Banatica*, 25, 290-293.; Sechel, Teodora (2014), Practici medicale şi instituţionale de combatere a epidemiilor in Ungaria, Transilvania şi Banat, 1770- 1850, *ArchivaMoldaviae*, Supplement I, 68-69.

18 Sanitäts-Normativum, f. 27 v-27.

19 State Archives in Timişoara, Comandamentul General Bănăţean, inv. 806, package no. 180, file no. 66/1817, f. 644.

20 Sanitäts-Normativum, f. 26 v.

those areas churches had no crypts, and the cemeteries were not allowed to be within the settlement, but were rather situated at a certain distance.[21]

Malaria. A devastating disease specific to the area was malaria (from It. *mal aria* = bad air), which became endemic in Banat until the end of the 19th century. Frequently called "fever" (as well as other diseases), it has made an impression even on the military quartered in the region. In 1763, Lieutenant Colonel von Stockhausen reported to the General Command of Banat and the Aulic War Council the prolonged heatwave of that summer, which had made victims among the workers and the officers working on the construction of the Temes warfortress, who eventually fell ill with fever.[22] It is interesting to note the parallel made by this officer between the season and the occurrence of an illness, an idea that was supported even by specialized military doctors[23] during the second half of the 18th century. People treated themselves against malaria by using quinine powder in various mixtures extracted from the bark of the Cinchona tree, originating from Latin America. A certain spring from the Herculane Baths (Herkulesbad/Mehadia-Bäder, today Băile Herculane, Romania) was believed to help in the treatment of malaria, given that doctor Stadler reported how, in the summer of 1774, certain soldiers who had passed through various baths to no avail, were cured of this "fever" in the spring called *Fieberbad.*[24] According to Dr. Schwarzott's treaty (see 32nd footnote), the climate and air from the Herkulesbad area suited malaria patients, while exposure to the waters from there seemed to have some effect in the treatment of this disease.

Smallpox. The soldiers from the border benefitted from the latest advancements in the medical field after the invention of the smallpox vaccine. This process started in Temeswar in 1801. Until 1803, 23.000 people were vaccinated in the entire Austrian military border.[25] Griselini mentioned a home-made inoculation, a usual practice of the Romanian from the countryside,[26] which predated the official procedure. Due to its contagious nature, the cleanliness

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21 State Archives in Timişoara, Comandamentul General Bănăţean, inv. 197, package no. 27, file no. 51/1773, f. 357-357v.

22 Schiff, Bela (1937). *Unser Alt-Temesvar,* Timişoara; Buchdruckerei Sonntagsblatt, 112-115.

23 The British military doctor, John Pringle, a participant in various campaigns, made a true classification of the diseases of the army: winter diseases (or inflammatory diseases) and summer diseases (or choleric diseases), mentioning as causes among others: cold, heat, moisture, and damp air, detailing even how the air gets "spoiled" and causes illnesses to the soldiers, Pringle, John (1764). *Observations on the diseases of the Army*, 4th edition, London, 72-73, 79-85.

24 Petri, A. P. (1988), 261-263.

25 Ibid., 268.

26 Griselini, F. (1780), 1st part, 221.

of the hospitals had to be addressed as well in order to prevent the spread of smallpox. The authorities were advised about the separate and daily washing of the clothes of those sick with smallpox. They had to be handed over to the on-duty surgeon who supervised their washing in order for them not to be mixed with other clothes. Military hospitals and barracks were taken into account as well. The clothes of the patients would be collected and sent to the washhouse, which was supervised by a military doctor. The washing was done by soaking the clothes in hot lye for 24 hours and then rinsing them with clean water. After the washing, they were steamed with mineral salts and then finally let dry for multiple days.[27]

Venereal diseases. The world of soldiers of yore was a breeding ground for the spread of a disease that affected both one's body and pride – syphilis, which spread in Europe at the end of the 15th century. Viewed in the modern era as a punishment for immoral behavior, venereal conditions had small chances of being healed. The treatments with mercury or the ingestion of some lizards had rather a penitence effect than a healing one.[28] Not a long time passed from the establishment of the military frontier when in 1773, the Commands of the German, Wallachian and Illyrian Regiments were announced that they were to receive brochures about the mercury treatment of syphilis. Cases had already been registered here, and it was intended that, in the case of future patients, the hired surgeon would know how to proceed.[29] In 1784, the military doctor Brambilla complained as well about the spread of the disease in the Banat border.[30] Popular remedies among the locals included: cinnabar (a mineral from the category of sulfites), which was thrown over hot coals and then inhaled by the ill; and the decoction of boxwood instead of guaiac (*Guaiacum officinale*) or honeysuckle instead of smilax (*Sarsaparilla*). The therapeutic baths in Herkulesbad appear to be documented again, albeit in a self-contradictory manner. Griselini showed that one of the baths, *Franzosenbad*, had positive effects on the *morbus gallicus* (the French disease) patients.[31] This was part of the popular beliefs, as at the beginning of the next century it became known that those healing waters were efficient against syphilis. A statistic from 1821 counted 67 visitors dissatisfied with Herkules-

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27 State Archives in Timișoara, Comandamentul General Bănățean, inv. 806, package no. 164, file no. 1/1816, f. 4-4v.

28 Porter, D. (1999), 42-43.; Baldwin, P. (2004), 18-19, 355, 470.

29 State Archives in Timișoara, Comandamentul General Bănățean, inv. 197, package no. 25, file no. 73/1773.

30 Stitzl, Joseph (1932), Die Lues-Endemie im Banat im 18. Jh., *Medizinische Zeitschrift*, 6(4), 17.

31 Griselini, F. (1780), 1st part, 235; 2nd part, 113.

bad, out of which 30 believed that they could treat syphilis there.[32] The problem remained in the attention of the military superiors in Banat. In 1816, the 13th Regiment reported cases of syphilis that were not treated accordingly and threatened to become widespread. The patients were sent to the barrack in Mehadia for medical treatment, where they received medicine subsidized by the state because of their material situation. The General Command of Banat had been asked to investigate the origin of this illness and to make everything possible "to wipe out the evil from the regiment and to instill the disgust and repulsion of the frontiersmen for debauchery and its devastating effects."[33] After only one year, a new statement was issued. It was observed that during transfer, troops were more affected by this disease, because they were often joined by unknown women. In order to diminish the chances of contagion, it was imperative that the number of wives that were to accompany the soldiers be announced beforehand.[34]

Infirmities. A healthy border guard was expected to dedicate an average of 43 years of his life to military service. Border guards that became unfit for military service, either because they had been gravely wounded in service or because they had turned 60 years old, entered the category of invalids. Moreover, they could be divided into *Halbinvalid* (suitable only for domestic service) or *Ganzinvalid.* In general, invalids needed to be cared for by their own community and not by the state. Nevertheless, in the case that families were unable to support all the costs, the respective soldiers benefited from a state allowance, becoming *Patentalinvalid*; there were also those that received *Reservationsurkunde,* a certificate that gave them the right to medical care if in the future they would no longer have the material means to care for themselves.[35] Even from the setting-up of the Banat military frontier, financial aid has been stipulated for the invalids, for their children, as well as for the wives of the border guards in the case that they ended up in the hospital or if they needed to hospitalize their husbands. The gratuity of medicine destined for them was also attested in official documents.[36] The classification of an individual into an invalid ca-

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32 Hietzinger, C. B. von (1823), 433-434; the military physician Schwarzott, the doctor in medical sciences and first supervisor of the courses at the Josephine College and of the practitioners of the garrison hospital in Vienna, also explains the detrimental effect of these springs in the treatment of syphilis, Schwarzott, Johann Georg (1831). *DieHercules-Bäder bei Mehadia. Ein monographischer Versuch*, Wien, 286-287.

33 State Archives in Timişoara, Comandamentul General Bănăţean, inv. 806, package no. 165, file no. 20/1816.

34 State Archives in Timişoara, Comandamentul General Bănăţean, inv. 806, package no. 171, file no. 38/1817.

35 Hietzinger, C. B. von (1823), Band III, 350, 335-336.

36 State Archives in Timişoara, Comandamentul General Bănăţean, inv. 197, package no. 25, file

tegory or another was made following a check-up and ended with issuing a certificate.[37] The Aulic War Council ordered on the 21st of August 1816 that such medical check-ups to be made annually in all of the regiments, in order to evaluate the state of the soldiers and see if some have recovered partially or completely from their ailments. This reclassification had to be made in the months of June-August, in the presence of a military doctor. The soldiers that were considered fit for military service could return to the regiments where they came from. Those that were suited for less arduous tasks could receive a "reservation certificate" or, in the case that they wished to, they could work in the military hospital.[38] As an outcome of this rescript, the German-Banat Regiment transmitted the reclassification results within its ranks, which took place in October 1816. The frontiersmen from here were divided into five categories: A. invalids with "patent certificate", with infirmities that had not healed since the previous year. B. invalids with "reservation certificate" and rations that could not be used for any service. C. invalids whose health condition improved from the previous medical check-up and that were now considered fit for serving in the hospital or for lighter tasks at the border. D. related to the last category, soldiers could be sent to complete the ranks of the garrison in Temeswar. E. invalids that have not been present for the medical check-up.[39] Returning to the D. category, it is interesting to mention that the Command of the 12th Regiment in Pancsowa believed that these local individuals who had families could not be taken into account regarding work at the garrison, thus reminding howin a previous year, on the 30th of April 1815, the General Command declared that "it is not in our intention that a *Patentalinvalid* or *Reservationsinvalid* be sent for service in the field hospital, since they could

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no. 1/1773, f. 2-2v.

37 Such a certificate was drafted at the end of a medical check-up and contained in a tabular form: the name and the unit of the soldier, their quartering place, their faults or infirmities, the situation, namely: fit either for the regiment, for other services, for the hospital, if he was discharged (permanent or partial), with/ without allowance, State Archives in Timişoara, Fond Comandamentul General Bănățean, inv. 806, package no. 164, file no. 42/1816, f. 368.

38 The text of this rescript can be found in: State Archives in Timişoara, Comandamentul General Bănățean, inv. 806, package no. 164, file no. 42/1816, f. 366-367 v. (transmitted to the General Slavonic Command) and package no. 169, file no. 62/1816, f. 606-607v. (transmitted to the General Command of Banat).

39 Paul Olar (65 years old, born in the Carasova county, not married) – he had injured his last 3 fingers of the left hand and is very old, Peter Kovachevich (46 years old, from Croatia, widower) – had been cut with the sword on the forearm and part of his hand is paralyzed, Roman Petrov (41 years old, from Wallachia, married) – became an invalid only this year, starting with April 1816; the table with the absentees also mentions the dates from which they received the certificates, the behavior, the regiments in which they activated, and the possible reason for which they failed to be present at the check-up, State Archives in Timişoara, Comandamentul General Bănățean, inv. 806, package no. 169, file no. 62/1816, f. 629v-630 (table of absentees), f. 624-624v.

work at the border, so that we order the return of the 7 invalid frontiersmen to their regiment."[40] Although authorities in Vienna put a great emphasis on the invalidity categories, it seems that it was the same German-Banat Regiment that needed guidance in the case of some frontiersmen that have been recently declared physically unfit: Georgie Lorenz, Lazar Danzul, Maxim Koratjew, Ianco Ercsokin – who were affected by their service in the army thereby being unfit for war, for work in the garrison, or at the frontier. The Command in Banat wanted to find out if work exemption, as the Military Frontier Constitution of 1807 provided, was applicable for the afore mentioned individual and thus asked for Vienna's advice.[41]

Healthcare facilities and Medical staff

After discussing the main ailments present in Banat between the 18th and 19th centuries, this section investigates the healthcare facilities that soldiers had access to. Medical care was available to all residents of the military border. Military border inhabitants were organized in specific communities called *Zadruga* or *Hauskommunion*, an archaic Slavic form of social organization. Not only were blood relatives part of the enlarged family, but also all those living under the same roof and working on the same land. Each community had the duty of providing at least one soldier for the border regiment. Because of the hereditary usufruct of the community's plot of land, the status of the so-called "Free peasants and soldiers" was superior to other civil inhabitants of Banat or Transylvania. The society that lived in the military border was made up of the aforementioned extended families of border guards, privileged locals, border guards with limited rights, and privileged strangers. The basic occupation of the inhabitants was agriculture and livestock.[42] Since this article focuses on soldiers of the border regiments, it touches only briefly on issues related to, for example, midwives or veterinary care.

Therapeutical baths. The trend of curative springs enjoyed success even among the border guards, especially because of the proximity of the Herkulesbad/Mehadia-Bäder, situated in the frontier's territory. The special status of the military transpires from the existence of barracks built for their accom-

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40 State Archives in Timişoara, Comandamentul General Bănăţean, inv. 806, package no. 169, file no. 62/1816, f. 626-627.

41 State Archives in Timişoara, Comandamentul General Bănăţean, inv. 806, package no. 183, file no. 7/1818, f. 46.

42 Wolf, J. (2010), 92-95; Bocşan, Nicolae (2014), The Establishment of the Banatian Military Border and the Social Status of the Border Guards, *Transylvanian Review*, 23, Supplement 2, 19-20.

modation during treatment, an aspect which was mentioned in archival source sand beyond. Even at the beginning of the 18th century, there were three barracks in the area. Two were meant for soldiers from the locality and a third one for the ill from the military hospitals of other localities. Besides these, the first floor of the main building had a few rooms destined for officers.[43] The economic and sanitary organization of the Herkulesbad was led by a Commission of the Bathsfrom 1816, and it was composed of a superior officer, the doctor employed at the baths, and an administrator. The place itself was subjected from all points of view to the Command in Temeswar, while the buildings were in the care of the Command of Wallachian-Illyrian Regiment. A physician, a connoisseur of the water properties, who was equipped with surgical instruments and a first-aid kit if necessary, stood at the disposition of the patients in Herkulesbad. He was assisted by some *Unterärzte*, specifically for the transportation of the ill soldiers, but also for helping him in minor surgeries.[44] Soldiers from the area and from outside the province would visit the baths, sometimes to good use, as the journal of the regimental physician, Dr. Martini, demonstrates. Paralysis as an effect of typhus, the swelling of legs, abscesses on arms and legs, and sprains were among the conditions that were successfully treated there.[45] Later, in 1826, a pharmacy was also set up here to serve civilian and military patients alike.[46]

Pharmacies and medicine. During this period, the Banat border regiments were supplied with medicine from the main deposit in Temeswar, from the military pharmacy in Pancsowa, or the one mentioned above in Mehadia. An annex from 1773 of the Sanitary Norm of 1770 established some general rules for commercializing medicine in the Habsburg territories.[47] The field dispensaries, the main deposit, and the provincial deposit for drugs needed to send the War Commissariat trimestral reports about their inventories, reports sent further to the Aulic War Council.[48] On the 2nd of June 1816, Vienna sent a note to the two border regiments in Banat and the quarantine stations in Pancsowa and Schuppanek about a case of a doctor that had not been present at

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43 Griselini, F. (1780), 2nd part, 114; Hietzinger, C. B. von (1823), 434.

44 Schwarzott, J. G. (1831), 189, 195-196.

45 The description of the cases: Ibid., 289-299.

46 Ibid., 196-197.

47 For example, remedies could only be sold by pharmacists, while for certain substances, the approval of a doctor was also necessary. If in a certain locality there was no pharmacy, the physician or the surgeon was allowed to offer medicine to the ill; Annex to the *Sanitäts-Normativum*, State Archives in Timişoara, Comandamentul General Bănăţean, inv. 197, package no. 25, file no. 38/1773, f. 454v-455.

48 State Archives in Timişoara, Comandamentul General Bănăţean, inv. 806, package no. 164, file no. 12/1816.

the production of some medicine in a military pharmacy, thereby informing regiments that the respective doctor was awaiting punishment from the War Council. The pharmacy personnel and physicians were advised to hand medicine over in the presence of the person who created them and weigh them in advance.[49] The regularization of medicine prices for the army was also done in a different manner, as it is announced by the acts from the 16th of May 1816 and 25th of May 1818.[50] The brochure with the tax on drugs for the military for the summer semester of 1816 contained a wide range of primary substances or prepared medicine: *Aqua destillata commun* (distilled water), *Camphora* (camphor), *Opium purum* (opium), *Arnicae flores* (arnica flowers), *Sambuci flores* (elderflower), *Salviaefolium* (sage leaves), *Lichen islandicus* (moss), *Belladonna radix in toto* (whole belladonna root), *Extractum aconiti napelli* (blue aconite extract), *Extractum taraxaci* (dandelion extract), *Foliadigitalis purpurea in pulvis* (purple foxglove powder), *Foeniculum semen* (fennel seeds)[51], and many others. Such tables had to be drafted according to the existing pharmaceutical manuals, named Pharmacopoeia. The first pharmacopoeia had been drafted for the Austrian army in 1795, a complex manual that offered indications on the remedies that had to be found in a military pharmacy, including quantities, therapeutic indications, and recipes.[52]

Hospitalization. An incursion into the military hospitals provides information on the physical conditions of the soldiers and the care they were offered. The location of hospitals on the military border varies. In the Banat frontier, there was a hospital facility at Pancsowa. As for the construction of such a building in Karansebesch, research shows only projects of such a facility. The Austrian state supported the costs for the medical care of the border guards even from the beginning. When in 1775 an incident occurred in a locality

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49 State Archives in Timișoara, Comandamentul General Bănățean, inv. 806, package no. 164, file no. 16/1816.

50 State Archives in Timișoara, Comandamentul General Bănățean, inv. 806, package no. 168, file no. 58/1816, package no. 184, file no. 14/1818.

51 It is interesting to observe for which affections these remedies were used according to the pharmacopoeias of the time; for example, the juniper fruit was used as a diuretic and as a remedy against dropsy, arnica was said to be useful against typhus and malaria, sage and elderflower had anti-sudorific effects, while moss was considered to be a sedative for the lungs, Pharmacopoea Austriaco-Castrensis (1795), Wien, 121, 140-141, 149-150.

52 In the studied epoch, the following had been published: Pharmacopoea Austriaco-Pronvincialis (first edition in 1774), Pharmacopoea Austriaco-Pronvincialis emmendata (1794), Pharmacopoea Austriaca (first edition in 1812) and for the military sector: Pharmacopoea Austriaco-Castrensis (first edition in 1795), details in: Kletter, Christa (2015), *The Civil Pharmacopoeias of Austria; The Austrian Military Pharmacopoeias and the Medicine Supply to the Imperial Army*, https://histpharm.org/working-group-history-of-pharmacopoeias/ (accessed: 02 October 2019).

from the Karlstadt-Sluin border, during which multiple border guards had been injured, the authorities transmitted the following to the regiments in Banat: In the present and future, the border guards injured during their service would receive free medicine and material aid during their treatment.[53] According to a regulation from 1785, all of the military ranks, from superiors to ordinary cadets, benefitted from the same complete hospital treatment, while the food tax would be paid to the hospital fund.[54] Even in the case in which an officer or non-commissioned officer from the border would become hospitalized in a quarantine house, they would still receive half of their pay for those days.[55] The Aulic War Council in Vienna reflected on the jurisdiction of these hospitals, namely, what would happen if the ill from a regiment would be admitted into the hospital of another regiment. It was decided that for the patients from a regiment or company that had been admitted into the hospital of another regiment, an external payment should be made from their regiment to the host hospital.[56]

The Court in Vienna tried to impose a functional accounting system in order to avoid losses and cater to each patient's needs. It was noticed that receipts from hospitals of the regiments had a different form compared to receipts from the military and the garrisons' hospitals. It is interesting how the soldiers' expenditures were connected to their condition. The monthly balance sheet of a hospital also contained the kitchen notes; they noted the number of patients, the medical determination of servings, and the cost of food. For the regiments, it had been demanded that the number of individuals be mentioned in an individual list of rations. In addition, "the arbitrariness that arose out of the wrong perception according to which these regimental hospitals could maintain themselves only with the rations received from the troops and that do not have to present the proof of payments must be removed".[57] Regarding spending on food for a patient, research shows that for the hospital in Pancsowa, the sum of 18 kreutzers a day became insufficient

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53 State Archives in Timişoara, Comandamentul General Bănățean, inv. 197, package no. 30, file no. 81/1775, f. 410.

54 State Archives in Timişoara, Comandamentul General Bănățean, inv. 806, package no. 184, file no. 13/1818.

55 Ordinance of the Aulic War Council from the 17th of October 1816, State Archives in Timişoara, Fond Comandamentul General Bănățean, inv. 806, package no. 162, file no. 9/1816, f. 95.

56 State Archives in Timişoara, Comandamentul General Bănățean, inv. 806, package no. 183, file no. 11/1818.

57 State Archives in Timişoara, Comandamentul General Bănățean, inv. 806, package no. 162, file no. 75/1816, f. 643-643v.

in 1816. Therefore, a raise to 24 kreutzers had been solicited and eventually obtained.[58]

The fear of the uncontrolled spread of certain diseases had determined the authorities to underline again, in 1816, the importance of cleanliness in the hospitals. It had to be maintained by changing of the bed sheets and washing the patients during their admittance. The reason for sending this advice to the Banat Command was the alarming number of vermin that has been recorded in a provincial military hospital.[59] These directives are not unique, and they should not be surprising. During those times, hospitals were far from the sterile environment and the hygiene norms of today.

Doctors, surgeons, midwives, veterinarians. The personnel hired for the treatment of the ill, similar to all of the people in the Habsburg's service, had to meet certain requirements, and they received specific instructions. The health of the subjects lay university graduates' hands, for whom academic training was necessary to become a physician, a surgeon, a pharmacist, or a midwife. Those that have graduated from the faculty in Vienna could practice anywhere in the Habsburg countries, while those from other universities had to practice in their respective provinces or other neighboring provinces where there were no universities. However, quackery was not welcome on the territories of the House of Habsburg.[60]

The healthcare employees that operated in the region divided across a number of categories. Firstly, there was the medical personnel of the quarantine stations. Among their daily tasks were the following: tracking symptoms of the epidemic, visiting and consulting of patients for free, as well as providing medicine at a low cost. A doctor or surgeon would sign together with the director the certificates of the hospitalized. The doctor had the moral duty to correspond with the Sanitary Commission and inform about any change in the patients' state of health.[61] The importance of quarantine doctors was underlined by the fact that they had to be doctors in medicine, and provide proof of their diploma, their practical experience and their morality, as it had been stipulated in an announcement of an employment contest for multiple doctor positions for quarantines at the military border in 1816.[62]

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58 State Archives in Timişoara, Comandamentul General Bănăţean, inv. 806, package no. 164, file no. 8/1816, f. 81-82.

59 State Archives in Timişoara, Comandamentul General Bănăţean, inv. 806, package no. 167, file no. 30/1816.

60 Annex to the Sanitäts-Normativum, f. 453v.

61 Sanitäts-Normativum, f. 30v-31v.

62 *Kundmachung eines Konkurses zur Besetzung mehreren Kontumazarztstellen*, Wien, 19th of July

Vienna transmitted the news to the General Command of Banat, together with an assessment of the challenges that such a contagion physician had to face. A list of the doctors employed in quarantine houses and *Rastels* had to be provided, including their work experience, general conduct, and certificates. According to this order, people that had been employed as physicians without a diploma had to retire. In the case of the physician in Schuppanek, Hayder, it had been proposed that, instead of retiring, he should occupy the position of supervisor of the cotton department of the same quarantine house.[63] It seems that Ignaz Hayder, despite lacking of a medical degree or a master's degree in surgery, was an experienced employee. After the departure of the chief physician in Schuppanek, Hayder assumed his responsibilities: the composition, storage and accounting of medicine, as well as the storage of surgical instruments. However, when Doctor Damian Hochmayer was hired, Hayder lost his prerogatives.[64] In the quarantine houses in Banat, a hierarchization of two epidemiologists of the same office was practiced, the oldest in office becoming the chief physician.

The medical personnel of the army itself formed a second category. The Pancsowa Regiment included a regimental doctor (*Regimentsarzt*), two battalion doctors (*Oberärzte*), and twelve assistant surgeons (*Unterärzte*), while the one in Karansebesch: one, four and respectively sixteen. The regimental doctor had to be a university graduate from the Territories of the Archducal House or the *Josephinum* in Vienna. This college had been founded especially for the training of military physicians. It was considered important that gymnasium graduates among the frontiersmen be sent annually to the *Josephinum* so that they could prepare for this career.[65] Thus, there was an opportunity in Vienna to graduate from the *Collegium Medico-Chirurgicum Josephinum* or the *Theresianische Akademie*. Moreover, both had been in the center of a minor dispute regarding the topic of the study curriculum. The *Josephinum* College observed that the instructions given by the *Theresianum* regarding the drafting of accident and autopsy reports did not always corres-

1816, State Archives in Timişoara, Comandamentul General Bănăţean, inv. 806, package no. 169, file no. 37/1816, f. 422.

63 State Archives in Timişoara, Comandamentul General Bănăţean, inv. 806, package no. 169, file no. 37/1816, f. 421-421v., f. 425.

64 Hochmayer demanded clarification regarding who was to become the chief physician of the quarantine, taking into account the fact that he had better education, in comparison to his colleague, Hayder, and the latter had to accept the position of supervisor because, based on financial reasons, he did not like the idea of retiring, State Archives in Timişoara, Comandamentul General Bănăţean, inv. 806, package 169, file no. 37/1816, f. 430-440.

65 Hietzinger, C. B. von (1823), 419-420.

pond to the regulations of that time (in the field of chemistry and surgery) or the courses of the military medicine students (regarding forensic medicine). It was explained to the military doctors subordinated to the General Command in Banat that they did not need to follow the instructions mentioned above-precisely, especially in cases where the scientific progress of the time required deviation from them, since the academic courses in forensic medicine offered them the necessary guidance.[66]

Testimonies of rulers' high demands of the military medical personnel abound in the case of Banat. Along with the return of the imperial troops that had participated in the long-lasting Napoleonic wars, it was ordered on the 28th of January 1816 that the military physicians who were attached to the army corps would remain within them as supernumeraries. This gave authorities the opportunity to initiate a "cleaning" within the regiments. The target was the incapable doctors, those with precarious medical training or morally compromised, who were advised to resign. Only those who made proof of sufficient experience and a proper education remained in service once field hospitals were dissolved. The commander and the regiment doctor were responsible for making proposals for the dismissal of medical personnel, who through their "lack of knowledge or violations of morality are harmful to the military service".[67] The orders from this document were based on a rescript from the 6th of December 1814 and the one from the 21st of July 1815 that regulated the conditions for the dismissal of the chief and assistant doctors.[68]

In contrast to military physicians and surgeons of the regiment or the General Staff, midwives were part of the administrative branch of a border regiment. Each frontier community had to have at least one midwife employed. Similarly to the education of future doctors, in 1819, it was decided that for each regimental territory, two women should be sent to learn the art of midwifery in Klausenburg (Cluj-Napoca), Laibach (Ljubljana), or Pest.[69] In July 1816, the Command of Temeswar received the news that 11 midwives waited to be hired in the military border. Therefore, other willing women should not be sent to courses in the near future. In addition, when it would be necessary for other women to be selected for these courses, there should be an attempt

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66 State Archives in Timişoara, Comandamentul General Bănăţean, inv. 806, package no. 162, file no. 64/1816, f. 514-514v.

67 State Archives in Timişoara, Comandamentul General Bănăţean, inv. 806, package no. 167, file no. 74/1816, f. 682-682v.

68 State Archives in Timişoara, Comandamentul General Bănăţean, inv. 806, package no. 167, file no. 13/1816, f. 179-179v.

69 Hietzinger, C. B. von (1823), 423.

to hire, as much as possible, only widowed or unmarried women, and definitely without children, because this particular charge could prevent them from assimilating the subjects taught at school.[70] Thus, the Banat border did not lack midwives, as was also exemplified by a notification from the same year. According to notification, a midwife, Elisabeta Poklin, was being transferred from the 12th Regiment, on the Slavonic frontier, to the towns of Brod (Slavonski Brod) and Varos (today Varoš – a village in Slovenia).[71]

Apart from the medical care offered to the border subjects during this period of contagious diseases, authorities also took into account the care of animals. The Sanitary Norm of 1770 cautioned that epidemics could have been brought by the cattle from the Ottoman Empire or from the provinces subordinated to it.[72] In these conditions, there was a need for veterinarian doctors that would supervise and check the animals. The washing of the large, short-haired animals was needed before they were sold, especially if they originated from the border. This procedure would take place in the *Rastel* stations, which required the presence of specialized personnel. For example, local authorities advised that, at the Kubin *Rastel*, the quarantine supervisor in Ujpalanka should be present during this procedure (so that another person should not be hired in Kubin), while at the *Rastel* in Homoliza, the contagion physician from Pancsowa or even the regimental doctor had to supervise the washing of sold animals.[73] Wirt, the veterinarian from Weißkirchen, tried to clarify the problem of the responsibility for these actions by addressing the Brigade of the border troops from Karansebesch. In his letter, he recounted how, three years earlier (that is, in 1813), because of the excessive heat of the summer, an epidemic allegedly erupted among the horned cattle in Ujpalanka. Back then, major von Padimirovich, the commander of the cordon, did not order the sending of animals for disinfection by invoking that the Aerarium had not stipulated such expenditures. The veterinarian also requested to find out if the quarantine doctor was always present during the washing of the animals in Alt Orschowa. The brigade in Karansebesch sent his address further to the Command in Temeswar. In the response, it was mentioned that those who had proven to have sufficient experience and appropriate educati-

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70 State Archives in Timişoara, Comandamentul General Bănăţean, inv. 806, package no. 168, file no. 47/1816, f. 267.

71 State Archives in Timişoara, Comandamentul General Bănăţean, inv. 806, package no. 169, file no. 21/1816, f. 308.

72 Sanitäts-Normativum, f. 30.

73 State Archives in Timişoara, Comandamentul General Bănăţean, inv. 806, package no. 167, file no. 64/1816, f. 626.

on were present during the washing of the animals. On 14th September 1814, there was an ordinance stating that a quarantine physician should be present at the disinfection of animals and that in his absence, a veterinarian or the regimental doctor had to take his place. In addition, local authorities decided that the veterinarian from Weißkirchen must be called during the market days in Ujpalanka, if the physician from Pancsowa cannot be present there.[74]

The demands of the Court in Vienna remained high, even in the case of veterinarians, so high standards of professionalism were expected from them as well. A certain doctor Kunzen, hired as a veterinarian on the territory of the Peterwardein Regiment (the Slavonic border), was replaced from his position because "both as a physician, and as a veterinarian, he was a less developed individual". Doctor Nürnberg was hired in his place, who was a replacement for the doctor of the Wallachian-Illyrian Regiment then and who "fully possessed the required qualities".[75]

At the end of our incursion into the world of the Banat frontier, some discussions and questions remain open. For instance, the healing bath trend raises interesting problems. Although the explanations of that time seem to convince us that these cures are beneficial for all kinds of ailments (rheumatisms, pain, fester, fever, dermatological problems), we cannot find clarification in the case of syphilis. If the ineffectiveness of these waters had already been known, according to the medical handbooks after 1800, then why were the soldiers who suffered from syphilis from the 13th Regiment sent for treatment to Mehadia? We can consider that it was the closest place where they could receive medical care, but still, the document mentions both the garrison and the *baths* in Mehadia. Moreover, regarding the plague, the discoveries of Chenot did not easily enter Banat due to the opposition of the doctors of the General Command. His progressive thinking, however, would reach this province a little later, through Schraud's paper, whom he influenced and who also rejected the miasmatic theory. The manner in which this book was received and understood remains to be researched.

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74 State Archives in Timişoara, Comandamentul General Bănăţean, inv. 806, package no. 169, file no. 34/1816, f. 400-402v.

75 State Archives in Timişoara, Comandamentul General Bănăţean, inv. 806, package no. 162, file no. 8/1816, f. 92.

Conclusions

This article focused on the instructions from Vienna to the province, relating to the medical care of the army and border guards in particular. The Court in Vienna wrote and sent clear orders to Banat regarding preventing and tackling diseases. They reflect the demand for order and professionalism. Patients at the border were placed in the care of doctors who had to prove their training, experience, and impeccable moral fiber. The encouragement of the border guards to follow the Josephine College of Military Medicine courses represented an investment of the House of Habsburg in the future of the border. The education and professional training had to replace the real remedies against diseases. The material aid provided by the state to the ill on the frontier represented another form of medical care of the time.

Some of the documents investigated shed light on the relation between local medical knowledge and European medical science. The miasma theory was undoubtedly reflected in the Habsburg Banat. Although the reputation of dangerous territory had been based on the legend of spoiled air, the health problems were real and numerous, even if they were not caused by it. In the cases of other diseases, the state of knowledge and the available treatments were at the same level as on the rest of the continent. The treatment with sulphides, mercury, or plant decoctions is well attested at the military frontier. In addition, we encounter the outdated perception according to which venereal diseases are a consequence of immoral behavior (see the 33rd footnote and quote). The attention of the authorities for the cleanliness in hospitals also comes to the defense of the patients from the danger of such a location, at a time when the mystery of the transmission of diseases and infections was not completely solved. Nevertheless, one of the key roles of the border regiments was guarding the sanitary cordon along the Ottoman frontier. Subsequently, their well-being became important, as the border guards were part of the Empire's own health mechanism.

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Acknowledgements

I want to thank the anonymous reviewers for their generous and insightful comments. This paper has been published within the framework of the project "Romanian Officers in the Habsburg Army and their Involvement in Civil Society (late 18th century to 1918)". UEFISCDI PN-III-P1-1.1-ID-TE-2016-0432.

Sažetak

Zamišljena kao obrambeni sustav protiv Osmanskog Carstva, austrijska vojna granica udvostručena je sanitarnim kordonom koji je služio kao obrambeni štit od epidemija. Da bi taj sustav mogao odgovarajuće funkcionirati, granične ophodne trupe koje su služile Habsburgovcima trebale su i zaštitu od bolesti koje su prijetile carstvu. U ovom se istraživanju raspravlja o zdravstvenim problemima s kojima su se suočili graničari iz Banata, što je tema o kojoj se u velikoj mjeri nije raspravljalo u postojećoj literaturi. Temeljeći se na istraživanjima originalnih arhiva i specijaliziranih radova epohe, članak prikazuje glavne okolnosti, sredstva za suzbijanje bolesti, lijekove koji su bili specifično lokalni ili one pronađene u europskom okrilju. Također baca svjetlo na potporu koju je administrativni aparat pružao trupama, naime medicinsku skrb u njezinu materijalnom obliku (bolnice, karantene, ljekarne, lijekovi, novčana pomoć) i njezinu ljudskom obliku (osoblje angažirano na granicama: vojni liječnici, kirurzi, primalje, veterinari). Ovim istraživanjem zaključujemo da cjelokupna korespondencija iz centra usmjerena na lokalne vlasti u Banatu i obrnuto odražava na jedinstven i suptilan način razinu medicinskog znanja toga vremena.

Ključne riječi: *austrijska vojna granica, Banat, graničari, lijek, bolesti, zdravstvo*