The Physician-Bureaucrat. The professionalization of the medical personnel in the Habsburg Monarchy, Transylvania: a Case Study (1770-1830)

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Literature in continental Europe argued that professionalization developed mainly in countries that had free-market economies with minimal state intervention. Therefore it flourished mainly in Anglophone world, while in France and Germany bureaucratic administration hindered professionalization. Studies of Talcott Parson, Andrew Abott, Thomas Bromann and others proposed a more inclusive definition of professions and came to the conclusion that the two processes (bureaucratization and professionalization) were manifestations of the same phenomena. ¹

This paper looks at the relationship between the growth of medical profession and the development of the bureaucratic structures of the Habsburg Monarchy. In Transylvania physicians had a vague, even marginalized social position. Doctors usually graduated from a university and shared an education in medicine. Their studies prepared them to be not necessarily healers/practitioners but also members of cultivated elite (Gelehrtenstand).² The eighteenth century social, economic and cultural reforms inspired by the enlightenment humanitarian and improvement ideology extended the physician’s authority and changed their social status. In this paper I argue that in the Habsburg Monarchy the process of professionalization of the medical personnel was favored mainly by their transformation into civil servants. Moreover, the bureaucratization of the medical profession transformed the physicians into a hybrid of a public and private

figure, a practitioner and a man of letters and a patriot that worked for the improvement of his Fatherland and a faithful subject of the Habsburg emperor. I also argue that this was a peculiarity of the rather small, economically backward Habsburg province that shared the same political, ethnic and confessional complexities. By choosing Transylvania (a province of the Habsburg Monarchy) as a case-study, I will show that this interconnectedness was more evident in the Austrian model than within the German model of professionalization.

In the Transylvanian example, the professionalization of medical personnel was closely linked with their incorporation into the provincial administration. The creation of a bureaucratic sanitary structure consisting of Sanitary commission and of Medical Institute - Royal Surgical Lyceum (Institute after 1817) - was the major force behind the modernization of medical profession. This thesis is based on two arguments. On the one hand it claims that the standardization of the medical profession was accomplished only after the creation of the Sanitary administration. The sanitary commission’s employees (physici and/or highly qualified surgeons) were obliged to have diplomas attested by the one of the Universities in Europe and/or from the Royal Surgical Lyceums newly founded in all the provinces of the Monarchy.

My argument will be revealed in two directions. Firstly, the development of the institutional structure created a hierarchy of the medical personnel and a change their social status. This was an important characteristic of Transylvanian professionalization - which made the Habsburg model (of professionalization) peculiar in the German speaking lands - was the higher social status that a physicus (although belonging to a protestant denomination) employed in the bureaucratic structures of the state could achieve, while integrated in the public administration of the province. This was due to the fact that many physicians that were living inside of the Habsburg Monarchy (a catholic empire) belonged to the protestant denomination. However, the lack of qualified medical personnel created the environment where a physician, irrespective of his religious appurtenance, could become part of the higher administration of the province or of the district and or towns.
Secondly, the construction of bureaucratic structures favored the development of the medical education at the Royal Surgical Lyceum. The body of the professors was also members in the Comissio Sanitatis. The *protomedicus* was on the one hand the ‘minister of health’ and the dean of the medical school on the other. These bureaucratic positions were better paid and offered a high prestige in society. The professional competence of the *physici* would give them the right to organize campaigns to fight epidemics and to promote new sanitary policies that would protect the population against contagious diseases. In the name of social utility the physicians claimed authority and control over the lower categories of healers and over matters of health in the province. This position enhanced their social prestige. Furthermore, the integration in the administrative structure of the province opened a way to their integration among the cultural elites. They became members of the Masonic lodges; also they initiated cultural associations and supported the publication of provincial journals. By maintaining their private clients and by intervening in the decision making process, the physician became a hybrid of a public and private figure.

**The Great Principality of Transylvania its towns and Social Structures**

The end of the seventeenth century and the eighteenth century profound political and territorial changes in Central and South Eastern Europe. For the Habsburg Monarchy, this period brought about the enlargement of its territories and contributed to increasing authority that determined decisive political, economic and social developments. Following the peace of Karlowitz in 1699, the advance of the Turks in Europe was finally checked, Hungary was re-conquered and the principality of Transylvania would pass into the sphere of Habsburg authority.

Politically, Transylvania became a province of the Habsburg monarchy, ruled by a governor appointed by the Habsburg Emperors. Geographically the Principality of Transylvania was situated in the South Eastern parts of the Habsburg monarchy, defined to the west by Hungary and Banat and to the North with Maramures – which belonged to Hungary and afterwards was incorporated to Transylvania. Transylvania also represented the eastern border of the Monarchy, the Carpathians being thus its natural border to
Moldavia and Wallachia - two Romanian principalities, found under Ottoman sovereignty.

The political power of the Principality belonged to the Transylvanian estates, represented by Hungarian nobility, Szeklers and Saxons. The Estates were traditionally privileged groups with power and influence in socio-economic and political life, being organized according to certain ethnic criteria. Ethnically, the province was populated by four “nations”: Hungarians, Saxons, Szeklers and Romanians. The Hungarians were a quasi-homogenous lay and ecclesiastic aristocracy and represented the first Estate of the Principality. They dominated the political life of Transylvania. A relative high number of Hungarians were living in the towns and in the countryside. They were spread in the central and northern parts of the province, in the comitates, benefiting of large autonomy and political immunities (except of ius resistendi). The other privileged groups were Saxons, and Szeklers. The Szeklers populated the eastern side of the province, and were organized in seven ‘districts.’ Meanwhile the Saxons dominated the Southern parts and some areas in the North (the district of Bistritz). The Saxons enjoyed a special political and ethnic status. They were organized into a unitary group, Universitas Saxorum, and were endowed with large medieval privileges, acknowledged by the House of Habsburg in 1691. The Romanians, most of them peasants together with a tiny bourgeoisie, were spread allover the principality: in the nobles’ estates and in the territory inhabited by Saxons. They did not enjoy political privileges, nor were they part of the four religions accepted by the state. They were gradually emancipated during the Habsburg reign.

**Transylvanian towns and population**

The population of the principality varied between 1,440,964 at the end of the 18th century and 2,300,000 around 1848. The majority of inhabitants were living in the countryside. Most of the towns and cities in Transylvania were established by Saxon colonists during the Middle Ages. Their evolution and development, until the Habsburg advent in Transylvania, was marked by a system featuring medieval privileges, which to a certain extent encompassed "ethnic" characteristics as well. The most important towns (or cities in Transylvania were located in Fundus Regii (Hungarian Kiralyföld, German
Königsboden): Sibiu, Brașov, Sighișoara, Mediaș and Bistrița. They were inhabited mainly by Saxons (the majority of the townsfolk), as well as by the Hungarians and the Romanians who lived only in the suburbs and did not enjoyed full "citizenship". Other two important cities were Cluj and Târgu Mureș, situated in the comitatus (counties). They had a major Hungarian population, who mostly belonged to the gentry. In the second half of the eighteenth century they experienced a growing political importance.

Although most of the gentry in Transylvania possessed a palace/residence in a city (especially in the nineteenth century), the agrarian character of the region meant that typically they resided in the country and their major income originated from their estates. Due to underdeveloped bourgeoisie in the Habsburg monarchy, Transylvania did not feature a prosperous urban population, as compared to the western parts of the monarchy. Transylvanian towns were famous for their schools, these were colleges (collegium), most of them patronized by church. The most prestigious college was The Academy from Cluj. It comprised four faculties: law, theology, philosophy and medicine. This institution underwent transformation with the reforms in education. It was transformed into a University, and then downgraded to the status of a lyceum by Joseph II. Only few University remained in the Monarchy: Vienna, Prague, Louvain, Buda/Pest, Padova and Lemberg in Galicia. They were not Universities, but “primary schools for adults with strict state control, prescribed text books, learning by rote, frequent examinations, shorter periods of study and an academic staff employed to teach not to engage in anything as pointless as research dressed.” Until 1844 there was no “university” in Transylvania, the first one being founded at Sibiu, the Law Academy. The “Gewerbeschulen” were established later.

As with all the European towns, the Transylvanian towns were governed by a town council lead by a magistratus. The magistrate institution of the bigger towns was sometimes the ruling institution of an entire district. A significant example is the Brasov

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3 The majority of the Hungarians were in the elite, they constituted the natio Hungarica. The Hungarian peasants were incorporated only at the beginning of the nineteenth century with the rise of the romanticist discourse about nation.
and Bistrita, which were responsible both for the governing of the town and the district and for supervising the quarantine stations situated near by, on the border of the principality. Beside its administrative function, the magistracy also fulfilled the role of the ‘medical police’. The magistrate and the *physicus* of the towns would appoint a commission that was to be responsible for health inspection. This commission was made up of a physician and members of the town council, which analyzed the sanitary issues of the town. It would play an important role during the plague epidemics when all the towns would strive to protect themselves against dangerous diseases. Moreover the sanitary commissions (*comissio sanitatis*) became more organized after the integration of the province in the Habsburg Monarchy, especially after the 1770s health reforms.

**The Physicians (*physicus*)**

The transfer of power into the hands of the Habsburg Emperors led to an extension of the monarchy towards the eastern parts of the continent. The province's geographical position within the Monarchy, in the vicinity to the Ottoman Empire, was a reason for the great number of epidemics that the province had to face. The actions aimed at eradicating the epidemics diseases responsible for decimation of the populations were carried out, though a constant, coherent action in different fields organized manly by physicians employed in the sanitary commission. Beside their obvious medical impact, their actions also had political, economical, social and cultural influences.

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6 Ordinance at National Archives Romania, District of Cluj, Fond Bistrita, (hereafter ANCJ POB), Seria II a, Fasc. F. 71
Cleaning of those houses and habitations, issued in 171(?)3 in Vienna as well as in the country: “An imperial order sent to the sanitary commission of Transylvania, to the use of this land, due to the lack of enough “Exemplarien”, the orders were to be once again printed, and the present special uses and administration were copied out in Bistritz in 1742, September 12th.

7 Document at National Archives Romania, District of Cluj, POB, Seria II a, Fasc. F. 72. “The health inspectors’ duties”; Also “About the health in the Principality”, Ordinance nr. 9745/1772 : The physician of the district together with the Magistrate must inspect the territories. There was a Commission of Domestic health -Domestica Sanitatis Commisone - which elaborated rules and orders in order to control the possible epidemics

8 The borders were consolidated through the Peace of Satu Mare (1711) with Francisc Rakoczy II and by the victories obtained later by Eugene of Savoy in the Austrian-Turkish war (1716-1718), when through the peace of Passarowitz the Habsburgs gained the Banat of Timișoara, Oltenia and parts of modern day Serbia.

9 Many documents issued in the 18th and in the beginning of the 19th century mention that the plague was endemic in all Turkish territories.
Although, in the Habsburg Monarchy, the eighteenth century reforms were a response to practical problems, it had theoretical support in the sciences of the state promoted by German thinkers and philosophers. The sanitary reforms were a combination of the theories of government, medical discoveries and the pragmatism of the Viennese authorities. The main proponent of the health reforms was the Dutch Gerhard van Swieten (1700 - 1772), Maria Theresa’s personal physician and counsellor. He was the director of the Court Library, the dean of the Vienna University, the chief of the Monarchy’s censure commission. As a disciple of Boerhaave he played a pivotal role in the implementation of the health reforms the entire Habsburg Monarchy. He advised a growing governmental involvement in the health matters. His ideas were not as a merely response to the threat of plague epidemics, but as a program to improve the health of the population. His reforms targeted three issues: the eradication of the epidemics, the creation of a modern medical education, and the centralization of the health administrative system.

The sanitary administrative model was influence by ‘Prussian Medical Edict’ (1725) which established a Central Medical Commission (led by a protomedicus) with departments in all the country led by physicians with a university degree (so called physicus). The Habsburgs counterpart model was issued in Prague as a Bohemian Medical Order in 1753. They, organized a supreme sanitary commissions (Sanitas Hof Deputation) lead by a protomedicus. In the hereditary lands they employed physicians paid by the state (Landschaftschirirgen or physisci) and incorporate them in the medical administration of the empire. This structure was replicated in all the other provinces of the monarchy.

The main law that reorganized bureaucratic health structures in the entire Monarchy was Normativum Generale in Re Sanitatis issued in 1770 issued by Maria Teresa (and advisors such as Gerhard van Swieten). This was the most important reform in the

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11 Normativum Generale in Re Sanitatis, 1770, Document No: 1892/1770, B 31/1771, found at BAR CJ, among unrecorded documents. This document was widely circulated in the empire. In Transylvania this document was circulated both in Latin and in German. In Germa the document was published several times. I use the document No 7238 / 1831 found at BAR CJ, among unrecorded documents. It was also
sanitation field. Its stipulations were maintained, with small changes, until 1848. In order to deal with sanitation problems, in the spirit of the *raison d’État*, they created in all provinces of the Monarchy *Commissio Sanitatis* lead by a *protomedicus*. They were subordinated to the local governments and to the Sanitas Hof Deputation from Vienna. Their territorial branches of the *Commissio* were led by *physici* appointed either by Vienna Commission or by the Gubernium of the provinces. The *physici* were one of the most important category of the civil servants. As Mary Lindeman put it they were the finger tip of the state in the public health issues of the Monarchy. A special category of medical employees were the *physici circulorum*, whose main attribution was to solve public health issues in a county. The integration in the Monarchy’s administration was seen by the many provinces and lands as a reduction of political autonomy. The administrative uniformity disturbed the traditional organization in the lands and reduced the political privileges of the local assembly. The integration of the *physici* of the lands in the bureaucracy of the monarchy multiplied their professional and administrative duties. The supervision of medical and health of the land’s population was fulfilled by the obligation to execute the orders and to send reports to Vienna personnel in the lands. This lead to an open war between Vienna and the administration of the hereditary Austrian lands.

In Transylvania, the Health Board (*Comissio Sanitatis* -Sanitary commission) did not have a coherent administrative structure. It presence was felt during plague epidemics when physicians delegated from Vienna would come into the province to organise the defence of the populations. Most of the decisions were taken at court and

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13 *Opinion in Re Sanitatis*, 1793, p. 5 v.- 6r. Copies of the document can be found at Library of Romanian Academy of Sciences, Cluj-Napoca (hereafter BAR CJ), call no. Unitarieni 457/ 1968; also at MOL, Wiemmer, pp. 38- 40. He mentioned Maria Theresa ideas to reduce the number of the medical personnel and their salaries. In the wealthy land of Styria the *protomedicus* received 800 florin per year. The *physici* 600- 175. The pharmacists received 300 florin. In 1749 an ordinance issued by Maria Theresa overloaded the *physici* with administrative work and proposed a diminution of the salaries (paid by the state) to the medical personnel.
sent to the provinces, where it was adapted to the local circumstances. An important example was Maria Theresa’s ordinance, issued in 1752, which stipulated that every district / county and town from the Monarchy had to employ a physician, paid from the province’s treasury. His implied attribution was the supervision in the public health, sanitary inspector, physician, epidemiologist etc. The physicians supposed to supervise medical practice, epidemic circumstances and to give medical assistance to poor population. Moreover he was responsible for medical services, for the inoculation and for reporting on the health of communities and monitoring epidemics. Additionally, they were responsible for the education of ‘citizens’ to obey the laws of public and private hygiene in order to keep them healthy. In Transylvania and Partium this law was not applied until 1754- 1755 another when it was issued Planum regulationis in re sanitatis, which attempted to control the medical training and licence. However, most of the decisions were not put in practice mainly due to the lack of the qualified personnel, in turn due to the very poor salary that official physicians received. The physicians who would accepted a position in the administration usually received a stipend to finance their medical studies for the Gubernium. However most of them were forced to have a second job, usually as assistants of the judges or others would perform different administrative functions. Most of the physicians financed their medical studies in exchange for their commitment toward the Gubernium that they would return and serve as physicus in different towns of the province. Other means of financing their studies was the patronage of a rich noble or the church. Usually the help was bound with a lifetime commitment to provide medical care to the benefactor’s family or parish in exchange for money. This method had indebted young students, so consequently the number of

16 Partium was a region from the western part of today Romania, situated on the border of historical Transylvania. During Middle Ages up to 1867 they belonged to historical Hungary.
17 This law was introduced in Austrian hereditary lands in 1752.
18 E. Bologa (ed), Istoria medicinei românești (History of Romanian Medicine). București. Editura Medicală ;
19 During the eighteenth century few people could afford a training in medicine. The system of scholarships were popular at the time. Examples of famous scholarships was: The Goldemberg scholarship, the study funds of the Lutheran church or sponsorship either from the noblemen or by the Gubernium.
20 J. Spielman published the documents of a trial in which the physicus Mátyus István,( 1725-1800) tried to prove that he did not receive from the Transylvanian Gubernium the sum of 250 florins to study medicine
medical personnel remained low until 1770 reform when the health system and medical education was reorganized and modernized.

The integration of the province, in 1770, in the medical structures of the Monarchy was a much smoother process due to several epidemics of plague that affected the inhabitants. The beginnings could be found in 1764 when the Austrian cordon sanitaire was extended along the border of the province. The medical and the political function of the cordon sanitaire was perceived as an burden for the Szekelers and Romanians inhabitants obliged to be part of the military regiments that rebelled against Habsburgs. The building of the cordon sanitaire and of the inland quarantine stations (to prevent plague epidemics) represented the beginning of a uniform medical organization in the Monarchy. A step forward in the centralization of medical administration was accomplished only after 1770 sanitary reform.

**The social basis of the medical personnel**

The medical profession landscape was extremely cosmopolitan in the eighteenth century. The main competitors for them were a composite body of licensed (surgeons), and unlicensed healers (barbers, midwifes, apothecaries and a whole variety of popular healers). They worked as medical practitioners at the noblemen’s courts, as a *physicus* in different towns or counties or as a public health regulators (chief of the quarantine stations), physicians or surgeons in the army. Although the high number of epidemics required a qualified personnel to fight them, still the number of physicians and surgeons was extremely low.

A census of the doctors made by one of the Transylvanian protomedici, Ferenc Nyulas, in 1807 showed that inside of historical Transylvania there were 57 physicians, 162 surgeons, 64 barbers and 142 midwifes. Forty years later (1847) another the statistic mentioned 69 physicians, 134 surgeons, and 888 midwifes. In spite of development of the medical education in the empire and in Transylvania - the existence of Medical Surgical Lyceum from Cluj -, the number of physicians was very low. These figures

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21 Spielmann, p. 303.
referred mainly to German and Hungarian physicians. The forth nation in the province, the Romanians, had a worse situation. At the end of the eighteenth century the documents attested only few physicians with a university diploma. The most famous were Ioan Piuriu Molnar, Vasilie Popp, Pavel Vasici, who were actively involved in the cultural life of the principality.

Most of the physicians had a lower social origin. The profession was not considered very prestigious and the costs of study were too high. Consequently, the students belonged to the Hungarian petty gentry, German merchants and of the village elites (teachers, clergy and rich peasants). Most of them were members of the Protestant and Greek-Catholic churches which had funds to help the students.22

The income received by the Transylvanian physici was very small. Scattered information reveals that a physicus in the Monarchy received from 200 -400 florins/year.23 Their wages were paid by the Gubernium and were smaller than the income of other professors from the Academic Royal Lyceum that was functioning in Cluj.24 A Master in surgery, professor at Surgical Lyceum received 250 florins per/year. A higher salary was awarded to professors who were physicians with a doctorate in medicine (400-500 florins). Although the wages in Transylvania were smaller compared with those awarded in the other provinces of the Monarchy,25 the doctors made strenuous efforts to become

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22 A statistics compiled by me and my colleague Sever Oancea (phd student at Frankfurt University) after the general and comprehensive statistic published by Szabó Miklós, Erdélyiek Magyarországi Egyetemeken, 1848 előtt. Marosvásárhely: Mentor Kiadó, 2005. shows that out of 325 students at medicine in the time interval 1740 – 1848, only 30 were Roman Catholics, two Jews. The highest number were Lutherans or Calvinist. Their social origin was rather modest, they belonged to the town and village elites, and petty gentry.

23 J. Wimmer mentioned that the small annual amount received by some of the physici in Styria favored the election of a private clients who could pay for the medical care. They also introduced taxes for the visits to the home of the patient. Wimmer, p. 36-37

24 The highest income was received by the professors in the Juridical science Department, 700 fl. Other professors from Theology and Philosophy (logic, theoretical mathematics and practical mathematics, physics and history) received from 250 –750 fl. The teachers (Ordinarii Docentii) at the gymnasium and trivial schools had 120 rfl/anné. A teacher with the title: Maigistrum Artis Delineatoris had 300Rfl/anné. Document at the Hungarian State Archives (MOL); Transylvanian Gubernium In Politicis, F 46 1026/1790, Claudiopolis die 27 Decembris 1790

25 Wiemmer, p. 39-40 mentioned that the wages of the physicians in Styria were 800 for the protomedicus, -600 - 175 for the other physicians, according to their experience. The uniformisation of the medical administration reduced their salary florins. The protest of the Austrian physicians to receive a new financial policy which gave the land a higher autonomy was not successful and led to disinterest in the health problems of the land.
employed in the structures of the province’s Sanitary Commission because this would assure a small retirement pension. They obtained rewards in the case of success in the fight against epidemics or in the success of the vaccination campaigns. In case of accidents and or death, during the anti-epidemic campaigns, their family would receive, sometime, a pension or a reward.\textsuperscript{26} Moreover, the public function of \textit{physicus} led to a gradual emancipation from dependence on wealthy clients.\textsuperscript{27} The private practice and clientele brought extra income while the administrative function increased their social status and prestige in the community.\textsuperscript{28} However, as everywhere in Europe, the late payment and even non-payment for the treatment given to the poor and to the workers led to physicians experiencing financial difficulties. Consequently, there were fervent requests by the miners (and other \textit{physici}) to the Gubernium and to the Viennese Court to employ physicians and/or surgeons paid by the state who could assist the sick population free of charge. The lack of qualified physicians contributed to the enhancement of the medical training for other medical practitioners (surgeons, apothecaries and midwives). It also improved the quality of medical practices.\textsuperscript{29}

To sum up, these factors facilitated good relations between the physician profession and their position in the administration and contributed to the enhancement of their authority and prestige. There were few consequences: on the one hand an enthusiasm for medical studies developed in the monarchy and, on the other hand, the medical profession became a prestigious pursuit even for the members of small aristocracy.\textsuperscript{30}

\begin{footnotes}
\item[26]\textit{Opinio in Re sanitatis}, 1793, p. 5 r.
\item[27]The main sanitary laws contained a \textit{Formula Juramenti} (an public oath) that was used for all the physicians surgeons before being employed in the state service.
\item[28]Vasile Popp, the \textit{physicus} of Brasov wrote a proposal to teach a course about the science of Medical Police at the Surgical Lyceum in Cluj. His request for a salary similar to the one given to the professors from Vienna University and Pest University. His reason were that he was dependent on a clientele to fund his research, to support himself an the family. A state salary would have delivered him by the financial burden.
\item[30]Ferenc Bene, physician and professor of \textit{Politia Medica} (medical police) at the University of Pest, was a small nobleman, who had to confront his family when he chose a lesser profession an became a physician. Spielman p. 307. Ferenc Bene, ‘Short teaching about cow pox’ In. Brătescu, George. \textit{Grija pentru Sănătate. Primle tipărituri de interes medical în limba română (1581-1820).} (The care for health.)
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The Medical Education

Reforms in the education were among the most successful reforms promoted by the Habsburgs. Since Higher education was also a priority for the Habsburgs. The attempts to centralize the administration of the Monarchy was delayed by the lack of qualified personnel to occupy these functions. Out of purely utilitarian needs, an unprecedented enterprise to support the building of an entire network of universities began with *1777 Ratio educationsis* establishing compulsory schooling for all the population.

The reforms in the education transformed the old Jesuit College (1581) into a university with three Departments: Theology, law, and philosophy. It was added to this was a Faculty of medicine with only two professors (Surgery and Anatomy, and Obstetric). The Surgical Lyceum was opened in Cluj in 1775, initially it was conceived as a University part of the Cluj University. The structure of the University was changed by Joseph II and it was downgraded to the status of a Surgical Lyceum which trained surgeons and midwives. Its status was changed in that of an Royal Academic Lyceum and in 1816 it was raised to that of an Institute. The main mission of the school was to train surgeons and midwives which would help to the improvement of the health of the population. Medical education followed the utilitarian principles of the Enlightenment. It was redesigned in order to prepare a “specialists” that can treat diseases and fit into an Austrian bureaucratic apparatus. Bureaucracy played an important role in reforming medical curriculum. The theoretical disciplines were replaced with those who offered a practical expertise.

Joseph II stated that:

“Young people must not be taught anything which they will use seldom or never at all, for the good of the state, for the essential purpose of the study at University is to trained the state officials and is not to devote merely to education of the intellectuals”.

Medical education followed the utilitarian principles of the Enlightenment. It was

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31 Similar institutes were in Hungary, at Tarnava, in Galicia. The status of the University was given only to the schools from Vienna, Prague and later Buda/Pest

redesigned in order to prepare a “specialists” that can treat diseases and fit into the Austrian bureaucratic apparatus. Bureaucracy played an important role in reforming medical curriculum. The theoretical disciplines were replaced with those who offered a practical expertise.

The curriculum and the ideas behind the education were profoundly utilitarian. The main courses were Anatomy and Obstetric, and Surgery. A course in veterinary medicine was introduced in 1780s a chair in ophthalmology in 1790. In *Inaugural lesson*, held by Ioan Piuriu Molnar, in November 1790 when he was appointed as a professor at Surgical Lyceum in Cluj. He stated:

> How much gratitude we owe to Leopold II, the merciful Emperor, king of Hungary and the prince of Transylvania who cared for our problems and established a new chair to Cluj Academy…; with how much gratitude in their souls all good citizens of the country remember the paternal care of the High Royal Gubernium of Transylvania for the preservation of health - public and private health - of the citizens…. these great men, fathers of the country, were concerned, among many public duties, with citizens’ health preservation. 33

The Medical school had the scientific authority, expert knowledge, and the methods to fight the diseases. For an efficient collaboration, the Hapsburgs had the idea to subordinate the school to the Commission and made the protomedicus also the dean of the Schools. The professors from medical schools were members of the Commission and influenced decisions of health matters of the province.

In Transylvania the Commission not only collaborated with but also controlled the newly founded Surgical Lyceum medical school (1775). The diploma granted by the Medical school had legitimation which, qualified them to be employed in a homogenous

sanitary network. However, in the first half of the century, there were only few physicians in the province. Most of the professors at the Surgical Lyceum that were part of the bureaucratic machine were *physicus* of different districts. Their career started as a *Beamter* employed either by the empress/emperor to organize the fight against epidemics in different regions, for example Adam Chenot the first *protomedicus* of the province, or André Etienne entrusted to organize the sanitary network in the mining region of the Apuseni Mountain. Their professorship was dependent on their success in their career as *Beamter* and as physician. Usually after a career in different provinces or (regions in the provinces), according to their professional prestige acquired on the field made them eligible to become professors in medical Schools in the Monarchy. The physicians or surgeons could have applied for a chair in the schooling institutions in Cluj if they were successful in their private practice and in organizing anti-epidemics campaigns. All the professor at the Royal Surgical Lyceum were initially successful in their field work.

Thus institutionalization of medicine gave the *physicus* the authority to control all the other groups of auxiliary to his work. First they began to regulate their main competitors: the surgeons. Those who pursued a career in surgery were initially apprentices next to a physician or a *Magister* in surgery. The most talented of them went to study at the Surgical Lyceum and some of them even further to the medical universities in the Monarchy. The surgeons were obliged to pursue a better education and sustain an examination before being allowed to practice.

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34 The most famous example was Johan Peter Frank whose success in organizing the health Italian provinces of the Monarchy was appointed by Joseph II in Charge of Vienna General Hospital. His work promoted the idea of a ‘Medical Police’ which controlled the individuals, their activity and behaviour. His book appeared in six volumes, and had a huge impact all over Europe up until the 1870s.

35 As an example the physician Andre Etiene was a professor of mineralogy and metallurgy in Cluj; he reorganized the entire sanitary network in the mining regions of Transylvania.

36 Ioan Piuariu Molnar physicus of sibiu and professor at the Surgycallyceeeum mention the law that obliged any public servant to pursue an appropriate education, consequently he went to Vienna, with the financial support of the Gubernium and he studied to receive hid diploma as a *magister chyrugie*. He was not catholic, consequently he could not receive a doctorate in medicine in Vienna.
There were certain criteria imposed by the *physici* to all who wanted to become a medical public servant. There were in three important ordinances issued by *protomedici* Ferenc Nyulas and Samule Pataki III that stated that all the medical practitioners before being employed in the administration must fulfill certain criteria. The educational requirements involved a diploma attested by an institution in the Monarchy and to be up to date with the scientific and medical discoveries in Europe. Nyulas also required scientific publication in the language of the country. He also wanted people with a good character, honest and hard working to fill the gap of backwardness between Transylvania and the other provinces of the Monarchy. He suggested that poor people should receive free medical consultations. Pharmacists and surgeons were asked to purchase the right medical instruments and good quality of the medicine in order to help patients. There were many complaints of the lower categories medical personnel were linked to the professional and moral requirements of the *protomedicus*. His zeal to reorganize the pharmacies attracted a hostile attitude. He was probably poisoned by one of the apothecaries who were forced to close down his workshop.

**The Physician as a Man of Letters**

The development of new forms of sociability around learned societies generated a broad cultural movement promoted by members of local intelligentsia; this developed a new ideology of improvement. Many of the physicians were members of the main learned societies such as the German *Societas Polihistorum*, the *Transylvanian Society for Hungarian Language*, and the Romanian *Philosophic Society*. The emergence of a deeply ‘patriotic’ discourse within this multi-ethnic and multi-denominational society brought about a variety of problems. The economic and cultural backwardness of the province, social problems generated by the survival of the feudal system, the numberless epidemics of plague and other health issues were intensely debated in the meetings of the association and in the newspapers. Their attention was directed towards spheres where

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37 *Instructio Pro Apotecarius*. 8215/1808, BARCJ call number 1249/1968; also Spielman 318-322
their patriotic feelings could be expressed usefully. This was reflected by the involvement of the physicians, and other members of the Transylvanian intelligentsia in the translation and publication of books and pamphlets, satires and brochures related to all fields of life. They discussed history, geography, church history, literature, ethics, and political and economic issues. Many physicians were preoccupied to publish poems, literary works. They were deeply involved in the cultural life of Transylvania, their motherland. Ioan Piuariu Molnar put the basis of the Romanian learn society and initiated the publication of a news paper_ Vestiri Filosofice (Philosophical News). He was also the author of a Romanian Grammar and of a Romanian – Hungarian- German dictionary. His colleague Istvan Matyus, famous by his teaching about new dietetics, (Old and new Dietetics), wrote a six volume encyclopaedic work in natural history. He was one of the founders of the Hungarian Association. He donated his house and fortune to be a basis for financing their cultural activity. Vasilie Popp and George Constantin Rosza, published poems and books to praise the genius of famous physicians and to express the gratitude toward the emperor and his support of the sciences.

The geographical description and mapping of the region, more specifically the medical topographies, was popular in Transylvania, in the last part of the eighteenth and in the beginning of the nineteenth century. The topographies described environmental, economical and cultural aspects of a region, which endangered health conditions in a given geographical unit, mainly mining areas. “They give a detailed account on the miners' work, their salary, workplaces and housing, lifestyle, alimentation, clothing,

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39 Vasilie Popp Elegia de laudibus Medicinae quam illustrisimo ac magnifico domino praesidi et directori, item... Viennae, 1813; A copy of the book is found in University Central Library Cluj-Napoca, Call no. BRV 842.
40 Georgio Constantin Rosza, Oratio de Praesentia Praxeos Medicae Rationalis, Vienna 1811, pp 12 –14. The fame of doctors like Boerhavius, Stupet Haleri, Gerhard van Swieten was praised. It was also an elegy for the Viennese professor Maxilmilian Stoll. It was mentioned the importance of Vienna as a centre of Medicine and the goodness of the emperor and his support to the study of medicine.
family relations, the structure and order of miners' dwellings, their ethnic and religious differences, and the characteristic use of language”.41

In addition to strictly medical expertise, medical topographies provided broader information about the regional spread of different diseases. During the entire eighteenth century, regions from Hungary, Banat of Timisoara and Transylvania were considered by the Western Europe to be a cemetery for foreigners, due to the high mortality rate caused by diseases such as malaria, or even more exotic disease called “csomor”. In the spirit of Hippocratic theories, the air, the water and places in a region were the cause of specific diseases. Two interesting books written by Transylvanian protomedicus described the qualities of the mineral waters in Transylvania could be related to medical topographies. The ‘Introduction’ second edition of the Nyulas’s book *The mineral waters of Rodhna region* analyzed the climate, the population and the regional spread of the goiter in Transylvania. He mentioned that certain regions of Carpathians Mountains people and sometime even birds from that region had particular diseases.42 Alongside with scientific medical discussion, he made aware the scientific forum of the epoch “that due to the external and internal characteristics of this disease, goitrous people had evolved a particular, closed lifestyle, and formed a strictly endogamy community”43.

Out of a deep sense of responsibility for the ‘citizens’, they promoted ideas for the improvement of the environment. The interest for agriculture and the improved agricultural techniques were combined with drainage of marshes in order to improve the land resources for agriculture, prevent famines and diseases encouraged by the swampy regions.

The physician Ian Piuariu Molnar, professor of ophthalmology translated on his own initiative a book. He, himself, started breeding the bees and he observed that many peasants had an archaic knowledge about the insects. The book “The economy of the

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41 Deák Zita Landscape, History And The People - Health And Medical Conditions In 18th And 19th Century Hungary downloaded at http://www.ishm2006.hu/scientific/abstract.php?ID=275


43 Ibidem, p. 115.
beehives"⁴⁴ was to encourage the beekeeping in Transylvania, to popularise techniques that would increase production of the honey and the quality of wax.⁴⁵ This work belonged to a corpus of writings on concerning agriculture and animal breeding that aimed at instructing and transmitting practical knowledge. It informed the peasants about the new plants for example corn and potatoes, new plants for the animals, and how they could be cultivated to avoid famine and the epidemic that followed.

New types of Mediterranean diet brought by the travellers in Italy were essential medical discoveries.⁴⁶ István Mátyus in his The Old and New Dietetics mentions that his work aimed to teach people “not to be obliged to be guided, as blind people, in the vital problems of health by some ignorant and stupid barbers, poor with the spirit.”⁴⁷

This so called ‘economic literature’⁴⁸ was flourishing in the principality because it was translated and published at the initiative of the state (Vienna Court or Transylvanian Gubernium). The authorities and the enlightened intellectuals envisioned a programme of teaching in which men – according to their social strata – would acquire knowledge and would master the crafts and the agricultural techniques.

Another important issue for the physicians was the promotion of the good health of the public through the improvement of manners, education and hygiene. The working conditions of the miners and occupational diseases were an important preoccupation in their tentative to improve health of the civic society. Moreover, the exchange of ideas going on in Hungarian and German learned societies made people aware of the importance and benefits of the new medical discoveries and treatments. Medical science and public health was on the central focus of the debates. Hygiene and dietetics gave many insights about medicine. All these debates had a strong impact on the changing attitudes of the provincial elite due to their publication in the main journals of the

⁴⁴ Ioan Piaru Molnar, Economia stupilor, Vienna, 1785. A copy of the book is held by the University Central Library, Cluj Napoca, call number BRV, 493.
⁴⁶ The above-mentioned journals have several topics on these problems. They published reviews of the new medical books printed in the Habsburg Monarchy.
⁴⁷ Mátyus István The old and new dietetics apud Spielamann, Historical Restitution… p. 315
⁴⁸ Edroiu, pp.
province: *Siebenbürgische Quartalschrift* and *Siebenbürgische Provinzialblätter*. These journals became a vehicle that shaped the public opinion and outlook.

The representatives of intelligentsia believed that the cultivation of morals and the popularization of science and medicine would develop an inner discipline. Medical knowledge was taught in order to instil moral sentiments and civic responsibility in human relationships. Teachings to prevent the spreading of venereal diseases were translated in the three languages of the principality.

The health of the community was not only a responsibility of the state but also the responsibility of the individuals. It implied the introduction of science and religion to save peasant and townfolks from depravity, backwardness and from the misusing of the natural remedies. Many of them, out of civic responsibility, embarked into a program of translations and publication of ‘how to’ books, or ‘books of advice’.

The informative material about health was broadly disseminated by printed press. The articles, pamphlets, and sanitary brochures were among the most important tools used by physicians to promote scientific and medical knowledge to the educated social strata. They created a public receptive to the issues of health and gave birth to self-discipline and to a civic responsibility towards their fellow citizens. The physicians used the subtle influences of sciences of man, education or morals, promoted by polite societies, towards practical ends. They contributed to the improvement of principality’s human resources of the, health of the population and the inner qualities of men. They conducted an intense campaign to shape behavior, by combining health teachings and moralizing stories. Medicine and science was, the driving force behind the mentalities changes, hence instrumental in shaping modernity in Transylvania and elsewhere in the Habsburg Monarchy.

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49 The *Siebenbürgische Quartalschrift* was published between in 1790 and 1805. There are seven volumes available. Probably it was continued with *Siebenbürgische Provinzialblätter* after 1805. It was the edited by the members of the Saxon learned society, *Societas Polihistorum*.

50 André Étienne was the *physicus*, entrusted by Maria Theresa with the reorganization of the medical administration in the Apuseni Mountains, a region rich in gold and silver. His book *Methodus Facillisimus et rusticis commodissima, pretio quoque levissimo luem veneream curandi* was translated in Romanian by Ioan Piuariu Molnar *physicus* in Sibiu and professor of ophthalmology at the Surgical Lyceum. This book was also translated in Hungarian by András Szőtos, the *physicus* of Cluj and professor the same institutions.
Conclusion

In the Habsburg Monarchy, as in all German speaking lands, the development of the medical training was closely linked with the state initiatives. In the Austrian provinces, professionalization had a few peculiarities due to the composite character of Monarchy. The economic backwardness of some of the provinces, the shortage of a trained medical professionals, the lack of a centralized bureaucratic apparatus, the opposition of the estates, the lack of a unitary language in the administration and the multiplicity of confessions/religions (in a strongly catholicised empire) led to some peculiarities which were reflected in the social status of the medical personnel.

The Transylvanian example reflected the fact that in the small and economic backward provinces of the Monarchy the integration in the bureaucratic apparatus favored the professionalization of the entire medical personnel. The appurtenance in the administrative machinery required certain qualifications that could be obtained only by the attendance of medical school. The state controlled the professional training of doctors, surgeons, midwives and pharmacists. It thereby transformed, through the Sanitation Commission, medical personnel into civil servants paid by the state and obliged to undertake a public oath.

Another peculiarity was that the Transylvanian physicians (physicus) made the effort to integrate themselves among the administrative apparatus because this position helped them to play an important role in the communities and in the province politics. The power over the health and life of the population invested them with a greater authority and favored their social ascension, irrespective of their religious beliefs (members of protestant denominations within a catholic empire) or of national allegiance. They used their Beamter position and their social prestige and position in society to develop the medical education, and to design a health policy to fight epidemics.
They affirmed themselves as factors of decisions that initiated and imposed medical activities – such as vaccination against small pox – and the publication of books, brochures and pamphlets that popularized medical knowledge. Moreover, the involvement in cultural and scientific activities made out of physicians a 'hybrid' category of intelligentsia as they were at the same time both scientists and bedside practitioners and also writers, poets, linguists and philanthropists.