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INSIDE AND OUTSIDE THE HABSBURG PUBLIC HEALTH SYSTEM. MANAGING COMPLEXITY WITHIN THE AUSTRIAN LITTORAL (1849–1880s)

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ABSTRACT

The aim of this essay is to understand the development of the public health system within the Austrian Empire between 1849 and the end of the 1880s. After a contextualisation of the legal and administrative rules of Austrian citizenship and the welfare organisation system, the text provides some examples from documents in the archival collection of the Littoral's Lieutenancy. The essay focuses on the problematic relationship between the new laws for inclusion in Austrian citizenship and the right of indigent persons to be cared for. Health, legal, bureaucratic and socio-economic factors were so intertwined that they form a complicated Gordian knot.

Keywords: Habsburg public health, *Heimatrecht*/Pertinency, indigent people, Austrian Littoral, hospital's costs, provincial funds

DENTRO E FUORI IL SISTEMA SANITARIO PUBBLICO ASBURGICO. GESTIRE LA COMPLESSITÀ NEL LITORALE AUSTRIACO (1849–1880)

SINTESI

Il presente lavoro si propone di comprendere lo sviluppo delle strutture sanitarie pubbliche nella Monarchia Asburgica tra il 1849 e la fine degli anni Ottanta del XIX secolo. Dopo una breve contestualizzazione della struttura legale e amministrativa di inclusione nella cittadinanza austriaca e nell'organizzazione assistenziale pubblica, il testo mostra alcuni esempi illustrativi tratti da documenti del fondo archivistico della Luogotenenza del Litorale. Il saggio si concentra sul rapporto problematico tra la nuova forma giuridica di inclusione nella cittadinanza austriaca e il diritto delle persone indigenti a essere assistite gratuitamente. Aspetti sanitari, legali, burocratici e socioeconomici si intersecano in modo così stretto da formare un complicato nodo gordiano.

Parole chiave: sanità pubblica asburgica, *Heimatrecht*/pertinenza, persone indigenti, Litorale austriaco, costi degli ospedali, fondi provinciali

INTRODUCTION

This article offers some insights into the evolution of public health in the Habsburg Monarchy, in particular in the crownland Littoral/*Küstenland*[1], after the revolutionary year 1848/49. Examining documents from the archival collections of the Littoral's Lieutenancy, the analysis spans from the late 1840s until the late 1880s.

The evolution of public health since the 19th century has been one of the central topics in the larger processes of state building and modernisation of European civil societies (Berridge, Gorsky & Mold, 2011, 23–73). An analysis of the structures of public health is not only a matter of medical history, but also a particularly strategic and dense interdisciplinary point of study: it allows us to observe a wide range of themes and problems, which could otherwise easily remain unnoticed or would be taken into consideration individually. This also concerns the evolution of the Habsburg Monarchy, during one of the most formative phases of its own history, when the complex relationship between the imperial state and civil societies underwent a period of great change and upheaval.

Principally, this study raises two important questions after 1848/49: 1) the relationship between state and society through the creation and development of modern administrative structures and institutions for welfare; 2) the new forms of inclusion into (and exclusion from) the first concept of modern Austrian citizenship.

HEIMATRECHT AND THE "SUPPLY OF POOR PEOPLE": A NEW FORM OF INCLUSION, A NEW FORM OF SOCIETY?

The crisis of 1848/49 led to some important social and economic issues, particularly closely linked to the increasingly urgent question of the political and social participation of new, important forces such as the rising bourgeoisie and the working class. The restored imperial power had to take social demands much more seriously into account (Judson, 2016, 218–221). In the dynamic context after the "March Revolution", the implementation of citizenship and welfare state structures played a crucial role in restoring and re-ordering imperial power – together with the abolition of the lASTs remains of the feudal system (Bruckmüller, 1999). As early as 1849, the Viennese government aimed to reshape the state's relationships with civil society through the creation of new forms of social inclusion and protection, particularly towards needy individuals.

On 17 March 1849, the "Provisional Municipal Law" (*Provisorisches Gemeindegesetz*) modified the centuries-old legal institution of *Heimatrecht* (Right of Residency or Pertinency[2]) by using it as the basis for the first model of a modern Austrian citizenship, in addition to updating fiscal and conscription rules (Reichsgesetzblatt, 1849, n. 170). *Heimatrecht* had existed for centuries, at least since the middle of the 16th century, and was mainly intended to control and manage the unstable masses of poor people living and moving within the Empire's territory (Wendelin, 2000, 181–191). This act introduced a new form of *Heimatrecht*, which was then completed by the *Heimatrechtsgesetz* (Residency/Pertinency Act) of 3 December 1863, during the first phase of the "Constitutional era" (Reichsgesetzblatt, 1863, n. 105). The new form of *Heimatrecht* continued to be based on the principle of territorial affiliation, but also started to progressively guarantee inalienable social and civil rights to subjects. *Heimatrecht*, in the law subsection called "*Armenversorgung*" (supply of poor people) (Reichsgesetzblatt, 1863, n. 105, 372–373), defined the legal and administrative means for managing and reapportioning risk and misfortune.

With regards to the development of a modern public health system, the reforms of the *Heimatrecht* in 1849 and 1863 determined that the cost of emergency treatment in public hospitals should be charged to the municipality where the individual was legally registered – either the individual's or their parents' birthplace –, not where they actually lived. The Habsburg system discouraged individuals from changing their *Heimatrecht*: it was practically impossible to obtain a change of pertinency (Wendelin, 2000, 195–216). This structure of inclusion into Austrian citizenship bound individuals even more closely to their "small homelands" (Ivetic, 2014, 222), and, in doing so, legally consolidated centuries-old, pre-nationalised forms of local self-identification.[3]

Based on the principles of *Heimatrechtsgesetz*, the *Reichssanitätsgesetz* (Imperial Sanitary Act) was instituted in 1870: this law established the grounds for a more standardised, unique and efficient public health organisation in the Austrian half of the Monarchy (Reichsgesetzblatt, 1870, n. 68). The Habsburg public health system had the characteristics of a pre-"solidaristic wel-

1 Since there are usually two (sometimes even more) cultural designations for placenames in the Littoral, I try to reflect this diversity in the text. Only for Trieste/Trst/Triest and Gorizia/Gorica/Görz, which have more than two names, is only the first variant reproduced for practical reasons.

2 Dominique Kirchner Reill uses to translate *Heimatrecht* with the English term "Pertinency" (Kirchner Reill, 2021).

3 This is confirmed in research on the immigration of Slovenian speakers from Carniola, Carinthia and southern Styria into the Triestine emporium in the late 18th and early 19th century, who, despite the "national crystallisation" of the 1860s, maintained a strong localistic self-identification and relationship with their places of origin (Verginella, 2001). Moreover, recent studies have shown how this complex Habsburg system of strong legal ties between individuals and their native "small homelands" had important consequences and continuities in the post-1918 transition period, above all in the process of redefining and renegotiating their national and territorial affiliation and right of citizenship in the post-Habsburg successor states (more in Hametz, 2019; Kirchner Reill, 2021).

fare state" (Baldwin, 1990, 55–65): *Reichssanitätsgesetz* developed new regulations from the traditional "poor policies", albeit it through a pivotal systematisation and professionalisation of medical facilities and working staff, as well as its bureaucratic structure (Obentraut, 1881, 449–529).

This legislation led to a paradox: in order to receive social protection, medical care and a minimum of financial support in case of illness, needy individuals had to be legally demonstrated their municipality of birth or residence, even if they were living in a different district. However, the new legislation was issued at a time of increasing mobility due to socioeconomic changes, the end of the feudal system, technical innovation and the construction of new infrASTsructures (Coons, 1975). Moreover, during the 1850s and 60s the Habsburg Monarchy followed the general European trend towards the free circulation of people and goods, so that the Passport Ordinance (*Paßverordnung*) of 1857 abolished the passport requirement for movement within the Monarchy, while in 1865 the abolition of the requirement for passport checks when leaving Austria was also completed (Burger, 2000, 23–25). In such a fluid situation, the Austrian system of *Heimatrecht* and public health automatically led to bureaucratic problems, misunderstandings and illegalities, even on the part of the authorities.

This general problem mostly affected complex crownlands, such as the Austrian Littoral, which presented a composite administrative unit – embracing three provinces with three local parliaments (Dorsi, 1994, 233–245) –, a strong cultural-linguistic differentiation, and tremendous socioeconomic differences – first of all between industrial and commercial port cities and the rural countryside (Verginella, 2008). Moreover, the Austrian Littoral represented one of the most mobile crownlands of the Empire, primarily for working reasons. Trieste was the major focus of imperial and international migration, but there were also significant parallel internal migration trajectories within and among the three provinces of the Littoral (Steidl, 2021, 42–43). In addition to the important international immigration, the labour market of Trieste functioned due to the consistent and constant internal migration from rural, mostly economically depressed provinces and crownlands around Trieste[4], such as the County of Gorizia and Gradisca, Istria, Carniola, South Carinthia, South Styria, and Veneto (Breschi, Kalc & Navarra, 2001; Verginella, 2001; Cattaruzza, 2012; Kalc, 2013; Toncich, 2021, 281–298). Among them, Istria represented the most important province of emigration to Trieste – particularly starting from the 1860s, as a result of the outbreak of cholera and malaria epidemics, as well as of the plant insect phylloxera and plant disease downy mildew, that caused a dramatic crisis for its population and agricultural economy.

WHO PAYS FOR WHOM? BUREAUCRATISING THE HABSBURG PUBLIC HEALTH SYSTEM

Asymmetries and inequalities in the functioning of the public health system can be easily seen in the documents of the Lieutenancy concerning the refund of medical and hospital costs ("*Verpflegskosten*") for indigent individuals with different pertinencies. The central question was whether this system was easy to administer, or whether its complexity often led to irregularities and inaccuracies between the various public offices and institutions. This question depended heavily on the high migration of labour towards the more industrial cities of the Littoral, primarily Trieste; the high number of agencies involved; and the interdependent but often asymmetrical imperial administrative structure. Not every municipal and provincial institution involved had the same resources to sustain their own pertinent people, who were living abroad, so that a small rural centre in Istria or Carniola certainly could not compete with the resources available to the richest productive centres of the Littoral.

The legal requirements of *Heimatrecht* often clashed with the pragmatic needs of the working classes in the Littoral, especially those who lived in the unhygienic suburbs and working districts of Trieste (De Rosa, 1981; Cigui, 2008). Most of them were originally from another province or even crownland and were legally pertinent to another municipality of the Monarchy. The legal extraneousness of a sick indigent individual did not imply their ineligibility to receive free health care. In May 1865, the Municipality and the Direction of the Civic Hospital of Trieste made clear their pivotal tasks:

> *The Municipality of Trieste, and in particular the Direction of the Hospital, welcome with solicitude all the sick who show up at the municipal hospital, whether or not their pertinency has been verified at the time. When the condition of the sick person necessitates it, in accordance with the norms in force, research is required in order to establish their pertinency [nazionale][5], and, if the person in question is not a member of this Municipality, a*

4 Trieste followed the evolution of other large Habsburg centres, first and foremost Vienna, which were already established by, and functioned thanks to, large masses of immigrant workers from other economically depressed provinces of the empire, in particular from low skilled and cheap labour or groups of specialised artisans (Hahn, 2000). Based on these centuries-old exchanges between rural and urban spaces, the highest rate of socioeconomic and linguistic-cultural diversity and hybridity within and around the Littoral's centres was established (Csáky, 2002).

5 In some documents, one reads the Italian term "*nazionale*". It has no national meaning, rather it is one of the Italian terms used to indicate pertinency, together with "*incolato*", "*indigenato*" and "*pertinenza*".

copy of the minutes is sent to the political or municipal authority in charge, so that it may confirm the pertinency or make any possible objections. (ASTs, IR LL, AG 1, 368, 8332)

The quotation demonstrates, how the principles of inalienable rights to access public health care were influencing the medical-administrative mentality. It shows at the same time, how the public health system was not just a matter of medical assistance: in addition to the medical and nursing working staff, an administrative and legal bureaucratic department was operating, which, starting from the mid-1860s, was becoming an essential part of the medicalisation. The main task of the administrative bureaucracy in the hospital was to certify the pertinence of the hospitalised people, that is, to discover which institution was going to pay for their public health care.

Examining the hospitalisation procedure of the main Civic Hospital of Trieste, the hospital's administrative staff was responsible for inquiring into their personal data and legal status. In determining a patient's eligibility for free care in a hospital of the Empire, it was not enough merely to determine the pertinency. The hospital's medical and bureaucratic staff had to verify by means of the admission form and interview: 1) the origin/pertinency of the person, 2) the type of illness, that is, the reason for their admission to the hospital, 3) the "wretchedness" ("*miserabilità*"), that is, the state of indigence (ASTs, IR LL, AG 1, 368, 6252). This took place through an oral interview based on a standard form, which was carried out in the hospital ward by the attending physicians. After this, the administrative and legal departments of the hospital opened the patient's file. Without involving the Municipality or the Lieutenancy of the Littoral, the hospital offices sent the request to the provincial authority of the municipality verbally indicated by the patient or by their documents as the pertinent one. Firstly, this action attempted to verify the truthfulness of the legal affiliation; secondly, it would automatically request reimbursement of hospital expenses to the pertinent "Provincial Fund".

This procedure did not only have a humanitarian purpose. A "Civic Office of Control and Accounting" (*Ufficio civico di controllo e contabilità*) of the Triestine municipality had the main task of studying the status of the patients, in order to make simplifications in the financial management of the hospital (ASTs, IR LL, AG 1, 368, 12227, 13242, 12731). This office, together with the administration and legal office of the civic hospital, was the link between the hospital and the paying institution such as the competent provincial fund.

In a city of high immigration such as Trieste, this implied that the hospital and the municipality were significantly financially "exposed" to third parties, be they provinces and municipalities of the same Littoral or lieutenancies and district headquarters of other crownlands. This very often led to bitter and prolonged legal disputes between different offices in different districts and regions over requests for payment of health and hospital costs for indigent individuals who were not pertinent to Trieste or other main cities of the Littoral. The most difficult controversies happened with Istria and Carniola, which were the provinces most indebted to Trieste's public hospital.[6]

TOO OLD OR TOO CRAZY TO BE CURED: A CONDITIONAL PUBLIC HEALTH SYSTEM

During these disputes between hospitals, lieutenancies and provincial districts, legal third parties who had to reimburse costs often used strategies to avoid paying and ease the burden on their own provincial funds. One strategy was to deliberately allow as much time as possible to elapse, so that the paperwork to establish the pertinency would stall of its own accord in the maze of this complicated system, as the Triestine municipality claimed in 1865: "These delays hamper the smooth running of affairs, and often make it very difficult and even impossible to resolve any doubts that may arise concerning the patients' pertinency and the obligation to reimburse the respective costs of care and hospitalisation, thus multiplying the number of letters and correspondence out of all proportion" (ASTs, IR LL, AG 1, 368, 12227).

Most of the problems stemmed from the principles of a decree issued by the Ministry of Home Affairs (4 December 1856, n. 26641; Haemmerle, 1869, 32–56.), which had initially regulated the admission procedure in the hospitals of the whole Empire. This decree enshrined two principles that remained in the administration of public health in the following decades: 1) a sick person could only be admitted to hospital care after it had been established that there was a real need for treatment; 2) free hospitalisation could only take place for short stays, at least not exceeding three months. These two points became the bone of contention in disputes over claims for reimbursement of medical costs between lieutenancies and provincial district capitals, since, before hospitalising such a patient, the hospital had to inform the pertinent provincial and municipal authority and agree on a hospital stay longer than three months. However, due to the medical urgency and lack of clarity about the pertinency itself, this was not always possible and the hospital proceeded in any case, informing the

6 Istria was consistently the province most indebted to the city of Trieste for hospital costs. For instance, in 1862, out of the total annual credit of 88,031.57 florins for all expenses incurred by the city of Trieste paid in advance for indigent patients pertinent in other crownlands, the province of Istria owed as much as 52,517.12 (ASTs, IR LL, AG 1, 368, 2983).

relevant provinces only months later. From this ministerial order, the Austrian Littoral adopted an ad hoc law in June 1869, which standardised the procedures for the untreatable and/or in need of long and special treatment (Notificazione, 1869).

The mentally and chronically ill or overly elderly patients represented an excessive outlay for the provincial funds due to the length of their stay and the lack of security for their care. The acceptance of an "incurable" patient would have put the provincial fund where the sick person was hospitalised in severe financial difficulties, without any guarantee that the costs would be reimbursed by the pertinent municipality. For these kinds of patients, other facilities, such as hospices or psychiatric hospitals, were available, where the costs were amortised. However, their transportation from the hospital to these facilities was not always possible. This often led the provincial authority responsible for those patients living in Trieste to accuse the Triestine hospital of exceeding their administrative authority, by taking care of non-eligible persons without first seeking the provincial fund's opinion (*cf*. ASTs, IR LL, AG 1, 368, 6252)

In July 1883, a dispute over the non-payment of hospital fees broke out between Trieste, Carniola and Vienna. Maria Zadnikar was one of thousands of immigrants from Carniola living in Trieste for decades (Cattaruzza, 1979). Between September 1880 and July 1881, for almost ten months – in total about 300 days –, she was hospitalised at the Civic Hospital in Trieste due to severe bronchitis. At that time, she was around 75 years old and came originally from Šujica, a tiny rural village near Dobrova in Upper Carniola (ASTs, IR LL, AG 1, 363, 18492). For almost two years, the Municipal Hospital of Trieste continually demanded reimbursement for the costs of this long and costly hospital stay, totalling no less than 272.16 florins. In the first moment, the administration of the hospital was acting independently through its internal administration in directly asking the Carniolan Lieutenancy for payment of the costs, without having to go through the Trieste municipality or the Littoral's Lieutenancy. The Carniolan Lieutenancy had only paid a small part of the costs, just for the first three months, leaving 233 days unpaid (ASTs, IR LL, AG 1, 363, 14654). The authorities in Ljubljana pointed out the fact that the patient, although pertinent in Carniola, was too old to receive such long and expensive treatment, as her illness was caused by chronic "senile marasmus" ("*marasma senile*").

The hospital in Trieste justified its actions by proving that Maria Zadnikar was suffering from severe bronchitis that was curable, but she could not be transported to a "nursing house", where the costs would have been significantly lower. Only after the partial payment from Ljubljana, did the administration of the Triestine hospital turn to the Lieutenancy of the Littoral, which in turn called in the Ministry of Home Affairs in Vienna. The latter, however, found shortcomings and irregularities in the work of the hospital in Trieste – it had not immediately informed the Carniolan provincial fund about the long hospital stay – and ruled in favour of the Carniolan counterpart on the legal basis of the *Heimatrechtsgesetz* of 1863:

> […] *the Ministry of the Interior has recently noticed that the Trieste Public Hospital not only accepts incurable sick persons into hospital care, but also does not hand over such sick persons, if they are fit for transport, to the Trieste Municipal Magistrate for further treatment in the sense of §28 of the Heimatrechtsgesetz of 3 December 1863 – Imperial Law Gazette No. 105 – but restricts itself to merely sending such sick persons to the respective provincial authorities. Since this procedure* […] *gives rise to unpleasant recriminations as well as to protracted negotiations, the Governor's Office is requested* […] *to take strict care that the existing regulations are observed punctually on the part of the Trieste Hospital.* (ASTs, IR LL, AG 1, 363, 108)

The documents on the Zadnikar case provide further interesting information about the medical-legal management of patients with mismatched *Heimatrecht*: the civic Hospital of Trieste had, in addition to the normal medical staff, a so-called "provincial proto-physician", who was commissioned by the Ministry of Home Affairs to visit only the patients pertinent in Carniola, who were living in Trieste and hospitalised in its Civic Hospital, and to report on them to Vienna:

> […] *the Council implicitly agreed to the further hospitalisation of the sick person;* […] *the hospitalisation became an unavoidable necessity and this is proven not only by the declarations of the hospital's doctors in charge but also by those of the provincial proto-physician Cav. Dr. Zadro*[7]*, who was charged with examining the Carniolan patients [carniolini degenti] in this charitable institution and reporting to the High Ministry of Home Affairs in Vienna, and who was also convinced that Zadnikar, among others, was unfit for transport at the end of December 1880;* […] (ASTs, IR LL, AG 1, 363, 14654)[8]

7 Dr. Illuminato Zadro, originally from one of the most important families of Rovigno/Rovinj, is listed as a counsellor of the Lieutenancy, president of the Provincial Sanitary Council, director of the Obstetrical Institute, provincial health spokesman for the Lieutenancy and the Viennese government in 1878 (Almanacco, 1878, 38).

8 Regarding the presence of a proto-physician in the Trieste Civic Hospital at the end of the 19th century, cf. De Rosa (1981, 28).

Among the most frequent cases of difficult and controversial admission for free treatment and consequent refusal of reimbursement were cases of mental illness. Elisabetta/Elisa CASTsullovich-Missetich/Missetić, originally from Dalmatia (from Pietro della Brazza/Supetar), moved with her husband (from Sebenico/Šibenik) to Trieste ten years before, where she was practicing as midwife. When the dispute arose in 1867, she was already a widow and lived in the Trieste suburb Rozzol (ASTs, IR LL, AG 1, 368, 7231). The reason for her hospitalisation was "*ebetudine*", an unspecified state of psychic confusion, thus falling under the classification of special cases identifiable as "untreatable" by the decree of 1856. The dispute with the Dalmatian provincial fund resulted from their refusal to reimburse the expenses, which covered a nine-year confinement. The reason for this was the failure of the medical facilities in Trieste to inform the provincial headquarters in Zara/Zadar in advance, and the related request for acceptance of such a special case. The latter replied in May 1867 as follows:

> *The reason for this refusal is based on the fact that in opposition to the explicit provisions of Ministerial Decree No. 26641 of 4 December 1856, the homeland authority of the patient Missetić was not informed about her stay of more than three months, on which omission the not insignificant increase in treatment costs for the duration of more than nine years depended*. (ASTs, IR LL, AG 1, 368, 7231)

(IN)DEPENDENT WOMEN? PUBLIC HEALTH, *HEIMATRECHT* AND GENDER

In this lASTs case study, the issue of the inclusion and protection of women in welfare policies emerges with great importance. The pertinency of a woman, who was doing a skilled job and therefore could have been socially and professionally independent, still depended on a male figure in her own family. Consequently, the access to free medical assistance, in case of poverty, depended on the man, whether father, brother or husband, who guaranteed eligibility for the woman. In the above case, the woman was a widow, which meant that her residence depended automatically on that of her deceased husband, as indicated by the *Heimatrechtsgesetz* of 1863. However, what happened if a woman was unmarried and could not show a clear *Heimatrecht*?

Among the flow of independent female workers to Trieste, an important category of specialised and essential professionals was represented by midwives, some of whom were provided as a free service by the Triestine municipality for the assistance of indigent classes (De Rosa, 2020, 77–136). A constant in the cases of midwives was their professional and social importance, even their independence. Among the papers of the Lieutenancy on the reimbursement of hospital costs, one finds a few cases of midwives treated in Trieste, although with different pertinences.

Of greater interest is the case of the Istrian Maria Depangher, a "certified midwife" ("*geprüfte Hebamme*"), who is reported to have lived and worked in Trieste alone, not following any man (ASTs, IR LL, AG 1, 368, 1334). She was hospitalised in Trieste, where she passed away in September 1865, probably without having been able to indicate her pertinency. Among her private belongings, a passport for internal travel within the Monarchy issued by the authority of Capodistria/Koper in 1851 (that is, in the period before the abolition of internal passports in 1857) was found. Although through research her birth and baptism records were found in the parish office of the same town, doubts were still raised as to her pertinency. The point was that Maria Depangher was a single woman, so before her legal status could be established, it had to be fully corroborated by matching and comparing it with that of the male figures in her family, namely her father and brothers. The father had died in Pisino/Pazin in 1845, when Maria was around twenty years old and was living there with her parents. After the father's death, she returned to Capodistria/Koper with her mother and siblings, and later she moved to Trieste to work as midwife. The doubt was therefore between different Istrian municipalities due to her father's work and changes of domicile as a k.k. officer in Pinguente/Buzet and Pisino/Pazin (ASTs, IR LL, AG 1, 368, 1641). Eventually, what removed any doubt was a cross-check with all the documents concerning her pertinency and the legal status of the two brothers, that is, through the registration for military service of one of them:

> [...] *any doubts as to the legal pertinency of this family to Capodistria are removed by the witness of Domenico Depangher, another of Maria's brothers, who was enrolled in military service in Capodistria on behalf of that municipality in the Royal Navy on 28 February 1853, after the family's repatriation, and to this end he was expressly sent from Montona, where he was at the time*. (ASTs, IR LL, AG 1, 368, 7252)

1866, THE LONG POST-WAR PERIOD: CHANGING BORDERS, REDEFINING PERTINENCES THROUGH PUBLIC HEALTH

Faced with the increasing importance of cheap migrant labour – seasonal or fixed – from the 1850s, the Austrian government provided bilateral agreements for the mutual support of indigent individuals and payment of their care and health costs. For instance, the Eisenach Convention with the states of the German Confederation in 1853 (Reichsgesetzblatt, 1854, n. I/6), the Declaration

with some Swiss cantons in 1857, the agreements with the Italian Kingdom in 1859 and 1866 (ASTs, IR LL, AG 1, 368, 4685).[9] In addition, these international agreements covered all kinds of illnesses, except for mental and/or chronic illnesses.

The public health of the Littoral, particularly the coASTsal area, was peculiar, since it was far more exposed to international labour migration and transformations of the international geopolitical order, first of all the reorganisation of borders and citizenships of the neighbouring Lombardy-Venetia. In October 1868, the Triestine mayor, Carlo Porenta, declared, that, since "the condition of Trieste [was like] a seaport open to everybody", the regulation of hospital costs for foreign workers in Austria was "a vital and urgent matter", especially after 1866. This happened precisely during the period of the beginning of the works for the enlargement of the port infrASTsructure (Millo, 2002, 191): Porenta's main preoccupation was that "such major works preferably attract workers from the neighbouring Italian provinces, who resort to this hospital when they fall ill". From his point of view, it was a fatal mistake for the Triestine provincial fund to enter into agreements with the Kingdom of Italy through diplomatic channels only after the start of construction works on the new port, which would have brought in masses of poor manual labourers from Veneto and other parts of Italy "without the municipality being able to legally claim reimbursement for the considerable expenses involved" (ASTs, IR LL, AG 1, 368, 5416).

The war of 1866 and the long post-war period represented a crucial watershed for the management of public health in the Littoral and for the related issue of citizenship and costs for indigent people. The shift of the Empire's borders implied a reconsideration about pertinency and the right to free care and protection for indigent workers coming from Veneto but living in the Littoral. During the peace conference in Vienna in the autumn of 1866, the Italian and Austrian diplomats and ministries negotiated an agreement about the legal status of reciprocal subjects/citizens living in both counties, also concerning the eligibility for public health care. The peace treaty of Vienna in 1866 recalled the previous treaty of Zurich in 1859 between Piedmont and Austria, and the right of Lombard subjects to decide their citizenship: the same principle was extended to the Venetian provinces seven years later (ASTs, IR LL, AG 1, 368, 13572). This led to a difficult question concerning the pertinency of the Venetians and their eligibility for public health care in the Littoral.

In July 1871, Maria Lavezzo, originally from Veneto, was hospitalised in Trieste as an indigent woman, though without a clear right of pertinency. She was the widow of the Venetian Luigi Lavezzo, who, during the war of 1866, was himself hospitalised in Padua as a soldier of the Austrian Army. During his convalescence, he had the option to choose his – and consequently also his wife's – citizenship, either to maintain their previous Austrian citizenship or to take Italian citizenship. He remained loyal to the Austrian Empire, so he was transferred and hospitalised in Leoben, in South of Styria, where he received his new *Heimatrecht*. After his death, his widow Maria left Leoben and moved to several cities in order to obtain financial substance. In Trieste, she became ill and the Triestine hospital was struggling to ascertain her pertinency so that, six years after the change of her husband's *Heimatrecht*, she was still considered to be "homeless" ("*heimatlos*") (ASTs, IR LL, AG 1, 340, 8646). After complicated research, a year later, in August 1872, she was declared pertinent to the Styrian crownland, on the base of the Residency Act of 1863:

> *According to new information received from Maria Lavezzo, her late husband Luigi Lavezzo, who at the time of the cession of Veneto had already been admitted to the Invalids' Hospice in Padua, was questioned by the former Army Headquarters in Veneto as to whether he intended to retain his Austrian citizenship in accordance with Article XIV of the Peace Treaty of 1866, and declared himself to be an Austrian subject, as a result of which he was transferred to the Invalids' Hospice in Leoben. According to §2 of the Austrian Residency Act of 1863, every Austrian subject must belong to a municipality, and consequently Lavezzo also had to belong to an Austrian municipality, which had to be Leoben. In the case of changes in the right of domicile, the wife follows her husband or retains the right of domicile as a widow in the municipality in which her husband had it at the time of his death (§11 of the Act). Maria Lavezzo, widow, belonged and should still belong to Leoben, and even if she were to be regarded as lacking the right of domicile in accordance with §10 No. 2 of the above-mentioned Act of 1863, she should also be assigned to Leoben, where she remained for a long period before the question of her husband's entitlement arose.* (ASTs, IR LL, AG 1, 340, 10571)

The sources concerning this case study reveal a more general fact: the post-war period after 1866 signified a long and difficult transition for the Austrian Littoral. It put the administration of the crownland, in particular the structure of inclusion and provision of welfare and citizenship, under stress for the next decade.

9 Besides these agreements, the regulations with further foreign states (e.g., Great Britain, France, USA, Russia, Spain, Turkey etc.) remained unclear and resulted in the fact that the costs for indigents patients from these countries often remained at the shoulders of the treating hospital, with no possibility of requesting payment back.

It also highlighted the Austrian Littoral's character as a maritime "borderland". Maritime Istria was particularly affected by the events of 1866, that is, the ex-Venetian Istria until 1797, which continued to maintain close economic, professional, and familial relationships with Venice and Veneto until the end of the Monarchy (Toncich, 2021, 192–200).[10] The daily interdependence between maritime Istria and the Venetian shore emerged in the more general debate of mutual free health care assurances for indigent individuals with different pertinencies (in this case now with different citizenship). In September 1867, the head of the Parenzo/Poreč district declared to the Triestine Lieutenancy that "*it is of great interest to the writer, regarding Istria's close relations with Italy and especially with Veneto, to clarify this emerging doubt as soon as possible* [...]" (ASTs, IR LL, AG 1, 368, 12373). Venetians, who only a year before were compatriots but now were to be considered "aliens", continued to reside and work in Istria, and vice versa Istrians in Venetia. Maritime Istria, far more than Trieste, was particularly affected by this international change and the issue of the illness of indigent (new) "aliens". Public health became a pivotal legal tool for re-defining new political borders and "otherness", even regarding categories which until that moment were included in the very same system.

CROSSING INTERNAL BORDERS: INEFFICIENCIES OF THE LOCAL BUREAUCRATIC SYSTEM

Looking back at the internal situation in the Austrian Littoral, the frequent and continuous changes of domicile of workers often caused problems. In addition to the economic issue of reimbursement of hospital expenses, the systemic inefficiency of the local administrative offices often emerged. With the reforms of the 1840s and 1850s, the focus of the legal inclusion of citizens was increasingly shifted to the more local centres. However, the professional skills of local municipal bureaucrats often clearly left a lot to be desired, and it affected the issue of conferring *Heimatrecht*.

Questions about public health and managing costs could intertwine with questions of cultural/ethnic categorisation and the territorial affiliation of the patients. Problems arose when the residency of sick individuals was no longer clear and clashed with "particular" cultural categories or mobile individuals. This was the case of an unlucky Istrian Roma-Sinti family (Poropat-Levacovich), who was arrested in Rovigno/Rovinj in June 1885 for occupying a house without permission. While in prison, some members of this family fell seriously ill with malaria. From interrogations and research, it emerged that these people did not have a valid *Heimatrecht*, as the districts in Istria they indicated as their original municipalities did not have any document concerning them. To this end, the couple Marco Poropat and Elena Levacovich could not show valid proof of their marriage because the marriage certificate could not be found at the parish they indicated in Visignano/Višnjan. This meant that the children, even young babies, were illegitimate (ASTs, IR LL, AG 1, 363, 9711).

The discussion about who had to pay for their treatment was fiercely contested: a long dispute between the Lieutenancy of Trieste and the municipal authorities of Rovigno/Rovinj, Grisignana/Grožnjan, Lussinpiccolo/Mali Lošinj, Veglia/Krk took place from June to September 1885, as no municipality wanted to cover the costs. Meanwhile, the health of the family deteriorated, so that the costs increased (ASTs, IR LL, AG 1, 363, 2335). Eventually, an official of the municipality of Rovigno/Rovinj intervened in the dispute and verified the illegality of this situation. The municipality appealed directly to the Ministry of Home Affairs due to a lack of accordance with the *Heimatrecht* as well as the individual rights from the Austrian Constitutional Law of 1867, and demanded the release of "these poor Gypsies who are suffering unjustly":

> *The nine gypsies may not, as they are without fault, remain further locked up in civic detention until the final fulfilment of the legal procedures for the verification of their pertinency. This is against the §8 of the State's constitutional law; and precisely in order to prevent such prolonged illegal detentions, the current law of pertinency in §18 stipulates that, as it is not possible at the moment to verify the pertinency of a person, that person must be assigned to a municipality.* (ASTs, IR LL, AG 1, 363, 2242)

Illegality was not self-inflicted, but was the product of the municipal authorities themselves. These people had been arbitrarily excluded from the legality of the *Heimatrecht*, following a generalised practise of exclusion of Roma-Sinti individuals – considered as a feared "in-between diversity" (Zăloagă, 2013) – from the legal body of communities in Western and Central Europe since the modern era (Fasanelli, 2010; Zahra, 2017). The complaint of the municipality of Rovigno/Rovinj against this double illegality seemed to be successful, as already in September 1885 the nine people received the *Heimatrecht* from their competent municipality of Dubašnica/Dobasnizza on the Isle of Veglia/Krk (ASTs, IR LL, AG 1, 363, 16864).

10 An example of this still high contact between the two Adriatic shores is the Istrian doctor and professor Lodovico Brunetti, born in Rovigno/Rovinj in 1813, who graduated in surgery at the University of Padua, where he became one of the most renowned professors and luminaries. He continued to maintain close ties with his "homeland", so much so that he returned there frequently to perform special operations (Brunetti, 1876) or as a cholera doctor (Toncich, 2021, 244).

However, this lack of clarity regarding the *Heimatrecht* was not just an exception concerning a stigmatised and excluded cultural minority: it could also happen to individuals, mostly needy workers, who transferred from one municipality to another, even within the same province (Kalc, 2013). This was the case of Anton Pahor, who, in March 1883, was declared "*geistesschwach*" ("mentally deficient") by the medical authorities of Gorizia. Pahor needed to be hospitalised, but the question of costs emerged: the political authorities of Gorizia were unable to establish to which district Anton Pahor belonged. He was born in 1834 and grew up in Merna/Miren (in the County of Gorizia and Gradisca, in the district of Gorizia), yet in 1855 he moved with his family to Pieris (in the same County, but under the jurisdiction of Gradisca). However, in the *Volkszählungslisten* (lists of censuses) he was found neither in one nor the other district (ASTs, IR LL, AG 1, 363, 4064).

This case highlights a common problem with these Lieutenancy documents: the municipal authorities often turned out to be inefficient in their vital task of conferring *Heimatrecht*. Yet as these situations of illegality emerged, they were corrected on an ad hoc basis in times of necessity for medical reasons.

CONCLUSION: CURING THE BODY, CORRECTING THE LEGAL STATUS

The Habsburg public health system, which was affected by the post-1849 reforms of the *Heimatrecht*, was shaped by the conservative exigencies of the imperial power, however it responded to the social and economic requirements of civil society. During the administrative and legal re-ordering after 1848/49, the more the empire shifted the focus of administrative action to local institutions (i.e., municipalities and their civic hospitals), the more administrative-political structures of the Empire became interconnected. The interconnection was between municipalities within the same region, although, in a period of increased mobility, also among different crownlands and even with other countries. The complex imperial system of social and civic inclusion and welfare functioned through this combination of localism and interregional interconnection. However, it was based on strong economic inequalities and asymmetries, what led to recurrent administrative problems in the functioning of the public health system.

Within these intricate bureaucratic interconnections, multiple and complex forms of inclusion and exclusion of needy people emerged. These individuals found themselves suspended between complicated social and familial relationships, gender hierarchies, localisms, border changes, and exclusion as persecuted ethnic groups. In addition to all this, the vital issue was personal and public health.

From the perspective of the Austrian State, public health served as a key weapon to control poor and unstable parts of the population, and make this control widespread even in rural areas far from urban centres. More importantly, public health became a means to measure the acceptance of post-1849 reforms and to correct possible irregularities. Public health policies served to penetrate deep into local societies, even into pockets of poverty far distant from the "eye of power" (Foucault, 1977). The management of public health and citizenship represented a pivotal moment of encounter between individuals, who often lived on the edge of legality – sometimes even outside – and the state bureaucracy. The concern about spending public resources allowed these irregularities to emerge for the first time: the hospital became not only a space for curing the body of the patients, but also for correcting their legal/bureaucratic position.

VKLJUČENOST IN IZKLJUČENOST IZ HABSBURŠKEGA JAVNEGA ZDRAVSTVENEGA SISTEMA. UPRAVLJANJE KOMPLEKSNOSTI V AVSTRIJSKEM PRIMORJU (1849–1880)

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POVZETEK

Po krizi v letih 1848/49 je imelo uvajanje državljanstva in struktur države blaginje ključno vlogo pri obnovi in ponovni ureditvi imperialne moči. Reforma Heimatrecht, ki je stopila v veljavo 17. marca 1849, je spremenila način vključitve v avstrijsko državljanstvo in določila novo fazo dostopa do brezplačne javne zdravstvene pomoči za revne ljudi. Ta zakon je določal, da se stroški nujnega zdravljenja v javnih bolnišnicah zaračunajo občini, v kateri je bil posameznik uradno registriran – bodisi v rojstnem kraju posameznika ali njegovih staršev –, in ne v občini, kjer je dejansko bival. Na podlagi zakona Heimatrecht je bil leta 1870 uveden Zakon o uredbi javne zdravstvene službe za celotno cesarstvo. Ta zakonodaja je privedla do paradoksa: da bi bili pomoči potrebni posamezniki deležni socialne zaščite, zdravstvene oskrbe in minimalne finančne podpore v primeru bolezni, so morali uradno dokazati svoj kraj rojstva ali prebivališča, tudi če so v času neprestanih selitev zaradi dela živeli drugje. Ta splošni problem je najbolj prizadel kompleksna območja monarhije, kot je bilo Avstrijsko Primorje, ki je bilo zaznamovano s sestavljeno upravno enoto, velikimi kulturno-jezikovnimi in socialno-ekonomskimi razlikami – predvsem med industrijskimi in trgovskimi pristaniškimi mesti ter podeželjem – in močnimi migracijskimi tokovi. Asimetrije in neenakosti v delovanju javnega zdravstva je mogoče zlahka razbrati iz dokumentov deželnega glavarstva o povračilu zdravstvenih in bolnišničnih stroškov (Verpflegskosten) za revne posameznike z različnimi pripadnostmi v tržaški civilni bolnišnici.

Ključne besede: Habsburško javno zdravstvo, *Heimatrecht*/pertinentnost, revno prebivalstvo, Avstrijsko primorje, stroški bolnišnic, deželna sredstva

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