



Universiteit
Leiden
The Netherlands

Monitoring migrations: the Habsburg-Ottoman border in the eighteenth century

Pesalj, J.

Citation

Pesalj, J. (2019, March 27). *Monitoring migrations: the Habsburg-Ottoman border in the eighteenth century*. Retrieved from <https://hdl.handle.net/1887/70437>

Version: Not Applicable (or Unknown)

License: [Leiden University Non-exclusive license](#)

Downloaded from: <https://hdl.handle.net/1887/70437>

Note: To cite this publication please use the final published version (if applicable).

Cover Page



Universiteit Leiden



The following handle holds various files of this Leiden University dissertation:

<http://hdl.handle.net/1887/70437>

Author: Pešalj, J.

Title: Monitoring migrations: the Habsburg-Ottoman border in the eighteenth century

Issue Date: 2019-03-27

CHAPTER 2: BORDER CONTROLS TO PROTECT FREE TRAVEL

From the 1720s onward, a permanent sanitary cordon existed along the whole length of the Habsburg-Ottoman land border, on the Habsburg side. Every person and certain goods were subjected to compulsory quarantine before being allowed to enter Habsburg territory. For more than a century all migrants had to take into account extra time and additional costs for quarantine. It increased the burden on travel, justified by the fight against epidemic diseases, the plague in particular. However, when the sanitary cordon was introduced, its official goal was not to undercut, but to protect free travel and trade between the Ottoman Empire and the Habsburg Monarchy from epidemic diseases.

This was an atypical goal for a sanitary cordon. They were usually introduced to curb traffic between infected and uninfected areas until the epidemic would disappear. Such a regime was created, for example, during the Plague of Marseille (1720-1723). All migrants were systematically controlled not only in Provence, where the plague was present, but also in the rest of France and in many neighboring countries. Only the migrants with official certificates proving they were healthy, and whose travel was indispensable, were permitted to cross the sanitary cordons on internal and external borders.¹⁷² The duration of the sanitary cordon was also atypical. Sanitary cordons were usually of a temporary nature, introduced to seal off a region where an epidemic was present. They were seen as a necessary evil, because they negatively affected economic activity and prices, depressing trade. They were therefore abolished once it

¹⁷² Denis, "The Invention of Mobility," 363-64.

was certain that the danger had passed. How could something, typically designed and used to temporarily stop or significantly decrease mobility and traffic, be used to facilitate free travel?

In this chapter, I will first examine the motives behind the introduction of the land sanitary cordon. The need to stop the plague by restricting traffic and the ambition to facilitate traffic and encourage commerce were seemingly two conflicting goals. The Pestkordon prehistory, the rise and fall of the first Pestkordon in the 1720s and the 1730s, and the establishment of the second, definite mobility-control regime after 1740 reveal how the Habsburg Monarchy struggled to resolve this inbuilt contradiction. A look at the organization of sanitary administration and the decision-making processes on central, provincial and local levels can help us determine whether the system was designed to be flexible and to adapt to local circumstances. I will also examine the collection and exchange of sanitary intelligence. Active and passive collection of news and rumors about epidemics and the speed of response in adjusting the quarantine regime reveal how the mandate to protect public health was reconciled with the mandate to facilitate traffic. My examination aims to show how the system adapted to local circumstance, in particular how Habsburg officials closely followed the health circumstances in the Ottoman Empire, and how the length of quarantine was adjusted to them. A strict reaction and a greater restriction of traffic when an epidemic was imminent would suggest that public health had priority. A more flexible approach, with active intelligence collection and examinations, different regimes on different sections of the border and a reluctance to close the border altogether in all but extreme circumstances, would suggest that the border regime tried to prioritize free travel.

Commerce, Plague and Free Travel

There were two powerful tightly interwoven motives behind the decision to establish mobility control on this border: the danger of plague epidemics and commercial ambitions. For a long time, the Habsburg Monarchy had been attempting to take part in what was seen as a very lucrative trade with the Ottoman Empire. Other European states, such as Venice, France, the United Provinces and England, had been profiting from this trade for decades, even centuries. The Habsburg Monarchy, the nearest Ottoman land neighbor, with direct approaches both to the Mediterranean and to Ottoman European provinces, was not a member of this group of beneficiaries. The Habsburg court attempted to change that situation from the second half of the seventeenth century onwards, with little success. The position of Vienna improved after the victories in the War of 1683-1699. Concentrated on territorial acquisitions and on the redefinition of their bilateral relations, the Habsburg negotiators did not pay much attention to commerce. Article 14 of the Carlowitz Treaty of 1699 guaranteed free trade and safety of merchants and their goods. The Habsburgs were not granted, however, the exemption from all taxes except a single three-percent customs duty and other privileges the French, English and Dutch enjoyed.¹⁷³ In addition, treating the Adriatic as its internal sea, Venice stopped and inspected ships heading to the Habsburg ports, charging protection duties. This kept the Habsburg ports virtually closed for foreign merchants.

¹⁷³ Customs rates ranged from 2%, paid by Ragusians, 3%, paid by French, English and Dutch, to 5%, paid by Venetians. De Groot, "The historical Development of the Capitulatory Regime:" 581, 593, 599. Poles enjoyed the status of the "most favored nation" after 1580. Kołodziejczyk, *Ottoman-Polish Diplomatic Relations*, 185-87, 343. The Habsburg envoys at the Ottoman court unsuccessfully attempted to renegotiate this question on several occasions between 1704 and 1714. Pešalj, "Making a Prosperous Peace," 143-44.

These arrangements changed in 1717-1718. In 1717, the Habsburg court declared Trieste and Rijeka (Fiume) free ports, guaranteeing protection to visiting merchants. Venice, involved in an unsuccessful war with the Ottomans, and relying on Vienna as its only ally, had to accept this, abolishing inspections and protection charges. In 1718 in Passarowitz (Požarevac), after another successful war, the Habsburgs negotiated a separate commercial treaty with the Ottoman court, regulating trade, navigation and consular protection. Habsburg and Ottoman subjects were allowed to visit all markets in both empires.¹⁷⁴ The merchants from both sides were exempted from all taxes and duties except a single three-percent customs duty. Being under direct protection of the respective courts, the subject of both empires were mutually exempted from local jurisdictions.¹⁷⁵ The Habsburg subjects finally had the same rights and privileges in the Ottoman Empire as their European commercial competitors, while enjoying what they perceived as the benefit of geographic proximity. Vienna intended to use the new trade provisions to realize mercantilist ambitions. It expected to run huge trade surpluses, by importing Oriental goods and raw materials directly from the Ottoman Empire and by exporting finished goods to the Ottoman market. The economic exchange between two empires steadily grew throughout the eighteenth century, particularly in the second half with the development of textile industry and cotton trade. It reached a peak in 1775-1815.¹⁷⁶ The Habsburg Monarchy ran, however, a negative trade balance with the Ottomans throughout the eighteenth century.¹⁷⁷

¹⁷⁴ Habsburg boats could also dock all Ottoman ports, with the exception of Black Sea ports, where non-Ottoman boats were not allowed.

¹⁷⁵ Pešalj, "Making a Prosperous Peace," 141-47.

¹⁷⁶ Anna Ransmayr, "Greek Presence in Habsburg Vienna: Heyday and Decline," in *Across the Danube: Southeastern Europeans and Their Travelling Identities (17th–19th C.)*, ed. Olga Katsiardi-Hering and Maria A. Stassinopoulou (Leiden: Brill, 2017), 136-39; Vaso Seirinidou, "Greek Migration in Vienna (18th – First Half of the 19th Century): A Success Story?" in *Across the Danube*, 114, 120-21.

¹⁷⁷ Jordan, *Die kaiserliche Wirtschaftspolitik im Banat*, 60-72, 78, 146-201.

Before it could engage in commerce with the Ottomans, the Habsburg Monarchy had to introduce an essential element into its commercial plans: sanitary protection, particularly against plague epidemics. Since the Black Death pandemics in Europe (1347-1351) until the late seventeenth century, plague epidemics periodically devastated parts of the continent.¹⁷⁸ Plague epidemics spread quickly, decimated cities and the countryside, wiped out whole families and communities, and halted travel and economic activity. The affected regions needed years or even decades to recover. A generally shared belief was that the plague had a divine origin. In Christian Europe, it was interpreted as a sign of divine disfavor and a punishment for sins, views that persisted into the eighteenth century.¹⁷⁹ In September 1764, the Empress Maria Theresa ordered public prayers in the Kingdom of Hungary, the Banat of Temesvár, and in the Generalates of Karlovac and Varaždin as a measure of gratefulness to God for preserving Habsburg dominions from the plague that was raging in Ottoman Bosnia.¹⁸⁰

There was a medical explanation as well, or, to be more precise, two competing medical theories. The prevailing theory was that the plague, along with other contagious diseases, was caused by “miasma,” a poisonous vapor that could stick to

¹⁷⁸ The bacillus *Yersinia pestis*, identified only in 1894, causes the disease in rodents and humans. In its most common form, it attacked the lymphatic system, manifesting in swollen lymph nodes, buboes. This bubonic plague spread indirectly from rats or infected humans via infected rat fleas. The death rates much varied, with an average around fifty percent. The rarer but more virulent form, pneumonic plague, spread directly between humans and was almost always deadly.

¹⁷⁹ Raeff, *The Well-Ordered Police State*, 58; Lindemann, *Medicine and Society*, 43. The appropriate response for the mitigation of the God’s anger was comunal prayer and days of repentance. This was the first thing, for example, that the subjects of Inner Austria were asked to do against the plague in 1710. Pest-Ordnung, Graz, 14 October 1710, FHKA SUS Patente 43.15.

¹⁸⁰ Resolution wegen Anordnung eines Allgemeinen Gebettes zu Abwendung der Pest, Maria Theresia to the TLA; to the Ban of Croatia, Count Nadasd, and Friedrich; to the interims Commando of the Carlstädter Generalat, Vienna, 18 September 1764. Also to the Hungarian Hof-Canzley, 1764 September 4, KA ZSt MilKom Sanitätshofkommission Akten 2.

people, animals and goods. Miasma would disturb the humoral balance of a healthy body, causing sickness.¹⁸¹ It was suggested that the plague was created spontaneously, in places like Egypt, from putrefying animal and plant materials, and then transferred directly between persons through the air.¹⁸² Poisonous earth evaporations were cited as the source of plague in Hungary in 1712 by the Habsburg government.¹⁸³

Leaving infected communities was seen as a reasonable precaution against the plague for centuries.¹⁸⁴ Well-off Ottoman families left cities during epidemics for the safer countryside.¹⁸⁵ In 1792, in Ottoman Serbia, the rural population around Smederevo and in the Velika Morava Valley, around the towns of Hasan-pašina

¹⁸¹ This was in line with an ancient theory, starting with the ancient Greek physician Hippocrates (born around 460 BC), who emphasized the influence of the environment on human health. See Hipokrat, *O vrstama vazduha, vode i mesta* [Hippocrates, *Airs Waters Places*], trans. Divna Stevanović (Sremski Karlovci: Izdavačka knjižarnica Zorana Stojanovića, 2007).

¹⁸² Panzac, *Quarantaines et lazarets*, 31, 33-49; Panzac, "Politique sanitaire:" 90-91; Lindemann, *Medicine and Society*, 44; Pedani, *Dalla frontiera al confine*, 114; Eckart, "Epidemie:" 358-59; Vitaux, *Histoire de la Peste*, 134, 145-46. In 1546, an Italian Physician Girolamo Fracastoro offered an alternative explanation. He formulated the germ theory, explaining that minuscule bodies, transferred from one person to the other by indirect or direct contact or through air, caused infectious diseases. Mainstream medical science, however, did not accept this rival theory until the very end of the nineteenth century, when the responsible microorganisms were identified. Panzac, *Quarantaines et lazarets*, 102-112; Vitaux, *Histoire de la Peste*, 135; Heinz Flamm, "Carl Ludwig Sigmund Ritter von Ilanor, der Begründer der Venerologie, ein früher Krankenhaus-Hygieniker und österreichischer Epidemiologie im Dienste der europäischen Volksgesundheit. Zur 200. Wiederkehr seines Geburtstages in August 1810," *Wiener klinische Wochenschrift/Middle European Journal of Medicine* 122 (2010): 502-504.

¹⁸³ Contagionspatent für Ungarn, 25 February 1712, FHKA SUS Patente 43.6. A Habsburg official in Slavonia, Friedrich Wilhelm von Taube claimed in 1777 that a pestilent tassel (Quast) of a sabre of an unidentified Habsburg officer returning from the Ottoman Empire had caused an epidemic, with everyone touching the tassel falling sick. Taube also considered that a cause of the Marseille plague of 1720-1723 was a small sample of cotton. Taube, *Historische und geographische Beschreibung*, vol. 2: 93-98.

¹⁸⁴ Lindemann, *Medicine and Society*, 44-45.

¹⁸⁵ Fleeing pestilent communities was a practice approved by the the sixteenth century Law Code of Süleyman the Magnificent. Bulmuş, *Plague, Quarantines, and Geopolitics*, 23-29.

Palanka, Čuprija, Jagodina, and Bagrdan (Bogardan) behaved similarly. They left villages and went deep into forests with their cattle, provisions and belongings, where they built straw cottages to stay until the epidemic passed. The Ottoman garrison of Smederevo closed itself in the fortress, after several Muslim women and children died from the plague in the Smederevo town.¹⁸⁶ The Habsburg Monarchy in the eighteenth century, however, did not approve flight as an acceptable reaction. By that time, the attitude toward the plague and particularly toward the role of the state had profoundly changed, emphasizing the importance of prophylactic measures.

Mediterranean urban communities introduced the first active anti-plague policies already in the fourteenth century. In 1377, the city of Dubrovnik (Ragusa) introduced thirty days of isolation for ships coming from plague-infested places. This was later extended to forty days, giving the name quarantine to the isolation practice, from the Italian *quarantina*, forty days. The first quarantines were provisional, established when an epidemic was approaching and abolished after it ceased. The first permanent quarantine institution, specifically for the plague, was founded in 1423 in Venice. In 1471, this city made quarantine compulsory for persons and goods, particularly for foreign merchants and for returning Venetian traders. Other Mediterranean ports soon followed this example. At the end of the seventeenth century, central governments of large states began to take over the sanitary jurisdiction from cities and local governments.¹⁸⁷ They organized central medical boards, which drafted the legislation,

¹⁸⁶ Captain Friedrich Baron Carlovitz to the commander of cordon, Lieutenant Colonel von Simonovitz, Kovin, 18 September 1792; Oberlieutenant Simonovich [to the Military Command in Temesvár], Pančevo, 19 September 1792; A report of Soro to Hofkriegsrat (the Court War Council – HKR), Temesvár, 23 September 1792, HHStA StAbt Türkei III 7.

¹⁸⁷ Previously, the initiative came from the local level. The City of London in 1603 regulated how to mark pestilent houses and how to restrict access to them. Bulmuş, *Plague, Quarantines, and Geopolitics*, 50-52, 113-14.

standardized the training and supervised the work of physicians, surgeons, barbers, midwives, and pharmacists. These boards issued ordinances during epidemics, restricting and regulating the movement of people and goods from infected areas. Practices of identifying and separating potentially contagious individuals became an important piece of the regime to protect the public health over all state territory, so much so that they were perceived as a system in which all civilized countries must participate.¹⁸⁸ Major sanitary boards in Europe were in constant correspondence, exchanging news and rumors about plague and other epidemic diseases. This international system also involved health certificates (*bolette di sanità*). Italian cities introduced them in the second half of the fifteenth century during plague epidemics as a proof that the person arriving had departed healthy from his/her last stop and could be allowed to pass the city gates.¹⁸⁹ By the eighteenth century, this became a compulsory identification document for the travelers coming from pestilent areas, particularly from the Ottoman Empire. Sanitary boards mutually recognized sanitary certificates for individuals and goods. A merchant could undergo quarantine in one country and then enter another without additional sanitary procedures. Emir Ismael, an Ottoman merchant with residence in Vienna in 1767, entered the Habsburg Monarchy through Venice with no additional quarantine.¹⁹⁰

The operation of quarantines was based more on experience than on contemporary medical knowledge. It was learned from practice that the separation and forty-days isolation of pestilent ships, houses, city quarters, places and regions

¹⁸⁸ Raeff, *The Well-Ordered Police State*, 120-21, 130-31; Panzac, *Quarantaines et lazarets*, 31-33, 198; Shamir, "Without Borders:" 206-207.

¹⁸⁹ Panzac, *Quarantaines et lazarets*, 90-93; Groebner, "Describing the Person," 20; Groebner, *Der Schein der Person*, 127; Jütte, "Entering a City:" 212-13.

¹⁹⁰ *Konskription der Türken und türkischen Untertanen in Wien, 1766*, HHStA StAbt Türkei V 27 Konv. 7.

from not infected parts of the city or the country, as well as a compulsory quarantine for newcomers, slowed the spread of plague epidemics.¹⁹¹ Newcomers were first interrogated and inspected, then sorted into three major groups, according to the place of origin and medical inspection: clean, suspicious and those coming from infected places. The duration of the quarantine depended on this classification. It lasted usually from two to three weeks for those coming from healthy places, to forty days for people coming from infected places. In the Habsburg Monarchy in the eighteenth century there were three standardized quarantine regimes of different lengths: twenty-one days for healthy times (*Gesunde Zeit*), twenty-eight for suspicious periods (*suspecte Zeit*) and forty-two days or complete closure for pestilent circumstances (*würkliche Pest/Tempore Pestis*).¹⁹² The people undergoing quarantine were isolated and separated from one another. Under the influence of physicians, who played an important role in writing sanitary regulations, and the prevalent *miasma* theory, there were cleaning procedures, designed to eradicate dangerous *miasmas* from clothes, animals and other goods. The goods were categorized according to their perceived ability to attract and carry pestilent *miasmas*, and were cleaned accordingly.¹⁹³

¹⁹¹ Panzac, *Quarantaines et lazarets*, 31, 33-49, 90-93; Panzac, "Politique sanitaire:" 90-91; Lindemann, *Medicine and Society*, 44; Pedani, *Dalla frontiera al confine*, 114; Eckart, "Epidemie:" 358-59; Vitaux, *Histoire de la Peste*, 134, 145-46.

¹⁹² The Sanitätshofdeputation to the Banat Provincial Administration, Vienna, 27 March 1761; a copy for the Slavonian Sanitary Commission and the Transylvanian Sanitary Commission, 1761 Martius 5, KA ZSt MilKom Sanitätshofkommission Akten 1; Generalsanitätsnormativum, 2 January 1770, *Sammlung aller k. k. Verordnungen und Gesetze vom Jahre 1740. bis 1780.*, vol. 6: 33-112.

¹⁹³ Panzac, *Quarantaines et lazarets*, 33-49; Bulmuş, *Plague, Quarantines, and Geopolitics*, 41-43. The adherents of *miasma* theory were so self-assured, that they dismissed in 1739 quarantine as unnecessary, as a concession to popular superstition. As explained in one instruction for the Habsburg personnel in plague-infested Belgrade, good cleaning destroys completely the plague toxin. The author considered subsequent quarantine unnecessary, and kept only to satisfy popular superstition. "es zwar wahr sey, daß die von dem Gifft mundificirte Persohnen niemand ansteckhen können, nichts destoweniger, weillen das Volckh vor den jenigen Persohnen, welche kein Quarantaine ausgestanden,

By the time the Habsburg border sanitary protections were introduced, the plague, which had revisited Europe in intervals since the fourteenth century, began to disappear from the continent, first in Western Europe, Spain, Italy, and Portugal from the 1670s, after 1715 in Scandinavia and the Baltics, after 1772 in Moscow and central Russia.¹⁹⁴ The outbreaks of 1720-1723 in Provence, of 1743 in Messina, or of 1795-1796 in Habsburg Srem (Syrmia) were successfully contained and suppressed.

The plague came to be associated with the Ottoman Empire gradually. Before 1517, the plague usually arrived in the Ottoman Empire from the West, from the Christian Mediterranean states and possessions, every ten years. Things began to change with the Ottoman annexation of Syria and Egypt in 1517 from the Mamlūks, when major pilgrimage places, trade centers and caravan routes came under Ottoman control. Plague spread along the same routes, using pilgrims and merchants as its carriers. The conquest of the Island of Rhodes in 1522 and of Cyprus in 1571 put the Eastern Mediterranean firmly under Ottoman control. On ships, plague epidemics spread faster and reached further. Between 1517 and 1570, the frequency of plague epidemics in the sultan's lands increased from one in every ten years to one in every three years. After 1570, the plague was virtually always present in the Ottoman Empire, with an endemic status in Istanbul, "self-sustaining plague-producing engine."¹⁹⁵ The regime of free travel through the vast Ottoman possessions on three

ein Abscheü traget, und sich vor ihnen fürchtet; dahero um gemelten Abscheü und Forcht zu benennen, wird die Quarantaine nach der Mundification observiret. " Substances with sharp odors or with strong chemical properties such as boiling vinegar, lye (Lauge), the smoke from sulfur, saltpeter, coal and black resin would eradicate toxic miasmas. Weis und Manier Wie die inficirte Häuser, Mobilia, und suspecte Persohnen Vor der Quarantaine zu Reinigen seyn, [1739], KA ZSt MilKom Sanitätshofkommission Akten 1.

¹⁹⁴ Panzac, *Quarantaines et lazarets*, 5; Lindemann, *Medicine and Society*, 40.

¹⁹⁵ Varlık, "Conquest, Urbanization and Plague Networks," 252-61. The frequency of plague epidemics in Ottoman Europe in the eighteenth century (41-64 of 100 years) was approximately similar to that in

continents, with no quarantine protection, facilitated the spread of plague. By the eighteenth century, the Ottoman Empire was perceived as a source of plague. The Habsburg central sanitary administration routinely noted in 1761: “in Turkey the plague [is] almost always present.”¹⁹⁶

It is not entirely clear why preventive measures such as isolation and compulsory quarantines were not introduced in the Ottoman Empire earlier. It does not seem that medicine and religion played an important role in the late emergence of proactive preventive measures. As in Europe, the *miasma* theory was prevalent in the Islamic world. Birsen Bulmuş identifies “the rise of mercantilism and overseas commercial development in north-western Europe... [of] a state-led program of economic development and radical social change...” between 1600 and 1800, as a key factor absent in the Ottoman Empire. With Ottoman maritime commerce under foreign control, the commercial incentive was missing.¹⁹⁷

Before Vienna could follow its commercial ambitions in the Ottoman Empire, it was necessary to introduce an effective system, which could guarantee that the Habsburg Monarchy would be free of any epidemics: sanitary regulation, sanitary administration and sanitary services in which all people and goods from the Ottoman Empire would be checked. As elsewhere, the first step was to organize port

Western and Eastern Europe from 1347 to 1650 (29-61 of 100). Panzac, *Quarantaines et lazarets*, 11-12.

¹⁹⁶ “als fast immer in Turcico sich Pestseuchen spüren lassen.” Maria Theresia to TLA, Vienna, 27 March 1761, 1761 Martius 5, KA ZSt MilKom Sanitätshofkommission Akten 1.

¹⁹⁷ Bulmuş, *Plague, Quarantines, and Geopolitics*, 8-12, 15-23, 30-33, 39-43, 47, 57, 63. This situation lasted until 1838, when the Ottomans introduced their own sanitary controls and quarantine. In the following years plague began to disappear, in 1840 from the Balkans, in 1842 from Syria, from 1843 from Anatolia, and then in 1844 from Egypt. Pockets of plague survived in Kurdistan, southwest Arabia and Cyrenaica until the 1890s. Panzac, *Quarantaines et lazarets*, 19-21, 95, 101-102.

facilities.¹⁹⁸ The quarantines were first established in Habsburg Adriatic ports, Trieste and in Rijeka in the 1720s, using the Venetian regulations as a model.

The Habsburg Monarchy also shared a long land border with the Ottoman Empire, being separated not only by a sea, but also by a river or an artificial line. Vienna planned to develop not only maritime trade with the Ottomans, but also land commerce, making adequate sanitary protection more urgent and more complicated. Inside the continent, it was more difficult to control communications and to stop infections. While port quarantines were permanent facilities, land quarantines were organized only in exceptional cases, when the danger of epidemics was imminent. The cordons were disbanded after epidemics. A system of temporary sanitary cordons successfully defended Paris from the plague from the northeast in 1667-1668. Venice organized temporary land cordons in 1743 and in 1783-1784 in Istria, because of the plague in Bosnia and Dalmatia.¹⁹⁹

Like the Habsburg Monarchy, Venice had strong commercial connections with the Ottomans,²⁰⁰ and in its oversea dominions it shared land borders with the Ottomans. The Venetian solution was to combine permanent port quarantines with

¹⁹⁸ The countries that maintained active trade relations with the Ottomans had different sanitary arrangements. Some countries did not need permanent quarantines. In 1721, the British Quarantine Act delegated sanitary control to British consuls in the Mediterranean. They were responsible for issuing a clean or a foul bill of health to a ship coming from the eastern Mediterranean. If this control should fail, and a pestilent ship set out for England from Ottoman waters, the signs of the disease would emerge long before its arrival at the destination. Bulmuş, *Plague, Quarantines, and Geopolitics*, 50-52; Panzac, *Quarantaines et lazarets*, 195. Other countries, like France, maintained an active quarantine system in their ports.

¹⁹⁹ Lesky, "Die österreichische Pestfront," 82-83; Panzac, *Quarantaines et lazarets*, 57-63; Panzac, "Politique sanitaire," 90-92; Pedani, *Dalla frontiera al confine*, 114; Denis, "The Invention of Mobility," 363-64; Varlık, "Conquest, Urbanization and Plague Networks," 252-61.

²⁰⁰ I am not aware of comparative permanent mobility-control regimes organized by other Ottoman neighbors, Russia and the Polish-Lithuanian Commonwealth. Quarantine stations there were usually provisional and set up when an immediate danger of epidemics existed.

provisional land cordons. Venetians established in 1592 a quarantine station in the port town of Split, in Venetian Dalmatia, to accept the caravans from Ottoman Bosnia.²⁰¹ When there was a plague in Herzegovina or Bosnia, Venetian authorities would draw a provisional cordon near the boundary. In healthy times, a less expensive system of escorted caravans was in use. Ottoman merchants from Herzegovina and Bosnia would reach the Venetian-Ottoman border in Dalmatia as a group. From there on, they traveled to seaports, such as Split, under Venetian military escort, preventing contact with the local population. After their business was completed, Venetian military would escort them back to Ottoman territory. Those wanting to remain longer in Dalmatia or to set sail elsewhere had to go to the Split quarantine station first. Venetians, eager to attract Ottoman commerce, considered this system convenient for Ottoman merchants.²⁰² The major flaw was that the system did not spare Dalmatia from plague, with periodic epidemics in 1731, 1733, 1763-1764, 1766, 1771 and 1783-84, which the provisional sanitary cordons did not always contain.²⁰³ The Venetians could afford regional outbreaks, because the infected provinces were separated by sea from the rest of the Venetian maritime empire and could be easily isolated if necessary.²⁰⁴

The Venetian system was inadequate for the Habsburg Monarchy. The Habsburg authorities would need to organize many caravans at different points, and they would need to escort them much longer to reach their commercial centers. In addition, with

²⁰¹ Panzac, *Quarantaines et lazarets*, 190.

²⁰² [Sanitäts Hof Deputation] to Maria Theresia, Vienna, 28 October 1769, 1769-October-16, KA ZSt MilKom Sanitätshofkommission Akten 2.

²⁰³ On one occasion, the epidemics ravaged Split, even reaching the island of Brač. Panzac, *Quarantaines et lazarets*, 86-88.

²⁰⁴ As Dalmatia was in 1766. Sanitäts- Deputation to the Empress Maria Theresa, Vienna, 21 May 1766, 1766-Junius-1, KA ZSt MilKom Sanitätshofkommission Akten 2.

the Venetian system being not totally efficient in preventing epidemics, and with no sea or similar barrier to protect the Habsburg core provinces, the plague could easily spread from Transylvania or Southern Hungary to Lower Austria or Bohemia, as the years of experimentation with provisional land sanitary cordons had shown.

The First Permanent Sanitary Cordon and Its Collapse

In the first quarter of the eighteenth century, the Habsburg Monarchy attempted to protect its dominions from the plague with provisional sanitary cordons.²⁰⁵ They were, however, only partially successful, slowing down but failing to stop epidemics.

Between 1703 and 1716 there was a large epidemic of plague in central and eastern Europe, reaching Russia, Sweden, Hamburg, Bremen, and The Hague in Holland. It entered Hungary in 1709, at the close of Rákóczi's Rebellion (1703-1711). The Habsburg authorities ordered the formation of provisional internal cordons, to protect healthy provinces, such as Inner Austria, in 1710. Infected regions were isolated and closed; cavalry patrols were sent to their borders. The arriving passengers were redirected to quarantine stations. The plague nevertheless reached Inner and Upper Austria, Bohemia and even Vienna in 1712.²⁰⁶ Similar measures were more successful in 1719, protecting the Austrian and Bohemian provinces and Vienna, but not Hungary and newly conquered northern Serbia and Lesser Wallachia.²⁰⁷ During the

²⁰⁵ The Habsburg border commissioner Marsigli, proposed the establishment of a permanent sanitary cordon for the protection of the Habsburg lands from plague epidemics in the Ottoman Empire after 1699. This was not accepted. See Kołodziejczyk, *Ottoman-Polish Diplomatic Relations*, 57-67; Kołodziejczyk, "Between Universalistic Claims," 207, 209.

²⁰⁶ Pest-Ordnung, 14 October 1710, FHKA SUS Patente 43.15.

²⁰⁷ The order of the Landeshauptmann of Upper Austria about the closure of the Ottoman border and other sanitary measures, 25 September 1719, 1719 September 1, Hofdecret to the Government

early 1720s, the Habsburg Monarchy continued to establish sanitary cordons and quarantine stations when a new epidemic approached and to abolish them in healthy times.²⁰⁸ Each epidemic would slow down or stop traffic of persons and goods between the Habsburg and Ottoman empires. It was difficult to reconcile this situation with Vienna's commercial ambitions in the east.

This changed in the late 1720s. During the 1726-1727 plague epidemic, the border quarantines and the land cordons were made effectively permanent.²⁰⁹ In September 1726, upon learning about an outbreak of plague epidemic in the Ottoman capital and in Morea (Peloponnesus), the Sanitary Court Commission instructed the Habsburg military to introduce a twenty-one-day quarantine for persons on land borders with the Ottomans. At that moment, some border crossings already had permanent quarantine facilities.²¹⁰ In July 1727, the Sanitary Court Commission advised that the quarantine for people could be reduced to fourteen days, but not abolished. From then on, the quarantine time was extended and reduced, according to

(Regierung) of the Lower Austria pro Anno 1719, 1719 November 3, KA ZSt MilKom Sanitätshofkommission Bücher 1.

²⁰⁸ Thus, on 8 July 1723 the Court Sanitary Commission decided to abolish quarantine for persons in Habsburg Serbia, while keeping quarantine for some goods. Sanitätshofkommission, 8 July 1723, 1723 Julius 1, KA ZSt MilKom Sanitätshofkommission Bücher 1.

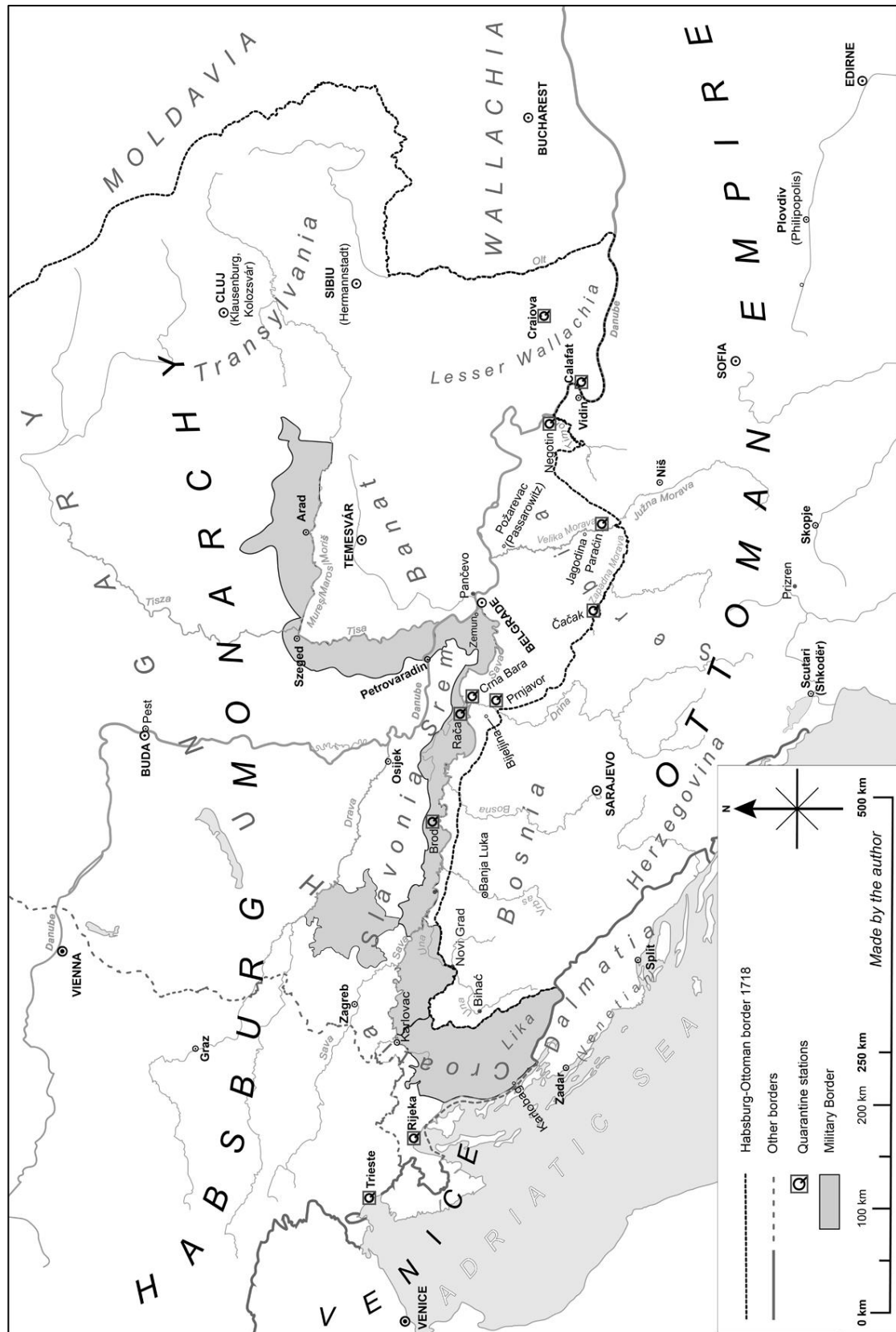
²⁰⁹ Permanence was a specific Habsburg innovation, noted by Panzac. Panzac, *Quarantaines et lazarets*, 70-71. Erna Lesky dates the formal decision to make quarantine measures continuous to 22 October 1728. Some elements of the system were already in place before that date, and others were introduced only in the 1730s. The duty of border militia to provide cordon guards, for example, was defined already in 1710. Lesky, "Die österreichische Pestfront," 84, 86-87. The dating of the cordon start only in 1770 in Rothenberg, "The Austrian Sanitary Cordon," 17-18; and Tanasije Ž. Ilić, "Der Sanitätskordon an der österreichischen Militärgrenze und seine Funktionen zur Zeit Maria Theresias," in *Maria Theresia als Königin von Ungarn*, ed. Gerda Mraz (Eisenstadt: Institut für österreichische Kulturgeschichte, 1984), 344; is decades late, relying on the codification of sanitary laws, but completely disregarding the half a century of previous history.

²¹⁰ Sanitätshofkommission, 6 September 1726, 1726 September 1; Sanitätshofkommission (Sanitary Court Commission – SHK), 11 October 1726, 1726 October 1, KA ZSt MilKom Sanitätshofkommission Bücher 1.

circumstances, as in November 1727, when it was increased to forty-two days.²¹¹ It was, however, not abolished altogether. A provisional land sanitary cordon had been transformed into a permanent border-control system.

²¹¹ SHK, Vienna, 17 February 1727, 1727 Februar 1; SHK, 22 March 1727, 1727 Martius 1; SHK, 4 July 1727, 1727 Juli 1; SHK, Vienna, 28 November 1727, 1727 November 1, KA ZSt MilKom Sanitätshofkommission Bücher 1.

Figure 2.1. The First Pestkordon, the mid-1720s -1737



The *Contumaz und respective Reinigungs Ordnung* from 3 October 1731 regulated the cordon operation and quarantine procedures. A physician, or at least an experienced surgeon, would examine the people arriving at the station. If healthy, they were then separated and isolated. Special quarantine personnel, who could not leave stations and mix with the general population, provided them with food and other necessities and cleaned the goods passing through quarantine. If someone showed symptoms of a disease during quarantine, she or he would be transferred to a hospital or a lazaretto, and the quarantine for all passengers would restart.²¹²

In the first network of quarantine stations, two principal quarantine stations were Craiova, in Habsburg Lesser Wallachia, und Paraćin, in Habsburg Serbia.²¹³ Paraćin, placed on the main road between the Ottoman and Habsburg capitals, served as an official border crossing point for diplomats and for official and private business

²¹² The goods that passed through quarantine were roughly classified into four groups, according to their perceived *miasma*-carrying propensity. Some did not need any cleaning, while others were cleaned and quarantined for from three to six weeks. *Contumaz und respective Reinigungs Ordnung*. Vienna 3 October 1731, reprinted in Hermannstadt [Sibiu] in 1740, KA ZSt MilKom Sanitätshofkommission Akten 1; also *Kontumaz und Reinigungsordnung für die östliche Reichsgrenze (Quarantäne)*, 3 October 1731, FHKA SUS Patente 63.7; *Kontumaz- und Reinigungsordnung für die südlichen und östlichen Gebiete*, 10 May 1738, FHKA SUS Patente 72.11. The quarantine ordinance from 1731 was periodically republished. In 1759, for example, local quarantine stations in Banat were warned to stick accurately to its provisions. Sanitätshof- Deputation (Sanitary Court Deputation – SHD) to TLA, Vienna, 21 March 1759, 1759 Martius 7; SHD to Siebenbürgische Sanitätskommission (Transylvanian Sanitary Commission – Transylv. SK), Vienna, 22 August 1759, 1759 Augustus 10; SHD to TLA, Vienna, 10 September 1759, to TLA, 1759 September 4, KA ZSt MilKom Sanitätshofkommission Bücher 3.

²¹³ In addition to border cordons, the commission supervised the establishment of internal reserve cordons, on the rivers Tisza, Sava, Drava, Una and Kupa. Both external and internal cordons had military posts, regular patrols, and quarantine stations. All passengers had to show *Sanitaet Foeden*. The Sanitary Court Commission sent the physician Anton Salzgeberand with two surgeons to Craiova, and the physicians Philipp Schwandimann and Karl Oberleütner to Paraćin. Sanitätshofkommission, 26 October 1726, 1726 October 2; SHK, 30 October 1726, 1726 October 3; SHK to Obristpostamt, 30 October 1726, 1726 October 4; SHK, 8 November 1726, 1726 November 1, KA ZSt MilKom Sanitätshofkommission Bücher 1.

correspondence in the 1720s and the 1730s.²¹⁴ There was a lack of uniformity between individual stations in the 1730s. Because of strict rules in Paraćin, some migrants and merchants redirected their trade to other border-crossing points, like Negotin or Calafat, where the sanitary regime was more lax and where quarantine times were shorter. The capacity of quarantine stations at this time was modest. Even Paraćin could not deal with larger groups of migrants, like the 200 families of the Albanian Kelmend (Klimenti) clan who arrived there at the end of 1732.²¹⁵

Clearly defined boundary and permanent quarantine facilities protected the Habsburg lands well during peacetime. There were no major outbreaks between the *Pestkordon*'s foundation and the beginning of a new war (1737-1739). During the ensuing war, the Habsburgs were forced to repeatedly relocate quarantine stations and guard posts. The wartime network of provisional quarantines slowed the epidemic, but was unable to stop it. Only the end of the war and the stabilization of borders accomplished that.

The first news about an approaching epidemic in Ottoman Bosnia, in Banja Luka, reached Vienna in October 1737.²¹⁶ The Sanitary Court Commission drew an internal

²¹⁴ Relation from 31 October 1731, 1731 December 1; 17 October 1736, 1736 October 1; The Decree from 21 March 1738, 1738 Martius 2, KA ZSt MilKom Sanitätshofkommission Bücher 1; 1740-December 1, KA ZSt MilKom Sanitätshofkommission Akten 1. The other quarantine stations were Crna Bara in the northeastern part of Habsburg Serbia and one near Bijeljina (Belliner Schanz) in the northeastern corner of Bosnia. SHK, 8 October 1738, 1738 October 11; 9 June 1741, 1741 Julius 1, KA ZSt MilKom Sanitätshofkommission Bücher 1. Other places mentioned in the secondary literature could be either permanent or provisional: Čačak and Negotin in Serbia, Calafat, Vadudil, Orahova, Izlaz, Slatina, and Rimnik in Wallachia. Stevan. Z. Ivanić, "Borba protiv kuge u Srbiji za vreme austrijske vladavine (1717-1740)," *Prilozi za istoriju zdravstvene kulture Jugoslavije i Balkanskog poluostrva*, vol. 5, Miscellanea 1 (Belgrade: Centralni higijenski zavod, 1937), 15, 18-19, 23-24, 26; Lesky, "Die österreichische Pestfront," 84, 86-87.

²¹⁵ Ivanić, "Borba protiv kuge u Srbiji," 19, 22-23, 25-30.

²¹⁶ SHK, 1737 October 1, KA ZSt MilKom Sanitätshofkommission Bücher 1.

reserve cordon along the rivers Tisza, Mureş and Danube, to protect Hungary,²¹⁷ but failed to contain the epidemic in Banat and Transylvania. In March 1738, before advancing Ottoman forces, the Habsburgs moved their main border quarantine from Paraćin to Jagodina, and soon abolished it altogether.²¹⁸ In March 1739, despite new internal cordons, boat patrols, and double quarantine, the disease entered the capital of Hungary, Buda. The plague epidemic progressed further, being stopped on the borders of Lower Austria, just before Vienna, only after the war ended in September 1739.²¹⁹ The epidemic lasted many months more, in Transylvania until March 1740 and in Slavonia and Srem until August 1740.²²⁰ The collapse of the first Habsburg land sanitary cordon, *Pestkordon*, in 1737-1739 showed the importance of peace and stable borders for the successful operation of a mobility-control regime.

²¹⁷ SHK, 24 December 1737, 1737 December 2; SHK, 7 January 1738, 1738 Januarius 1, KA ZSt MilKom Sanitätshofkommission Bücher 1.

²¹⁸ The Decree from 21 March 1738, 1738 Martius 2, KA ZSt MilKom Sanitätshofkommission Bücher 1; 1740-Decembris-1, KA ZSt MilKom Sanitätshofkommission Akten 1.

²¹⁹ SHK, 24 March 1738, 1738 Martius 1; SHK, 5 April 1738, 1738 April 1; SHK, 6 May 1738, 1738 Majus 1; SHK, 24 June 1738, 1738 Junius 1; SHK, 23 June 1738, 1738 Junius 2; SHK, 26 June 1738, 1738 Julius 4; SHK, 11 July 1738, 1738 Julius 9; SHK, 11 July 1738, 1738 Julius 10; SHK, 9 August 1738, 1738 Augustus 17; Voggt, Ober Director in Osijek to SHK, 18 August 1738, 1738 Augustus 38; SHK, 31 August 1738, 1738 Augustus 53; 1738 September 11; SHK, 7 September 1738, 1738 September 12; SHK, 10 September 1738, 1738 September 21; SHK, 10 December 1738, 1738 September 22; SHK, 18 September 1738, 1738 September 32; 1738 September 33; 1738 September 42; SHK, 1 October 1738, 1738 October 4; SHK, 7 October 1738, 1738 October 8; SHK, 8 October 1738, 1738 October 12; SHK, 18 October 1738, 1738 October 19; SHK, 9 November 1738, 1738 November 19; SHK, 12 January 1739, 1739 Januarius 11; SHK, 15 July 1739, 1739 Junius 3; SHK, 14 June 1739, 1739 Junius 13; SHK, 30 June 1739, 1739 Junius 16; SHK, 12 September 1739, 1739 September 3; SHK, 18 November 1739, 1739 November 3, KA ZSt MilKom Sanitätshofkommission Bücher 1; SHK, 11 July 1738, 1738 Julius 31; Resolution über das Protocoll von 10. Martii 1739; von 12. Martii 1739, 1739-8, KA ZSt MilKom Sanitätshofkommission Akten 1.

²²⁰ SHK, 10 March 1740, 1740 Martius 1; SHK, 18 August 1740, 1740 Augustus 9, KA ZSt MilKom Sanitätshofkommission Bücher 1.

The Establishment of the Second Sanitary Cordon

After military and diplomatic defeats, the Treaty of Belgrade moved the boundary to the north. The Habsburgs had to leave most of the provinces conquered in 1718, Lesser Wallachia, northern Serbia, and the Bosnian bank of Sava. They preserved Banat. On 17 March 1740, the Sanitary Court Commission formally decided to create a new network of quarantine stations along the new land border with the Ottoman Empire.²²¹ It instructed sanitary commissions in Slavonia, Banat and Transylvania to suggest where to place these stations. It introduced forty-days' quarantine for persons and reinstated the Quarantine patent from 1731.²²² On 12 July 1740, the Court Sanitary Commission decided to establish the following twelve quarantine stations on the Ottoman border: Gradiška and Brod in Slavonia, Mitrovica and Zemun in Srem,

²²¹ New border quarantines, established to replace the network lost in 1737-1739, started appearing already during the Habsburg-Ottoman conflict. A provisional sanitary facility was organized in Pančevo in the summer of 1738, as an entry point to Banat. SHK, 19 July 1738, 1738 Julius 20; SHK, 30 August 1738, 1738 Augustus 51, KA ZSt MilKom Sanitätshofkommission Bücher 1. Brod quarantine served in November 1738, as a crossing point between Bosnia and Slavonia. SHK, 1 November 1738, 1738 November 3, KA ZSt MilKom Sanitätshofkommission Bücher 1. In February 1739, the Court Sanitary Commission ordered the commander of Belgrade to build a *lazaretto* across the Sava near Zemun. SHK, 28 January 1739, 1739 Januarius 23; SHK, 27 February 1739, 1739 Februarius 11, KA ZSt MilKom Sanitätshofkommission Bücher 1; Vorträge des SHK, [March 1739] KA ZSt MilKom Sanitätshofkommission Akten 1. Three border stations, Pančevo, Zemun and Brod, were thus already in place as provisional facilities, before the Treaty of Belgrade determined the new territorial division of possessions, placing all three on the new border on the rivers Sava and Danube. In November 1739, two months after the Habsburg-Ottoman peace treaty, the Sanitary Court Commission asked the Transylvanian Sanitary Commission to propose new places for quarantine stations against Lesser Wallachia, ceded to the Ottomans. SHK, 18 November 1739, 1739 November 3, KA ZSt MilKom Sanitätshofkommission Bücher 1.

²²² It approved the plans for new quarantine buildings in Zemun and Pančevo. SHK, 4 November 1739, 1739 November 1; SHK, 10 March 1740, 1740 Martius 1; SHK, 17 March 1740, 1740 Martius 13; SHK, 1 April 1740, 1740 Aprilis 1; SHK, 27 April 1740, 1740 Aprilis 13; SHK, 1 April 1740, 1740 Aprilis 4; SHK, 22 April 1740, 1740 Aprilis 10; SHK, 11 July 1740, 1740 Julius 4, KA ZSt MilKom Sanitätshofkommission Bücher 1.

Pančevo and Orșova (later Mehadia) in Banat, Turnu Roșu (Rothethurn), Bran/Terzburg, Buzău (Buszau), Ghimes – Faget, Peritzke (Berezke) and Borgo (Borgau) in Transylvania.²²³

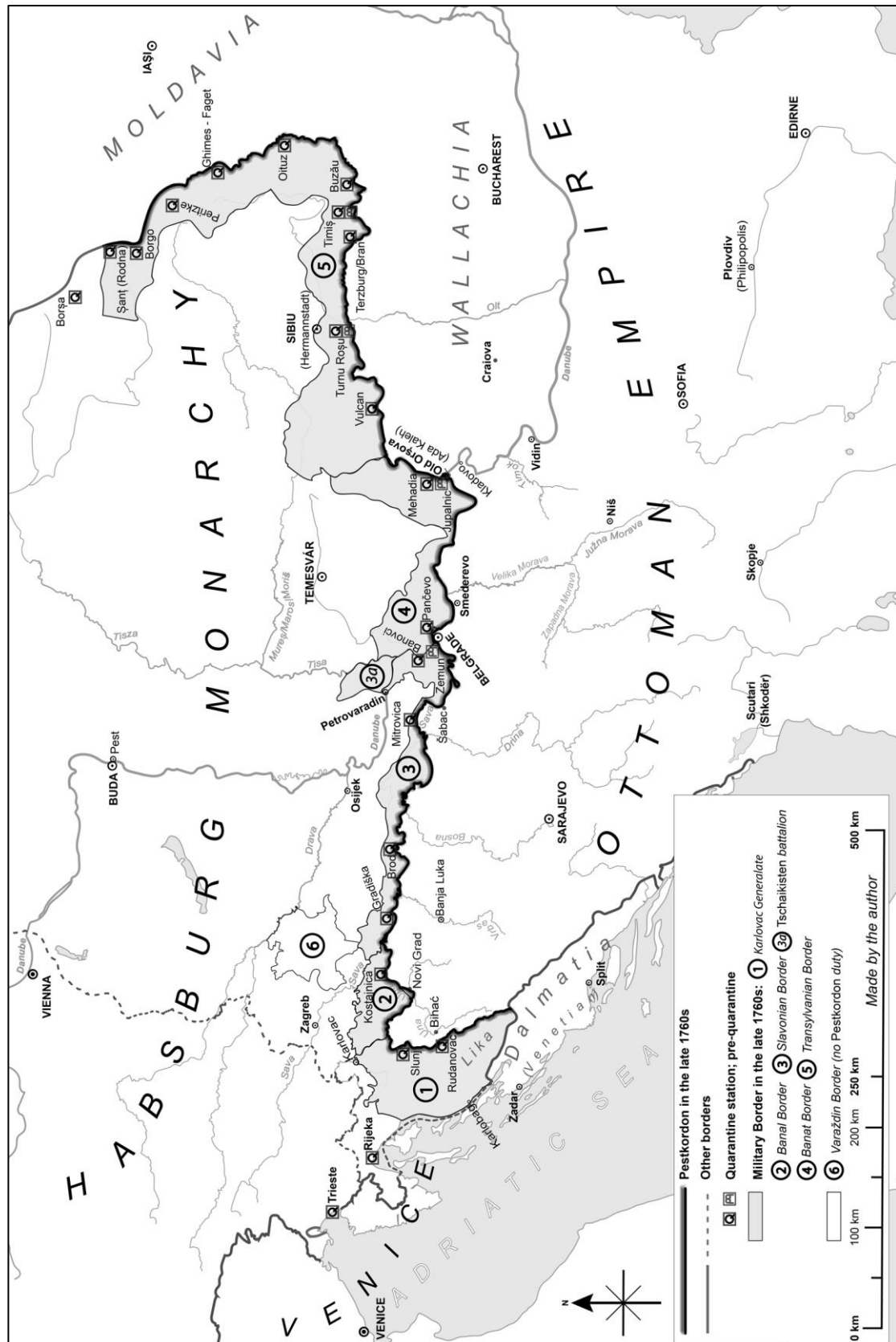
By October 1742 the network was fully operational, with the quarantine time extended to forty-two days because of a plague epidemic in Ottoman Serbia. At the beginning of 1743, a quarantine station Kostajnica, in the Banal Military Border turned up in the documents,²²⁴ while Transylvanian Vulcan, Timiș (Tömös) and Oituz (Ojtos) appeared in 1751. The last extension, which completed the coverage of the border in 1753, was the establishment of two quarantine stations, Slunj and Rudanovac, in the Generalate of Karlovac in Croatia. The whole length of the Habsburg-Ottoman border, between the Adriatic Sea and Poland, was thus covered with the new quarantine system by the mid-1750s, with eighteen stations in total (see figure 2.2).²²⁵

²²³ The Transylvanian Sanitary Commission at first met opposition from the local authorities, which perceived the establishment of quarantine stations toward Wallachia and Moldavia as an encroachment on local jurisdiction. At that moment, there was no Military Border in Transylvania. The responsibility for the protection of public health was shared between the provincial government, local counties and the Habsburg military commanders. SHK, 4 May 1740, 1740 Majus 1; SHK, 12 July 1740, 1740 Julius 9, KA ZSt MilKom Sanitätshofkommission Bücher 1. Project über das Personale deren Contumaz Beambten in Siebenbürgen, 16 March 1740, 1740-1, KA ZSt MilKom Sanitätshofkommission Akten 1.

²²⁴ Krieg, Zemun, 16 November 1742, 1742 Novembris 3, KA ZSt MilKom Sanitätshofkommission Akten 1; SHK, 8 February 1742, 1742 Februarius 1; SHK, 29 December 1742, 1742 December 1; 20 February 1743, 1743 Februarius 1, SHK, 20 July 1743, 1743 Julius 2, KA ZSt MilKom Sanitätshofkommission Bücher 1; SHK, 24 September 1743, 1743 September 4; SHK, 3 November 1751, 1751 November 2, KA ZSt MilKom Sanitätshofkommission Bücher 1.

²²⁵ See Lesky, “Die österreichische Pestfront,” 92-94. Panzac dates Zemun in 1740, and other *Kontumazen* wrongly after 1770. Panzac, *Quarantaines et lazarets*, 74.

Figure 2.2. The Second Pestkordon, after 1740.



Managing the Impact on Traffic: Organization and Operation

Until 1776, the administration of border controls was principally shared between sanitary and military administrations. The military provided the majority of the manpower, while the sanitary administration had the last word in regulations and regime changing. We can recognize three administrative levels: central, provincial and local. The decision-making process in the sanitary administration was organized hierarchically, with central bodies having the last word on a number of issues, from legislation to local appointments and costs. The local level, however, had much autonomy in the everyday operation of stations. Local input and suggestions were often decisive.

On the central level, several bodies participated in the decision-making process. The War Council (*Hofkriegsrat*), the highest military body, provided troops for the sanitary cordon. The *Hofkammer*, in its various iterations, directed the fiscal administration, collected customs, provided salaries and pensions to sanitary personnel, funded the erection and reconstruction of sanitary facilities, and subsidized those stations that did not collect enough duties to be self-sustaining.²²⁶ Occasionally, it was necessary to consult the *Hof- und Staatskanzlei*, responsible for diplomatic relations with the Ottoman Court after 1753, as well as the Commercial Council (*Kommerzienrat*), responsible for commercial policy. Between the 1720s and 1776, however, the most important institution for border controls was the Sanitary Court Commission, reorganized from 1753 into the Sanitary Court Deputation.

²²⁶ In general, the Hungarian *Hofkammer* should have been responsible for collecting customs on the border because these were the borders of Hungary. However, some border provinces, such as Banat, for example, were under the Viennese *Hofkammer*.

Initially an organ of the government of Lower Austria (die niederösterreichische Regierung), the commission organized defense of the archduchy against the plague epidemics of 1692 and 1709. It was subsequently called to help organize anti-plague measures in the regions that lacked the necessary medical expertise. It gradually acquired more influence and played a major role in the organization and operation of the sanitary cordon and border quarantines on the Ottoman borders from the 1720s to the 1750s. Empress Maria Theresa recognized its more prominent status on 3 January 1753²²⁷ by transforming it into an independent central body, directly reporting to her, the Sanitary Court Deputation (Sanitätshofdeputation). The deputation was the highest sanitary body for all Habsburg hereditary lands. Maria Theresa appointed Count Friedrich Wilhelm Haugwitz to be the deputation's first president. The deputation's biggest undertaking was the codification of sanitary law for the whole monarchy, General Sanitary Normative (Generalsanitätsnormativum), started in 1765, promulgated in January 1770. The Normative regulated the questions of public health and the operation of medical professionals in the Monarchy. Its second, much larger part was devoted to the regulation of the sanitary cordon and, in particular, of the border quarantine stations.²²⁸ After the deputation subsequently codified the animal sanitary law, the deputation's president Koller, considered that it had sufficiently

²²⁷ The reorganization of 1753 was concurrent with the transfer of the diplomatic relations with the Ottoman Empire from the War Council to the *Hof- und Staatskanzlei*, which normally directed Habsburg diplomatic service with other states. This formally reaffirmed the pacification of the Habsburg-Ottoman relations.

²²⁸ Generalsanitätsnormativum, 2 January 1770, *Sammlung aller k. k. Verordnungen und Gesetze vom Jahre 1740. bis 1780., die unter der Regierung des Kaisers Joseph des II. theils noch ganz bestehen, theils zum Theile abgeändert sind, als ein Hilfs- und Ergänzungsbuch zu dem Handbuche aller unter der Regierung des Kaisers Joseph des II. für die k. k. Erbländer ergangenen Verordnungen und Gesetze in einer chronologischen Ordnung*, 8 vols. (Vienna: Johann Georg Mößle, 1786-1787), vol. 6, 33-112. According to Panzac, it was inspired by Venetian sanitary practices. Panzac, *Quarantaines et lazarets*, 75.

regulated sanitary issues. Further sessions and debates were no longer necessary. On 2 January 1776 Maria Theresa abolished the deputation and transferred its responsibilities to the court bodies that were responsible for the respective provinces. The War Council took over the jurisdiction for the sanitary question on the land border with the Ottomans. All quarantine personnel came under military jurisdiction, subjected to the respective military border commands in Karlovac, Zagreb, Osijek, Temesvár, and Sibiu.²²⁹ The codification of sanitary law and the abolition of the Sanitary Court Deputation appear to be a part of broader rationalization efforts in the Habsburg administration after the Seven Years' War (1756-1763). The aim of the rationalization was to decrease costs by abolishing unnecessary administrative positions and to increase efficiency through standardization of administrative regulations and practices.²³⁰

During its existence, the deputation was responsible for the sanitary issues in the whole Monarchy.²³¹ On the border, it was in charge of the proper operation of the land sanitary cordon. It appointed quarantine officials, directors, surgeons, and physicians; it decided about pay raises, promotions, transfers and retirements of the personnel; it inspected the existing border sanitary facilities, approved their layout, ordered reconstructions and expansions; it decided about the establishment of new stations or the abolition of old ones. It received weekly or monthly lists of migrants,

²²⁹ Hietzinger, *Statistik der Militärgränze*, vol. 2, no. 2: 447-48; Joseph Kallbrunner and Melitta Winkler, *Die Zeit des Directoriums in Publicis et Cameralibus. (Vorstadien 1743-1749; das Directorium 1749-1760). Aktenstücke* (Vienna: Böhlau, 1925), 375-76, 376-83, 384, 384-85, 385-86; Friedrich Walter, *Die Geschichte der österreichischen Zentralverwaltung in der Zeit Maria Theresias (1740-1780)* (Vienna: Adolf Holzhauses Nachvolger, 1938), 216-19.

²³⁰ Lars Behrisch, *Die Berechnung der Glückseligkeit. Statistik und Politik in Deutschland und Frankreich im späten Ancien Régime* (Ostfildern: Jan Thorbecke Verlag, 2016), 56-65; Godsey, *The Sinews of Habsburg Power*, 248-67.

²³¹ After 1776, a separate sanitary administration on the border was abolished on the central level, while the local officials on the border were integrated into the military administration.

animals and goods passing across the border. It collected and exchanged sanitary intelligence about contagious diseases affecting humans and animals in the Habsburg Monarchy and neighboring countries, particularly in the Ottoman Empire. It corresponded constantly with provincial sanitary bodies, and occasionally with foreign sanitary institutions, for example with Venice and the Papal State through Venetian ambassadors and Papal nuncios in Vienna. Based on the collected intelligence, the deputation ordered the extension or reduction of quarantine duration, or the temporary closure of individual quarantine stations.

The records created by the Sanitary Court Commission and the Sanitary Court Deputation are well preserved. The deputation's last president, Baron Franz Xavier Koller of Nagy-Manya, sorted out its archive, by assembling the correspondence regarding sanitary issues from other court bodies, with a label "Sanitätssachen." The holdings also contain the communication with the subordinated provincial bodies along the Ottoman border in Croatia, Slavonia, Banat and Transylvania.²³² The frequency of the deputation meetings varied from a couple of times per month, as in the healthy 1762, to several weekly meetings when there was an epidemic on the Habsburg border. About ten to twelve members attended a typical deputation's session, usually all nobles, with the exception of an appointed physician.²³³ The sessions usually started with a discussion of the sanitary situation in the Monarchy and in the Ottoman European provinces, followed by issues raised by other court

²³² It also had direct communication with the Intendancy of Trieste, while it corresponded with the sanitary commissions in Austrian and Bohemian provinces through the Bohemian-Austrian Chancellery, in Hungary, Slavonia and Croatia through the Hungarian Chancellery.

²³³ In October 1762 the following twelve members attended: Baron Bartenstein, presiding, Baron Schmidlin, Baron Koller, Baron Kempfen, the barons Neftzer, von Ziegler, von Traunpauer, von Mygind, and von Vest; the Royal Councilor (Consil. Regin.) von Pelser, the physician van Zwenhof, and the Court Secretary (Secret. Aul.) Krisch.

bodies and provincial sanitary commissions. The deputation president forwarded the session's protocols with a list of recommendations (*Votum*) to the ruler. The ruler made a formal decision usually by approving the recommendations or by choosing one of the several presented options. The deputation issued the ruler's orders regarding sanitary matters.²³⁴ The issues were often discussed in detail. For example, on 16 October 1769 the deputation discussed: the report of the Banat Provincial Administration about the health situation in the Ottoman territory; what to do with poor migrants in the Kostajnica quarantine station in the Banal border; who should be appointed to the vacant post of the *Canzelist* on the Slavonian Sanitary Commission; and a request for a pension increase (Jubilations-Gehalt) for Friedrich Uzinin, a former surgeon in the Banovci quarantine station.²³⁵

Although an independent body, the deputation was connected through its presidents to other court bodies, which increased its power. Through its first president (1753-1755, 1756), Count Haugwitz, one of the most powerful men in the Habsburg government at that moment, it was connected to the *Directorium in publicis et cameralibus*. Through Haugwitz's successor, Baron (Freiherr) Johann Christoph Bartenstein, the deputation's longest serving president (1756-1767) it was connected

²³⁴ Circular to all Austrian representations, Maria Theresa, Vienna, 3 January 1753; Vortrag Kollers vom 29. April 1775, Vienna; Handbillet, 2 January 1776, to the Field Marshall and the president of the HKR, Andreas Count Hadik; Handbillet to the Prince Kauniz, 2 January 1776; Circularhandbillet to the counts Blümegen, Esterhazy, Kornis, Wrba, 2 January 1776. A. u. gutächtlicher Vorschlag die Aufhebung der Sanitätshofdeputation betreffend, in Kallbrunner and Winkler, *Die Zeit des Directoriums in Publicis et Cameralibus*, 375-76, 376-83, 384, 384-85, 385-86; Walter, *Die Geschichte der österreichischen Zentralverwaltung*, 216-19.

²³⁵ Protocollum Deputationis-Aulicae Sanitatis from 16 May 1762, 1762 May 5; from 12 September 1762, 1762 September 13; from 8 September 1762, 1762 September 19; from 17 October 1762, 1762 December 17, KA ZSt MilKom Sanitätshofkommission Akten 1; Protocollum Deputationis Aulica in Re Sanitatis from 28 October 1769, 1769 October 16; from 16 October 1769, 1769 November 3, KA ZSt MilKom Sanitätshofkommission Akten 2

to the Austrian-Bohemian Chancellery. Bartenstein played a main role in Habsburg foreign policy in the 1730s and 1740s. Two other deputation presidents, Count Karl Ferdinand Königsegg-Erps (1755-1756) and Baron Koller (1767-1776), also held other court positions. Königsegg-Erps, Bartenstein and Koller presided over the Illyrian Court Deputation (Illyrische Hofdeputation),²³⁶ which was responsible for the non-territorial religious autonomy of Orthodox Serbian Metropolitanate in Karlovci. This further increased the influence of the deputation on the border, since a large section of the border population was composed of Orthodox Christians.

At a level lower, provincial bodies, subjected to the Court Sanitary Deputation, were in charge of the individual sections of the Habsburg-Ottoman border. In 1770, there were six such bodies. Each was in charge of a number of quarantine stations, from one to nine (see the table 2.1.).²³⁷ On this middle, provincial level, sanitary administration often blended into provincial administration. Provincial officials involved in sanitary commissions usually had other everyday tasks and duties. The compositions of provincial sanitary bodies reflected the influence of civil and military authorities in individual border regions.

²³⁶ Kallbrunner and Winkler, *Die Zeit des Directoriums in Publicis et Cameralibus*, 375-76, 376-83, 384, 384-85, 385-86; Walter, *Die Geschichte der österreichischen Zentralverwaltung*, 216-19; Rothenberg, *The Military Border in Croatia*, 40-45; Roider, *Austria's Eastern Question*, 19-20. Karl Ferdinand Königsegg-Erps, a Swabian noble and a son of a former Imperial Vice-Chancellor was the leader of the Lower Austrian Estates as the Landmarschall 1750-1753. Godsey, *The Sinews of Habsburg Power*, 211.

²³⁷ Generalsanitätsnormativum, 2 Januar 1770, in *Sammlung aller k. k. Verordnungen und Gesetze vom Jahre 1740. bis 1780.*, vol. 6, 33-112.

Table 2.1. The Border Sanitary Administration Structure in January 1770.

<i>Court institution</i>	<i>Provincial sanitary commissions</i>	<i>Military Border Section</i>	<i>Quarantine stations</i>
	Sanitary Commission, Karlovac, Croatia	Karlovac Generalate	Rudanovac; Slunj
	Royal Council of Croatia, Zagreb	Banal Border	Kostajnica
	Slavonian Sanitary Commission, Osijek	Slavonian Border	Gradiška Brod Mitrovica Zemun & Banovci*
Court Sanitary Deputation (until 1753 Commission)	Temesvár Provincial Administration, Temesvár	Banat Border	Pančevo Mehadia & Jupalnic*
	Transylvanian Sanitary Commission, Sibiu	Transylvanian border	Vulcan Turnu Roşu* Bran Timiş* Buzău Oituz Ghimes-Faget Peritzke Rodna/Şanţ
	Hungarian Regent Council, Pozsony (Bratislava)	-	Borşa

*These stations had both pre-quarantine and quarantine facilities in the 1760s

Thus, the sanitary commission of the Karlovac Military Border was made up of military officers, with the commanding general serving as its president,²³⁸ reflecting

²³⁸ Ten people attended the session of the Sanitary Commission in Karlovac in July 1770: General Field Marshal Lieutenant Baron Preiss, as the president, General Feldwachtmeister Baron Mickassinovich, Colonel Baron Lezzeni, Lieutenant Colonel Marquis de Zamboi, General Auditor Lieutenant Hangel, Obristwachtmeister Rüsten, Feldt-Kriegs Commissarius Carpentier, Staabs Auditor Schmuzenhaus, Feldt-Kriegs Concipist Stietga, Feld-Kriegs Commissariats- Officier Reiber. Sanitäts

the province's fully militarized administration. Commanding generals also served as commissions' presidents in Slavonia and in Transylvania. The Slavonian Sanitary Commission initially included the representatives of the *Hofkammer* and supervised sanitary issues in both the Military Border and in civil Slavonia. The Slavonian Sanitary Commission included a physician, to provide medical expertise.

Provincial commissions supervised medical personnel, proposed new appointments for quarantine officials, and prepared plans for new buildings. More important decisions such as appointing new physicians, surgeons, directors, the plans for new buildings, pensions, and subsidies for widows and orphans had to be approved by the Court Sanitary Deputation. The provincial commissions corresponded with each other about contagious diseases (*ansteckenden Krankheiten*). Based on information about the sanitary situation in neighboring Ottoman provinces, they provisionally increased quarantine times, with the Court Sanitary Deputation having the final word. The commissions' presidents were usually border generals. They informed nearby Ottoman and Venetian border governors, with whom they were in constant communication, about the changes in Habsburg sanitary regimes. For example, in 1763, the commander of the Karlovac Generalate, on the westernmost section of the border, Baron Philip Levin Beck, kept up regular correspondence not only with the Ottomans in Bosnia, but also with Venetian authorities in Dalmatia.²³⁹

At the top of local sanitary administration were the directors of individual quarantine stations. The personnel there, including quarantine military guards from Military Border regiments, were under the director's authority. The director proposed

Commissions Protocoll, Karlovac, 25 July 1768, 1768 Augustus 13, KA ZSt MilKom Sanitätshofkommission Akten 2.

²³⁹ SHD to General Baron (Freiherr) Beck, the commander of Karlovac Generalate, Vienna, 15 September 1763, 1763 Augustus 8, KA ZSt MilKom Sanitätshofkommission Akten 2.

candidates for lower positions in the quarantine station, kept proper order in the station, and supervised the enforcement of sanitary regulations and procedures. According to the 1770 regulation, the director would interview arriving migrants. After medical examination, he would ask migrants for their names, whether they were Ottoman subjects, whether they had proper Ottoman travel permission (Erlaubnißurkunden), and whether they were carrying any goods or correspondence. He also questioned the migrants about the point of departure and the roads used, about health conditions along the way, and about their final destination. Persons coming in contact with pestilent populations along the way would be turned back. After the migrants finished quarantine, the director would examine them and their belongings again before issuing a certificate of good health.²⁴⁰

Every week or every month, the director would prepare a list of migrants, goods and animals entering and leaving the station. For example, Johann Paitsch, the director of the Pančevo quarantine station from 1752 to 1757, sent the list of migrants passing through his station, along with monthly excerpts from sanitary diaries²⁴¹ each month to the Provincial Administration in Temesvár, which forwarded copies to the Sanitary Court Commission/Deputation.²⁴²

²⁴⁰ Generalsanitätsnormativum, 2 Januar 1770 *Sammlung aller k. k. Verordnungen und Gesetze vom Jahre 1740. bis 1780.*, vol. 6, 33-112, about the document § 33, page 82.

²⁴¹ More on sanitary diaries (Sanitäts-Diarii) in Chapter 5.

²⁴² Sanitäts-Diarii von der Contumaz-Station Panzova, 1754-1756; Johann Paitsch to TLA, 7 October 1755, 31 October 1755, 24 November 1755, 2 December 1755, 23 December 1755, 27 December 1755, 31 January 1756, 29 February 1756, 9 March 1756, 15 May 1756, 31 May 1756, 26 July 1756, 29 July 1756, Sanitäts-Diarii von der Contumaz-Station Panzova pro October, 1755, November 1755, pro December 1755, January 1756, February 1756, March 1756, May 1756, July 1756, FHKA NHK Banat A 123; SHD, s. d., 1753 Januarius 8; SHD to TLA, Vienna, 17 February 1753, 1753 Februarius 7; TLA to SHD, Temesvár, 9 March 1753, 1753 Martius 15, KA ZSt MilKom Sanitätshofkommission Bücher 2; TLA, Temesvár, 11 August 1774, 1774 September 15, KA ZSt MilKom Sanitätshofkommission Bücher 6. Generalsanitätsnormativum, 2 Januar 1770, *Sammlung aller k. k.*

Quarantine directors were also responsible for finances. They recorded the incomes from customs and cleaning taxes, which were charged for unpacking, cleaning, packing and sealing goods that passed through the quarantine. They also registered the earnings from lease of the quarantine inn, which provided quarantine migrants with food. Every three months the director had to submit a financial report to the provincial sanitary administration. He supervised the *Hofkammer* officials in the quarantine station who were responsible for collecting customs for the Salt and Thirtieth Office (Salz- und Dreißigstamt) and he had a second key to the quarantine cashbox. The director was allowed to dispense a part of collected money for salaries of the quarantine personnel, pensions, for direct costs (such as transportation, buying vinegar for cleaning) and for smaller repairs, up to twenty guldens. For extraordinary expenses and bigger repairs, he had to request approval of the respective provincial sanitary commission.²⁴³ Because of cleaning taxes, quarantine stations were not only financially self-sustaining but also profitable. In 1821, they amassed an overall profit of 69%, earning 119,388 guldens to the Treasury. Only the two westernmost quarantine station in the Karlovac Generalate had to be subsidized. Transylvanian

Verordnungen und Gesetze vom Jahre 1740. bis 1780., vol. 6, 33-112, about the document § 33, page 82.

²⁴³ Provincial commission could decide about expenses between 20 and 100 guldens; above that amount, the approval of the Sanitary Court Deputation was necessary. Hofkammer to SHD, Vienna, 20 April 1772; Instruction für den zu aufgestellten Contumaz-Directore N. N. und respective für die daselbstige 30igst- als controllirende Beamte N. N.; Reinigungs Verordnung nach welchem sich alle Contumaz-Stationen... zu achten haben; Formular nach welchem die N. N. Contumaz Berechnungen in Zukunft verfasset, und sowohl von dem daselbst angestellten Contumaz Director N. N. als denen dabey Controlirenden 30gst- und Salz Beamten zu einer k. Hungarischen Hofkammer Buchhalterey gelegt werden müssen, 1772 Majus 2, MilKom Sanitätshofkommission Akten 2. Generalsanitätsnormativum, 2 January 1770, *Sammlung aller k. k. Verordnungen und Gesetze vom Jahre 1740. bis 1780.*, vol. 6, 33-112, about the document § 33, page 82.

stations earned enough to cover their own costs, while the Banal Border, Banat, and particularly Slavonia stations made substantial surpluses.²⁴⁴

With such numerous responsibilities and broad authority, directors had a lot of independence in their everyday management of the quarantine. They had detailed knowledge of the specific situation on the border sections they were responsible for. They usually kept their posts for years. Mathias Perner served first as quarantine director in Mehadia (1742-1757), then in Pančevo (1757-1762), and from 8 September 1762 in a newly opened main quarantine station of Banovci near Zemun, the biggest border station by traffic.²⁴⁵ Directors exercised substantial influence.

Provincial authorities usually supported their estimates, propositions, suggestions for

²⁴⁴ Half a century earlier there was less traffic, but the expenses were lower too, so they probably operated profitably. In 1770 Banovci, the station that in combination with Zemun had the most traffic spent only 3,288 for the salaries of twenty-three employees, its biggest expense item. In 1773, nine stations in Transylvania, half of the total number quarantine stations at that moment, spent 11,728 guldens for salaries. [From] Slavonian Sanitary Commission (Slawonische Sanitätskommission – Slav. SK), Connotation des in der Banovizer Contumaz befindlichen Status Personalis, samt... Jähr. Gehalt., Osijek, 20 February 1770, 1770 Martius 9; Specification über das in dem Großfürstentum Siebenbürgen befindliche Contumaz-Personale, wo und so, wie sie alle angestellt, deren Namen, Alter, Vatterland, Behalt, wann sie angestellt worden, und wie sie dienen, 1773 Aprilis 16, KA ZSt MilKom Sanitätshofkommission Akten 2.

²⁴⁵ The new Pančevo director was Fr. Wisinger, promoted from the post of the director of small Slunj station in Croatia. SHD to TLA, Vienna, 8 May 1756, 1756 Majus 2; SHD to TLA, Vienna, 7 August 1756, 1756 Augustus 4; SHD to TLA, Vienna, 10 January 1757, 1757 Januarius 8, KA ZSt MilKom Sanitätshofkommission Bücher 2; The SHD protocol from 8 September 1762; Bartenstein to Maria Theresa, 8 September 1762; Bartenstein to Maria Theresia, Vienna, 10 September 1762, 1762 September 19; The protocol of the Sanitary Court Deputation, the sixteenth session, Vienna, 12 September 1762; Bartenstein to Maria Theresa, Vienna, 14 September 1762; Note to the Court and State Chancellery, Vienna, 14 September 1762, 1762-September-13, KA ZSt MilKom Sanitätshofkommission Akten 1; SHD, Nota an die k. k. Geheime Hof- und Staats Kanzley, Vienna, 13 and 17 May 1766, 1766 Majus 8, KA ZSt MilKom Sanitätshofkommission Bücher 4; Des seit Anno 1768 et 1769 ex Turcico bis Heut zu Ende gesetzten Dato Theils zu 42- Theils 21 tägiger-Contumaz-Erstreckung eingelangten Personalis, Fr. Wisinger, Pančevo, 17 July 1769, fol. 70-75, KA ZSt MilKom Sanitätshofkommission Akten 3.

changes and appointments, ultimately approved by the Sanitary Court Deputation. In 1762, the director of Zemun quarantine station, Datus, temporarily derailed the plans of the Court Sanitary Deputation to transform Zemun into a pre-quarantine station and to place the main quarantine station in Banovci, because he was afraid that he would lose his influence. His proposal got initial support from the Slavonian Sanitary Commission.²⁴⁶

Almost all full-time employees of the Habsburg sanitary administration were local officials. The second most important person in the quarantine station was a medical specialist. In the eighteenth century there was an insufficient number of university-educated physicians in the Monarchy. Surgeons, experienced in

²⁴⁶ Datus's intervention threatened to derail the Banovci-Zemun arrangement the Habsburg envoy at the Ottoman court and the Grand Vizier had negotiated for years. The member of the Sanitary Court Deputation, Count Koller, accused Datus of utter insolence, motivated by selfishness and personal interest. The deputation decided to punish him. He was transferred to the quarantine station of Slunj in the Karlovac Generalate. This was effectively a demotion because Slunj had negligent traffic and insufficient incomes. Still Datus was not fired, his skills and experience being too valuable to lose them completely. Count Mercy to HKR, Osijek, 31 January 1762; Report, 18 January 1762; Bartenstein to Maria Theresia, Vienna, 10 February 1762, 1762-Februar-1; The protocol of the SHD from 16 May 1762; Bartenstein to Maria Theresia, Vienna, 24 May 1762, 1762-May-5; Barteinstein to Maria Theresia, 14 August 1762; Nota to the Hof- und Staatskanzlei, Vienna, 14 September 1762, 1762 September 13; Protocoll of the SHD from 8 September 1762; Bartenstein to Maria Theresia, 8 September 1762 and on 10 September 1762, 1762 September 19; Bartenstein to Maria Theresia, Vienna, 16 November 1762, 1762 December 3, KA ZSt MilKom Sanitätshofkommission Akten 1; Vienna, 12 March 1762, to the Slav. SK, 1762 Martius 4; Vienna, 30 March 1762, to the HKR, 1762 Martius 12; Vienna, 25 May 1762, to the Hof- und Staats Kanzlei, Nota to HKR, 1762 Majus 5; Vienna, 25 June 1762, to the Slav. SK, 1762 Junius 7; Vienna, 30 June 1762, to TLA, to the Count Mercy, to the Hofkammer, 1762 Junius 17; Vienna, 24 July 1762, to TLA, 1762 Julius 5; Vienna, 24 July 1762, to the count Mercy, 1762 Julius 6; Vienna, 28 July 1762, to the Hof- und Staats Kanzlei, 1762 Julius 9; Vienna, 10 September 1762, to Slav. SK, 1762 September 5; from Hof- und Staats Kanzlei, Nota from 24 August 1762, 1762 September 10; Vienna, 14 September 1762, Nota to Hof- und Staats Kanzlei, from Slav. SK, 1762 September 13; Vienna, 28 September 1762, to Slav. SK, 1762 September 19; From the Hofkammer, s. d., 1762 October 4; Vienna, 14 October 1762, Slav. SK, 1762 October 14; Vienna, 4 November 1762, to Slav. SK, 1762 November 7; Vienna, 22 December 1762, to Slav. SK, 1762 December 25; KA ZSt MilKom Sanitätshofkommission Bücher 3.

recognizing contagious diseases, filled these posts instead. Surgeons inspected arriving migrants, examined them daily from a safe distance for signs of epidemic diseases, and submitted reports to quarantine directors. They co-signed the individual and group certificates of good health at the end of the quarantine. The third-ranking official in a quarantine station was the overseer (Kontumaz Aufseher), also appointed by the Sanitary Court Deputation. He supervised the handling and cleaning of goods. Lower-level officials were cleaning servants (Sanitätsreinigungsknechte). They supplied quarantined migrants with firewood, took care of the goods and animals. They cleaned goods by airing, washing or fumigating. They also served as human guinea pigs, putting their arms inside linen, cotton and wool bales, or sleeping on packages of leather or fur. The idea was that if some pestilent miasma were present there, it would stick to the quarantine servants and make them ill. In February 1768, three cleaning servants sleeping on sheep fleeces thus fell ill to the bubonic plague in the Zemun quarantine station. Cleaning servants were rotated on this “guinea pig” duty periodically.²⁴⁷ The quarantine officials, who were too old or too sick to perform their duties, could retire and receive a state pension, which was a half of the salary.²⁴⁸

²⁴⁷ Seventy years later the situation with surgeons significantly improved. In 1823, the Pančevo station could afford a university-educated doctor in place of a surgeon. Surgeons were artisans at that time. SHD to TLA, Vienna, 14 May 1753, 1753 Majus 3, KA ZSt MilKom Sanitätskofkommission Bücher 2; SHD to TLA, Vienna, 29 December 1753, 1753 December 16; SHD to TLA, Vienna, 17 May 1755, 1755 Majus 2, KA ZSt MilKom Sanitätshofkommission Bücher 2; Johann Paitsch to TLA, 21 January 1755, Sanitäts-Diarium von der Contumaz-Station Panzova pro January 1755, FHKA NHK Banat A 123; Hietzinger, *Statistik der Militärgränze*, vol. 2, no. 2: 442-42. *Sanitätsreinigungsknechte* were responsible for calculating cleaning tax. Generalsanitätsnormativum, 2 January 1770, *Sammlung aller k. k. Verordnungen und Gesetze vom Jahre 1740. bis 1780.*, vol. 6, 33-112; SHD to the Slav. SK, to the TLA, to the Transylv. SK, to the Sanitary Commission of Karlovac, Inclyta to the Hungarian Chancellery: Vienna, 4 October 1768; Extract from the instruction given to the Slavonian Physician (Sanitäts Physico) Mosetti on 11 February 1765; The rescript of the SHD, Vienna, 5 March 1765; Copy of the rescript to the Slav. SK, 17 March 1765. 1768 October 2; The rescript of the SHD, Vienna, 25

Each quarantine station had an “exposed” part, where quarantined people and goods were located, and an “unexposed” part, where the goods, which had passed through quarantine, were stored. The quarters for people undergoing quarantine (Abtheilungs-Wohnungen deren Contumazisten) consisted of separate rooms, sometimes shared with other migrants who entered the station on the same day. Each room had a yard for daily exposure of migrants to the surgeon, and a fireplace.²⁴⁹

For central and provincial officials, the participation in sanitary administration was their secondary duty. For local sanitary officials this was their primary and usually their only job. Local officials had more time, more work force and more resources. Quarantine directors had considerable freedom and authority in running

January 1770; a protocol of the Slav. SK from 20 February 1770, 1770 Martius 9, KA ZSt MilKom Sanitätshofkommission Akten 2.

²⁴⁸ Protocollum Deputationis Aulica in Re Sanitatis, for the empress Maria Theresa, 16 October 1769, 1769 November 3; Extractus Protocolli der k. k. Hof-Rechen-Cammer, 2 March 1772. Franz F. v. Paumann; the report of the BLA [to the Empress Maria Theresia], Temesvár, 22 January 1772; [SHDeputation] to the TLA, Vienna, 18 March 1772; also to Hofkammer, 1772 Martius 12, KA ZSt MilKom Sanitätshofkommission Akten 2; Taube, *Historische und geographische Beschreibung*, vol. 2: 93-98.

²⁴⁹ Lit. P. Situations Plan der Pancsovaer Contumaz-Sambtdessen vorContumaz, Hungarian State Archives (Magyar Országos Levéltár), Budapest, S 12 - Div. XII. - No. 28:2; Situations Plan von der Pancsovaer Contumaz an bis auf das Orth Toppola, alwo vormahls ein kleines Dorff gestanden, so erwehten nahmen Toppola gefihrt, S 12 - Div. XII. - No. 28:1. I am grateful to Benjamin Landais for allowing me to inspect these two maps. Johann Paitsch to TLA, 10 February 1756, Sanitäts-Diarii von der Contumaz-Station Panzova pro February 1756, FHKA NHK Banat A 123; Decree to TLA, Vienna, 27 June 1769, 1769 Junius 11; Insinuation an k. und k. k. Hof-Kammer in Bannaticis, Vienna, 27 June 1769, 1769 Junius 13; Insinuation of the k. und k. k. Hofkammer of 5 July 1769, Vienna, 1769 Julius 23, KA ZSt MilKom Sanitätshofkommission Bücher 5. Temesvar, 14 May 1770, Johann Theod. Kostka, Provincial Ingenieur, and Joh. J? Grohr, Cameral Provion und Contagion Medicus. Outside, to the north K. K. Mauth, and Schiffamts territorium, Pancsova Zweiter Plan / Vorstellend das Kay. König. Contumaz Hauss zu Pancsova in jenem Standt, in welchen es der Regulirten Sanitäts-präcaution gemäs herzustellen erforderlich wäre. fol. 69, Sanitätspläne no. 13; Project Plan nach welchem die neue Contumaze auf der Türkische Granitz und zwar zu Mitroviz am Sau Strom zu erbauen, no. 16, Sanitäts Contumatz Pläne no. 4, 1769 4, KA ZSt MilKom Sanitätshofkommission Akten 3.

their stations. This meant that the sanitary administration could easily adapt to local circumstances. In the 1740s and the 1750s, this flexible approach favored free travel, because it allowed the sections of the border to remain open for migrants and goods considered as prone to carry pestilent miasma, to maintain shorter quarantines, and to react quickly to changes in local circumstances by shortening or extending quarantine. In place of the one-size-fits-all approach elsewhere on the continent during plague epidemics, where pestilent provinces were isolated and traffic maintained at the necessary minimum, the Habsburg permanent cordon was geared to disrupt free travel as little as possible. The collection and use of intelligence give further evidence about the prioritizing of free travel.

Adjusting Quarantine Duration to Local Condition: Sanitary Intelligence

The official purpose of the Habsburg quarantine system was to keep the commerce on land and sea open while protecting the public from contagious diseases.²⁵⁰ Its existence was perceived as a rational precaution, a sanitary standard that “all civilized nations” (gesittete Nationen) applied by avoiding the mixing of migrants arriving from susceptible areas.²⁵¹ The supposed purpose of the cordon was to ensure that commerce and migration might continue even in pestilent times, with proper sanitary procedures. Based on news and inquiries about the health situation in the eastern Mediterranean and in the Balkans, the quarantine times could be increased or decreased. They could be adapted to local circumstances on different sections of the border. In order to quickly react to changes, it was necessary to have accurate and

²⁵⁰ Erneuerung der Kontumaz-Ordnung, 25 August 1766, FHKA SUS Patente 159.31.

²⁵¹ [Sanitäts Hof Deputation] to Maria Theresia, Vienna, 28 October 1769, 1769 October 16, KA ZSt MilKom Sanitätshofkommission Akten 2.

reliable information about health circumstances in Ottoman border provinces, as well as in the whole European territory of the Ottoman Empire.

Unlike Venetians, the Ottomans did not have a sanitary system on which the Habsburg Monarchy could rely when deciding what health regimes were the most appropriate. Much information was received from the migrants arriving at the quarantine stations, yet these sources were not considered reliable enough. The migrants had an interest in concealing the presence of a disease in the places through which they passed, to avoid longer quarantines or being refused entry.²⁵² Neither was the information received from the Ottoman officials always reliable. The Beg of the border town Kladovo on Danube in 1759 tried to suppress the news about the plague in Pazardzhik (Passarczik), to keep the border crossing near Jupalnic open and Ottoman customs incomes intact.²⁵³

The Habsburg authorities therefore needed to engage more actively in the collection of sanitary news. They tried to use as many different sources as possible. The Sanitary Court Deputation in Vienna was occasionally, usually during major epidemics in the Ottoman Empire, in correspondence with sanitary boards in Italy.²⁵⁴

²⁵² Some merchants could invent stories about plague outbreaks to hurt their competitors, because an extension of the quarantine time or the closure of quarantine stations sent the prices of Ottoman goods up, as in October 1769, when it turned out that the news about the plague along the main road from Belgrade to Istanbul, in the cities of Plovdiv (Philippopolis, Filibe) and Pazardzhik (Passarezik) was false. *Protocullum Deputationis Aulica in Re Sanitatis*, for empress Maria Theresa, 16 October 1769, 1769 November 3, KA ZSt MilKom Sanitätshofkommission Akten 2.

²⁵³ 1759 August 10, KA ZSt MilKom Sanitätshofkommission Akten 1. According to some travelogues, the princes of Wallachia and Moldavia also spread false news about plague epidemics to prevent Habsburg border authorities from accepting their emigrating peasant subjects. Sabine Sutterlütü, “Die Kontumaz in Mehadia. Mobilitätskontrolle und Seuchenprävention im 18. Jahrhundert” (master’s thesis, University of Vienna, 2016), 45. It is not clear if this tactic was effective, since the immigrants usually enjoyed privileged treatment in the Habsburg Monarchy and only the sick were turned away. See chapter four.

²⁵⁴ Panzac, *Quarantaines et Lazarets*, 90-93.

The focus of other European sanitary authorities was on the health situation in Istanbul, on major Ottoman ports and maritime provinces, not on the northern Balkans and on Ottoman Danubian vassal principalities, which the Habsburg land cordon bordered. The second source of sanitary intelligence were Habsburg diplomatic envoys at the Ottoman court. They had the task of examining the news about the plague in Ottoman Balkan provinces and of informing Vienna and the Habsburg border commanders about their findings.²⁵⁵ Diplomatic couriers, who regularly traveled between Istanbul and Vienna, also collected the news about health conditions. In January 1756, the envoy Schwachheim instructed his courier to collect information about contagious diseases on his way from Istanbul to Zemun and to report them upon arrival in Habsburg territory.²⁵⁶ With the knowledge and approval of the Ottoman vassal princes of Wallachia and Moldavia, the Transylvanian Sanitary commission sent agents to Bucharest (București) and Iași (Jassy) to report about health circumstances there.²⁵⁷

Border commanders dispatched sanitary spies and collected reports from reliable Ottoman contacts. They were sent to visit the regions where plague was reported, to check if the news was true or false. In his ten-days' report, from 11 to 20 July 1768, Major Duquesnoy, the commander of Slunj, informed his superiors in the fortress of Karlovac in Croatia that his two informants (Kundschafter), Gergo Mestrouich and Halja, coming from Ottoman border forts of Bihać and Ostrožac, reported that there was no sign of plague or "some other nasty disease." Other border commanders

²⁵⁵ Lesky, "Die österreichische Pestfront," 91-92.

²⁵⁶ Johan Paitsch to TLA, Pančevo, 3 February 1756, Sanitäts-Diarium von der Contumaz-Station Panzova pro Februar 1756, FHKA NHK Banat A 123.

²⁵⁷ In 1750, the commission sent a *Hofkammer* surgeon, Stubler, to such a position in Bucharest, with a salary of 500 and a special surcharge of 300 guildens. SHK, 31 October 1750, 1750 October 1, KA ZSt MilKom Sanitätshofkommission Bücher 1.

complemented Major Duquesnoy's report with news from other sections of the Karlovac Generalate.²⁵⁸

The directors of border quarantines had their own information networks. The Pančevo director Johann Paitsch, for example, exchanged information with other sanitary authorities either directly, or through the Banat Provincial Administration. He was in direct correspondence with the directors of other border stations, such as the Zemun quarantine director Datus, the director of the Transylvanian station Ghimes – Faget or the Mehadia's director Perner. Based on received information, directors decided whether to send informants to take a closer look at the situation in certain regions. In November 1755, upon hearing rumors about possible plague around the Ottoman cities of Niš and Sofia, Paitsch decided to send an informant (Kundschafter) to verify whether this was true. He chose Dimo (Dima) Sifkovith, from the nearby village of Omoljica (Homoliza). Dimo was to make a round trip through Niš, Sofia, Pazardzhik (Pasarzik), Plovdiv (Philipopolis), then to Macedonia through Serres and Thessaloniki (Thesalonica) before returning northwards via Bitola (Pitthul). Paitsch assigned sixty guldens for his travel costs. Hiding his true mission from Ottoman authorities, he was to present himself as a merchant, receiving 100 piasters from Paitsch and 200 piasters from a group of Greek merchants in Grocka to serve as his

²⁵⁸ A different informant visited nearby Cazin and Krupa, each for a few hours and reported the absence of plague and other contagious diseases there and in the whole of Bosnia. 10-täglich. Sanitäts Rapport, 11-20 July 1768, Slunj, 21 July 1768, Baron Duquesnoy to the Sanitary Commission in Karlovac; Eingeholene Nachrichten ex Turcico in Sanitäts Sachen, Korenica, 17 July 1768, Captain J. Cronstie and the Obristwacht meister C. Srinnetmann, Sanitäts Commissions Protocol, Karlovac, 25 July 1768, 1768 Augustus 13, KA ZSt MilKom Sanitätshofkommission Akten 2. In 1751, the commanding General in Slavonia, Count Gaysruck, had a separate fund from which he paid two guldens a day to informants dispatched to the Ottoman territory. 1751 November 1, KA ZSt MilKom Sanitätshofkommission Bücher 1.

merchant capital. These 300 piasters (288 guldens²⁵⁹) of capital served to make his claim to be a merchant more convincing in the eyes of Ottoman authorities. Dimo Siffkovith regularly sent reports from his mission. He returned in the beginning of January 1756, submitting his final report that there was no sign of epidemic in the central Balkans. While Siffkovith was on his way, Paitsch sent another scout, George Bullia from Grocka on 24 December 1755 to Ražanj (Razena oder Raschan), to investigate the news about plague around Niš. The scout returned on 3 January 1756 with the news that there was no plague.²⁶⁰ The Greek merchants from the Ottoman town of Grocka, who financed the Siffkovith mission thus formed a part of the Habsburg intelligence network. All arriving migrants were also the members of Paitsch's intelligence network, once they entered the station and started replying to regular questions about the health situation in the places they had previously passed through.

The information about public health in the Ottoman Empire was expected to be as specific as possible: which settlements were affected; if it was plague or some other kind of disease; what were the symptoms and prognosis; how many people were sick and how many died; which communities were most affected. For example, a Greek Duca Theodor Dimbar, returning to Temesvár from his trip to Macedonia, informed Paitsch in April 1756 about a new disease that was killing people in the town of

²⁵⁹ Based on conversion rates of Ottoman gurus/piaster and Habsburg gulden/forint on:

<http://www.pierre-marteau.com/currency/converter/tur-wie.html> (accessed 17 January 2016).

²⁶⁰ Johann Paitsch to TLA, 23 January 1755, 28 January 1755, 31 January 1755, 28 October 1755, 10 November 1755, 11 November 1755, 17 November 1755, 24 November 1755, 25 November 1755, 30 November 1755, 12 December 1755, 27 December 1755, 5 January 1756, 10 January 1756, 14 January 1756, 3 February 1756, 24 February 1756, 31 March 1756, 30 April 1756, 11 May 1756, 17 May 1756, 31 May 1756, 28 June 1756, Sanitäts-Diarii von der Contumaz-Station Panzova pro January 1755, pro October 1755, November 1755, pro December 1755, pro January 1756, pro February 1756, pro March 1756, pro April 1756, pro May 1756, pro June 1756, FHKA NHK Banat A 123. SHD to the TLA, Vienna, 24 October 1753, 1753 October 7, KA ZSt MilKom Sanitätshofkommission Bücher 2.

Drama (Tram). It began with high fever and strong throat pain and would kill some of its victims in twenty-four hours. Those who survived three days of fever recovered. Deaths from unknown causes, particularly if they happened in places close to the border were also reported, like two suspicious deaths in Grocka in April 1756. The most common information was that in a specific Ottoman contiguous or more distant province, there were no signs of epidemic diseases and that the population was healthy.²⁶¹

Accurate and reliable information enabled quarantine stations to introduce an appropriate sanitary regime for specific border sections: twenty-one days for healthy periods, twenty-eight for suspicious circumstances and forty-two days or complete closure in the times of plague epidemics in contiguous Ottoman border provinces.²⁶² Quarantine directors and provincial sanitary boards, upon learning about approaching plague epidemics, could extend quarantine temporally. The Court Sanitary Deputation, which had full insight into health circumstances along the whole land border with the Ottomans, made the final decision whether to extend or shorten quarantine. Due to

²⁶¹ The directors were expected also to follow cattle diseases. Imports from affected provinces were prohibited in order to protect the health of Habsburg animals. On 24 February 1756, rumors arrived in Pančevo about a cattle (Horn-Vieh) contagion around Niš. They were confirmed on 29 February. Paitsch followed this epidemic through May. Johann Paitsch to TLA, 23 January 1755, 28 January 1755, 10 November 1755, 17 November 1755, 12 December 1755, 27 December, 5 January 1756, 31 January 1756, 3 February 1756, 24 February 1756, 29 February 1756, 30 April 1756, 11 May 1756, 17 May 1756, Sanitäts-Diarii von der Contumaz-Station Panzova pro Januar 1755, pro November 1755, pro December 1755, pro Januar 1756, pro February 1756, pro April 1756, pro May 1756, FHKA NHK Banat A 123; Protocullum Deputationis Aulica in Re Sanitatis, 16 October 1769, 1769 November 3, KA ZSt MilKom Sanitätshofkommission Akten 2; SHD to TLA; also to Slav. SK, Vienna, 21 January 1756, 1756 Januarius 9, KA ZSt MilKom Sanitätshofkommission Bücher 2.

²⁶² The Sanitätshofdeputation to the Banat Provincial Administration, Vienna, 27 March 1761; a copy for the Slavonian Sanitary Commission and the Transylvanian Sanitary Commission, 1761 Martius 5, KA ZSt MilKom Sanitätshofkommission Akten 1; Generalsanitätsnormativum, 2 January 1770, *Sammlung aller k. k. Verordnungen und Gesetze vom Jahre 1740. bis 1780.*, vol. 6: 33-112.

these adjustments nearby stations could have different quarantine regimes. For example, although only 25-30 km away from each other and both facing Belgrade, Zemun and Pančevo did not always have synchronized sanitary regimes. The two stations belonged to two different provinces, Banat and Slavonia. This lack of uniformity was a source of frequent complaints by Ottoman merchants and Ottoman authorities. In the summer of 1759, for example, the Pasha of Vidin protested because the quarantines in Pančevo and Mehadia were closed, while Zemun was open, diverting customs incomes to his colleague in Belgrade.²⁶³ Different regimes could last from weeks to months.²⁶⁴ Selective exclusions were also possible. In June 1756, the provincial administration in Temesvár ordered the Pančevo Director Paitsch not to accept persons and goods coming from Wallachia into quarantine, while keeping quarantine time for migrants from other Ottoman provinces at forty-two days.²⁶⁵

The alternative, applied elsewhere in Europe during plague epidemics, was to enforce a uniform regime, usually the longest one along the whole sanitary cordon. Mobility control on the land borders was essentially different from the control on

²⁶³ SHD to TLA, Vienna, 3 March 1759, 1759 Martius 1; SHD to TLA, Vienna, 10 March 1763, 1763 Martius 9, KA ZSt MilKom Sanitätshofkommission Bücher 3; TLA, 22 Novembris 1766, 1766 December 22; SHD, Decret an die Bannatische Landes-Administration, item an die Slav. SK, Vienna, 13 June 1767, 1767 Junius 2, KA ZSt MilKom Sanitätshofkommission Bücher 4; Imperial Rescript, Vienna, 14 July 1759; Slavonian Sanitary Commission to the Sanitary Court Deputation, Osijek, 14 July 1759; Protocollum In Siebenbürgischen Gesundheits- Angelegenheiten, Hermannstadt (Sibiu), 30 July 1759, 1759 August 10, KA ZSt MilKom Sanitätshofkommission Akten 1.

²⁶⁴ Unusually short was the one introduced in January 1755. Paitsch first received an order from 7 January to increase quarantine time to forty-two days, then the order from 8 January to keep quarantine time at twenty-one days. Johann Paitsch to TLA, 10 December 1754, 13 January 1755, 16 February 1756, 28 June 1756, 29 June 1756, 13 July 1756, 27 July 1756, 31 July 1756, Sanitäts-Diarii von der Contumaz-Station Panzova pro December 1754, January 1755, February 1756, June 1756, July 1756, FHKA NHK Banat A 123.

²⁶⁵ Johann Paitsch to TLA, 23 December 1755, 28 June 1756, Sanitäts-Diarii von der Contumaz-Station Panzova pro December 1755, June 1756, FHKA NHK Banat A 123.

maritime borders. Two ships coming from the Ottoman territory to a port with quarantine facilities at the same time could be subjected to different regimes. One, coming from a healthy port of origin would be isolated for twenty-one days, while the other, departing from or passing through a pestilent port would be quarantined for forty-two days. Each ship made a clear unit, separate from the people boarding other vessels. On land, comparable separation of travelers was not feasible. According to the logic of land cordons of the time, the danger of infection was too grave to take any risks, and therefore all migrants from any Ottoman European province were to be treated as being in the same big “ship.” As with real ships, only when forty days had passed since the last case of plague could a province or a whole region be considered as healthy. Instead of treating all Ottoman European provinces as a single unit, the Habsburg flexible approach allowed the concurrent existence of longer and shorter regimes, more adapted to local circumstances.

The Ottoman side, familiar with sanitary procedures elsewhere, for example in Venice, did not perceive the mere existence of quarantines and cleaning practices and costs as per se problematic. The Ottomans accepted the custom of banning entrance to persons with symptoms of the plague as reasonable. What was seen as problematic was the Habsburg practice of extending quarantine time beyond the standard of forty-two days or of stopping traffic altogether when an epidemic was reported in the bordering Ottoman provinces.

Complete closure was perceived as an extreme measure that should be avoided because it could severely harm not only the Ottoman, but also the Habsburg, subject, as in the case of Lika in the 1760s. During the summer of 1763, a plague epidemic spread through Bosnia. The Sanitary Court Deputation ordered a complete stop of traffic with the Ottoman province. For Lika, a poor district on the far west of the

Military Border, this meant halting the import of grain and other food. The deputation admitted that it would disrupt the life in the province,²⁶⁶ explaining to the War Council in Vienna that “it is better to have food shortages, which will be recompensed from the state treasury, than to allow the infection to enter the Habsburg lands.” Severe hunger spread through several districts.²⁶⁷ The situation became desperate in December 1763, when plague had broken out in Venetian Dalmatia. The commanding general in Karlovac, Baron Beck, immediately ordered the closure of the border between Lika and Dalmatia and the drawing of a strict cordon. In addition, the interim administrator of Senj (Interims Hauptmann-Amts Verwalter), Georg Homolich decided to treat Lika as suspicious and to prohibit all traffic with Adriatic coast. Under isolation getting food in became impossible. If the hunger continued, Beck and his staff feared that the whole population could emigrate to Ottoman Bosnia or Venetian Dalmatia.²⁶⁸

The Habsburg side attempted to devise arrangements that would enable free travel and at least a part of traffic between the Ottoman Empire and the Habsburg Monarchy to be maintained. In July 1756, plague was reported in Ottoman Wallachia. By the end of the month, all quarantine stations between Transylvania and the Adriatic Sea were closed for several months, except for one. Jupalnic-Mehadia, which had pre-quarantine (Vor-Contumaz, Prob-Contumaz) facilities in addition to a quarantine station, continued to accept incoming migrants. The migrants would

²⁶⁶ Maria Theresia to Generalate of Karlovac, Vienna, 15 September 1763, 1763 Augustus 8, KA ZSt MilKom Sanitätshofkommission Akten 2.

²⁶⁷ Maria Theresia to the Interims- Commando in dem Carlstädter Generalat, Vienna, 1 October 1763; Nota to HKR, Vienna, 2 October 1763; Nota [of HKR to San. Hof Deputation], Vienna, 17 November 1763, 1763-October-2, KA ZSt MilKom Sanitätshofkommission Akten 2.

²⁶⁸ The Baron de Beck to Maria Theresa, Karlovac, 17 Decembar 1763, 1763-December 11, KA ZSt MilKom Sanitätshofkommission Akten 2.

undergo trial quarantine in Jupalnic and, if proved healthy, they would be allowed to enter the main quarantine in Mehadia.²⁶⁹ From the 1740s to the 1760s pre-quarantine facilities were used to keep the border open during pestilent times.²⁷⁰ This, however, extended the time of quarantine beyond forty-two days during pestilent times to avoid complete quarantine closures. In August 1754, for example, the quarantine time in Banat increased temporarily to fifty-six days (of which first two weeks would count as trial-quarantine), even though the plague epidemic was still far away from the border, in Istanbul and in southern Macedonia.²⁷¹ The prescribed quarantine for these circumstances was twenty-eight days.²⁷² However, these measures were perceived by

²⁶⁹ In case a plague was detected in the neighboring Ottoman fortress of Orșova this station was to be closed as well. Vienna, 10 July 1756, to TLA, to Slav. SK, 1756 Julius 8; Vienna, 14 July 1756, to Slav. SK, to TLA, 1756 Julius 12; Vienna, 16 July 1756, to Slav. SK., Nota to the Hof- und Staatskanzlei, 1756 Julius 16; Osijek, 19 July 1756, from Slav. SK, 1756 Julius 32; Osijek, 28 July 1756, from Slav. SK, 1756 Augustus 3; Vienna, 20 July 1756, to TLA, 1756 Julius 23; Vienna, 31 July 1756, to Slav. SK; Rescription to the Count Petazzi, 1756 Julius 31; Vienna, 7 August 1756, to the Count Petazzi, also to HKR, 1756 Augustus 2; Osijek, 30 July 1756, from Slav. SK, 1756 September 10, KA ZSt MilKom Sanitätshofkommission Bücher 2.

²⁷⁰ For a short history of pre-quarantines, see chapter 3.

²⁷¹ SHD to TLA, Vienna, 10 July 1754, 1754 Julius 3; SHD to TLA, Vienna, 30 July 1754, 1754-Julius-10; SHD to TLA, to Slav. SK, and the Hof- und Staats Kanzlei, KA ZSt MilKom Sanitätshofkommission Bücher 2.

²⁷² Excessive quarantine times appear again in 1758 (fifty days) and in 1759 (fifty-six days). Vienna, 28 March 1758, to the Commercial Intendenza in Trieste, to Slav. SK, Transylv. SK, TLA, the General Command in Karlovac, 1758 Martius 6; the Count Perlas, TLA, to SHD, Temesvár, 17 March 1758, 1758 Aprilis 4; to TLA, Vienna, 29 April 1758 and 17 May 1758, 1758 Aprilis 16, 1758 Majus 3; to Transylv. SK, Vienna, 17 May 1758, 1758 Majus 4; Vienna, 17 June 1758, 1758 Junius 8; Slav. SK, Osijek, 3 September 1758, 1758 September 10; to Slav. SK, Vienna, 25 November 1758, 1758 November 5; to TLA, Vienna, 9 December 1758, 1758 December 2; Vienna, 3 March 1759, to TLA, 1759 Martius 1; Vienna, 28 June 1759, to Transylv. SK, 1759 Junius 5; Vienna, 28 June 1759, to Slav. SK, 1759 Junius 8; Vienna, 22 August 1759, to Transylv. SK, 1759 Augustus 10; Vienna, 27 August 1759, 1759 Augustus 11; Vienna, 27 August 1759, to Slav. SK, 1759 Augustus 12; Vienna, 10 September 1759, to TLA, 1759 September 4; Vienna, 19 September 1759, to Slav. SK, 1759 September 12; Vienna, 22 September 1759, to TLA, to Transylv. SK, to Slav. SK, to the Hof- und Staatskanzlei, 1759 Septembris 18; Vienna, 4 October 1759, to TLA, 1759 October 2; Vienna, 16

the Sanitary Court Deputation as a better alternative to the complete closure of the border.

Some voices inside the Habsburg administration did not agree with this approach. Already in 1764, the Transylvanian physician Adam Chenot complained that long quarantines times were medically indefensible, an unnecessary burden for Habsburg commerce.²⁷³ In 1769, the Sanitary Court Deputation, while discussing newly introduced sanitary measures against Poland, reexamined its own direction from November 1766, to subject cotton and wool to up to eighty-four days of quarantine, or even up to 168 days in pestilent times at border crossings with pre-quarantine facilities (eighty-four in pre-quarantine plus eighty-four in the main quarantine). The Deputation admitted that this escalation was absurd, deviating significantly from standard international practice, where quarantine never exceeded forty-two days. The consensus among Habsburg physicians, approved by the chief medical authority in Vienna, Gerard van Swieten, was that the symptoms of plague would appear at the latest twenty-one days after contact with pestilent miasma, making longer quarantines unnecessary, and those longer than forty-two days unreasonable.²⁷⁴ In the 1770, the general overhaul of sanitary regulations put an end to this inflation, by formally reinstating the maximum quarantine of forty-two days.

October 1759, to Slav. SK, 1759 October 8; Vienna, 24 October 1759, to Slav. SK, to the Count Mercy, to Hof- und Staatskanzlei, to HKR, 1759 October 15; Vienna, 29 October 1759, to TLA, 1759 October 19; Vienna, 17 November 1759, to the Karlovac Generalate Command, 1759 November 3; Vienna, 29 November 1759, to the Count Mercy, the president of the Slav. SK, 1759 November 16, KA ZSt MilKom Sanitätshofkommission Bücher 3.

²⁷³ Lesky, "Die österreichische Pestfront," 98-101.

²⁷⁴ The protocol of the SHD, Vienna, 28 October 1769; SHD to the Transylvanian SK, Vienna, 24 November 1769; Vortrag der ... Sanitäts Hof-Deputation ... den Unterschied der mehr oder minder giftfangenden Waaren betref[end]. 18 November 1769, 1769 October 16, KA ZSt MilKom Sanitätshofkommission Akten 2.

Some Habsburg physicians and statesmen considered this internationally accepted solution as unnecessarily burdensome for free travel. Emperor Joseph II, after visiting Habsburg-Ottoman border quarantines in Transylvania in 1773, concluded that the forty-two days' quarantine was harming Habsburg commerce and production. He encouraged a Transylvanian physician, Luxembourgian Adam Chenot, to submit a proposal on how to further decrease quarantine time and to simplify border procedures.²⁷⁵ As a contagion physician carefully observing the progress of plague cases in border quarantines, Chenot became convinced that plague could be transmitted only through direct contact with a sick person or by using the clothes recently worn by a plague victim. In his proposal to the Sanitary Court Deputation, Chenot suggested abolishing altogether the quarantine for persons and goods in the healthy regime, when no plague was reported in the Ottoman European provinces. Migrants would pass after taking a bath and having their clothes washed. In suspicious times, the quarantine would be limited to ten days, and maximally to twenty days in pestilent times. Chenot's proposition went against the medical consensus of the time and internationally accepted standards. The Medical Faculty of Vienna University, which advised the Sanitary Court Deputation, dismissed Chenot's proposal six times (1775, 1779-1784), even after Emperor Joseph invited him to come to Vienna to defend his proposal in person. Kaunitz, the head of Habsburg diplomacy at the time, also opposed, for political reasons, arguing that other European states, and Italians in particular, would regard this decrease as too permissive, a deviation from the international standard. At the insistence of Emperor Joseph II, a compromise solution was reached in March 1785. The quarantine for goods remained at twenty-

²⁷⁵ The paragraph is primarily based on Erna Lesky, "Die josephinische Reform der Seuchengesetzgebung," *Sudhoffs Archiv für Geschichte der Medizin und der Naturwissenschaften* 40, no. 1(1956): 78-88.

one, twenty-eight and forty-two days. The quarantine time for people was decreased in accordance with Chenot's proposal, with no quarantine in healthy times, and ten and twenty days in suspicious and pestilent times. To placate other European states, the reform was not formally codified and it was enforced only on land borders, not in Habsburg ports.²⁷⁶ Thus the dilemma over whether to prioritize public health or free traffic was addressed by facilitating free travel. Selective closures of border stations, extension of quarantine times, the introduction of pre-quarantine facilities and the reforms of 1770 and 1785, all attempted to devise arrangements that would be more flexible and more accommodating to free travel. These efforts are in line with wider contemporary efforts, not only in the Habsburg Monarchy, but elsewhere in Europe to increase economic efficiency by removing obstacles to prosperity, such as unnecessary commercial procedures and burdens.²⁷⁷ This provided new legitimization to the well-established Habsburg use of border controls to facilitate free travel, rather than to curb it.

The desires to develop commerce and to protect the well-being of the population, particularly their health, were the reasons for the introduction of the *Pestkordon*. This particular form of protection against epidemic diseases was, however, not the only option available. Other Ottoman neighbors, Poland-Lithuania and Russia chose to have no permanent protection. For Venice, maritime quarantine, in combination with escorted caravans and provisional cordons during epidemics sufficed. Unlike in

²⁷⁶ The people coming from places, such as Istanbul, where plague was endemic, were subjected to seven-days' quarantine even in healthy times. Hietzinger, *Statistik der Militärgränze*, vol. 2, no. 2, 443-47; Lesky, "Die josephinische Reform der Seuchengesetzgebung," 78-88; Lesky, "Die österreichische Pestfront," 98-101; Sabine Jesner, "Habsburgische Grenzraumpolitik in der Siebenbürgischen Militärgrenze 1760-1830. Verteidigungs- und Präventionsstrategien" (PhD diss., University of Graz, 2013), 251-56.

²⁷⁷ Behrisch, *Die Berechnung der Glückseligkeit*, 56-65.

Venice, there was an ambition in Vienna to develop both maritime and land commerce, to access the markets in the Ottoman Danubian and Balkan provinces. For this commerce, some form of sanitary protection was necessary.

The Habsburg Monarchy was much more exposed to plague epidemics than Venice or Poland-Lithuania or Russia. There were no physical buffers to stop, contain or to slow down the epidemic, like the sea in the case of Venice, or the steppe, in the case of Russia and Poland-Lithuania. An epidemic could spread across the border all the way to the Bohemian and Austrian lands, which formed a contiguous territory with Hungary, which was the most exposed. As the plague outbreak of 1712-1713 showed, the disease could reach the Habsburg capital, Vienna, in several months. The outbreaks in the late 1710s and the early 1720s displayed the inadequacy of provisional cordons. This is why the permanent *Pestkordon* was introduced in the late 1720s. It provided adequate protection against epidemic diseases, while keeping free travel and trade between two empires flowing. There were no major outbreaks in Habsburg lands between the *Pestkordon*'s foundation and the Habsburg-Ottoman border in the War of 1737-1739. As Habsburg armies began retreating before the Ottomans in 1737, despite all protective measures, the plague epidemic reached Central Hungary and Buda. Only the new network of permanent border quarantines, established several months after the signing of the Peace of Belgrade in 1739, and before the border was formally demarcated, successfully stopped the epidemic. The war showed the inadequacy of wartime provisional cordons and the close relationship between effective statewide sanitary protection and peaceful and stable borders.

The sanitary administration was structured to protect public health while keeping necessary flexibility, adapted to local circumstances. The central body, the Sanitary Court Deputation (Commission), set out basic sanitary rules, supervised their

enforcement, and ensured uniformity. It followed the health situation in Ottoman European provinces and on the Eastern Mediterranean, approving changes and adjustments in sanitary regimes as necessary. The provincial-level sanitary commissions served as intermediaries. The greatest brunt of work was on local sanitary administration, on the officials in border quarantine stations. The directors of border quarantine stations had autonomy in the everyday operation of their stations, recognizing local health circumstances and quickly adapting to them. This in-built flexibility favored free travel, by sparing non-pestilent Ottoman provinces from long quarantine times. In addition, the Sanitary Court Deputation and provincial sanitary boards tried to devise arrangements that would preserve free travel even in pestilent times, like extending quarantine time instead of closing stations altogether. Finally, after decades of experimenting, a new regime, with no quarantine during healthy times and quarantine times below international standards during plague epidemics, was introduced in the 1780s. The growth of traffic between the Ottoman Empire and the Habsburg Monarchy in the second half of the eighteenth century suggests that the attempts to prioritize free travel were successful.

Quarantine stations, which were generally financially self-sufficient, were just one element of migration controls. In order to ensure that migrants pass only through them, it was necessary to organize a substantial workforce to supervise the sections of the border between the stations, as well as to ensure the cooperation of Ottoman authorities and migrants that would make border controls effective. This all required substantial resources as it was expensive. The question how sufficient administrative capacity was reached, enabling the Habsburg Monarchy to turn migration control into reality, is discussed in the following chapter.