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BENEFITS OF LETHAL PANDEMICS: DIRECT IMPACT OF CONTAGIOUS DISEASES ON PUBLIC ADMINISTRATION IN HUNGARY (1867-1914)

POZITIVAN UTJECAJ SMRTONOSNIH PANDEMIJA NA RAZVOJ DRŽAVNE UPRAVE U MAĐARSKOJ OD 1867. DO 1914.

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Summary

The reconciliation of 1867 between Austria and Hungary brought great changes to Hungarian public administration: the way towards the building up of a modern public administration had been opened. Although there was a functioning public health system and a related legislation from the late 18th century, major issues — such as balanced geographical distribution of medical personnel, fair access to medical services even in the poorer regions of the country, and the effective protection against some contagious diseases — were not resolved for decades. During the reform work of public administration since the 1870s, the lawmakers touched repeatedly the framework and functioning of the public health as well. Although the general conditions of the domain depended traditionally on the municipalities and counties due to the national importance of the matter, the government made efforts to make the functioning of the public health more efficient through centralisation. The contagious diseases continuously endangered the population, revealing the weak points in the existing public health system, thereby giving a momentum to the reforms and helping the government in its organization of prevention and clearly contributing to the legislation work.

Key words: *Hungary (1867-1914); public administration; pandemics; cholera, smallpox*

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In the second half of the 19th century, epidemics, pandemics, and contagious diseases triggered deep reforms in the public health system and in the domain of hospitals – a process which was interlaced with the development and general reform of the public administration in Hungary. The whole reform of public administration – and the reform of public health – was influenced by political, financial, and other professional reasons, though there remained points in which health and sanitary policies could provide momentum to changes.

From 1867, the political situation had changed in Hungary; the reconciliation between Austria and Hungary opened a way for the creation of a new and modern administration. The Hungarian government was engaged in developing an effective administrative system as soon as possible, but these efforts were slowed down by a clash between the proponents of a strongly centralised public administration and the defenders of the self-governing municipalities and communities. In the end, the system created in the 1870s preserved elements of municipal autonomy. *Comitats* (counties and cities) kept their own financial resources and deeply rooted local staff. Consequently, the government was not able to entirely control the middle (counties, cities) and lower (villages) level of public administration, and public health mostly depended on their budget and priorities.[1]

[1] The financial conditions, the taxation possibilities of the municipalities and communities remained complex in the period. According to the interim regulation of the law (1870), the costs of public health would be covered in theory from the "municipality tax" in the counties, from the "supplement tax" in the cities (holding both the municipality and the community legal status) and from the "community tax" in the villages. There was an important difference between the counties and the cities with municipality status concerning the possibility of taxation. In the 1870s, there was no way for the counties to the "municipality tax", as it was collected with the state taxes, and the municipalities received a yearly subsidy from the central budget instead. The counties could assess a "supplement tax" calculated on the basis of the state taxes which could cover a part of the counties' charges. During the reforms of 1876 and the 1880s, the government imposed tougher control over the counties' finances and finally after 1902 lifted whatever remained of their financial autonomy. Cities with the municipality status had more manoeuvring room with taxes; the cities could assess taxes on the basis of indirect state taxes and could have an income from custom and market-dues and fees. In theory, they could assess new taxes as well.Furthermore, cities demanded a reform of the "supplement tax", so that a part of the central tax income would carried over to them. - Lónyay Menyhért: Államköltségvetés 1868-ra. In: *Lónyay Menyhért nevezetesebb országgyűlési beszédei*, Pest. 1870. Ráth. 158-199., Matlekovits Sándor: *Magyarország államháztartásának története 1867-1893.* (1-2. k.) Budapest. 1894. Állami ny., Dr. Varga István: *Az újabb magyar pénztörténet és egyes elméleti tanulságai.* Budapest. 1964. Közgazdasági és Jogi Könyvkiadó. Rádóczy Gyula: *A legújabb kori magyar pénzek (1892-1981).* Budapest. 1984. Corvina. Szita János: Tolna vármegye költségvetési gazdálkodása a dualizmus első éveiben (1867-1870). In: *Tanulmányok Tolna megye történetéből V.* Szekszárd. 1974. 319-342., Stipta István: Megyei elképzelések a törvényhatóságok rendezéséről. In: *Jogtörténeti Tanulmányok V.* Budapest.

Huge cultural and economic differences between the Hungarian regions of that period reflected on the differences between public health and medical services. In theory, the legal framework clearly defined the tasks and manoeuvring space for municipalities, but in reality, overlapping competencies, lack of finances for public health, and poor implementation of municipal laws and regulations made the situation hopeless in a number of regions.[2]

Centralised authority: Ministry of the interior

When established in 1867, the Ministry of the Interior took over the administration of public health through its Public Health Department.[3] The department remained small[4] throughout its mandate and due to the increasing volume of duties, from 1884 the Ministry of the Interior had deployed its officers to help central administration in the ministry and in the countryside.[5] Furthermore, as there was a definite shortage of experts and officers, the minister appealed to the members of the National Public Health Council[6]

1983. Tankönyvkiadó. 305-319., Stipta István: Parlamenti viták a területi önkormányzatról (1870-1886). In: *Hatalommegosztás és jogállamiság.* (szerk. Mezey Barna) Budapest. 1998. Osiris. 77-94. Ladik Gusztáv: *Közigazgatásunk fejlődése 1867-óta*. Budapest. 1932. Fővárosi Könyvkiadó. 53. Fabó Beáta: *A budapesti vámvonalrendszer változása a XIX-XX. században.* Tanulmányok Budapest Múltjából XXV. (1996) 61-84. Márffy Ede: *A városi adók és illetékek*. Budapest. 1908. Szfőv. Háziny. 33.

2 Viszneky Béla: A magyar község egészségügye. Közegészségügy 1913. feb. 1. 29-30. Oláh Gyula: A községek feladatai a közegészségi szolgálat terén. Közegészségügyi Szemle. Budapest. 1890. 12-32. Kovásznay Marcell: A községi rendőrség szervezése. Magyar Közigazgatás 1908. okt. 4.

3 Ember Győző: *A m. kir. Helytartótanács ügyintézésének története 1724-1848.* Budapest. 1940. Országos Levéltár. CSMH, III/I., (Concl. Cons. 1783/9817). 835.sz. 64. Székely Vera: *A Belügyminisztérium tisztviselői (1867-1885).* Levéltári Közlemények 1974. 573-591.

4 The inner structure of the department was changed: it was divided 1894-95 into three then into four sub-departments covering different parts of the general scope. - Egészségügyi Értesítő 1894/3. (feb. 1.) 26-27. Egészségügyi Értesítő 1895/22. (dec.1.) 293., MOL K148-219-1899-V-800

5 Dr. Hahn Géza: *A magyar egészségügy története.* Budapest. 1960. Medicina. 54., Közegészségügy 1910. dec.1.

6 The National Public Health Council was established in 1868, with members from a range of medical sciences and experts in public administration. The Council provided opinions on bills and other administrative measures and drafted its own public health initiatives. - Markusovszky Lajos: Emlékirat a közegészségügyi és orvosi ügy rendezése tárgyában (*OH*, 1868.). In *Markusovszky Lajos válogatott munkái.* Összegyűjtötte és sajtó alá rendezte: Marikovszky György. Budapest, 1905. 177–193. Szaplonczay Manó: *A közegészségügyi közigazgatásról.* Kaposvár, 1896.; Varga Lajos, Dr.: Az Országos Közegészségi Tanács kiemelkedő orvos tagjai (1868–1893). *Communicationes ex bibliotheca historiae medicae hungarica, supplementum,* No. 2., 1964.; Szemkeő Endre: *Az Országos Közegészségügyi Tanács helye a közegészségügyi szakigazgatásban és nemzetközi kapcsolatainak jelentősége Magyarország közegészségügyének fejlődésében 1868–1918 között.* Bölcsészdoktori disszertáció. 1980., Pálvölgyi

for help and appointed commissioners to manage the cases of national importance such as pandemics.[7]

In that period a number of modern public health service institutions were established, reflecting a change in the Ministry's priorities: the public health budget increased from three (in 1870) to 36 items (in 1914/15).[8] Not only did the budget grow, but also the regulatory work of the department. Furthermore, in extreme public situations, the Ministry handled local public health affairs directly by sending commissioners to the affected locations.[9]

In addition, there were other governmental bodies participating in public health, which managed branches such as the production of pharmaceuticals, industrial health services, or public transportation sanitation. Public health administration was layered; middle-level administration belonged to municipalities and cities with municipality status and lower level belonged to the communities.[10] This layering hampered implementation of national and local laws and regulations.

The municipalities

The 1870 law on municipalities put the municipality in charge of implementing government measures. Consequently, public health depended on municipal finances and priorities. The central government tried to remedy the system and strengthen its position by creating new, directly controlled, middle level institutions and by controlling human resources and municipal budgets.[11] This, of course, reflected on changes in the municipal public health offices.

Balázs: *A magyar közegészségügyi közigazgatás intézményrendszere 1867-1914.* Budapest. 2011. Eötvös.

7 e.g. in case of cholera or trachoma - MOL K148-261-1903-20-734

8 1870. évi X. tc., 1871. évi X. tc., 1914. évi XXVIII. tc. 2§ A/XVII., B/VII.

9 Rényi József: *A helyi önkormányzat és a felette gyakorolt állami felügyelet elve és jogrendszere, különös tekintettel a kormányhatósági felügyeletre*. Budapest. 1896. Franklin.

10 1871/XVIII. Tc. 26-27§.

11 see: Concha Győző: *A közigazgatási enquête.* (Különlenyomat a „Magyar Igazságügyből") Budapest. 1881. Zilahi Sámuel. Stipta István: *A vármegyei szervezet átalakítása Tisza Kálmán miniszterelnöksége idején*. Szeged. 1995. JATE. Jellinek Arthur: *A törvényhatósági tisztviselők, segéd- és kezelő-személyzet elleni fegyelmi eljárásról*. Magyar Jogászegyleti Értekezések. XXIX. III. kötet, 2. füzet. Budapest. 1886. Franklin ny., Lakos János: *A közigazgatási reform ügye a Szapáry-kormány minisztertanácsa előtt 1890-1892.* Levéltári Szemle 1998/3. 3-18. Egyed István: *Választás vagy kinevezés? A törvényhatósági tisztviselői jog reformjához.* Különlenyomat a Katholikus Szemle 1911. évfolyamából. Budapest. 1911. Stepahaneum ny., *Plachy Gyula és társai emlékirata, melyben Hontmegye közigazgatásának betegségeit feltárják és orvoslást kérnek a nagyméltóságú Belügyminister Urhoz.* Budapest. 1889.

Everyday operation of public health depended on the functioning of the municipalities; their financial and human resources determined the quality of medical services and the implementation of public health regulations. Cities with municipal status had a distinct position among the municipalities. With a wider scope for taxation and more real estate, the cities were financially stronger than the counties: Village communities had similar resources at disposal and a similar scope. Consequently, all of them had their own public health staff and could operate medical facilities.[12]

Both the municipalities and communities employed physicians, who provided personal medical services and implemented government measures. As their salary depended on municipal or community finances, it greatly varied, and physicians constantly migrated from poorer to wealthier districts. This left the poor districts in constant want of physicians and other medical personnel.[13] In addition, hospital nurses had insufficient training and emergency personnel often lacked experience, especially when it came to disinfection.[14]

Therefore, the public health services of the 19th century Hungary remained underdeveloped. Experts repeatedly pointed to the necessity to centralise public health under one roof, such as the Ministry of Health.[15] Ambitious as it was, this change was to improve the salaries of physicians[16] and the training of nurses, and bring about new, state hospitals and institutions to cover important services of the public health system.

The 1872-73 cholera pandemic

Before the first cholera pandemic broke out in Hungary in 1831, it had completely been unknown to its inhabitants and the public health system.

Wodianer ny.,Benkó Albert: *A vármegyei közigazgatás reformjának irányelvei*. Budapest. 1911. Kilián. 51., Ferdinandy Gyula: *Vármegyék reformja*. Kassa. 1910. Kassai ny.

12 BM 1872/8803, BM 1872/23.144.

13 *Közegészségügyi törvényünk a gyakorlatban – saját tapasztalatai alapján megírta Dr. Paracelsus redivius*. [Burtik Győző] Szeged. 1887. Várnai ny. 8-9.

14 Sassy János: *A vidéki közkórházak működése*. Különlenyomat a „Gyógyászat" 1891. évi számaiból. 6., Róna Dezső: *Betegápolói tanfolyamokról*. Közegészségügy 1910. jan. 15. 26-27.

15 KN 1875-78. V. köt. 97. ülés. 137., Oláh Gyula felszólalása. In: *A milleniumi közegészségi és orvosügyi kongresszus tárgyalásai*. Frank Ödön (szerk.) Budapest. 1897. Franklin ny. 156-157., Oláh Gyula: *A közegészségügy államosításáról*. Közegészségügyi Szemle. Budapest. 1890. 378.

16 Although physicians emphasised the importance of a balanced salary system to bring physicians to poorer communities, the reform of 1908 was able to address only the most urgent issues.

As *Vibrio cholerae* was not identified until 1883, preventive measures during the first cholera pandemic were based on improvisation or observations about disease manifestations.[17] Treatment and prevention varied radically from charlatanry and empiricism to resourceful inventions by doctors and surgeons. Several leaflets were published by the government to familiarise the general population with possible ways of prevention, and the main protective measure was to seal off the infected areas.[18]

Unfortunately, the only lessons learned from the 1831 cholera pandemic were to improve water quality and home hygiene, and informative leaflets distributed all over the country were emphasising the merits of disinfection.

No wonder then that the Great Cholera of 1872-73 took the government by surprise, exposing the weak points not only of the public health system, but also of the whole public administration.

The weakest link was the shortage of practitioners and surgeons, leaving a number of regions without medical service. As even the bigger cities with better conditions struggled with serious problems, the situation became barely manageable.

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17 Eckstein Friderik, Dr.: A' járványos cholera' okai, különös tekintettel annak eredetére Pesten. Orvosi Tár (OT). 1831. III. köt. 148–170. Schuster János: *A' keletindiai cholera.* OT. 1831. I. k. 34-60. *An account of the rise and progress of the Indian or spasmodic cholera. With a particular description of the symptoms attending the disease. Illustrated by a map, showing the route and progress of the disease, from Jessore, near the Ganges, in 1817, to Great Britain, in 1831.* New Haven. L.H. Young. 1832. 5-7. 9-10., Broussais, F. J. V. *Le choléra morbus epidemique.Observé et traité selon la méthode physiologique*. Paris. Mademoiselle Delaunay. 1832. 2., Hawkins, Francis Bisset: *History of the epidemic spasmodic cholera of Russia.Including a copious account of the disease which has prevailed in India, and which has travelled, under that name, from Asia into Europe, illustrated by numerous official and other documents, explanatory of the nature, treatment, and prevention of the malady*. London. John Murray. 1831. 178. Aujeszky Aladár: *A kolera magyarországi centenáriuma*. Különlenyomat a Természettudományi Közlöny 1931. évi június 15. számából. H.n. 1931. Kir. Magyar Egyetemi Nyomda. Pettenkofer, Max von: *Ueber den gegenwärtigen Stand der Cholera-Frage und über die nächsten Aufgaben zur weiteren Ergründung ihrer Ursachen*. München, 1873, R. Oldenbourg. 6-9., Pettenkofer, Max von: *Zur Frage über die Verbreitungsart der Cholera. Entgegnungen und Erläuterungen zu seiner Schrift „Ueber die Verbreitungsart der Cholera."*. München. 1855. Cotta. Korbélyi Endre: Az 1866-iki járványos cholera elméleti és gyakorlati ismertetése. In: *A magyar orvosok és természetvizsgálók Rimaszombatban tartott 12. nagy gyűlésének munkálatai 1867.* Pest. 1868. 282-285. 283. *Pettenkofer elmélete a cholera és a hasi hagymáz terjedése felől.* Államorvos 1871. aug. 26. (10) 81-83. szept. 28. (11) 97-99.

18 Szállási Árpád: *Egy kolera-kiadvány 1831-ből.* Orvostörténeti Közlemények 1979. 7-88.

The effects of cholera on public health and sanitary conditions

The autumn of 1873 was not the end of cholera in the country; two epidemics broke out in 1886 and 1892, but were not as intense as the Great Cholera. The discovery of *Vibrio cholerae* as the cause of disease in 1883 ended the debates about the routes of contagion, including the miasma and other theories. Protection required large-scale infrastructural development, above all modern water supply and sewage in the bigger cities. Progress was also made in social services and housing regulations. In short, a coherent social policy programme was under way.

The 1876 Public Health Act contained the principles of social hygiene and prevention of contagious diseases. The Interior Minister repeatedly issued the "cholera decree", defining the prevention tasks of several government authorities. Even though the legal and scientific framework of cholera prevention had been completed by the second half of the 1880s, two bigger epidemics broke out in 1886 and 1892.[19] They revealed that the real weakness was poor implementation of the law. As it was the sole responsibility of the municipalities, the success of prevention depended on their wealth and priorities. Effective prevention required tight control of potential foci through rigorous enforcement of all related regulations. Apart from the financial issues, local population strongly resisted the imposed preventive measures; they avoided disinfection and often denied or failed to report cases of the emerging disease to avoid isolation and hospitalisation. This widespread attitude largely contributed to the propagation of contagious diseases and to the development of epidemics. In several cases police, gendarmerie, or even the army were called in to enforce preventive measures.[20] To make things worse, municipalities governed by short-term interests occasionally hindered proper enforcement. Further still, earlier pandemics severely affected the functioning of local authorities or even brought about their collapse.[21] Confronted with great discrepancies between how municipalities handled public health services, uncooperative population, and poor implementation of the 1876 law and regulations, the government sought for solutions that would ensure continued prevention of cholera (and other pandemics).

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19 Gönczi Ambrus: Az 1892-93. évi kolerajárvány Budapesten. Tanulmányok Budapest Múltjából. 33. 2006-2007. 113-137.

20 The declaration of quarantine, the blocking of commerce or the placement of a pandemic-hospital could trigger intensive reactions among the inhabitants. - Petz Lajos: *A győri kolerajárvány 1886-ban.* Pest. 1887. Magyar Orvosi Könyvkiadó Társ.

21 MOL K150-260-1873-IV-11-1993, Pesti Napló 1886. okt. 20.

The most important change came with 1898 when the costs of prevention, including disinfection and interim hospitals for epidemic outbreaks were transferred to the central budget. This centralisation cut down epidemics to sporadic cases at the turn of the 20th century and by World War 1 removed the threat of cholera for good.[22]

Smallpox vaccination programmes

The impact of *Variola vera* outbreaks on the 19th century Hungarian society was not nearly as devastating as that of cholera even though the pandemic which coincided with the Great Cholera added insult to injury. Dangerous as it was, smallpox had been common in Europe for centuries. Yet, the Hungarian government took the first steps against smallpox rather late. Vaccination had already been known since the 1798 discovery in England,[23] and was introduced to Hungary in 1801. Despite two decrees in 1802 and 1803,[24] however, it did not take root.[25]

There were several reasons why vaccination failed in Hungary: the first was the controversy about the method, the second was popular resistance,[26] the third was that vaccination was not obligatory[27], and the last was that by the 1850s, Hungary could not produce sufficient quantities of quality vaccine.[28]

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22 Kapronczay Károly: A járványok elleni küzdelem intézményrendszerének kiépítése Magyarországon. http://www.orvostortenet.hu/tankonyvek/tk-04/data/pdf/2601.pdf, Csesznokné Kukucska Katalin: Heves vármegye (1867-1912) lakosságát sújtó legnagyobb járványok: kolera, scarlatina (vörheny), trachoma, és ezek demográfiai következményei. http://www.orvostortenet.hu/tankonyvek/tk-05/pdf/3.7.6/csesznokne_heves_vm_legnagyobb_jarvanyok.pdf

23 see: ld.: Jenner, Edward: *An inquiry into the causes and effects of the variolae vaccinae :a disease discovered in some of the western counties of England, particularly Gloucestershire, and known by the name of the cow pox*. London. Printed for the author by Sampson Low and sold by Law and Murray and Highly.1798. Baldwin, Peter: *Contagion and the State in Europe, 1830–1930.* Cambridge. 1999. Cambridge University Press. 247-254.

24 CSMH, III/II. (Concl. Cons. 1802/14.216.), 1527. sz, 24. (Concl. Cons. 1803/8862.), 1540. sz., 46

25 Gortvay György: *Az újabbkori orvosi művelődés és egészségügy története*. I.k. Budapest. 1953. Akadémiai. 12-16., *Magyar művelődéstörténet.* (Szerk. Kósa László) Budapest. 1998. Osiris. 306., Daday András: *Adatok a magyarországi himlőoltás történetéhez (1825-1835).* OK 39. 151-157.

26 MOL K150-182-1872-IV-11-6418-32347, Frank Ödön: *Himlő és védőoltás.* Egészség. 1887/1. 35.

27 see: Ld. Székely Ádám: *A védhimlőoltásról.* Budapesti Orvosi Újság. 1904. ápr. 21. 328-331.

28 The first vaccine institute was established in 1824, but poor demand affected production. – Gortvay 1953. 15.

In the light of these negative experiences, it seemed that only a radical regulatory change would improve the variola issue.[29] Therefore, during the general debate about the Public Health Bill in 1875, the parliament fervently discussed the necessity of compulsory vaccination. While for physicians and scientists this necessity was evident,[30] parliament members approached the issue from a legal aspect, as compulsory vaccination could be interpreted as infringement of basic civil rights of the children and their parents.[31] During the debate the idea of centralised public health was articulated as a solution that could ensure equal access of all people to health care.[32]

As the cost estimation of general compulsory vaccination seemed acceptable, the lawmakers decided that the central government should take care of it. With the 1876 Public Health Act vaccination finally became obligatory, but its implementation turned out to be nearly impossible. Without access to or availability of citizen records, physicians did not have a tool to track a vaccination programme. So while vaccination was obligatory on paper, in reality it was rather facultative.[33] Moreover, vaccine supply was still an issue and its poor quality strengthened popular resistance.[34] This supply issue was eventually overcome by the production of cowpox vaccine.[35]

Despite government measures, however, smallpox returned repeatedly.[36] A new law of 1887 made a step forward, as it required that all school-age children be successfully vaccinated to enrol in school. This made teachers an important part of the public health system; they had to report unvaccinated children and monitor not only the first, but also the second vaccination. The new system brought improvements for physicians as well; they had a keen interest in seeing (re)vaccination through, as they received remuneration based on authenticated vaccination protocols.[37]

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29 KN 1875-78, V. köt. 97. ülés. 134.

30 Even the director of the Central Vaccination Institute referred to that in his letter to the Interior Minister. - MOL K150-182 -1872-IV-11-6418-10189

31 KN 1875-78., V. köt. 143., 155.

32 Balogh 1904.177-178., Csatáry Lajos: *A közegészségügy államosítása, tekintettel a közigazgatási reformra.* Egészség 1889/6. 271-276. Oláh Gyula: *A közegészségügy államosításáról.* Közegészségügyi Szemle 1890/5. 370-383.

33 Frank Ödön: *Himlő és védő oltás.* Egészség 1887/1.

34 MOL K150- 522 -1876-IV-2-14688-23427

35 BM 1875/33.573, BM 1881/10.281, BM 1894/51.423, s 1881-ben a központi oltóintézet igazgatósága kiadta a „Utmutatás a tehén-himlőnyirkkel való oltásra" – c. tájékoztatót. – MOL K150-898-1881-IV-2-10281

36 Frank 1887. 31., 34., MOL K150-1425-1886-IV-11-19359

37 BM 1895/5071

But even these improvements did not stop local, yet intense outbreaks of high mortality.[38] The government identified two particular groups at risk: the rural population living in remote and scattered farms and the nomad Roma population. Remote farms were sometimes hard to reach and so was the Roma population, whose resistance to any kind of imposition was additionally fuelled by low education. Education was also a problem with remote villages. With a decree of 1896 the government allowed forced vaccination in case of resistance. [39] What still remained a relative problem was substantial underreporting of smallpox cases and deaths, which undermined the mechanisms of disease control, resulting in occasional outbreaks.[40] Even so, by 1910, smallpox was removed from the list of the most common mortal diseases.

Sažetak

Nagodba između Austrije i Ugarske iz 1867. donijela je velike promjene mađarskoj državnoj upravi, otvorivši put prema njezinoj modernizaciji. Premda je Mađarska imala zakonski okvir i sustav javnog zdravstva uspostavljen još krajem XVIII. stoljeća, desetljećima se nisu uspjela riješiti pitanja poput ravnomjerne geografske raspodjele liječnika, dostupnosti zdravstvene skrbi za sve stanovništvo, uključujući siromašnije krajeve, te djelotvorne zaštite od pojedinih zaraznih bolesti.

Tijekom reformi državne uprave 1870-ih, nekoliko se puta pokušao urediti zakonski okvir i rad javnoga zdravstva. Premda je javno zdravstvo tradicionalno ovisilo o općinama i županijama, zbog iznimne važnosti za cijelu zemlju vlada je centralizacijom pokušala poboljšati njegovu djelotvornost. Zarazne su bolesti bile stalna prijetnja stanovništvu i jasno upućivale na slabosti postojećega sustava javnog zdravstva, davši time maha vladinim reformama s ciljem da ustroji djelotvornu prevenciju putem pravnog okvira i prakse.

Ključne riječi: *Mađarska (1867.–1914.), državna uprava, pandemije, kolera, velike boginje*

[38] MOL K150-2693-1896-IV-2-28637
[39] BM 1896/28.637
[40] BM 1898/12.836