HEALERS, QUACKS, PROFESSIONALS: MONASTERY PHARMACIES IN THE RURAL MEDICAL MARKETPLACE

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Abstract. This study focuses on the role of monasteries in the medical provision of the late eighteenth-century Hungarian Kingdom, with a special interest in monastery pharmacies located in rural environments. These pharmacies and their apothecaries were gradually disappearing agents of the medical marketplace from the 1770s as a result of the strengthening endeavor of the Habsburg rulers to control the professional standards and business activity of the medical personnel in their realms. This effort coincided with the introduction of new church policies that aimed at reducing the number of monasteries and channeling their resources into pastoral care. By pointing at the impact of ecclesiastical reforms on the medical oeconomy, I argue that state interference did not merely fill the gaps in the medical supply, but it also redefined the already existing networks and activity of various practitioners, as it can be seen from the examples of the apothecary-surgeon brothers of religious orders. I will present three case studies through which I will shed light on the local embeddedness of three monastery pharmacies, namely: the Franciscans of Keszthely, the Capuchins of Hatvan, and the Paulines of Lepoglava. I will explore how successfully (or unsuccessfully) the dissolution of these monasteries could put an end to the activity of the lay brothers who were in charge of running their pharmacies and often fulfilled the tasks of surgeons, too, both inside and outside their monasteries. By exploring the ambiguities surrounding these healers, who were simultaneously associated with a stable place and with the image of itinerant healers and who routinely crossed the borders between domestic and public, charitable and commercialized, professional and popular healing practices, I will also show why they could not be compatible with the standardizing endeavors of the state.

Keywords: monastery, pharmacy, apothecary, rural medicine, state building, institutionalization, professionalization, quacks.

Introduction

This study focuses on monastery pharmacies located in rural areas in the territory of the Hungarian Kingdom,[1] explores their role in the medical oeconomy,[2]

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and seeks answer to the questions of how and why their activity changed as the provision of medical and pastoral care became a multifaceted governmental concern in the Habsburg lands in the second half of the eighteenth century. It investigates the pharmacies of three religious orders—Franciscans, Capuchins and Paulines—and analyzes their interactions with state power from two main aspects: on the one hand, it enumerates the new professional and operational standards they had to conform to under the supervision of the newly evolving medical bureaucracy; on the other hand, it considers the effects of the ecclesiastical politics of Maria Theresa and Joseph II that called into question the social utility of religious orders and put through the dissolution of several monasteries.[3] By focusing on pharmacies that stopped operating as a result of the closing down of the monasteries to which they were connected, this study will also shed light on the impact monastery dissolutions had on the dynamics and composition of the medical marketplace.

While the Habsburg medical and ecclesiastical policies strived for uniformity, and mirrored the agenda of creating an empire from a large composite state, the various regulations were usually issued for the individual provinces and lands at different times and with adjustments to the legal and bureaucratic apparatus of the territory. The monasteries investigated in this study were all located in the administrative scope of the Hungarian Kingdom and, consequently, the state power with which they interacted was not only the mediator of centralizing imperial endeavors, but it also carried specific features of the governmental and social structures of the country. For this reason, my study provides examples that present, first of all, the operation of the bureaucratic apparatus of the Hungarian Kingdom and contribute to a more comprehensive understanding of imperial governance from this particular perspective.

The cases I present enable the reconstruction of a complex set of practices centered around the investigated monastery pharmacies. The complexity of the monasteries' medical activities was a problem itself in the eyes of the representatives of medical and governmental power, as it ran counter to the principles of creating clear professional boundaries and a standard body of knowledge associated with each category. Monastery pharmacies probably did not differ significantly from their secular counterparts regarding their medicaments and equipment, but their embeddedness into the material and spiritual economy of a monastery conferred specific characteristics to their contact with customers, business conduct, and personnel that varied also according to the religious order. Furthermore, as I will show, the apothecary brothers of the presented case studies covered broad areas, both geographically and professionally; they were often qualified not as pharmacists, but as surgeons and they worked not only in their monasteries, but also acted as itinerant healers maintaining contact with the inhabitants of smaller, faraway settlements. I will explore how these multifaceted activities could or could not be integrated into the evolving Habsburg "medical empire", the extent to which standardizing endeavors facilitated or prevented the further operation of the monastery pharmacies and the way the religious orders themselves challenged the limits of standardization with skillfully discovered loopholes and indefatigable negotiations. At the broadest level, the cases presented here exemplify "how local social relations accommodate

universalising knowledge projects, or in other words, how governance operates: how it is that a centralised power can successfully act at a distance."[4]

The bureaucratization of medical and ecclesiastical affairs

The intellectual and governmental fundaments of the medical and ecclesiastical policies of the 1780s were established in the 1740s. A key figure of the process was Gerard van Swieten (1700-1772),[5] the privy councilor and court physician of Maria Theresa, whose appointment as the head of the medical faculty at the University of Vienna in 1749 marks out the starting point of a comprehensive educational reform overhauling the whole university.[6] Van Swieten was also appointed as chief librarian and took over the supervision of censorship.[7] Furthermore, he fulfilled the office of the premier physician (*Protomedicus)*, by which he represented the main professional and bureaucratic authority of medical affairs.[8] Van Swieten's multiple offices reflect a shift not only in the cultivation of medical and natural knowledge, but also in the way of maintaining state power. As Emma Spary pointed out, "the 1740s as a decade marked the consolidation of a particular relationship between enlightenment and government, in which natural knowledge-makers such as physicians laid claim to public authority over others on the basis of their knowledge expertise."[9] The bond between medicine and governance was further strengthened as "[t]he convergence of van Swieten's and Maria Theresia's agendas for medical training, practice and knowledge was legitimated and very much coloured by the embrace of cameralism by the Habsburg state."[10]

The intellectual framework of health care policies designed and issued for the Habsburg realms was improved further through the developing concept of the 'medical police' in the 1760s.[11] Joseph von Sonnenfels (1733-1817), holder of the chair in *Polizey- und Kameralwisseschaften* at the University of Vienna from 1763, regarded effective administration as one of the main pillars of monarchical legitimacy. He believed that the inner safety of the state is based on its capability to assure and provide a convenient and safe life for its inhabitants. Sonnenfels emphasized the importance of public health care to an extent unprecedented among theoreticians and "[h]is brand of *Polizeywissenschaft* has been credited with providing the most important stimuli (in other words, more important than those of medical science) to the construction of a rational system of public health care in Austria."[12] Sonnenfels' ideas were developed further in Johann Peter Frank's *System einer vollständigen medicinischen Polizey* issued in six volumes from 1779.[13]

The first normative regulation of public health policies was issued in 1770 under the title *Generale Normativum in Re Sanitatis* and it was completed with a supplement in 1773.[14] The *Generale Normativum* established the main guidelines for the operation and supervision of pharmacies. The standards explicated therein became more and more sophisticated in the further policies issued during 1770s, which created a complex definition of the ideal pharmacy: a stationary apothecary shop publicly run by a qualified person, selling medicaments prepared according to the recipes of a standard pharmacopoeia[15] and sold at prices stipulated in a pricing manual.[16] However, several pharmacies did not meet all these criteria and could avoid doing so as long as no regular pharmacy visitations were carried out. This was not

possible without a network of well-trained county physicians and surgeons who could act as local authorities mastering the necessary expertise.[17]

In 1752, a royal decree obliged the counties in Hungary to appoint a county physician at a fixed annual salary. This can be regarded as the first step of creating a network of authorized professionals in order to control and manage medical activities on the local level. Nevertheless, it took about three decades to realize it. Gerard van Swieten laid down the fundaments of the network of medical experts connected to the local level of administration (county, town magistrate), and from the 1770s onward a new generation of physicians was prepared for the evolving medical bureaucracy.[18] Their network started to work effectively in the first half of the 1780s. A medical department (*Departamentum Sanitatis*) was created in the Hungarian Locotenential Council[19] in 1783, which functioned as the main coordinator of supervising medical experts. It required annual medical reports from county physicians, which started being sent to the Locotenential Council only from 1786.[20] The reports were expected to contain detailed accounts on pharmacy visitations carried out according to the uniform and detailed guidelines specified in July 1786.[21]

The pharmacies placed under scrutiny from 1786 were documented in great detail, and the reports map out the location and conditions of the pharmacies in the territory of the Hungarian Kingdom in a uniquely comprehensive way.[22] Nevertheless, as I will demonstrate through the examples of monastery pharmacies, the inspectors' gaze still could not penetrate everywhere. Another set of sources—namely, the documents produced following Joseph II's church reforms—sheds light on gaps in the recoding process of medical supervisions. Several monastery pharmacies do not appear in the reports of county physicians, and their real significance in the fields of both domestic and public health care has not been recognized. One of the reasons could be that they were borderline cases between domestic and public health care, while the exempted legal status of monasteries could also prevent county physicians and other officials from extending their supervision to monastery pharmacies. Fortunately, these pharmacies were still documented, partly by the religious orders themselves, partly because of an earlier and more effectively appearing state control over religious orders from the 1770s that was paired with extensive record keeping. By the time it became a general practice to submit pharmacy visitation reports to the Locotenential Council, the state-run church reforms were already in progress, and approximately 55 monasteries had been dissolved in the first half of the 1780s.[23] In these cases, mainly the minute books of the dissolution procedures, and especially the inventories of the confiscated goods can inform about the existence of pharmacies.[24] It is also important to note that some of the spared monasteries were banned from operating their pharmacies publicly earlier than 1786 and, consequently, those pharmacies were not listed in the county physicians' reports either.[25] Finally, it is important to consider one more possible advantage of including sources from the archives of the offices responsible for ecclesiastical affairs: the pharmacy visitations had to follow a prescribed pattern of examinations that determined the main clusters of their inquiries and the pieces of information they recorded. Contrasting and completing them with records produced in consequence of the dissolution of or

increased control over monasteries may shed light on the operation of monastery pharmacies from a different point of view.

Monastery pharmacies: a blurred category

Monastery pharmacies shared one common feature: namely, they were embedded into a monastic framework. Nevertheless, the "medical agenda" of each religious order may have been different and state policies could reinforce and exploit these differences.

The activities of the Brothers Hospitallers of St. John of God (*Barmherzigen*) and of the Saint Elisabeth Order were centered on the care of the sick from the very beginning of their foundation, and they operated as complex institutions where the pharmacy usually facilitated the medicine supply of a hospital and occasionally functioned as a public pharmacy. Their monasteries and hospitals were founded in free royal cities (Bratislava, Eisenstadt) or in towns of episcopal seats or possessions (Spišské Podhradie, Eger, Timişoara, Pápa, Oradea, Vác.)[26] The Saint Elisabeth Order had only one monastery in Bratislava, and its second monastery was founded in 1785 in Buda.[27] Both religious orders were spared from dissolutions, and if a monk or nun of a closed down monastery decided to join one of their institutions, the pension he or she could receive was usually higher than the average.[28]

The pharmacies of the religious orders that did not undertake medical provision as their main activity often evolved as domestic pharmacies.[29] Their foundation in rural areas was usually justified with the geographical distance from any other pharmacy and with the monastic community's demand for easy to access medicaments. They could also be turned into public pharmacies, and the trade in medicaments became part of the monastery's economic activity. Their foundation depended on several factors: it could be initiated both by the provincial leader of the religious order, by the guardian of the monastery, or by a landlord or donator. It usually required some investment and had to gain supporters for this specific purpose.[30]

While the religious orders operating hospitals were not exposed to the threat of dissolution and gained state support, the monasteries running only a pharmacy usually had to stop selling medicaments outside their monasteries unless their management was handed over to a qualified pharmacist. However, these monasteries not always had the time to accommodate themselves to this requirement: their activity often ended with the dissolution of the whole monastery. My study focuses on this second type of monastery pharmacies—mainly run by mendicant orders—and on their strategies applied in order to cope with the challenges of the simultaneously pursued church and medical reforms.

Distances: the mobility of healers and customers

If we want to understand the spatial outreach of medical services during the second half of the eighteenth century, we first need to examine how mobile patients and healers were. The accessibility of medical care depended not only on the practitioners' numbers, erudition and fees, but also on the geographical distance,

which implied concerns about the quality of roads, travel costs and time required for the journeys.

The changes introduced by the new policies in the medical marketplace made the concerns about practitioners' geographical availability more explicit: the case of the Franciscan pharmacy of Andocs in Somogy County provides a striking example. This monastery pharmacy was closed down in 1781 as a consequence of Joseph II's church policies, and its closure triggered protests among the officials and noblemen of the county.[31] The copy of an unsigned letter from the archives of the monastery, now preserved in the Slovakian State Archives of Bratislava, informs us about the state of medical provision in the region. It is written in Hungarian and addresses the chief administrator (*ispán*) of the county, with its unknown author advocating for the maintenance of the pharmacy. The writer points out the problem of geographical circumstances and distances that strongly influenced the accessibility of medicaments. His exact location is unknown, but he states that the pharmacies and doctors of Kaposvár (the administrative center of his county) are as far away from him as Veszprém—on the other side of Lake Balaton—because of the mountains and roads he would have to cross if he opted for Kaposvár. For this reason, the pharmacy in Andocs is the only accessible place for the author of the letter to get medicine within a reasonable distance. He begs for the preservation of the Franciscan pharmacy, and he points out that the patients' situation is even more difficult if the doctor and the pharmacist cannot act simultaneously; it takes one or two days to meet the doctor and to get a prescription from him, and it takes the medicaments at least as much time again to arrive from the pharmacist—not to mention all the risks of the trip the traveler faces. Thus, the efficiency of the doctor's prescription may be very poor, since the patient cannot get the appropriate medicine soon enough.[32] However, the passionate protest did not yield any effect; the pharmacy was closed down and some parts of its equipment were moved to the Franciscan monastery pharmacy of Keszthely.[33]

Although the aforementioned letter of protest raised issues regarding distance, invoices preserved in the inventories of dissolved monasteries show that travelling 30-60 kilometers in order to access or provide medical services was not unusual. The Premonstratensians of Türje had no domestic pharmacy and availed themselves of secular experts. At the time of their dissolution, they were indebted to five different healers—none of which resided in their market town, which seems to have lacked medical experts. Arguably, the rich Premonstratensian monastery was most concerned about the acquisition of medicaments from the surgeon of Zala County, the Brothers Hospitallers of St. John of God of Pápa and Zacharias Kumer, the pharmacist of Sümeg. They also took advantage of examinations and other services of two surgeons, Georg Eikhel in Sümeg and Rupert Récs, the surgeon of Vas County, who probably resided in Szombathely (the center of the county). The latter presented an invoice that included his travel costs.[34] Consequently, even if the costs of the treatment could be covered (or at least credited), there was—literally—no easy way to get them: Türje was 15 kilometers away from Sümeg, 30 kilometers from Zalaegerszeg (the seat of Zala County) and approximately 60 kilometers away from both Pápa and Szombathely.

As the cases of Andocs and Türje demonstrate, the catchment area of a healer could extend to significant distances. Nevertheless, geographical factors—i.e., the quality of the roads—could be regarded as serious obstacles and they could influence the choices of the patients at least as much as their trust in the knowledge of the practitioner. The inhabitants of rural areas were interested in cutting the time and costs of a journey, and they appreciated if the medical examination and the acquisition of medicaments could happen simultaneously or, at least, did not require detours. For the same reason, it was also an advantage if the household could rely on some kind of medical self-supply.

The monastic communities can be also considered as households prioritizing the medical provision of their own members. The everyday life of monasteries largely depended on the services of lay brothers who usually took simple vows and performed services requiring artisanal skills (tailor, smith, carpenter, etc.) or contributed to the daily operation of the monastery (cooks, porters, etc.). If the monastery had a domestic or public pharmacy, it was also usually run by a lay brother who could also fulfill the duties of a surgeon. The activity of these apothecary-surgeon lay brothers implied various forms of healing and could serve not only their own community, but also the broader environment of their monasteries. Once they got into contact with the outer world, the boundaries of domestic and public, charitable and commercial, settled and itinerant became blurred. As the members of mendicant religious orders were often travelling around in order to collect alms, they could also sensitively and flexibly respond to the demands of patients who were either not mobile enough to travel or could not afford the services of lay practitioners, whose fees could increase even further due to the travel costs too. The following examples will demonstrate how these lay brothers became embedded into the medical oeconomy of their region by receiving support not only from their customers, but occasionally also from state-employed physicians or aristocratic patrons and what kind of concerns their activity caused for the county physicians being in charge of their supervision.

Payments or donations? –The Capuchin pharmacy of Hatvan

The complexity of the activities of monastic healers and their embeddedness into the local community was very well documented in the Capuchin monastery of Hatvan. In 1786 two inspectors—county physician Carolus Dosler, and county surgeon Thomas Kynzburg—visited the pharmacy and noticed that although Fr. Fridericus Holzegger had a degree, he was qualified as a surgeon rather than as a pharmacist. Because of the medical policies in force since 1770, he was not eligible to run the pharmacy without an apothecary degree earned at one of the Universities of the Habsburg realms. Nevertheless, the guardian of the monastery seemed to be well informed of the relevant legal regulations, for he referred to an ordinance allowing surgeons to have a small pharmacy containing the most important medicaments if there were no other pharmacies nearby. The supervisors could not bring any counterargument, but reported the guardian's question to the Locotenential Council, presenting their assumption that the lay brother "sold" medicaments for alms during his mendicant trips to the countryside – as it was the general practice for mendicant

orders. They stated that this practice was keeping surgeons away from the countryside, as they could not make their living in competition with the mendicant brothers.[35]

The inspectors did not take it into consideration that other surgeons were already living in Hatvan,[36] and the pharmacy was most heavily criticized for its uncleanliness—which could also mean that the *officina* was not used on a regular basis. Their main concern was the itinerant healing practice that was presented as charitable activity, but it obviously had some kind of connection with the collection of alms, i.e., implied exchanges during the mendicant trips when neither the medicaments given to the patients occasionally, nor their reciprocation, could be controlled. The monks received donations usually not in cash, but in kind, which made it even more difficult to decide whether it was a donation or a payment. But it was assumed that they were not in accordance with the prices uniformly defined in the official pricing manual. The concerns explicated by the inspectors are worth to be considered not merely as true or false accusations, but as an action that shaped the discourse of medical oeconomy with its own terminology. The itinerant healers of various religious orders could accommodate themselves to the less monetized economy of the countryside and their exchanges were not restricted to the medical oeconomy but blended into a spiritual one. Even if the inspectors could not act out direct control over these practices, they could assert a discursive power by advocating for more clearly defined boundaries both of the services provided and of the means of their reciprocation.

The monastery of Hatvan was closed down in the next year, and Holzegger was directed by the provincial to the neighboring monastery of Máriabesnyő.[37] Although most of the medicaments and equipment of the pharmacy of Hatvan were sent to the Capuchin monastery of Mór, where the pharmacist already had the necessary qualification to run a public pharmacy, several instruments and books were considered as Holzegger's private goods and he was allowed to carry them to Máriabesnyő. While Mór was very far away from Hatvan, the latter's distance from Máriabesnyő was only 30 km. The fact that he was not moved to Mór with the equipment of the pharmacy could have been the result of a strategic decision: although his medical practice was restricted for a while, he still could keep and maintain his network of patients. A record reports about his medical activity in Besnyő in 1802 again. From this time on, he was labeled again as chyrurgus, apothecary and nurse of the sick until 1814, when he moved to the monastery of Buda.[38]

Holzegger's career stimulates further questions: what can be regarded as a reliable indicator of the elimination of the practices attacked by the inspectors? Can the closing down of pharmacies or whole monasteries be considered as an end? In more general terms, do the records of state authorities inform about real and immediate changes of the medical marketplace or rather about what fell into—or remained outside of—the inspectors' field of view?

From cooperation to dissolution – The Pauline pharmacy of Lepoglava

The monastery of Lepoglava was the center of the Croatian Pauline province, and it developed into one of the main cultural and educational centers of Croatia during the seventeenth century.[39] The minute books made after its suppression in

1786 preserved the inventory of a well-equipped pharmacy. The monastery hosted 30 persons, among whom a lay brother, Fr. Damianus Prutter, was noted as pharmacist. Furthermore, a list of the servants of the monastery preserved in the dissolution report mentions Josephus Biszek (as *pharmacopolae famulus*) and a chyrurgus, Xaverius Hrasznik.[40]

The inventory of the pharmacy was made under the inspection of the county physician, doctor Johann Baptiste Lalangue. The Luxembourg-born doctor was a student of Gerard van Swieten and he became the county physician of Varaždin in 1772. He published medical treatises not only in Latin, but also in Croatian and Hungarian, with the aim of popularizing the medical knowledge. His books on rural medicine, mineral waters and midwifery revolved around the need for an appropriate medical provision in the countryside, and meant to disseminate knowledge on therapeutics, practices, and medicaments that could be accessible and affordable even for the poor people.[41]

According to the dissolution files of Lepoglava, Lalangue kept in touch with the monks as the contracted doctor of the monastery for an annual fee of 50 forints.[42] Fulfilling his duties as the doctor of the monastery, he must have cooperated with its pharmacist, too, while, as county physician, he could keep an eye on the activity of the pharmacy and its contact with the wider public.

The inventory of the pharmacy indicates that its size and equipment was suitable to provide medicaments not only for the inmates of the monastery if needed, but even for the local people on a regular basis. The furniture and number of storing vessels let us to sketch up a well-equipped *officina*: five chests with drawers and shelves held 400 old painted wooden vessels (pyxis), 32 sugar jars, 50 bigger and 40 smaller white majolica vessels, 80 glass phials, 186 other pharmaceutical vials, 5 green glazed jars, 120 wooden boxes in different sizes, 360 small glass jars, 19 glasses for sweets, 30 blue glass jars, 30 green glazed jars, 16 small glasses and bottles.[43]

Several instruments listed in the inventory refer to the existence of a laboratory: an old iron hearth with two hangers from which cauldrons and kettles could be suspended. Several tops, pans made of brass copper and iron in different sizes constituted a significant part of the equipment. The preparation of different materials could take place in the same room: knives and chopping boards for roots and herbs, grater, funnels, sieves, scales with weights, measuring vessels, a big wooden press and two smaller ones for pressing oils and juices, 10 smaller and bigger mortars made of brass, and a glass mortar were on hand for the pharmacist.[44]

Not only does the inventory of Fr. Putter's room[45] list the usual furniture of a cozy living room, clothes and other household objects, but it also reports about medical books and instruments. Fortunately, the inventory preserved the titles and authors of Putter's books, among which Lalangue's three most important works were also present: his *Medicina ruralis,*[46] *Brevis institutio de re obstetritia,*[47] and *Tractatus de aquis medicatis regnorum Croatiae et Slavoniae*[48]. A so-called *Feldapotheke* was inventoried in the same room: it was a chest that could serve as a mobile pharmacy commonly used by military surgeons. None of the sources mention explicitly that Putter was active as an itinerant healer, and the dissolution files report his old age (64) and illness (podagra) that probably made him unable to undertake longer journeys.[49] But his *famulus*, or the

surgeon of the monastery, could transport his products. Lalangue definitely realized the significant role of the monks in the medical provision of the region. Unfortunately, we can only speculate about the content and forms of the transfer of knowledge that may took place between the county physician and the lay brother. We cannot know how his books or personal supervision influenced the activity of the pharmacist or whether or not Lalangue could take advantage of Putter's knowledge and social network. But he probably regarded the monastery as a potential carrier of the medical knowledge he wanted to disseminate. The suppression of the Pauline order put an end to this possibly cooperative partnership.[50]

Landlords as patrons – The Franciscan pharmacy of Keszthely

The pharmacy of Keszthely was run by the Franciscans, and its fate sheds light on the role of supportive landlords in the medical economy. Keszthely was the center of the estate of the Festetics family, and their patronage could have played a crucial role in the foundation of the Franciscan pharmacy in the 1750s. The case of Keszthely was very similar to the fate of the Capuchin pharmacies of Hatvan and Máriabesnyő that came to existence in the manorial centers of the Grassalkovich family in 1749 and 1769. Both landlords—Kristóf Festetics and Antal Grassalkovich—were active in the political life of Hungary and held important positions in the central offices of the country. Both of them were famous for the exemplary management of their estates and their political career could have also given them incentives to improve health care conditions. Kristóf Festetics died in 1768, and I. Antal Grassalkovich in 1771. Their successors had much less direct contact with their estates. However, in the case of Keszthely, the Festetics' still remained active as patrons of medical provision in their estates up to the nineteenth century.[51]

The pharmacy inspections of 1786 affected the Franciscan pharmacy of Keszthely as well. It was carried out by the county physician Franciscus de Slaby. According to his report, the pharmacy was run by the lay brother Camillus Meyberger. He was certified as *magister chyrurgiae* at the University of Pest[52] and practiced his profession "in the fields" (*auf den ofenen lande*). He was not present at the moment of the inspection since "he went in the country" (*abwesend, und über land gewesen*), and thus Slaby found another lay brother in the pharmacy, Bartholomeus Lickler. He presented himselfas a surgeon, but the physician was doubtful about this claim (*seines vorgebens nach ein gelehrnter Wundartzt sein solle*) and noted that Licker was not trained as pharmacist and did not take an exam at the university either (*hat auch als Appothecker weder gelernet, noch ein Examen in der Universität gemacht*). They had a 17-year-old apprentice, Joseph Krits, but his training was more related to surgery than pharmacy.[53]

The spaces and equipment of the pharmacy were not criticized; the physician's main concern was the qualification of the Franciscan brothers, thus he threatened them with a potential closure of the pharmacy, in case none of them would pass an appropriate exam. Two years later, in 1788, the monastery was suppressed, and the related documents contain only a short note about the handing over of the pharmacy to Jacob Thein, the pharmacist of Kanizsa, in January 1788.[54] Meyberger and Licker were both named as surgeons in the minute books that listed the personnel (*Personalstand*).[55] While the monastery was sold to a surgeon called Johan de Rosa,

Camillus Meyberger remained an active healer of the region. Gábor Vezza, the *protomedicus* of Hungary, was informed of his activity in 1789, and he ordered the county physician to put an end to his "quackery".[56] The pharmacy was soon purchased from de Rosa by György Festetics, and it continued its operation as a secular pharmacy of the Festetics estates. Meyberger was not employed in the pharmacy anymore, but his name was listed among the teachers of the secondary school of Keszthely. Then, from 1796, he was employed in the hospital of Keszthely, that was also in the ownership of the Festetics.[57] Thus, even if he could not operate the pharmacy anymore, Meyberger was allowed to stay in town and got integrated into other institutions of Keszthely, thanks to the patronage and estates management of an aristocratic family.

Conclusions

In rural areas, a monastery could work as an 'incubator' of medical practitioners who also needed to accommodate themselves to the medical and economic culture of a rural society that required greater mobility and was less reliant on monetary exchanges. Thus, the monasteries and their local supporters could use topographical arguments and put forward the low density of the available medical services (especially in the countryside) when they negotiated the legitimacy and social utility of their activity. On the other hand, the rhetoric of the state emphasized the importance of the labor division of surgeons, physicians, and apothecaries and the necessity of corresponding qualifications. Starting from the 1770s, the monasteries gradually disappeared from the medical marketplace, partly as a consequence of the strengthening endeavor of the state to control professional standards and business activity of the medical personnel, partly because of the monastic policies of Maria Theresa and Joseph II, which reduced the number of monasteries.

In all the three cases which I have examined in the study, the lay brothers running the pharmacies also offered medical services as itinerant healers within their region and routinely crossed the borders between domestic and public, charitable and commercialized, professional and popular healing practices. Such ambiguities often resulted in the dismissal of monastery pharmacies and itinerant surgeons from the medical marketplace and their labeling as quacks. They became agents against whom the expanding state power could manifest, and their clashes with state authorities testify both the opportunities and limitations of realizing imperial agendas. Even where the institutional framework (i.e. the monastery and its pharmacy) was dissolved, some of the apothecary-surgeon monks could stay in contact with their former patients and still be part of the local medical culture and of the related social network. Sometimes they managed to continue their activity for decades, especially if secular healers failed to fill the gaps left by the suppression of monasteries.

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References

[1] On the problems related to defining rural medicine and considering centers of medical provision outside of urban spaces, see: Mortimer, I., "The Rural Medical Marketplace in Southern England C. 1570–1720," in *Medicine and the Market in England and its Colonies, c.1450-c.1850*, ed. M. S. R. Jenner and P. Wallis (New York: Palgrave Macmillan, 2007), 69–86.

[2] For a thorough analysis of the historiography and possible definitions of the terms medical marketplace and medical oeconomy see: Jenner, M. S. R. and Wallis, P, "The Medical Marketplace," in P. Wallis and M. S. R. Jenner, (2007),, 1–23. As they note, referring to the works of Elaine Leong, Sara Pennel and Lauren Kassel, "in the early modern period it is more accurate to write of the oeconomy of health care. This distinctive term, linking household management and commercial activity, better captures early modern mentalities and realities." Jenner, M. S. R. and Wallis, P., (2007), 12. The cases I investigate shed light on state endeavors to create a publicly more available, transparent and monetized medical marketplace and to separate it from domestic and spiritual economies as much as possible. For this reason, I refer to medical oeconomy when I reconstruct the conditions challenged by the state authorities and speak about the medical marketplace when the envisioned changes are emphasized. However, as I trace a transition, the two terms often blend into each other.

[3] About the dissolution of religious order in general: Dickson, P. G. M.,"Joseph II's Reshaping of the Austrian Church," *The Historical Journal* 36/ 1 (1993): 89–114; Beales, D. E. D., *Prosperity and Plunder: European Catholic Monasteries in the Age of Revolution, 1650-1815* (Cambridge – New York: Cambridge University Press, 2003), 179–228. An exemplary study on Cistercian female convents and their apothecary nuns wedged between the conflicting agendas of secularization and rural medical provision: Maegraith, J. C., "Nun Apothecaries and the Impact of the Secularization in Southwest Germany," *Continuity and Change* 25/2 (2010): 313–44.

[4] In 2012, the journal Studies in History and Philosophy of Biological and Biomedical Sciences dedicated a special section to a collection of essays that investigated "intersections of medical knowledge and governance in the complex cultural, linguistic and military world of the eighteenth-century Habsburg lands, a dominion en route to becoming an Empire". Spary, E., "Introduction: Centre and Periphery in the Eighteenth-Century Habsburg Medical Empire," *Studies in History and Philosophy of Science Part C: Studies in History and Philosophy of Biological and Biomedical Sciences* 43/3 (2012): 684-690. Citation: 685. The studies – each focusing on a different aspect of medical knowledge in a particular geographical setting of the Habsburgs realms – explore the evolvement of a "medical empire" from various angles and provide examples for a more comprehensive and, simultaneously, more entangled analysis of the role of medicine in Habsburg imperial endeavors. The common conceptual framework of the essays derived from their main nodes and explicated by Emma Spary in the Introduction serves as important point of departure for my study. I draw upon its considerations pointing at enlightened universalism as a common epistemological basis for medical and governmental reforms and trace in my case studies how "local reactions to medical imperialism involved

accommodation, adaptation and appropriation rather than simply subordination and control." Spary, E., (2012): 687.

[5] Müller, W., *Gerhard van Swieten. Biographischer Beitrag zur Geschichte der Aufklärung in Oesterreich* (Wien: Wilhelm Braumüller, 1883); Brechka, T. F., *Gerard van Swieten and His World 1700-1772* (The Hague: Springer, 2013).

[6] By 1753, the theology, philosophy and law curricula were also restructured and reflected the influence of German natural law theories. Ingrao, C. W., *The Habsburg Monarchy, 1618-1815*, 2nd ed, New Approaches to European History 21 (Cambridge [England] ; New York, NY, USA: Cambridge University Press, 2000), 166–67. A short summary of the reforms of the theological faculty with further references: Klueting, H., "The Catholic Enlightenment in Austria or the Habsburg Lands," in *A Companion to the Catholic Enlightenment in Europe*, ed. U. L. Lehner and M. Printy (Leiden-Boston: Brill, 2010), 127–64.

[7] Klingenstein, G., *Staatsverwaltung und kirchliche Autorität im 18. Jahrhundert: Das Problem der Zensur in der Theresianischen Reform* (Wien: Verlag für Geschichte und Politik, 1970).

[8] The regulations listing the duties of a premier physician (*protomedicus*) and the establishment of this position in the various provinces and lands of the Habsburg realms has not been the subject of a comprehensive study. In 1771, Anton von Störck took over the position from Gerhard van Swieten, who died in 1772. The first premier physician of the Hungarian Kingdom, Gábor Veza was appointed only in 1786, the description of his office was modelled after Störck's activity. It might be interesting to note that two Luxemburger physicians were appointed as premier physicians in Croatia and in Transylvania already in the 1770s: Jean Baptiste Lalangue was appointed in 1772 as the personal physician of the Croatian ban and as county physician of Varaždin County – the cultural and administrative seat of the Banovina of Croatia –, while Adam Chenot became the premier physician of Transylvania in 1774. Sechel, T. D., "The Influence of Cameralism and Enlightenment upon the Sanitary Policy Promoted by the Habsburgs in Transylvania (1740-1800)," *Revista Bistriţei* 17 (2003): 164; Huttmann, A., "Der Siebenbürgische Protomedicus Dr. Adam Chenot (1722 - 1789)," *Naturwissenschaftliche Forschungen über Siebenbürgen* 4 (1991): 1–26; Maksimovic J. and Maksimovic M., "From the 'Art of Cutting the Umbilical Cord' by Dr. J.B. Lalangue to the 'Midwifery' by Prof. Dr. A. Lobmayer and Prof. Dr. F. Durst," *Acta Medico-Historica Adriatica* 12, no. 2 (2014): 388; Sági, E., "Veza Gábornak, Magyarország első protomedicusának élete és munkássága," [The Life and Work Gábor Veza, the first protomedicus of Hungary] *Orvostörténeti Közlemények* 178–181 (2002): 157–64.

[9] Spary, E., (2012): 686.

[10] Spary, E., (2012): 686.

[11] Rosen, G., "Cameralism and the Concept of Medical Police", *Bulletin of the History of Medicine* 27/1 (February 1953): 21–42; Kontler, L., "Polizey and Patriotism: Joseph von Sonnenfels and the Legitimacy of Enlightened Monarchy in the Gaze of Eighteenth-Century State Sciences", in *Monarchism and Absolutism in Early Modern Europe*, ed. C. Cuttica and G. Burgess (London: Pickering and Chatto, 2012), 75–90 and 232–236 (notes); Sechel, D., (2003): 159-170.

[12] Kontler, L., (2012), 75; 78; 86.

[13] Rosen, G., (1953), 21; 42.

[14] The text of the ordinance in German: "Generale Normativum Sanitatis," in *Codex Sanitario-Medicinalis Hungariae*, vol. 1., F. X. Linzbauer (Budae, 1852), 821–71; "Generale Normativum in Re Sanitatis," in *Codex Sanitario-Medicinalis Hungariae*, vol. 2., ed. F. X. Linzbauer (Budae, 1852), 535–71; "Normativum Sanitatis de Anno 1773 in Hungaria Haud Publicandum; Usus Tamen Ejus Faciendus. — In Visitatione Pharmacopoliorum Testes Magistratuales Praesentes Sint.," in *Codex Sanitario-Medicinalis Hungariae*, vol. 2., ed. F. X. Linzbauer (Budae, 1852), 767–73.

[15] The Viennese dispensatory, issued at first as *Dispensatorium Pharmaceuticum Austriaco-Viennense* (Viennae Austriae, 1729), was widely used both in the hereditary lands and in the Hungarian Kingdom. Nevertheless, the first pharmacopeia that became a standard manual both for the hereditary lands and Hungary was the *Pharmacopoea Austriaco-Provincialis* (Viennae: Trattner, 1774). A new, matching pharmaceutical tariff was issued two years later: M. Theresia and Österreich, *Taxa Medicamentorum in Pharmacopoea Austriaco-Provinciali Contentorum* (Wien: Trattner, 1777). This tariff replaced also the pricing manual of Torkos from 1779.

[16] The pricing manual prepared for the Hungarian Kingdom and used until 1779 was J.J. Torkos, *Taxa Pharmaceutica Posoniensis, cum Instructionibus Pharmacopoeorum, Chirurgorum et Obstetricum* (Posonii, 1745).

[17] Romhányi, Á., "Az egészség ára. Gyógyszerárszabások Magyarországon a 18. század végén [The Price of Health. Pharmaceutical Tariffs in Hungary at the End of the 18th Century]," *Kaleidoscope History* 6/12 (2016): 220–21.

[18] Krász, L., "Orvosi tudás és hatalom. A hivatalnok-orvos társadalmi képlete Magyarországon, 1750-1830 [Medical Power and Knowledge. The social image of the administrator-physician in Hungary, 1750-1830]," in *Tudósok a megismerés színterein: a romantikus tudományok és a 18-19. századi tudósztereotípiák*, ed. D. Gurka (Budapest: Gondolat, 2012), 195.

[19] The name of the Locotenential Council is also translated into English as Lieutenancy Council. It is called *Consilium regium locumtenentiale Hungaricum* in Latin or *Ungarische Statthalterei* in German, that were the official languages of state administration in the 1780s. Its Hungarian name is *Magyar Királyi Helytartótanács*. A brief description of its history and fonds can be found in English on the webpage of the Hungarian National Archives: http://mnl.gov.hu/angol/mnl/ol/archives_of_the_locotenential_council_17th_century_1848, cited 15.01.2018.

[20] Krász, L., "Introduction: Centre and Periphery in the Eighteenth-Century Habsburg Medical Empire", *Quackery versus Professionalism? Characters, Places and Media of Medical Knowledge in Eighteenth-Century Hungary* 43/3 (September 2012): 706.

[21] Romhányi, Á., "Magyarországi gyógyszerészek és üzleteik a 18. század végén (Az 1786. évi patikavizitációk tanulságai) [Hungarian Pharmacists and Stores at the End of the 18th Century (The Lessons of Pharmacy Visitations of the year of 1786)]," *Kaleidoscope: Művelődés-, tudomány- és orvostörténeti folyóirat* 3/4 (2012): 42.

[22] Romhányi, Á., "Pharmacists in Hungary during the 18th Century. Their Education, Stores and Practice through the Visitation Reports of the Year 1786," in *Forschungswerkstatt: Habsburgermonarchie im 18. Jahrhundert / Research Workshop: The Habsburg Monarchy in the 18th Century*, ed. G. Barth-Scalmani et al., Jahrbuch des Österreichischen Gesellschaft zur Erforschung des 18. Jahrhunderts 26 (Bochum: Verlag Dieter Winkler, 2012), 209–22

[23] Velladics, M., "A II. József korabeli szerzetesrendi abolíció statisztikája (1782-1847) [The Statistics of the Abolition of Religious Orders in the Age Joseph II. (1782-1847)]," *Századok* 133/6 (1999): 1259–78.

[24] Magyar Nemzeti Levéltár, Országos Levéltár, C 103 Helytartótanácsi Számvevőség – Alapítványi ügyosztály: Inventarien der in Hungarn aufgelassenen Klöster [Hungarian National Archives – Accountant Office of the Locotenential Council – Department of Foundations – Inventories of the suppressed monasteries of Hungary abbreviated as MNL OL C 103] – Poor Clares' convents – Trnava, Buda, Pest and Camaldolese monasteries – Červený Kláštor and Zobor

[25] Decsi Szili Ferencné, M., "A gyógyszerészet megjelenése és fejlődése Somogy megyében 1760-1950-ig [The Evolvement and Development of Pharmacology in Somogy County between 1760-1950]", (Budapest: Semmelweis Orvostudományi Egyetem Gyógyszertára és Gyógyszerügyi Szervezési Intézete, 1988), 39–41.

[26] The most comprehensive list of the monasteries of the German Province of the Brothers Hospitallers of Saint John of God is the project description entitled "Der Hospitalorden des Hl. Johannes von Gott in der Germanischen Provinz bis 1780". Online available via http://pflege-professionell.at/projekt-der-hospitalorden-des-hl-johannes-von-gott-in-der-germanischen-provinz-bis-1780, cited 13.12.2017.

[27] Pokornyi, E., *A Szent Erzsébet-szerzet tekintettel budapesti kolostorára, templomára és női kórházára* [The Order of Saint Elisabeth and its Convent, Church and Hospital in Budapest] (Budapest: Szent István-Társulat, 1935); Beke, M. "A budai Erzsébet apácák megtelepedése és élete 1785-től [The Settlement and Life of the Nuns of Saint Elisabeth in Buda], in: *A Dunántúl Településtörténete 9.: Város – Mezőváros – Városiasodás: A Magyar Tudományos Akadémia veszprémi és pécsi bizottságának IX. konferenciája: Veszprém, 1990. november 8–9.*, ed. L. Solymosi and B. Somfai (Veszprém: MTA VEAB, 1992), 137–42.

[28] Klueting, H. *Der Josephinismus: Ausgewählte Quellen zur Geschichte der Theresianisch-Josephinischen Reformen*, Ausgewählte Quellen zur Deutschen Geschichte der Neuzeit: Bd. 12a (Darmstadt: Wissenschaftliche Buchgesellschaft, c1995), 280–82.

[29] The Jesuit Order ran well-supplied and elegantly decorated pharmacies in several cities of the Habsburg realms. The dissolution of the Society of Jesus in 1773 had an impact mainly on the medical provision of urban settings. For a general overview of the Jesuit pharmacies in Austria and the Hungarian Kingdom see: Nowotny, Mr. O., "Zur Geschichte der Klosterapotheken in Oesterreich," *Österreichische Apotheker Zeitung* 10 (956): 353–58, 367–70, 426–30.;Grabarits, I. and Grabaritsné Ihász, Zs., "Az osztrák jezsuita rendtartomány patikái és patikusai 1716-1773 [Apothecary Shops and Apothecaries of the Austrian Province of the Jesuits 1716-1773]," *Orvostörténeti Közlemények = Communicationes de Historia Artis Medicinae* 107–108 (1984): 137–60; Sági, E. "A régi magyarországi jezsuita patikák ismertetése a legújabb kutatások alapján [Introduction of Ancient Pharmacies of Jesuits in Hungary on the Basis of Recent Investigations]," *Gyógyszerészet* 42 (1998): 29-30., 87-89., 337-339., 416-421., 596-597., 659–64.

[30] For case studies about the role of patronage in the foundation and operation of monasteries: Blázy, Á., "A keszthelyi gyógyszertár története 1867-ig" [The History of the Pharmacy of Keszthely], in *A Veszprém Megyei Múzeumok közleményei* (Veszprém, 1983), 435–445.; Pataki, K. "A hatvani kapucinusok gyógyszertára Grassalkovich I. Antal idején. [The Capuchin Pharmacy of Hatvan and its Patron Count Antal Grassalkovich]," in *"Birodalmam Alatt" - Gróf Grassalkovich Antal a birtokos, mecénás és magánember*, ed. Noémi Czeglédi (Gödöllő, 2015), 161–76.

[31] Sziliné Decsi, M., *Gyógyszerészet Somogy megyében: 1760-1950* [Pharmacies in Somogy county between 1760-1950] (Kaposvár: Somogy Megyei Gyógyszertári Központ, 1990), 28.

[32] "A kaposi Doctorunknak böcsűlet adassék, de abbul nem csak csuda tévő ember soha nem lesz, de azt tartom, hogy maradgyon magának örökösen, akit tudom, Excellentiad nem tett közinkben, hanem az egyetlenség hozta ki, de bánnyák azt, mint magoka az ottlévő urak az előtt nékem megvallották, azért commendálták, hogy tőlök el menvén, attul meg szabadulhassanak. Kaposban patikábon még innét küldünk, nyári egy nap oda, viszha egy nap, télen pedig két annyi: addig a nyavala változikés heában esik az orvosság. A doctor aki hozzám jön, a nyavalát, mikor a beteget meg láttya, akor mer igazán praescribálni, és olly meszi mint hozzám Kaposvár bizonnyára orvosság küldésiért el annyira veszedelemben forgunk ezentáján, hogy ha Excellentiád az Andocsi patikát el küldi, nem kűlönben, hanem mint a Barmoknak, minden segétség és táplálás nélkül kölly el vesznünk." Štátny archív v Bratislave – Archív Mariánskej provincie františkánov [State Archives in Bratislava – Archives of the Marian Province of the Franciscans, abbreviated as ŠABA MPF], Andocs – 161. Lad. 23. Fasc. 3.

[33] Blázy, Á., (1983): 436. Nevertheless, a few years later, the Franciscans of Keszthely also closed down their pharmacy and handed over its equipment to Jacob Thein, the pharmacist of

Kanizsa, in January 1788. MNL OL C 103 – Franciscan monasteries – Keszthely – "Womit der Vermögensstand des den 11t Juny 788 aufgehobenen im Szalader Komitat liegenden Marianer Franciscaner Klosters zu Keszthely mit Anmerkungen überreichet wird" (folio 61v) and "Kassa Stand des, dem 1ten Juy 1788 aufgehobenen im Szalader Komitat liegenden Marianer Franciscaner Kloster zu Keszthely, was darinnen an baaren Geld vorgefunden worden ist." (folio 39v)

[34] MNL OL C 103 – Premonstratensian monasteries – Türje – "Consignation deren nach ableben des hiesigen Türÿer Praemonstratenser Probstens Herrn Isidori Tichi, hinterlassenen Passiv Schulden alß..."

[35] "nun endstehet die frage, ob ein Mönch, wenn er auch examinirter Chyrurgus oder Doctor wäre, sich unterfangen darf, ausser seinem Kloster zu practiciren, wie die meisten Mönche als Barmherzige, Franciscaner und Capuciner zu thunpflegen, sie schicken nemblich dise Brüder auf die Saamlung da practiciren sie in allen orthen frey und ungehindert und verlangen nichts ja gar nichts anders, als eine almosen, die aber so Reich ausfallen muss, das alles doppelt bezahlt wird, dis ist auch die ursache, warum sich die wundärtzte nicht auf das offenen land begeben wollen, welche doch nach allerhöchsten befehl vermehret werden solten, dann durch dise ostuscher? endgehet ihren der nothwendigste unterhalt, das hin gnädigster befehl ver einer allerhöchsten Stelle kann dises allein bestimmen." Magyar Nemzeti Levéltár, Heves Megyei Levéltár, IV-4/b 2. 376/1787 [Hungarian National Archives, Archives of Heves County, abbreviated as MNL HML] IV-4/b 2. 376/1787

[36] The monastery was dissolved in the next year and its inventory preserved a list of the debtors of the pharmacy. Most of the customers were local artisans, administrators of the estate or belonged to the personnel of nearby parishes where the monks served as chaplains. Two surgeons (chyrurgus) were also listed among the debtors, one of them was active in Hatvan, the other one worked in Apc, i. e. in a smaller settlement near Hatvan. Pataki, K. "A Hatvani Kapucinus Kolostor Gyógyszertára 1787-Ben. [The Capuchin Monastery Pharmacy in Hatvan in 1787] in *Hatvani Kalendárium*, ed. T. Bacsa, E. Sinkovics, and E. Tamásné Sisa (Hatvan, 2011), 72–78.

[37] MNL OL C 103 - Capuchin Monasteries – Hatvan – Ausweis Nro 12. Aller, in dem den 4t April 787 aufgehobenen Kapuziner Kloster zu Hatvan in Hevesser Komitat, sowohl wirklich gegenwärtig befindlichen, als auf dem Land als Kapläne abwesenden geistlichen (ff 36r-37v) and Magyar Nemzeti Levéltár, Országos Levéltár, C 72 Helytartótanácsi Levéltár – Departamentum Ecclesiasticum Oeconomicum [Hungarian National Archives – Archives of the Hungarian Locotenential Council – Department of Church Economic Affairs, abbreviated as MNL OL C 72] 1787 F 132. p. 17.

[38] v. K. K. M. dr., "Besnyői kapucinus gyógyszerészek [Chapuchin Apothecaries of Besnyő]," *Gyógyszerészi Közlöny* (1939): 724–25.

[39] Galla, F. and Fazekas, I., *Pálos missziók Magyarországon a 17-18. században.* [The Pauline Order's Missions in Hungary in the 17-18th centuries] (Budapest-Rome, 2015), 13–18.

[40] MNL OL C 103 - Pauline Monasteries – Lepoglava – Ausweiß Aller rückständigen Besoldungen und Conventionen bei dem den 20t März 786 aufgehobenen Pauliner Kloster in Lepoglava in welche nach aussage und bestättigung deren hier unterschriebenen Kloster vorstehere zur auszehlung der Lepoglava herrschaft Cassa nachfolgender Massen angewiesen woden und zwar... (folio 481v)

[41] Cattunar, A., Jelinić, J. D. and Malatestinić, D. "Jean Baptiste Lalangue of Luxembourg (1743-1799): The Bearer of Progressive Ideas in Public and Environmental Health in Croatia," *Environmental Engineering and Management Journal* 13/3 (March 2014): 577–81.

[42] MNL OL C 103 – Pauline monasteries – Lepoglava – Ausweis deren beÿ den, den 20ten März 786 aufgehobenen im Varasdiner Comitat liegenden Pauliner Kloster zu Lepoglava vorgefundenen Passiv Rückständen (folio 155)
[43] MNL OL C 103 – Pauline monasteries – Lepoglava – Inventarium deren bei dem, den 20ten März 1786 aufgehobenen in Varasdiner Komitat Pauliner Ordens Kloster zu Lepoglava vorgefundenen Mobilien, Naturalien und Effecten – folio 192 – In der klösterlichen haus Apoteken (ff 192-202, signature of Lalangue at folio 207.)
[44] MNL OL C 103 – Pauline monasteries – Lepoglava – Inventarium deren bei dem, den 20ten März 1786 aufgehobenen in Varasdiner Komitat Pauliner Ordens Kloster zu Lepoglava vorgefundenen Mobilien, Naturalien und Effecten – folio 192 – In der klösterlichen haus Apoteken (ff 192-202.)
[45] MNL OL C 103 – Pauline monasteries – Lepoglava –Inventarium deren beÿ den Apotheker Frater Damian Pruter in seinen zimmer vorgefundenen und nach seiner aussage aus eigenen beÿgescheften, theils aber von dem Kloster zum täglichen gebrauch empfangenen Geräthschaften./Inventarium Über die Effecten des Frater Damian Pruter Apoteckers in dem Zimmer gleich neben der Apothecken. (folio 449)
The books found in the room: Jacobi Voitek Gazophilatium Medico Phisicum; Flora Francica oder Kreude Lezicon; Dissertatio Medica; Oesterr. Provincial Pharma.; Neue Testamendische Archon.; Schreder Haus Büchlein; Thomas a Kempis; der laun Geistlehr; Geistlicher Streit Laurentzi Scupulo ; Ein alter Cathekismus; Geistliches eimüde Zend; Meißels eder; Lalang Medicina Ruralis; Joannis Lanlonque obstetricia; d[erselbe] de aquis medicatis; Jos: Quarin Meth; medendum febriam; Beschreibung des Gnaden reiches ; Bildes Maria Chestocsan; Christ Weißbach Cura aller krankheiten; Imber Forghältiger Medicus; Zahl Büchlein – 2 Toms; Sintagma Medicum Ricoli fontanum; Joannis De Deo Büchlein; 120 Nacht Schwarzen; Leben des Hl. Priuli; Dispensatorium Viennense; Miracula Chimica; Nova Taxa Viennensis; Mensa Communis Breviari Romani; Joannis Bono via ad Deum; Duplex Clavis Aurea; Regula P. Augustini
[46] Lalangue, J. B., *Medicina Ruralis Illiti Vrachtva Ladanyszka Za Potrebochu Musev, Y Siromakov Horvatczkoga Orszaga Y Okolu Nyega, Blisnesseh Meszt [Medicina Ruralis for the Need of Men and the Poor in Croatian Lands and Surrounding Parts]* (Zagreb, 1776). It is renowned for being the first medical book written in Croatian. For further information, see: Fatović-Ferenčić, S. and Dürrigl, M. A., "Poverty: Between Common Conscience and Public Health", *Croatian Medical Journal* 48/5 (2007): 585–94.
[47] Lalangue, J. B., *Brevis institutio de re obstetritia; illiti kratek navuk od mestri pupkorezne,* (Zagreb, 1777). For its further analysis see: Maksimović, J. and Maksimović, M., (2014): 385–412.
[48] Lalangue, J. B., *Tractatus de Aquis Medicatis Regnorum Croatiae et Sclavonae &c. &c., Illiti, Izpiszavanye Vrachtvenih Vod Horvatzkoga Y Slavonzkoga Orzsaga: Y Od Nachina Nye Vsivati Za Potrebochu Lyudih* (Zagreb, 1779).
[49] According to a posterior mark with red pencil, he died soon after the dissolution. MNL OL – Pauline monasteries – Lepoglava – Specificatio Personarum Religiosarum... (folio 385r-v)
[50] On the role of physicians as disseminators of a new kind of "medical culture" and their relationship with religious orders as suppliers of rural areas, see: Maegraith, J. C., "Medical Surveys in Central Europe and the Role of the 'Enlightened' Physician", in *Processes of Cultural Exchange in Central Europe, 1200-1800*, ed. V. Čapská, R. Antonín, and M. Čapský (Opava: European Social Fund - Silesian U niversity, 2014), 179–206.
[51] Blázy, Á., (1983), 435-445.; Pataki, K., (2015), 161-176.
[52] Camillus Meyberger was one of seven lay brothers who took the mandatory exam for surgeons at the University of Pest between 1785/6 and 1803/4. According to the records of the university, Meyberger received his education and license from his father. Simon, K.,

Sebészek és sebészet Magyarországon, 1686-1848 [Surgeons and Surgery in Hungary, 1686-1848], Semmelweis Egyetem Levéltárának kiadványai 5 (Budapest: Semmelweis Kiadó, 2013), 83.

[53] Magyar Nemzeti Levéltár, Országos Levéltár, C 66 Helytartótanácsi Levéltár, Departamentum Sanitatis [Hungarian National Archives – Archives of the Hungarian Locotenential Council - Department of Sanitary Affairs, abbreviated as MNL OL C 66] 1787 F 1 p. 200-203.

[54] MNL OL C 103 – Franciscan monasteries – Keszthely – Kassa Stand des, dem 1ten Juy 1788 aufgehobenen im Szalader Komitat liegenden Marianer Franciscaner Kloster zu Keszthely, was darinnen an baaren Geld vorgefunden worden ist. (folio 39 v) and "Womit der Vermögensstand des den 11t Juny 788 aufgrhobenen im Szalader Komitat liegenden Marianer Franciscaner Klosters zu Keszthely mit Anmerkungen überreichet wird" (folio 61v)

[55] MNL OL C 103 – Franciscan monasteries – Keszthely - ausweiß aller in dem , den 11ten Juny 788 aufgehobenen in Szalader Komitat befindlichen Marianer Franciscaner Kloster zu Keszthely wirklich gegenwärtig befundenen geistlichen (folio 87r)

[56] MNL OL C 66 1789 F 134.p. 1-3.

[57] Blázy, Á., (1983), 436.