

NAUČNO DRUŠTVO ZA ISTORIJU ZDRAVSTVENE KULTURE

ACTA HISTORIAE

MEDICINAE
STOMATOLOGIAE
PHARMACIAE
MEDICINAE
VETERINARIAE

ACTA HISTORIAE MEDICINAE STOMATOLOGIAE PHARMACIAE MEDICINAE VETERINARIAE 2023/42/2

Acta historiae medicinae, stomatologiae, pharmaciae, medicinae, veterinariae

NAUČNO DRUŠTVO ZA ISTORIJU ZDRAVSTVENE KULTURE

BEOGRAD

MMXXIII

ANNO XLII

FASC. II



ACTA HISTORIAE

MEDICINAE

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PHARMACIAE

MEDICINAE

VETERINARIAE

2023

SCIENTIFIC SOCIETY FOR THE HISTORY OF HEALTH CULTURE (SSHHC)
UNIVERSITY OF BELGRADE FACULTY OF PHILOSOPHY

ACTA HISTORIAE
MEDICINAE
STOMATOLOGIAE
PHARMACIAE
MEDICINAE
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ACTA HIST. MED. STOM. PHARM. MED. VET.
2023 / 42 / 2 / 1-133 / Beograd / 29. XII 2023.
UDC 61+615+616.31+619(091) / ISSN 0352 – 7840 (print)
ISSN 2466-2925 (online)

ACTA
HISTORIAE
MEDICINAE
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PHARMACIAE
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PHARMACIAE
MEDICINAE
VETERINARIAE

Two volumes of the journal are published annually.
The first issue of the journal (1961, 1, 1, 1-192) was published in 1961.

CIP - Каталогizacija u publikaciji
Narodna biblioteka Srbije, Beograd
61+615+616.31+619(091)

**ACTA historiae medicinae, stomatologiae, pharmaciae,
medicinae, veterinariae** / glavni i odgovorni urednik Nikola Samardžić. -
God. 21, br. 1/2 (1981)-Beograd (Bulevar Vojvode Mišića 41) : Naučno
društvo za istoriju zdravstvene kulture, 1981-
Beograd: (Čika Ljubina 18-20) Univerzitet u Beogradu,
Filozofski fakultet- 24 cm

Godišnje. - Prekid u izlaženju od 1992-2012. godine.
- Nastavak: Acta historica medicinae, stomatologiae,
pharmaciae, veterinae = ISSN 0352-7778
ISSN 0352-7840 = Acta historiae medicinae,
stomatologiae, pharmaciae, medicinae veterinariae
COBISS.SR-ID 3778306

ONLINE: <http://actahistorica.com/acta-historiae-medicinae/> & <https://www.cceol.com/search/journal-detail?id=1583>
<https://scindeks.ceon.rs/journaldetails.aspx?issn=0352-7840>

Illumination on the cover of this issue: "Naissance de César", Les anciennes hystoires rommaines, ca. 1375-1399, British Library, Royal MS 16 G VII, fol. 219r.

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Naučno društvo za istoriju zdravstvene kulture je svojim osnivanjem 2010. uspostavilo kontinuitet s nekadašnjim Savezom naučnih društava za istoriju zdravstvene kulture Jugoslavije.

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Acta historiae medicinae, stomatologiae, pharmaciae, medicinae veterinariae was the journal of Association of Scientific Societies for the History of Health Culture of Yugoslavia. The journal changed its name several times.

- 1961–1978 *Acta historica medicinae, pharmacie, veterinae*;
- 1979–1980 *Acta historica medicinae, stomatologiae, pharmaciae, veterinae*;
- 1981–1991 *Acta historiae medicinae, stomatologiae, pharmaciae, medicinae veterinariae*;
- 2013– *Acta historiae medicinae, stomatologiae, pharmaciae, medicinae veterinariae*;

Scientific Society for the History of Health Culture and editorial board have renewed the journal and have established continuity with its previous issues.

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THE WILLS OF THE ZARATIN APOTHECARIES FROM THE 14TH CENTURY

Abstract: The paper analyses the wills of Zaratina apothecaries from the 14th century, kept in the State Archive of Zadar (Zara). From the preserved wills, we can follow the course of testamentary bequests, but at the same time we can also reconstruct images of the apothecaries present in the city of Zadar in the 14th century. In addition to the detection of people engaged in pharmacy activity in Zadar in the 14th century, their social involvement, and the connections they make with the citizens of Zadar are monitored. These relationships were business, friendly, but also in a family sense. Considering the scarce written documentation from that period for the eastern Adriatic coast, this material provided significant insight into the presence and activity of the pharmacy profession and trade and professional communications along the Adriatic coast and its neighbourhood. At the same time, the article tries to reconstruct the products they traded with or which they produced. The role of pharmacists in Dalmatian communes at the time, their social and financial economic milieu, and the placement of pharmacists within these relationships, as well as the status of the pharmacy profession in that early period of its professionalization, where it is still closely linked to other merchants, are also re-examined.

Key words MeSH: wills, history of pharmacy

Non MeSH: Middle Ages, apothecary, Dalmatia, Zadar (Zara), 14th century

Introduction

The development of medieval pharmacy in Europe is related to the appearance of the first monastic communities that kept gardens with medicinal plants within their walls. However, a significant transformation occurred from the late 9th to the early 10th century with the introduction of translations of Arabic manuscripts. This marked the transfer of knowledge from Arabic medicine, a discipline grounded in scientific principles that adhered to the guidelines established by Greek physicians. The approach emphasized the precise utilization of medicinal substances and preparations derived from plants, animals, and minerals, which were categorized based on their cooling, heating, drying, or humidifying effects. Hippocrates, who well-versed in various forms of medicine, laid the foundation, while Galen, acknowledged as the founder of pharmaceutical technology, advocated for the separation of active substances from inert components. Medicines were crafted following *pharmacopoeia* regulations, which outlined official medicines obtained from *materia medica*, a precisely defined set of substances. The science of prescribing and producing medicines originated in ancient Greece, with Galen's standards shaping subsequent *pharmacopoeias*. [1 p512-5]

Arab doctors, such as Avicenna, learned this ancient knowledge, expanding it with their experiences and introducing new substances. [2] The pivotal moment in the history of medicine and pharmacy occurred in 1240, with the issuance of the code of Frederick II, mandating the separation of two disciplines. This decree dictated that medicines must adhere to specific regulations, leading to the issuance of official *pharmacopoeias*, often called *Dispensatorium*, *Antidotarium*, *Ricettario* or *Luminare*. They were written by physicians or apothecaries, and were initially created only for one city or a local area, and only later becoming valid for entire countries. [1 p512-5]

The pharmacies of Dalmatia are among oldest in Europe, and their inception dates back to the 13th century, with the first one established in Trogir in 1271, followed by Dubrovnik and Split in 1282, and Zadar in 1289. The oldest preserved monasterial pharmacy in Croatia, dating from 1317, is located in the Franciscan monastery in Dubrovnik. [3,4]

This paper delves into the analysis of archival documents, specifically the wills of Zaratín pharmacists from the 14th century. These wills are kept in the State Archive in Zadar. Special attention will be given to certain contracts involving individuals from the pharmacy circle and specific provisions within communal statutes regulating this domain. The study draws also on previously published research regarding apothecaries in the 14th century in Zadar and Dalmatia. The scope of this work is confined to the 14th century and the city of Zadar, with occasional comparisons made to facilitate better understanding of specific issues, or for comparative analysis with another Dalmatian communes within the same timeframe.

About the pharmacy business in the 14th century

The procurement, preparation, and sale of medicinal substances, medications, and additional commodities like spices, sugar, and wax constituted a lucrative business during the 14th century. This thriving enterprise gained momentum along the Adri-

atic coast due to the proximity of waterways leading to and from the Middle East and connections with continental Europe, thus facilitating the transit of spices and various substances essential for medicine and everyday life, ranging from culinary uses to cosmetics. The expansion of this business was also propelled by restrictions imposed on monks by the church, limiting their involvement in treating the sick and utilizing medicinal plants from monastery gardens and related preparations. [4,5,6]

Mirko Dražen Grmek notes that during this era, local or newly arrived pharmacists did not graduate from specialized pharmaceutical schools. Instead, they acquired their pharmaceutical knowledge through years of apprenticeship with experienced pharmacists. For example, in Zadar in 1381, Mandica sent her son George to study for 10 years under the pharmacist Andrija, son of Martin from Piran. Unfortunately, available archival material does not provide a detailed picture of this service and education, nor deeper insights into the profession of that era, the substances sold, methods of preparation, or the equipment of the shops or workshops. On the other hand, there are much more substantial data from which the material status of the pharmacists themselves can be discerned. On a financial front, pharmacists entered into contracts with individual citizens and financiers, sometimes even investing in specific businesses. In Zadar, a joint business contract in 1372 involved pharmacist Jacobellus and Sir Marin, who provided Jacobellus with 200 ducats in goods with the condition that Jacobellus runs the joint pharmacy for two years. [7] This suggests that pharmacies were profitable, which is evident in notarial records indicating pharmacists' significant financial resources. The communication between the eastern and western coasts of Adriatic played a crucial role in the dissemination of goods, capital, and skilled individuals, including pharmacists from urban and university centres in Italy to the eastern Adriatic cities.

Pharmacists quickly became respected members of society, not only known for their knowledge and collaboration with doctors, but also for accumulating substantial financial resources through commercial acumen. This allowed them to actively participate in the social activities and circulation of capital at the time. Their ability to allocate generous financial resources to monasteries and church orders, particularly through wills and legacies, was highly appreciated.

Grmek describes the items sold in pharmacies and the activities of medieval pharmacists. The main goods were sugar, wax, spices, and dyes, while a primary pharmacist's activity was sugar confection. During this period, sugar was viewed more as a medicine than a food ingredient, serving as the basis for syrups, flavour correction, and drug preservation. The sale of medicines themselves, although primarily handled by doctors, was also conducted in pharmacies. The Dubrovnik statute from 1272 lists goods sold by apothecaries, such as wax, tallow, and saffron.

Contemporary contracts and records provide insights into the inventory of pharmacies. For instance, a contract from 1378 reveals that a pharmacy in Zadar purchased by pharmacist Tomas, son of Johannes Bonomi from Ancona, contained boxes, dishes, and various pharmacy accessories, along with wax, sugar, pepper, syrups, seeds, and other miscellaneous items. This reflects the equipment of pharmacies in the

14th century, which expanded considerably in the subsequent 15th century, with the development of pharmacy and new trade routes. [7]

Regarding the legal aspects related to pharmacists in the 14th century, the basic text of the contemporary communal Statute of Zadar did not contain specific provisions concerning pharmacists. However, subsequent law reform passed in the 15th century included regulations for wax producers, spice merchants, and those involved in pharmacy. These laws specified that individuals engaged in these trades were prohibited from producing wicks or wax sticks unless using purified cotton. Moreover, all candles had to be made from clean, purified, and shiny wax. Violators faced fines amounting to 5 pounds, while confiscated contraband was burned in Zaratín main square. Each manufacturer was also required to place a distinctive mark on their products. Additionally, the regulations addressed spice traders, referred to as grocers. These laws stipulated that all preparations, spices, pepper, and other spice-related items should be made and stored in a clean and uncontaminated manner, free from impurities or other additives. Failure to comply with these provisions resulted in 5 pounds fine for each offender and each offense, with the confiscated items being burned in Zadar's square. The reformation of the Statute of Zadar also outlined measures for the sale of specific goods, stating that spices, cotton, wax, honey, and silk should be sold according to the designated weight and container. [8 p549-51,603]

In contrast, the contemporary Statute of the commune of Split prohibited doctors who were receiving a salary from the commune from entering into partnerships with pharmacists. The fine for such partnerships was 10 pounds, along with additional material and ethical sanctions. Despite this prohibition, pharmacists and doctors often disregarded the provision and engaged in partnerships. For instance, preserved notarial materials for the commune of Split from December 1342 reveal an agreement between physician Jacob and the Spalatin pharmacist Balda, son of the late Francis from Piacenza. In a document written by the notary Johannes, the son of the late Čove from Ancona, Balda acknowledges receiving 60 gold ducats from the communal physician Master Jacob of Padua for trading purposes. [9]

The last wills of the Zaratín pharmacists

During the 14th century, a large number of pharmacists worked in the commune of Zadar. In this period, they were defined in the sources by the terms *apothecarius*, *speciarius* and *aromatarius*. Those whose names are known are: Peter, son of Designa from Ferrara, [10 p39-40] a certain Bonaventura who is mentioned in the investigation that was conducted in 1303 against the Count of Zadar, [7] Francis de Pocus-to, who in 1317 received 300 pounds from Brana, the widow of Stephen de Laba, to do business with her, [10 p104-5] Matheus, the son of Rainaldi from Fermo, who in November 1317 sold his house located in Zaratín quarter of St. Vigil to Radoslav Bratoniša, a resident of Zadar, for the price of 30 and a half pounds. [10 p132] Furthermore, Bonaventura (Ventura), son of the late Ricouiri from Florence and Philip, son of the late Johannes Lupicini from Florence were active since 1340s. Between 1353 and 1355 two local apothecaries are mentioned in sources as *condam*. They were certain Egidius

and certain George. [11] In the document from 1362, the pharmacist Jacob, son of Martin [12 p169] is mentioned as a witness. In the preserved deeds of the Zaratín notary Peter Perençanus, dating from 1370, the local pharmacists Zaninus, son of the late Jacob from Zadar is mentioned. Also, one Italian is mentioned as *speciarius* in the commune of Zadar – it was Jacobellus, son of late master Peter de Amatischis from Rome. [11] In the 1380's there were two domestic pharmacists and two Italians from the city of Ancona. From Zadar were certain Vučina and Colanus, son of the late Guido, while from the city of Ancona were Lipparello, son of the late Mucciarello Toresse and Tomas, son of the late Johannes Bonomi. [7] In the 1380s master Johannes, who was a physician in the commune of Nin, also worked as a Zaratín pharmacist. In 1383 he rented a *statio* from the Zaratín *draperius* Michael, son of the late Peter, which was located under the house where Michael lived, as well as a house for living for a price of 15 ducats per year. [12 p245-6] In the 1390s, the names of the three *speciarii* are known. They were Johannes, son of the late Peter from Florence, [13] Bernard, son of Tauro from Padua [14] and Nucius, son of the Pacini, also from Florence. [15]

As it can be seen from the previous paragraph, numerous apothecaries worked in Zadar, but only five wills from 14th century have been preserved. The first of them was compiled by the Zaratín notary Johannes de Qualis in March 1301, and it is the will of the pharmacist Peter Designa from Ferrara. Since the document is damaged in many parts, its content is quite unclear. It can be seen that Peter owned a *statio* and that he did business together with the Zaratín nobleman Guido de Grubogna and Marcus de Cantono, whom he also appointed as the executors of his will. Peter was quite rich, since he invested a large amount of money – 1535 pounds – to the joint company and business. The will also reveals that he received 100 pounds for his *statio* and for his own benefit from the joint company. In his will he stressed that all debts, documents and loans written in his financial book were true. [10 p39-40] We have no other information about Peter's life and work in the commune of Zadar. However, in the will of Zaratín noblewoman Maria, daughter of the late Stephan de Madio and the wife of a certain Chrysogonus, drawn up in 1292, an interesting bequest is mentioned. Namely, Maria wanted to set aside a certain amount of her dowry for the medicines that were bought from the Zaratín *apothecarius* for her illness. [16 p68] Since Peter is defined in his will by the term *apothecarius*, it is possible that it was precisely him. At that time a certain Orlandino, who was married to Dominicia, daughter of the late Dominico de Abundino, also worked in the commune of Zadar, but in the documents, he is mentioned by the term *spetiarius*. [16 p138]

The next preserved will of a pharmacist who worked in the commune of Zadar is composed in June of 1382. It is the will of the pharmacist Philip, son of the late Johannes Lupicini from Florence. [17] In contrast to the pharmacist Peter, Philip's life and work are documented in contemporary notarial deeds. Philip most likely came to the Zadar commune during the 1340's, because in 1349 he already owned a *statio* in Zadar, as it was stressed in the document from December of that year *Actum Iadre in statione Fillippi condam Iohannis Luppicini de Florentia speciarii*. [18 p41] Philip was a member of the Florentine noble family Lupicini. During his stay in the commune of Zadar he gained quite a reputation and made friendship with many Zaratín noblemen

and citizens. Therefore, it is not surprising that many of them appointed him as a procurator or arbitrator in various disputes. For example, in January 1350, Zaratín citizens Paul Palumbardo and Jadrolus, son of the late Colanus Bono chose him as an arbitrator together with Chrysogonus de Civalellis in a dispute they had. [18 p58-9] In March of the same year, Philip paid 10 ducats to the executors of the will of the late Francis de Lovrechina for the annual rent of the shop in the name of the Florentin citizen Zonus, son of the late Guidotus. [18 p136-7] In 1354, Žuvica, the widow of the late Damian de Rubeis from Zadar, appointed Philip as the executor of the will of her late husband, instead of the Zaratín patrician Nicholas de Zadulinis. [19 p617-9] A year later, a German Henry called Zucharus appointed Philip as his procurator together with Gilbertino de Ciliis from Venice to represent him in all monetary claims from the commune of Zadar. [19 p649-51]

Philip came to the commune of Zadar together with his brother Nicholas, who is mentioned as a *speciarius* in a document from January 1350, but it seems that he was a merchant of general goods, not only of spices, as it can be seen from the later documents. [18 p67] In 1354, Philip bought a house covered with clapboards, with a shop, kitchen, yard, garden and its own water source from Nicholas de Civalellis, Matheus de Botono and Chrysogonus, son of Laurentius de Civalellis, who were executors of the will of the late Francis, son of Bogde de Lovrechina. It is mentioned that stables situated in that garden and yard were built for the horses of the stipendiaries who guarded Zadar. [12 p118] At the beginning of the 1360's, Philip and Nicholas left the commune of Zadar and went to Venice, which is clearly evident from the document dated in March 1366, in which the Zaratín patrician Benolus, son of Nicholas de Galellis, appointed them as his *procuratores*. Namely, the document states that they are now inhabitants of Venice (*nunc habitates Veneciarum*). [20] They lived in the quarter of St. Silvestre in Venice, as can be seen from the document from April 1374, in which Philip appointed his brother Nicholas as his procurator in all his disputes. [12 p153] Only a few days later, Nicholas appointed Angelo, son of the late Johannes from San Geminiano, as his procurator and authorized him to claim all his and brother's goods. [12 p154]

During Philip's absence from Zadar, *protomagister* Andreas, son of Deša, built a wooden house with a shop on the main square for him, for which in May 1371 *draparius* Lucas, son of the late Leo, paid 113 ducats in Philip's name. In the mid-1370's, Philip returned to the commune of Zadar, and in August 1376 he settled the aforementioned debt of 113 ducats with Lucas, and moreover gave him two ducats for the expenses he had. [21] From the document composed in August 1376 it can be seen that he borrowed 410 ducats from the Zaratín *draparius* Michael, son of the late Peter, which he promised to return upon request. [22] It was quite a large amount of money, and the clause stipulating that he could return it whenever Michael asked for, meant that Philip was able to return such a significant sum really quickly. As it is known from the literature, Michael was a very rich and well-known citizen of the commune of Zadar and the inventory of his goods is one of the most luxurious recorded in medieval sources far beyond the Eastern Adriatic coast. Philip had exceptionally friendly relations with Michael, as can be seen from his will, which was composed in June 1382 by the Zaratín notary Johannes Baldinoctis from Casoli. Namely, according to that will, Philip appoint-

ed Michael as the main heir of his property. Philip's capital probably enabled Michael to buy a luxurious house where he spent his last years. Researcher Jakov Stipišić put forward the assumption that Michael inherited his rich library precisely from him, but it is also possible that he bought some of these books together with the house of Lucas, son of Leo, a bookseller. [23]

But let's go back to the will of the pharmacist Philip Lupicini in which he appointed Albert, son of Matheus Compagni from Florence, inhabitant of Zadar, and his servant Krešol, son of the late Lucas from Zadar, as executors of his will. The first testamentary bequest refers to the place of his burial. Namely, he wanted to be buried at the monastery of St. Demetrius, to which he bequeathed 25 pounds. He left 50 pounds to Elena, a prioress of the same monastery, in order to pray for his soul. Philip bequeathed many Zaratina ecclesiastical institutions and persons. Thus, he left 25 pounds to the Zaratina Franciscans to offer Masses for his soul, while he bequeathed 10 pounds to the Dominicans who were also supposed to offer Masses for his soul. He also bequeathed 10 pounds to the churches of St. Mary *Presbiterorum*, St. Nicholas. and St. Peter *de Foro* to offer Masses for his soul. He also bequeathed 10 pounds to his confessor, priest Nicholas from the church of St. Mary *Presbiterorum*. To his servants Krešol, son of the late Lucas, and Živko, son of the late Gregory, he left a monetary bequest of 50 pounds each. He left salary money to his servant Rada, as well as an additional 50 pounds. He bequeathed 10 ducats to his executor Albert, son of Matheus Compagni from Florence. From his will it is evident that he had an illegitimate underage son, Nicholas, whom he demanded to be nursed by Stošija, who was the wet nurse of the daughter of his servant Rada. He bequeathed 50 pounds to each of his nieces, who were the illegitimate daughters of his brother Nicholas: Žuvica, the wife of George called Florentini, and Flora, the wife of Kršul called Nadrečija. He also left 100 gold ducats to his cousin Colanus Lupicini, inhabitant of Manfredonia. All these bequests were to be fulfilled from the goods he owned in Zadar. For all *male ablatis*, he bequeathed 25 pounds for the salvation of his soul. Like many foreigners, he also remembered his place of origin in his will, leaving bequests to Florentine ecclesiastical institutions. He named his nephew Francis, son of the late Nicholas, as the main heir of all his property that he owned in Florence. All his goods that he owned in Zadar he left to his friend *draparius* Michael, son of the late Peter. [24] Although he was not designated as the executor of his will, it is clear from later documents that Michael took care of his property. He took over Philip's financial books and settled accounts with his debtors, and distributed the remainder to those in need. Thus, he paid the salary to Philip's servant Rada, the widow of Dragoš, inhabitant of Zadar, as well as the other legacies. At the same time, according to Philip's wish, *draparius* Michael took care of his illegitimate son. According to Michael's will composed in 1385, it was determined that the boy should be taken care of until he reaches adulthood, when his father's bequest should be given to him. Michael also left a monetary bequest for Masses which should be offered for the salvation of Philip's soul. [25 p524-8]

In the 1390's, three Florentines worked as Zaratina pharmacists, Johannes, son of the late Peter and Nutius, son of the late Pacini, along with Bernard, son of Tauro from Padua. We do not have information about Johannes's life and his residence in Zadar. It

is not known exactly when he moved to Zadar, but he certainly was there in the 1380's, as it is evident from the will of the *draperius* Michael, in which he was mentioned as witness *Iohannes speciarius, habitator dicte civitatis Iadre condam Petri de Florentia*. [25 p528] In May 1392, Johannes composed his will, which was written down by the Zaratín notary Vannes, son of Bernard from Fermo. [13] In it, Johannes was defined as a master (*magister*), and as the reason for composing the document he stressed his illness (*infirmirate grauatus*). As the executors of his will, he appointed the furrier Zenobius, son of the late Francis from Florence, also an inhabitant of Zadar, and his servant Catherine, daughter of the late Cosma called Pedota, to whom he bequeathed his bed and a sum of 100 pounds. He left 150 gold ducats to the heirs of Striban from the commune of Nin, for which he was obliged by some sentence. He bequeathed 25 pounds to his servant Johannes for his work. He left to another of his servants, Nicholas, one ducat for each month of his service. To his confessor, priest Matheus, he also left some sum of the money. As the main heir of his property, he appointed *pauperes Christi*. [13]

Four years later (November 28, 1396), Bernard, son of Tauro from Padua made his will, which was recorded by Zaratín notary Articutius from Rivignano. [14] Like Johannes, Bernard composed his will stressing that he was seriously ill (*infirmirate corporea pergrauatus*). As the executors of the will, he appointed Bishop of Hvar Matheus and two prominent citizens of Zadar, kettle-maker Venturino, son of the late Pacius from Cesena, and barkeep Nigrobon, son of Henry de Peuerino from Padua. The first testamentary bequest is related to the church of St. Saviour where he wanted to be buried, and for the same church he left 27 pounds for the construction of a sacristy. He then bequeathed the Zaratín Chapter, the Franciscans and the Dominicans *pro obsequiis funeralibus*, and left four pounds for the Mass which will be offered on the day of his funeral. He wanted a mitre to be made for the day of his funeral, for which he left 12 *grossos*, while he also left 200 candles for the same occasion. Then he left 25 pounds to Catherine, daughter of master Candido, for her marriage and for salvation of his soul. He left a one piece of cloth 30 *brachiis* long to his servant Jelena. He stressed that Benedict, son of Magiolo de Galellis should give him two ducats, which he left as a deposit, one of which he intended to give to the servant Jelena, and the other to Vlada, the servant of Sir Venturino, his executor. He also bequeathed all the small furniture to his servant Jelena. He left one bed with a headboard, bed linen and pillows to the executor Nigrobon, and above that he also bequeathed two ducats to him. He appointed his father Tauro as the main heir of his property. [14]

On November 16, 1398, the Zaratín *speciarius* Nucius, son of Pacini from Florence was forced by the same physical condition – a serious illness – to compose his will. [15] He appointed the guardian of the Franciscan monastery in Zadar and his servant Radica, the daughter of Diminac Stanavić from island of Ugljan, as the executors of the will. He bequeathed a sum of 20 pounds to the guardian himself, while he left 50 pounds to the Franciscan monastery where he wanted to be buried. He bequeathed 25 pounds to the Dominican monastery of St. Plato. He left the monetary bequest in the same amount to the nuns of the monastery of St. Catherine, as well as the Bosnian Franciscans on the island of Pašman. He left grain to furrier Zanobius, son of

the late Francis from Florence, inhabitant of Zadar, because of some debt he owed him. In his will, he requested that the mass of St. Gregory should be offered for the salvation of his soul. He left all his other property to his servant Radica, whom he named as the main heir of his property. Just one day later, after he made his will, Nucius composed a document in which he admitted that he owed 214 ducats to the tailor Andrija Vidović, a citizen of Zadar, for pepper and salt which he bought. [26] The source does not mention the details of the financial transactions of the *speciarius* and the tailor, but it clearly reveals how they traded with each other. He died soon after, as it is evident from the document drawn up on November 22, in which his executor Rada chooses Zaratin patrician Kolan, son of Benedict de Galellis, as her procurator who was supposed to take care of compiling the inventory of Nutius' goods. [27]

Conclusion

The pharmacists were very present and socially active in Zadar in the 14th century, as evidenced by the names of numerous pharmacist professionals who worked in that city. At that time, pharmacists were closely related to other merchants, moreover, it is difficult to distinguish between these two professions, as confirmed by the research of the authors such as Fabijanec and Grmek. [4,6,7] However, the uniqueness of their craft is highlighted in the greater specificity of the goods they sold, such as sugar, wax and spices, and the skills they had related to the preparation of certain products, such as sugar confections or certain medicines, as evidenced by the previously mentioned will of Maria, daughter of the late Stephan de Madio, compiled in 1292 in Zadar and which mentions the medicines bought from the Zaratin apothecary for her illness. Although we do not have a single piece of information that would give us a closer insight into any method of making medicinal preparations, it is quite certain that Zaratin pharmacists also participated in the manufacture of medicines and not only in the distribution of individual substances. The above can be supported by records in certain documents that list items which can be linked to the preparation of medicines, for example the aforementioned contract of the pharmacist Tomas, son of Johannes Bonomi from Ancona from 1378, according to which it is known that he bought necessary boxes, dishes and other pharmacy accessories, when he purchased a pharmacy in Zadar.

The wills of Zaratin pharmacists composed in the 14th century do not reveal much about their property, but from the other types of documents it is evident that they were wealthy. In their wills they talk about their property in general, without specifying if it was movable or immovable, and which they left to their successors, or to the person that has been chosen as their main heir. Despite the fact that wills do not give insight into the inventory of goods they owned, they give us a clear picture of their presence in the commune of Zadar at the time and the dynamics and quality of their work. Wills are also complemented by other contemporary sources, court files, other contracts, etc., and follow the logical sequence of the pharmacist's life, from active work in the community to the moment when, due to illness or some other reason, they decide to compose their will, proving that they were not willing to die without sharing their property.

It is noted that in the second half of the 14th century there was a greater number of pharmacists who came from Florence, which was connected by the historical and political circumstances that occurred after the Treaty of Zadar in 1358, when Zadar came under the rule of the Hungarian-Croatian King Louis of Anjou. It is evident from the documents that they all made wills because they were seriously ill. It is possible that some of them died from the plague that was raging at that time. When making wills, they followed the established form of testamentary donation. They left part of their property to ecclesiastical institutions and persons for the salvation of their souls, while they left the other part of their property to their family members or friends. It is interesting that a close connection can be observed between pharmacists and servants in the wills, whom they appoint as executors, or, in one case, even as the main heirs of their property.

Although they were foreigners, they fitted into everyday life of the local community and became part of the city's elite. They participated in various financial transactions, ranging from loans to investments, and managed businesses that brought significant profit to them. They owned significant material resources and participated in contracts that used larger sums of money, such as houses, etc. Through business and private connections, they had close relations with the citizens of Zadar. The latter is particularly evident in the example of the pharmacist Philip, son of the late Johannes from Florence, who gained a reputation through his work and residence in the commune of Zadar and made many friends with the Zadar noblemen and citizens. Therefore, it is not surprising that many appointed him as a procurator or arbitrator in various disputes. Likewise, Philip was obviously close friends with the Zaratín wealthy *draperius* Michael, son of the late Peter, since, as mentioned, he bequeathed all his property in Zadar to him.

Despite of the limited content of the wills, they still provide a certain degree of insight into professional and everyday life of Zaratín pharmacists and their representation within the life of the commune. In combination with other sources, such as contracts and lawsuits, as well as provisions of communal statutes, it provides the possibility of setting a slightly more dynamic and layered picture of life in Zadar in the 14th century.

Rezime

U radu se na osnovu arhivske građe raščlanjuju oporuke zadarskih apotekara iz 14. stoljeća pohranjene u Državnom arhivu u Zadru. Iz sačuvanih oporuka možemo pratiti tijek oporučnog darivanja ali ujedno tako i rekonstruirati sliku o prisutnim apotekarima u gradu Zadru u 14. stoljeću. Uz to što su detektirane osobe koje se bave apotekarskom djelatnošću u Zadru u 14. stoljeću prati se njihov društveni angažman te veze koje oni sklapaju sa stanovnicima grada. Te su veze bile poslovne, prijateljske ali i u obiteljskom smislu. S obzirom na oskudnu pisanu dokumentaciju iz tog doba za područja istočne jadranske obale i tamošnjih gradova ova je građa dala značajan uvid u prisutnost i aktivnost ljekarničke struke te trgovačkih i stručnih komunikacija duž jadranske obale i njezinog susjedstva. U radu se ujedno pokušava rekonstruirati koji

su proizvodi sa kojima su trgovali ili koje su proizvodili. Jednako tako se preispituje uloga apotekara u tadašnjim dalmatinskim komunama, njihov socijalni i financijsko ekonomski milje te smještaj ljekarnika unutar tih odnosa, kao i sam status ljekarničke struke u tom ranom periodu njezine profesionalizacije u kojem se još uvijek usko vezuje uz ostale trgovce.

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Submitted: 20/10/2023

Reviewed: 27/10/2023

Accepted: 29/10/2023

Original scientific article
UDC: 61(497.113)^{”17”}(093.2)
614.253(497.113)^{”17”}(093.2)
DOI: 10.5937/acthist2302019D

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ANTONIUS MERKEL AND CAROLUS RAISSINGER: DISPUTES REGARDING THE MEDICAL TREATMENT OF PATIENTS IN SOMBOR IN 1775¹

Abstract: This paper presents several documents kept in the archive of the city of Sombor in the fund of the Magistrate of the Free Royal City 1749-1918, which refer to an interesting case of an attempt to challenge the treatment given to two patients by the city surgeon, Antonius Merkel. The lawsuit was filed by another doctor, Carl Reitzinger, accusing his colleague of excessive treatment costs and the use of certain medication. Although the attached documents do not shed light on the conclusion of the dispute, one gets the impression that Antonius Merkel successfully justifies his actions. The transcribed and translated documents provide significant insight into the nature of medical treatment in Sombor in the second half of the 18th century.

Keywords MeSH: Medicine, Jews, Vojvodina

Non MeSH: Medical treatment, Antonius Merkel, Carolus Raissinger, Sombor, 18th century

¹ The realization of this research was financially supported by the Ministry of Science, Technological Development and Innovation of the Republic of Serbia as part of the financing of scientific research work at the University of Belgrade – Faculty of Philosophy (contract number 451-03-47/2023-01/ 200163).

After the Austro-Turkish War of 1716-1718 that ended with the Treaty of Passarowitz, [1, 2 p15-17] the Habsburgs were in a position to organise the quite depopulated lands that they conquered from the Ottomans. During the 18th century, the region of Bačka became one of the newly acquired possessions that attracted settlers from different parts of the empire. In 1745, Sombor was excluded from the Military Frontier and was included into Bacsensis County, allowing it to develop as a centre of civilian life but also a merchant place close to the military frontier. Sombor became an even more appealing destination in 1749 when the town gained the status of 'Free Royal City' [3 p519, 4 p2]. The most valuable archival fund within the Historical Archives of Sombor - Magistrate of the Free Royal City 1749-1918 gives valuable data for the epoch.

In the second half of the 18th century, Sombor developed as a significant trade and craft centre of western Bačka. After Maria Theresa of Austria assumed the throne as Queen of Hungary in 1740, the Habsburg authorities vigorously colonized their subjects from other parts of the empire in the relatively depopulated area of present-day Vojvodina. The Habsburgs tried to revitalise the newly conquered areas which lost a high percentage of their population in the 17th- and early 18th-century wars with the Ottomans. During the reign of Empress Maria Theresa, the first big migration happened, mostly of German Catholic subjects of the Empire, and their settlement in the newly acquired provinces in the southeast of the Empire took place, especially between Timișoara and the Tisza. After the Emancipation Act(s) of Emperor Joseph II – in 1781 for Austrian Jews and 1783 for Hungarian Jews – that led to the changes of the urban structure. Those changes were reflected in towns like Sombor as Jewish doctors, along with merchants and craftsmen started to settle in the city. Still, in the period before the 1780s, two of the few doctors who operated in Sombor were Germans: Antonius Merkel from Sombor and Carl Reitzinger (Carolus Raissinger) from Bacs. The presence of Germans in the region of former Southern possessions of Habsburgs continued even after the collapse of the Empire until the late 1940s when they were expelled [5 p15-7]

The documents presented in this work represent the objection of Doctor Carl Reitzinger from Bacs to the treatment of two patients, Andrea Šarčanski and Jovan Perković. Sombor doctor Antonius Merkel treated those two patients. Doctor Antonius Merkel was called to account for the negligent treatment because, as Reitzinger states, various rumors spread about the case. Those rumors prompted him to ask the magistrate of the city of Sombor to conduct an official investigation into the case of the said treatment [6].

First of all, Reitzinger challenged the treatment of Andrea Šarčanski, who was beaten and probably stabbed with a knife. Reitzinger complained about the exorbitant amount of money charged for the treatment and contested the injuries that Merkel stated in his report, deeming them invalid because the Sombor doctor did not provide information on the parts of the bone he said were missing nor the knife with which the patient was stabbed. This is exacerbated by the case of Jovan Perković, whose arm was amputated, where Reitzinger also disputes the administered drugs and their doses.

Antonius Merkel firmly stood behind his actions and even asked for arbitration from the University of Trnava. Unfortunately, due to damage to and illegibility of cer-

tain parts of the text, it is not possible to fully understand all the medication that was administered. Some documents are also not dated, which adds to the difficulty in reconstructing the events. They are listed here in the order they are stored in the archive. Although the documents do not allow for a deeper insight into the entire case and its resolution, it can be seen that Reitzinger was found guilty of defamation to some degree, but also that Merkel was stripped of responsibility for the treatment of the patient Jovan Perković. The documents represent a testimony worth taking into account in order to understand medical practice and procedures in the second half of the 18th century in Sombor. They are located in the Historical Archive of Sombor in the fund of the Magistrate of the Free Royal City of Sombor 1749-1918 under the signature 200.1775 [6].

Transcript

Visum repertum

Super Andream Scharcsanszky inhabitatorem Patsiviensem verberatum et laesum ex dat. 30 Aprilis Anno 17750

1. Ex parte sinistra in Capite, cum magna Extravasatione arteriarum breviorum sanguinis, tumentibus circumsti partibus, laesa epidermi, et post hanc membrana carnosae, os occipitis, seu Contusum factum e regione sutura coronalis periosmium pericranium ut excepta fragmenta commonstrant.
2. Ex parte lateris sinistra epidermis, musculi carnoli Arteria ex et inter costalis, a costa vera septima cum laesione musculi inter costalis, et costae primae spurine ictu cultri, transvibrata, idem ictu cultri in indusio apparentis commonstrante.
3. Humerus sinister, ob violentum adgresoris tractum seu vexam luxatus.

Zomborini usque 25. Mensis Maii 1775.

Per me Antonium Merkel ibidem Civitatis Chirurgum

Visum repertum In Andrea Sarcanskii incola Bacseniensi verberato et vulnerato 1775.

Amplissime Magistratus Domini Domini Singulariter Colendisimi

Ex quo iniquus de et super honestam mei personam characterem que mecum, rumor, frequentiore gremialis Apothecarii, ubi hactenus esset intrans, garrulitate coram eodem Amplissimo Magistratu, non sine horrore proponenda concitatus, magnum rerum mearum functionis quippe hicce ob eunde honorisque dispendium ac jacturam fecisset proinde humillime eidem Amp. Magistratui in favorem quatenus, petitam toties Commissionem Magistratualem sine ulteriore querelarum mearum dilatione in illegalitatem praefati Apothecarii inquisitionem, et satis factorie animadversuram, idem Amp. Magistratus, benigne mihi resolvere, et assignare dignaretur ne re dilata vel

secus neglecta violentis adgresoria remediis in prefatum pharmacopaum Q. D. I. O. Avertat reciprocari contingar qui in reliquo jugi cum veneratione emorior.

Amplissimi Magistratus

Humillimus servus Antonius Merklis Civitatis chyrurgus

Ad Amplissimum Magistratum Libere Regale Civitatis Zomboriensis
Dominos Dominos et Patronos Gratosissimos

Humilima Instantia

Introserta supplicantis

Super visu reperto in Andrea Scharcsanszky formata per Dominum Carolum Reisinger Civitatis Batsiensis Chyrurgum difficultates soluuntur punctis sequentibus et quidem

1. Desiderata e Capite Patientis prefati fragmenta cranii extra controversiam produci.
2. Ad objectum Taxa chyrurgica Torkossiana? Factum in specificatione mea excessum refellendum dictam Taxam in autentico suo per D. difficultantem producendam esse quippe pro vulnere Laesi cum conquassatione 30. Expresse florenos exposcentem.
3. Ad pretensam medicamentorum in Curationem Cranii adhibitorum specificationem regeritur ipsam prefatam taxam citra ullam adhibitorum medicamentorum fiendam mentionem quippe fatigium curantis et remedia supra memorata summa deponenda jam esse dignum, prasumentem, talis modi difficultantis inconsiderate desideratam specificationem simpliciter refellere et cassare. Quasi vero, si quod Arcanum curandi remedium mihi esset, cum eodem D. Raizingero etiam esset communicandum. Denique
4. Difficultanti sciscitanti, num ictus cultri ad cavitatem corporis internam penetrasset, negative respondetur; nihilo secius, cum vulnus tale ex regulis et praxi Anathomica lethale esset, curam ejusdem vilem nullatenus fuisse. Profundum vero fuisse illud, et culter et indusium vulnerati suprafati Patientis omnino esse demonstratura.

Per me Antonium Merkl Civitatis chyrurgum

Antonius Merhl Civitatis Chirurgum visum repertum et mercedem presente

Amplissime Magistratus Domini Domini gratiosissimi

Quod iteratis vicibus coram Amplissimo Magistratu ratione substrato specificationis per me curatorum patientum prodire debeam; omnino rubori ducerem, si Amplissimi Magistratus aquanimitatem minus haberem cognitam.

In me quovis gremialis Apothecarius sui, erga insumta medicamenta exconsentationem ex mea specificata summa, 43 florenorum, mihi obveniente fiendam sibi; Cum illa consulta mihi vix pretium prossitorum dictis patientibus victualium remaneret.

Supplex instarem Amplissimo Magistratui, quatenus in promemorata specificatione, medicamenta, per me erga paratam coemta non nisi subintellecta idem Amplissimus

Magistratus velit et pro memoratum vero Apothecarium citra summa mihi obvenientis diminutionem excontenturo. Qui in reliquo pro illa gratia imploro omni cum venerationis cultu persevere.

Amplissimi Magistratus
Humillimus servus Antonius Merkl Chyrurgus

Ad Amplissimum Magistratum Libera Regale Civitatis Zombor et dominos dominos Singulariter Colendos
Humillima instantia

Super viso reperto Domini Antonii Merkl Civitatis Zomboriensis Chyrurgi in Andrea Sarcanski inhabitatore Bacseniensi die 30a Aprilis 1775 confecto sequentes exponuntur difficultates et quidem:

1. Exponit D. Merkl quod in Capite Fragmenta Cranii repperit, interim hoc probare ab invisis esset absurdum, nisi produxerit fragmenta, insuper autem, dato, eo ut fragmenta Cranii repperit pro fatigio tamen, et adhibitorum medicamentorum speciebus exponit ad florenos 30, quia vero taxa chyrgica = Torkosina In tantum semet extenderet in similibus seu pro le- sione cranii ut Curans fatigium suum desummere posit in 8, 10 vel ad sum- mum 12 florenos. Jam autem cum dominus Merkl nimium excederet hanc taxam chyrgicam, imo quod plus esset adhibitas medicamentorum spe- cies in curationem cranii, nullas specificice exponeret, ad eoque hoc difficult- anti
2. Exponit dominus Merkl, quod supranominatus Sarcanski cultro lesus sit inter costas primas spurias id tamen Dominus exponens non dilucidat ut- rum ictus ille ad cavitatem corporis penetraverit, igitur hic difficultas surgit si ad cavitatem corporis interni non pervenit, esse hanc curam chyrgicam vilem adeoque si Lesio seu cultri ictus usque cavitatem corporis non pene- travit praetensio est, magna in specificatione exponenti exposita, hoc itaque restat ut superetur difficultas producat Dominus exponens tam cultrum, quo ictus datus est, quam et supranominati Sarcanszki.

Itaque dum duxe exponerem difficultates responsum et replicas a Domino Merkl praestolor
Zombor 30a Junii 1775. M Carolus Reissinger.....comidus chyrgurgus

Quoad specificationem medicamentorum, ex Apotheca Zomboriensi in curam ampu- tata manus Joannis Berkovics Civitatis Zombor panduronis per Antonium Merkl, Civ- itatis chyrgurgum, adhibitorum difficultantur sequentia: et quidem

1. Difficultatur Oxi mel squilliticum bis acceptum
2. Difficultatur oleum Therebuntur Ter acceptum
3. Difficultatur denominatum vinum medicatum sex dictum spatio adhibitum
..... Pro sarcsa.....lis adhibitorum

4. Difficultatur Rosali Laxans semel adhibitorum
5. Difficultatur mercurius praecipitatus ruber inquinque Lotonesus acceptisse quoad quantitatem multum percepisse
6. Balsamus Koppaive difficultatur Pro Pem divialuos
7. Difficultatur species Aperiti: cum folia senne binis vicibus, mauna binis vicibus et denique in toto binis vicibus species aperitiv cum Adhibita
8. Difficultatur essentia Lignorum cum balsamo Koppaive
9. Difficultatur Pillulae mercuriales
10. Difficultatur Laudanum opiatum quoad quantitatem acceptum in una Drachma et semi Praespecificatos medicamentorum species non methodice applicari potuerunt, pro 10, pro 20 autem supradictus Banduro secundum factam eis explicationem nihil similis sumpsisse

Difficultantur sequential quoad specificationem chyrurgi Antonii Merkl in medicamentis unde allatis et quidem:

1. Exponit D. Antonius Merkl quod in defectu Apothecae Zomboriensis medicamenta pro tribus fluis 36..... attuleris, locum tamen unde et per quem allata et quanti comparata, imo neque speciem medicamentorum denominat, sed solum generice loquitur adeoque hoc ilucidandum restat.
2. Idem D. chyrurgus Antonius Merkl in Instantia sua ad A. Magistratum correcta exponit quidem optime qualia pericula prometuenda post amputationem manus, attamen recte sibi contrarium hoc in merito loquitur, dum nimirum in sua specificatione exponit quod eidem Patienti dictim perduas medias vini praestiterit quod contra omnem methodum medicorum et chyrurgorum practicum exstitit, dum taliter eidem patienti vino inservierat.

Super taliter excussis et ruminatis medicamentorum speciebus, per Antonium Merkl Civitatis Zomboriensis Chyrurgum in amputationem manus adeoque in cura Joannis Berkovics adhibitis per me infrascriptum admittentis difficultatibus, hisce testor et recognosco medicamenta, qua difficultata superius haberentur non industria et arte chyrurgica, adeoque methodice applicata non sunt (esse) in cuius rei fidem hacce subscribo.Zombor 30a Junii 1775

M Carolus Reissinger Chyrurgus

Amplissime Magistratus Domini Domini gratiosissimi!

Requisitus pauco ab hinc tempore nomine Amplissimi Magistratus specialiter a Dominis Nicolao Parcsetics Actuali Libera Regaleque Civitatis Zombor iudice meritissimo ac Josepho Markovics ejusdem civitatis senatore dignissimo ut ad eorundem expensas in cuncta cura in Joanne Berkovics civitatis pandurone et Andrea Sarcsanski inhabitatore Bacseniensi a Domino Merkl civitatis chyrurgo, exercita ejusdem et specifica(ti)onem et medicamentorum adhibitorum tam in quantitate uti et qualitate speciem investigarem moram gesturus itaque ac magis petito

dominorum magistratualium obsequitus modestia qua par est. Difficultates caeteroquin A. Magistratui cognitae sincere nulloque livore ductis exposui quas etiam clarissimus Bacsensis dominus Josephus Bernardus de Gregori non solum non reprobavit, quin insuper nimium in quantitate et qualitate medicamentorum excessum declaravit prout in autentico claret delendo: Qui si scripto dat super re ab A. Magistratu consultus fuerit indubie uberiores, clarioremque relationem cunctum causa presentis concerneret facturus est: Has tamen Difficultates ut verbis ejusdem domini Merkl in replica ad eas facta ut nullasque, ac injustas recognoscit, nec hisce furiosi animi finis insuper prout sub..... A. et D signata attestata comprobant et et nullius frugis dominem compellere attentavit; Qua super dehonestatione publice facta cum tantum pro honore, quantum pro vita excubandum si dolorose ad A. Magistratum pro satisfactione recurro; quatenus dehonestans condigna statutaque 57. 1723 et 722a delicti pena in emenda lingua afficiatur, eam sic retrata..... Castigat... condicat ac demum sistis super difficultatibus dubium quodpia D. Merkl conciperet, adigatur, ad effective deponendos 100 florenos quos et ipse lubens volens que totidem parabo sic..... ad jacta? utilitatis facultatem, et mea exposita difficultates, ejusque specificatio medicamentorum, ex replica ad praeattactas difficultates censuranda submittantur. Qui Jugi cum veneratione persisto.

A, Magistratu

Humillimus servus Carolus Rajzinger Chyrurgum Cottensis et Casalis Apatinens

Ad presentem Instantiam in Senatu perlectam determinatum Est:

Partibus A. et J. in figura Judicii personaliter constitutis, ac itaanditis, siquidem pars J. expo(s)ionem Non nequaret, quominus Quoque confirmaret, adeoque citata..... legum censura legitime Substarnenda esset, quia tamen pars eadem J. testante notarietate publica solvendorum solutionis fundo destitueret; Hinc eadem partem J. viginti quatuor horarum aresto afficiendam decernitur.

expensas quod 2 18 parti A. adjudicari

Actum in Senatu Zomboriensi die 5. 7.... 1775.

Per Magistratum Libera Regale Civitatis Zomboriensis

Praesentem instantiam eo fine communicat: cum Antonio Merkl quatenus ad introserta expositionem scripto respondere velit pro die 5a 7.... 1775.... In figuram Senatus Consessuri pro socis matutinis compariturus secus partis comparentis ad instantia juris ordo servabique Senatu Zombor die 29a Aug. 1775.

Extradat per me Joannem Civitatis vice notarius

Ad Amplissimum Libera Regaleque Civitatis Zomboriensis Magistratum

Dominos Dominos Singulariter Colendos

Humilima instantia

Supplicantis Domini Rajzinger in puncto dehonsetationis contra Antonium Merkl exprorecta

Ad contexas per Carolum Reisinger, quoad medicamentorum factam abs me specificationem difficultates, sat ex eo quod citra uberiorem status patientis Joannis Perkovits Civitatis Zombor Pandoronis considerationem essent formata, memoratu difficultatnti licet nullatenus respondere obligarer ex caussis

1. Non me factu D. Difficultanti nec ejusdem contubernio subesse, ipsum que in praejudicium contubernii mei Szegedinensis ad res meas se adeo.
2. Non me ejusdem examini, taceo in causa qua chyrgica sub ob noxium ab eodem difficultante provocari posse receptura fors mea aut cura ordinem glosatura vel taxaturo quippe ex dictamine legum nostrarum res disputabiles ad universitatem Tyrnaviensem a Sua Majestate Regia gratis et erga nullam taxam nobis resolutam pro decisione finali submittenda sunt.
3. Patientem nec ex parte Camerae, nec Comitatus fuisse; ideoque citra notarietatem meam a supra fato D. Raisingero inlueris ejusdem aperitionem contra leges chyrgicas haec illegaliter esse factam immo non necessariam ex eo
4. Quod supra memoratus partem, post praelapsas sex septimanas dies que criticos superatos ex omni periculo liberatus fuisset; ex eoque extra graviorem agrimoniam constitutus quod ad plictum D. Reisinger exspotiari jam potuerit. Gustu Tamen Amplissimi Magistratus Gremialis ac in gratiam ejusdem A. Magistratus sequentem replicam apologeticam concitatam ad pretensas difficultates punctatum regero et quidem ad
5. Quo ad difficultatum oximelsquiliticum D. difficultam contra anatomiam fallitur expers qualibus viis post passas alterationes amputationem excipientes et quantum defectum pati debuevit pectus patientis.
6. Quoad difficultatum oleum Therebintine fallitur difficultans non distinguens ab Astatem partes post amputationem arterias quippe venas musculos etc etc ad putrefactionem ex sententia profesoris Schaars Schmiedt et Aeiszter accendentem.
7. Alibi quia Scharcsanzkis adhibitum
8. Prater propter difficultans dicat in qua materia medica legerit amputatum obstructions alui patientem laxatius uti non posse.
9. Ex eo quod mercurium in quinque lothonibus praescripsisem non sequitur maleque concludit difficultam, me etiam tantum seu patienti adhibuisse praeterea vero notandum eundem antiquum et post exhalatas vires debiliorem copiosius statu se vulneris poscente, fuisse accipiendum, non obstante quod res dicitas de eodem mercurio apud me huc dum reperibilis sit.
10. Alibi: quia ad specificationem pertinet Hajdonis alterius.
11. Quoad difficultatas species aperitiv: majores videtur ignorare difficultam materiae medicae paragraphum 8am et chyrgicae 6um 50am sub de amputationibus et praescriptionem dieta beneficium natura tanquam amputatum curandi argumentum per predictas species promonere innucentes.
12. Alibi: quia ad specificationem Hajdonis pertinent alterius.
13. Alibi: in specificationem Hajdonis alterius

14. Quoad laudanium opiatum ex eo quod ad semel in una drachma et semi accepissem, non concludat difficultans tandundem me supra fatu patient adhibuisse pro una dosi: hoc enim tentato interfectus fuisset extra controversiam. Per reflexionem non D. difficultantem Tartari Emerici quadam vice unam unciam accepisse in prete ex eo conclusurus, eundem tantundem etiam una dosi patienti applicasse. Caeterum praeservative apud me residum deperibile est. Quod vero saepedictus difficultans in oggestino suo subjecerit praespecificatas medicinas methodice summi non potuisse, ex eoque idem quod patiens meus nihil similis sumpsisse dicatur, conjicere; falsum idem jam ex eo esse apparet, quod medicamentorum praesenter jam distinctio abs me esset facta, alias predictum difficultatem in antispecificatoria ejusdem confusorum. Quati vero etiam Hajdo idem inter medicina quod piam dignoscere noverit. Caeterum
15. Ad oggesta quaestionem denominandi locum et personam unde scilicet et per quem quaedam medicamenta essent allata et qualia illa nihil respondeo sicut nec dictus difficultans immo nullus chyrurgorum idem fecerit: sufficit saepe attacku... Patientem, in defectu hujatis apothecae non subministrantis desiderata per me medicamenta, minime aqua fontana in gravioribus alterationibus ejusdem perservatum et curratum fuisse. Et
16. Quoad difficultatam duarum medicarum vini tenuioris dictim post tam patienti potionem difficultanti respondetur 10 idiotismum in hoc passio eundem redolere, quod inter dies criticos, quibus patienti talismodi bono potio aqua perfusa subministrabatur: et reliquos securos quibus patiens extra periculum lethale constitueretur, nullam distinctionem faciat, factum id asserens contra omnem methodum medicorum et chyrurgorum ineptissime. Cum 20 e contra Claris Hoffman asseneret pro majore chili dilutione generosiora quoque vina Campaniense, Burgundiense et Tokajense, esse administranda patienti. 30 distinguendum porro difficultanti saepéfato intra nationem et nationem Germanicam quippe et Hungarico Rascianicam, quamlibet dijetam longo usu sibi adscitano seu per ex aequo exposcentem. Certe nullam vel saltem parciorem dicto patienti praestiturus potionem omne cum stomacho vinaria potioni adsueto corporis vires exhussisset, gravioris proin agrimoniae seus futurus. Licetne hac quidem dijeta dictus patiens contentatus, allato clam pro cognatus vino saepe copiosiore se ingurgitavet, ob similiaque tentata, abs me reprehensus et coauctatus, ficta alia qua querela, a cura mea degener factus est.
17. Quibus ita regesti et hi ulcis difficultatibus Caroli Rajzinger excussisset ruminatis, finali de super aequo Accademico judicio et decisione peremtiniae ejusque J. civitatis Tyrnaviensis medicae presentem apologiam meam, per altefatum A. Magistratum, substispatorio suo sigillo submitti ac promuneri esslagtam? Et humillime eidem A. Magistratui recommendans per que cum veneratione persisto.

A, Magistratus

Humillimus servus Anton Merchl chyrurgus

Praesenti replicam perfecta existente determinatum est. Eamdem replicam domino Rajzinger re..... ac eo sine communicari quatenus si quid in obviis Habet; pro uberiori rei dilucidacione repromere Ne gravetur. In Senatu Zombor..... die Aug. 1775.

Extradatum per me Stephanum Csoha iudicus civitatis

Regestina apologetica super pretensis difficultatibus quoad specificationem medicamentorum Jovan Perkovits Pandonronis Zomboriensis
Per introserto N.

Amplissime Magistratus Domini Domini Gratosissimi!

Certo persuasus, ab alienationem Laesi patientis Hajdonis apud me a prima Majis usque ad decimam quintam mensi Junii curati non citra notorietatem ejusdem Amplissimi Magistratus, factam fuisse; humillime per eundem Amplissimum Magistratum pro hic, et num informari, instatem, quibus nam vel rationibus, vel via ductos idem Amplissimus Magistratus, talis modi patientis ultrone an curam, tertio cuidam commisisset; Cum in contrarium facti, sequentes, praesentari possint ac debeant rationes. Et quidem.

1. Quod praefatus patiens ad latus meum, omni desiderabili sedulitate, secundum consuetas anatomicae leges curatus, curae, quae post amputationem membranam consequi solent, pericula. Lethalius, velut febrem vulnerariam, gangrenam, et hemoragium, verbo potiore partem superaverit, brevissimo, quod residuum est, tempore, plenarie restituendus. Ut adeo simplicissima quoque veterum applicatura vulnere; jam curando sufficiens sit futura.
2. Quod praedicta patientis ab alienatio post habito mihi qua civitatensi haec Viennae, vero examinato, et approbato, ne post, 23 annos: Regimentali cui Millenae amputationem resanctiones semper felicissime cessissent, chirurgo, summum praepudicium aequae ac respectum Curialicet magis quidem eo, quod uni in literaturum N. Ssanbio?, nec probato, nec exercito praefatus patiens esset assignatus.

Quibus officiose representatis causis eidem A. Magistratui humillime porro instarem quatenus chirurgum quem placeret Regiminis stabulem, dicerem autem szent Maria Erga expensas praesumptivas hucce accessere, idem Amplissimus Magistratus dignaretur num quid, errorem circa curationem vulnere Lesi abs me esset commissum revissurum ne fors in contrarium administrando iudicio populus precepta, de me opinione sinistra, ultro nec curae meae prorsus diffideat. Qui in reliquo jugi cum veneratione emorior.

Amplissimi Magistratus

Humillimus servus Anronius Merkli civitatis chirurgus

Ad Amplissimum Magistratum Libere Regale Civitatis Zomboriensis Titt. Titt. Dominos Dominos et Patronos Gratosissimos

Humillima Instantia

Introserti supplicitis

Specificatio Andream Szarszanski concernentem

| | | |
|--|----------|----------|
| | F | |
| Pro conqwasatione granii Unacum vulnere – 30 - | | |
| Pro curatione lateri vulneris | - 5 - | |
| Pro repositione eluxati humeris | - 3 - | |
| Pro intertentione una cum victu et cura | - 9,, 36 | |
| | Summa F | 47,, 36x |

Antonius Merckel chyrurgus

Consumpta medicamenta

1. Ad panduronem civitatis Merhl medica.... accepit 15
..... 5
 2. Ad Andrain Sharcsansky 5 // 25 f
 3. positio redi.... Ad 25 florenos quod disintensata visuras congna-
sati cranis puncta non sit tum quod apud torhassiam simul vulnus ad inplicem
classem reducat ideo medicus presenti locu.... Habet.
- Specificatio Andream Szarszanski concernentem ex

Translation

Medical report

Patient Andrea Šarčanski (Andrea Scharcsanszky), a resident of Bacs,² who was beaten and injured on the date of April 30, 1775.

1. The left side of the head: profuse bleeding from shorter arteries and swelling of the surrounding tissue, injured skin and, with an injury to the cranial socket, there is a contusion at the place of the cranial suture, as shown by missing parts of the bone.
2. The left side: injuries to the skin, muscles and arteries in the intercostal area with an injury to the intercostal muscle to the seventh rib, as well as in the area of the first rib caused by a stab wound with obvious bleeding from the wound.
3. The left shoulder bone: dislocated due to a violent pull or blow by the attacker.

In Sombor, precisely on May 25, 1775.

² Here, Pačir is mentioned as the place of birth of Andrea Šarčanski, but later is mentioned as Bač.

The findings were compiled by Antonius Merkel, the surgeon of the aforementioned city.

Medical report for Andrea Šarčanski, resident of Bacs, beaten and wounded in 1775.

Your Excellence Magistrate, dear gentlemen!

As the slander, gossip, and talkativeness of the guild apothecary in front of the highly respected Magistrate caused horror and doubts regarding my honesty and personality – and that because of all that was said – I suffered great shame, damage and defamation of my own reputation. I, therefore, most humbly ask the exalted Magistrate to undertake an official investigation of the Magistrate without further quarrelling nor suing of the apothecary in question and its personal investigation. I, therefore, ask the Most High Magistrate to graciously grant me this request and not to ignore the attack of the apothecary in question any longer. In this way, let it be avoided that I respond to those accusations with the same measure. I remain loyal and highly respectful of the Magistrate in every other respect.

Your Excellence Magistrate, dear gentlemen!
Humble Servant of the Most High Magistrate,
Antonie Merkel, City Surgeon

To the Most High Magistrate of the Free Royal City of Sombor, dear gentlemen and patrons

The petitioner's humble request as attached

On the subject of the medical report of the patient Andrea Šarčanski made by Mr. Carl Reitzinger, surgeon of the city of Bacs, with the request to resolve ambiguities on the following points.

1. I was asked to attach pieces of the patient's skull.
2. On the subject of objections regarding the fee paid to the surgeon and the assertion that it is too high, I note that it is difficult to state how much it should cost, as it concerns injuries caused, along with [other] injuries and beatings, however, a fee of 30 florins was demanded.
3. Regarding the specification of the drugs that were used for the rehabilitation of the skull, it is calculated that this fee amounts to more than was ever mentioned, because this includes not only the drugs but also the work of doctors that exceeded such an amount, and therefore it is unnecessary to dispute this item and ask for a simple specification of the bill and medications. It looks like I should talk to the doctor in question (Dr. Reitzinger) about some secret drugs I've been using.

4. Finally, when the patient was asked whether the stab of the knife had entered the stomach of the body, the answer was negative; I consider such a question completely inappropriate, since such a wound is considered lethal according to the rules and practice of anatomy. The wound was deep and the stabbing of the knife caused the bleeding of the aforementioned patient, as has already been explained.

I, Antonius Merkel, City Surgeon

Medical Report of Antonius Merkel, City Surgeon

Your Excellence Magistrate, dear gentlemen!

As I have been asked more than once to submit a report and account for my care of the patient before the Most High Magistrate, the less I understand the indifference of the Most High Magistrate. Although the guild apothecary insisted that the sum of 43 florins was too high for the medicines I used, I have to say in my defence that there was hardly enough left over from that sum to feed the patient in question. Therefore, I earnestly ask the Most High Magistrate that the Most High Senate take into account that the mentioned specification of drugs is actually below what was actually used, which the mentioned pharmacist persistently tries to problematise to my detriment. I remain full of respect and gratitude for the mercy of the Magistrate.

Humble Servant of the Most High Magistrate

Antonius Merkel, Surgeon

A humble request to the Most Exalted Magistrate of the Free Royal City of Sombor and respected gentlemen

On the subject of the medical report of Mr. Antonius Merkel, surgeon of the city of Sombor for the patient Andrea Šarčanski, a resident of Bacs, dated April 30, 1775, there are certain disputed points, namely the following:

1. Dr. Merkel claims that he found fragments of the skull on the head, yet to claim that without proof is completely absurd, since he did not attach the fragments of the skull, and, as, after all, it was claimed that he did not do it to pay for his work and that he presented a report on the cost of drugs of 30 florins, it must be noted that no more than 8 or 10 florins and no more than 12 florins can be taken for an injury to the skull and for the [required] work. However, since Mr. Merkel greatly exceeds the amount for the surgical fee in the report, and does not specify the exact costs for the specific drugs used for the reconstruction of the skull, we come to an objection.
2. Mr. Merkel states that the aforementioned Šarčanski suffered a stab wound in the intercostal region near the first rib, and yet he does not shed any light on whether the stab in question penetrated the inside of the body, which

raises doubts as to whether his entire surgical intervention was unnecessary because, if the stabbing did not penetrate the internal tissue, it is a scam and the amount of money stated for the treatment excessive. It will remain so and disputed until the aforementioned gentleman presents the knife with which the aforementioned Šarčanski was stabbed.

So I present all doubts and objections in anticipation of answers and clarifications from Mr. Merkel.

Sombor, June 30, 1775, Carl Raissinger (Carolus Raissinger), Surgeon

The doubts [concerning] and objections to the specification of drugs from the Sombor pharmacy for the treatment of Jovan Perković, whose arm was amputated in the city of Sombor by Antonius Merkel, the city surgeon, are as follows:

1. [Objection to] Oxymel with scylla, administered twice.
2. Stink oil, administered three times.
3. Medicinal wine taken 6 times due to bleeding and wound [is problematic].
4. [Objection to] Rose laxative, administered once.
5. Red solution of mercury oxide, applied more times than necessary [is problematic].
6. Balm
7. [Objection to] Taking a type of aperitif with senna leaves twice, as well as flowers of that plant twice, and generally taking any aperitif twice.
8. [Objection to] The application of wood essence with balm.
9. [Objection to] Mercury pills.
10. [Objection to] Laudanum, an opiate, because the amount taken was 4.3 grams.

All of these drugs together – and their kind – could not have been administered methodically for 10 or 20, and therefore the person concerned probably could not have taken anything like what was stated in the report.

The items stated in the report of the surgeon Antonius Merkel regarding the administered drugs and where he took them from are disputed as follows:

1. Doctor Antonius Merkel states that, due to a shortage in the pharmacy in Sombor, he took three different medicines for 36 florins, although he does not mention from where he acquired the medicines or the specific type of medicine, but only speaks about it in general terms, and therefore this doubt needs to be clarified.
2. Mr. Surgeon Antonius Merkel, in his petition to the Most High Magistrate, states that all dangers should have been avoided after the amputation of the arm, and yet in his report he states that he gave the patient wine on several occasions, which is in complete contradiction to all known methods of surgical practice and treatment.

On the subject of the problems [with] and misuse of drugs that have just been exposed, which were applied by Antonius Merkel, Sombor City Sur-

geon, during the amputation of the arm and then the treatment of Jovan Berković, I, the undersigned, present all these problems and doubts and claim that it was not according to the established practice of surgical skills, and that the drugs in question were not administered methodically. I am attaching my signature as proof of everything I have stated. Sombor, June 30, 1775.

Carl Reitzinger, Surgeon

Your Excellence Magistrate, dear gentlemen!

Recently, I received a request on behalf of the Most High Magistrate – and specifically from Mr. Nikola, the current respected judge of the Free Royal City of Sombor, and Jozef Marković, the respected senator of the same city, to investigate the proceedings and to make a specification of the drugs - in terms of quantity and also in terms of the quality of the drugs that Mr. Merkel, the city surgeon, applied in the treatment of Jovan Perković and Andrea Šarčanski, residents of Bacs, and to investigate the costs in the mentioned cases, which I did with due respect and obedience.

I presented all the disputes and doubts that I found to the highly respected Magistrate honestly and without any bitterness, and, in addition, the famous Mr. Joseph Bernard Degregori not only did not refute all my findings he also declared that the drugs used were excessive not only in terms of quantity but also in terms of their quality and type. When he expresses his opinion in writing, the highly respected Magistrate will, without any doubt, have a clearer picture of everything concerning the existing case. However, Mr. Merkel presented his reports and apparently no one saw them as problematic and nothing was done in the case concerning that matter. On the other hand, there is a case of public defamation and, therefore, it is expected that according to items 57.1723 and ... [that] I should be fined for defamation, regardless of all the doubts that exist in the case of Mr. Merkel. I was asked to pay 100 florins in the name of the fine, which I will certainly do of my own free will because it is considered that I should be punished for all the doubts that I expressed regarding the administered drugs.

With due respect to the respected Magistrate,
Humble Servant, Carl Reitzinger

According to the aforementioned petition read in the Senate, the following was decided:

In the presence of Judges A and J, it was determined that the objections cited here were not proven and that a penalty for damage to public reputation

should have been paid. Since the person in question has not fulfilled that obligation, it is decided [that they should] be held in custody for 24 hours Adopted in the Senate of the city of Sombor, 5th of July, 1775 by the Magistrate of the Free Royal City of Sombor

For the time being, the aforementioned request will be resolved as follows: when Antonius Merkel responds to this presentation, and that by the date1775, it [further actions] will be further decided at the morning session of the Senate in Sombor on the 29th of August, 1775.

Issued by: I, Jovan City Vice-Notary to the Most High Magistrate of the Free Royal City of Sombor and to the respected gentlemen
A humble request against Mr. Reitzinger in the defamation case and against Antonius Merkel.

I believe that I am under no obligation to respond to the unfounded complaints and doubts of Carl Reitzinger that I prescribed problematic drugs during the treatment of the patient Jovan Perković, a police officer from the city of Sombor, nor to explain the situation in more detail for the following reasons:

1. My actions did not harm the plaintiff or his associate, but it was he who harmed me and my associate from Szeged with his insinuations.
2. I believe that, on the subject of surgical treatment and the accusations that I harmed the patient in any way, either by administering drugs or fees, the whole case should be submitted for a final assessment and decision to the University of Trnava to make an assessment of all problematic issues, alleged violations of the law, as well as the subject of no fee being paid to me.
3. The patient does not fall under the jurisdiction of the Chamber nor of the county and, therefore, the aforementioned Reitzinger's accusation against me is an insult to [my] honour and the claim that I acted against [any] law related to surgical activity is completely illegal and therefore redundant.
4. Because the aforementioned patient, after six weeks had passed and after surviving the most critical days, was freed from all danger; therefore, it is by no means possible that he was put in a situation to become seriously ill as Mr. Reitzinger insinuates. Nevertheless, out of respect for the Most High Magistrate as well as the Guild Magistrate, I will once again present the following justification in response to the false accusations that have been levelled against me, and that on the following points:
 1. Regarding the problematisation of the use of oxymel, the gentleman is speaking a mistruth and making a mistake, not taking into account that, after amputation, problems with lungs and breathing often occur, and that this medicine is used to correct these problems.
 2. By problematising the application of stink bug oil, the plaintiff does not take into account that, after amputation, the rotting of arteries, veins, muscles

and the like is also possible according to the opinion of Professors Schar, Schmidt and Aester.

3. In the second instance, and because it was also applied in the case of Šarčanski.
4. Let the plaintiff explain in which medical literature they read that post-amputation patients cannot use laxatives due to constipation.
5. As for the mercury that I prescribed in doses of five times a half ounce for the patient, the plaintiff wrongly concludes that it is inadequate because it has long been known that a patient – after the critical period in which they regain their strength – can receive such therapy because the injury requires it, as I and they did, and that goes for taking mercury therapy as long as the patient was here with me.
6. All this also applies to the justification of the therapy of the second gendarme.
7. As for the doubts and problems surrounding the type of aperitif: the majority do not seem to be sufficiently familiar with medical materials, especially paragraph 8 and also the surgical literature under 6 and 50, where it is clearly written that natural nutrition is recommended for patients immediately before amputation and, therefore, the applied aperitif is completely harmless.
8. The same applies to the second gendarme.
9. On the topic of using laudanum as an opiate in a dose of 1.5 drachmas, the plaintiff apparently does not take into account that, without any doubt, the patient would die from such a dose. According to Emeric Tartarus, even one ounce would be dangerous, and only so much should be applied to the patient. After all, the rest of this opiate could be found with me after the initial administration. Furthermore, what the aforementioned prosecutor claims (that the list of mentioned medications cannot be applied methodically), he concludes that my patient did not even receive anything akin to therapy. This simply does not apply because I have already clearly stated the list of therapy and medications and I hope I have accordingly resolved all difficulties and doubts.
10. As for the question of from whom specifically and where I got these drugs from, I will not answer anything, [as] neither did Mr. Reitzinger nor any other surgeon have to do so. It's enough to say that the patient, in the absence of certain medicines in the pharmacy, received the medicines I had with me and that apparently his life was not saved nor was he taken care of by the application of ordinary spring water.
11. Regarding the problematisation of the use of two types of weak[er] wine for medical purposes, and under point 10 of the complaint, I can only say that it is complete idiocy for the simple reason that, during the most critical days, the patient was given only water, and, when the danger had passed and the patient had escaped death, it was no longer of any importance, so what the plaintiff claims is completely ignorant in the field of the medical and sur-

gical profession[s]. In point 2, and contrary to the opinion of Kalris Hoffmann, it is claimed that stronger solutions of champagne, Burgundy wine and Tokai wine can be given to patients. As for point 3, the plaintiff should start distinguishing people from people and understand that the German diet differs from that of Hungarians and Serbs, and that patients of different nationalities do not require the same diet. A patient who is not used to drinking wine is certainly not advised to drink it on such an occasion because it would only further exhaust them and cause even worse illness. However, our patient, having completely different lifestyle habits, arranged for a relative to secretly bring him wine with which he then drank abundantly, for which – and for similar attempts – I reprimanded him several times and finally I got into a fight with him, which is why I stopped giving treating him.

Therefore, I humbly request that the abovementioned Magistrate present my defence on the topic of Carl Reitzinger's accusations and send it to the academic court and the decision of the University of the City of Trnava with his own seal. At the same time, I humbly recommend myself to the exalted Magistrate whom I extremely and consistently respect.

A humble servant of the exalted Magistrate,
Antonije Merkel, Surgeon

After this answer was read, the following was decided: That this answer be delivered to Mr. Reitzinger to determine if he has any objections; that Antonius Merkel should not be charged and is not obliged to further clarify the case.

In the Senate of the city of Sombor on August, 1775.

Issued by Stefan Čoha, City Judge

Register of justifications on the topic of alleged accusations and doubts regarding the use of drugs in the treatment of Jovan Perković, Sombor Policeman

For the number inserted

Your Excellence Magistrate and dear gentlemen!

In any case, I am convinced that the exalted Magistrate has already been informed that my patient – a wounded gendarme who stayed with me between 1 May and 15 June – is estranged. Therefore, I humbly ask the Most High Magistrate to inform me for what exact reason this was done and whether the mentioned patient was entrusted to the care of another doctor. That there is no reason to be otherwise is clear for the reasons that I will now state:

1. The mentioned patient was cared for under my auspices with the greatest possible care and according to all the usual rules of medicine that apply after the amputation of the cranial capsule. He overcame all mortal dangers such as fever due to the wound, gangrene and internal bleeding, and it would be logical that he fully recovered in the following short period. He was tak-

en care of to the extent that, in the future, it will be enough for him to use bandages and salves that even the most ordinary doctor can offer him.

2. Because the aforementioned patient was examined in Vienna after he was estranged from me (this is a 23-year-old patient serving in a military regiment where it was found that the wounds after the amputation of the cranial capsule had healed successfully), it is, therefore, not clear to which surgeon he was assigned after that and what exactly happened after that.

For the above reasons, I humbly request the High Magistrate to involve any trusted surgeon in this case and that the High Magistrate deign to investigate again whether I am responsible for any error in the treatment of the injury of the wounded patient so that I may not innocently suffer harm and the distrust of people, as my reputation is already in question.

Sincerely,

Humble servant of the exalted Magistrate

Antonius Merkel, City Surgeon

To the Most High Magistrate of the Most High Royal City of Sombor, dear gentlemen and patrons

A humble request of the undersigned petitioner

Specification concerning Andrea Šarčanski

For crushing the skull together with wounding - 30 florins

For taking care of the wound on the side - 5 florins

For restoring a dislocated shoulder - 3 florins

For a stay with food and care - 9 florins and 36 krajcars

A total of 47 florins and 36 krajcars

Antonius Merkel, Surgeon

Administered drugs

1. For the City Policeman, Merkel received 15 florins
2. To Andrea Šarčanski 5/25 florins
3. ... returning position... To 25 florins... then to repair the damaged cranial punctures, the wound needs to be sutured by skilled surgeons. Therefore, the doctor has it under control in the present location.

Specification concerning Andrea Šarčanski

Rezime

U radu se analizira transkript i prevod arhivskog dokumenta, koji se čuva u Istorijском arhivu Sombora. Dokument čini obimna prepiska koja se odnosi na tretman dva pacijenta gradskog hirurga Antonija Merkela, kao i sudski slučaj koji je pokrenut protiv njega od strane drugog doktora Karla Rajcingera. Rajcinger je optužio kolegu da je naplatio svoje usluge više nego što je bilo potrebno, kao i za upotrebu lekova koji nisu bili adekvatni. Građa ne pruža uvid u kraj spora ali je na osnovu sačuvane gra-

đe Antonije Merkel najverovatnije oslobođen optužbi. Slučaj dvojice nemačkih lekara u Bačkoj je značajan jer pruža važan uvid u lekarske tretmane u Bačkoj u 18. veku.

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6. Historical Archive of Sombor, Magistrate of the City of Sombor, 200/1757

The Scanned copy of the document that is being kept in the Historical Archive of Sombor, fund of the Magistrate of the City of Sombor, signature 200/1775

Submitted: 14/11/2023

Reviewed: 29/11/2023

Accepted: 04/12/2023

In sum referunt
Super Andream Scharcsansekij Inhabitorem Passienseu
verberatum & lesum die dar. 30 Aprilij An. 1778

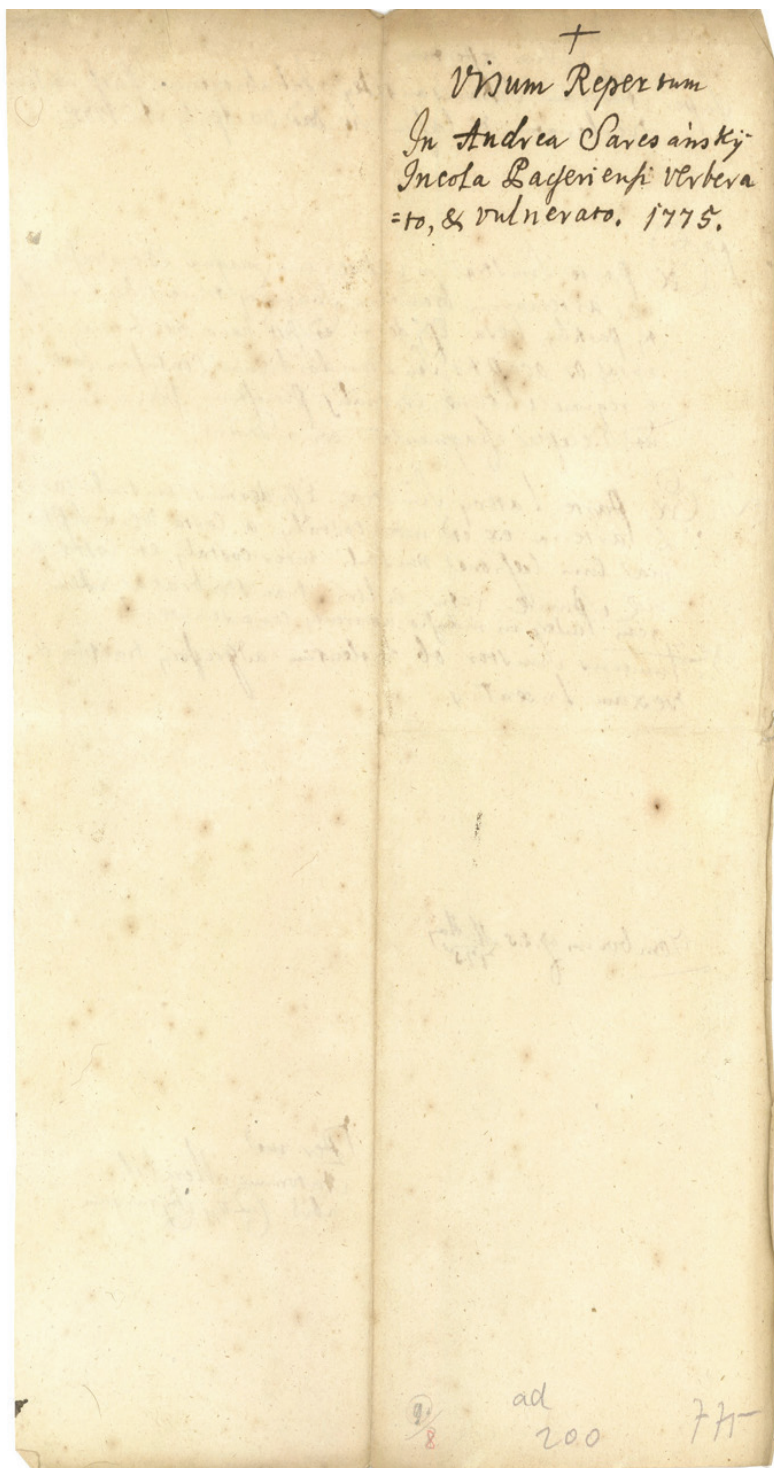
1.º Ex parte sinistra in Capite, cum magna Extravasatio,
ne arteriarum breviorum Sanguine, tumentibus circumf
tis partibus, lesa Epidermi, et post hanc membrana Car
nosa, et occipitis, seu Lamina d. d. cum Contusum factum,
e regione vulture Coronatis periculum pericranium,
ut Excepta fragmenta monstrant.

2.º Ex parte laterij sinistra, Epidermis, musculi carno
si, lateria ex eo inter costalis, a costa vera Septi
ma, cum lesione musculi inter costalis, et costae pri
mae, ictu cultro, transverbrata, idem
ictu cultro, in indugio apparenti, monstrant.

3.º Humerus sinister ob violentum adgressum tractum seu
verberatum, luxatus.

Gomborini, q. 25 M. Maij
1778

Per me
Antonium Merkel
ibid. Chirurgum.



Capitulum

I. A. Schaub

I. Euerd gnedigster Gebornen für mit hoch
gugem vornehmen, von D. der Chyrurgus nahmens
Mittel Einstand da er sich nicht aus die Keller
bringen gesagen, zu mir, diese unwillige
wort er sagt, ich werde vor dem Magistrat
mit dem Pflichten auch dem Chyrurgus nicht
einmal, zum wort stehen. Der Chyrurgus dann
also, nicht anders. Dazumal freundlich man
Lern ist nicht, und der Chyrurgus für die Chyrurgus.
den 2ten Augusti 1775. Michael Schaub
Chyrurgus u. f.

A

Amplissimo Magistratus
Domini Domini Singulariter Colendissimi

Ex quo iniquus, de et super honestam mihi personam
Characteremque meam, summo, frequentiore Premium
Apothecarii, ubi haecenus est intrans, Gaudentia
Coram eodem Amplissimo Magistratu, non sine
hinc proponenda, Concitatus, magnum meum
functionis quippe hinc obinde honorisque dispen-
sum ac iacturam fecisset. proinde humillime
eidem Amp. Magistratui in parem, quatenus
petitam toties Commissionem Magistratubem sine
ulteriore querelarum mearum dilatione in illegali-
tatem praefati Apothecarii inquisitionem, et satis-
factorie animadversionem, idem Amp. Magistratus, benigni-
ter mihi resolvere, et assignare dignoretur, ne re dilatio
vel secus neglecta violentis adreptoria remedia in statum Pharma-
copaeum J. D. J. O. avertat reciprocari contingant.
Qui in reliquo iungi cum veneratione emoretur.

Amplissimi Magistratus.

Humillimus Servus

Antonius Merkel.
Civillis Chirurgus.

775
Instae
Antony Mehl of King.
~~44~~ # ~~44~~-

Humillimus Inskribitio
not
T. L. Thomas's Sons
of London
Printed and Sold by
M. B. Smith
F. D.

ad.
200
77

Super Viso reperto in Andrea Scharcsantzkyj formata per Dnūm
Carolūm Reisinger Ottus Balthienis Chyrurgum difficultates
Soluuntur punctis sequentibus et quidem

1^o Desiderata e Capite Patientis prefati fragmenta Cranii extra con-
troversiam produci.

2^o Ad objectum Taxa chyrurgico-Torkofiane factum in Specifi-
catione mea excessum repellendum dictam Taxam in auten-
tico suo per D. Difficultantem producendam esse, quippe pro
vulnere Lesi cum Conquassatione 30. expresse sicuti expressem
tem.

3^o Ad pretensam medicamentorum in Curationem Cranijs adhi-
bitorum specificationem regentur ipsam prefatam taxam
citra ullam adhibitorum medicamentorum fendam mentio-
nem, quippe fatigium Curantis et remedia supra memora-
ta summa deponenda iam esse dignum, praesumentem talis
modi Difficultantis inconsiderate desideratam Specifi-
cationem simpliciter repellere et casare. Quas vero Liquor
arcanum Curandi remedium mihi est, cum eodem D. Rai-
singero etiam esse communicandum. Demique

4^o Difficultanti Siccitanti, num ictus cultri ad Cavitatem
corporis internam penetrasset, negative respondetur; nihil-
lo secius, cum vulnus tale ex regulis et praxi Ana-
thomica lethale esset, curam ejusdem vitem nullatenus fuis-
se. Profundum vero fuisse illud, et culter et indubium
Vulnerati supra fax Patientis omnino esse demonstra-
ra.

Per me

Antonium Merkel
Ch. Chyrurgum
ma.

+ 1775

Antonino Merkl Citti, Gyrogoni
Primum Experimentum et Mercedem Gyrogoni

39 #3

ad.

200

77

10/29

Amplissimo Magistratus
Homini Sini Gratiosissimi.

Quod iteratio vicibus coram Amplissimo Magistratu ratione Substrato
specificationis per me Curatorum Patientum providere debeam,
omnino rationi ducere, si Amplissimi Magistratus de yvanimi-
tatem vobis haberem Cognitam.

In me quodvis Gremialis Apothecarius Sui, erga insumta medicamenta
excoactationem ex mea specificata Summa, 43 florenorum, mihi
obveniente fiendam sibi. Cum illa consecuta mihi vice pretium
prostitutum dictis patientibus victualium remaneret.

Supra instarem Amplissimo Magistratu, quatenus in pro memorata
specificatione, medicamenta, per me erga paratam coacta non
sint, subintellecta Dem Amplissimo Magistratus velit, ad dirigend.
pro memoratum vero Apothecarium citra sume mihi obvenientis
diminutionem excoactare. Qui in reliquo pro illa gratia
imploro, omni cum venerationis cultu persevero

Amplissimi Magistratus

Humillimus Servus
Anton. Merkel.
Chirurgus.

Intra Chymis Meall
intus diphij ord curat.
1774.

Ad

Amplissimū Magistratum
Jo. Ro. Cettis Forsteri Et
Annoo Seminoor Rinkl, Colindos

Humillima Instax bias

introversi Suppl

3/

ad

200

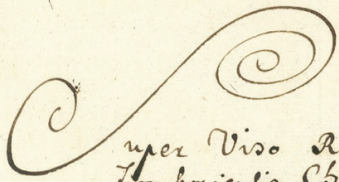
HT

Copia

Autostatu

Ich ander Committor Lubana Hoff gegen wärtigen von D. Dr.
 Herr Christianus Martell Episcopus, ungeachtet gegen Ende
 des Monats Juli anni curantis: Da der Herr Episcopus
 zu Michael Herbst Tag schon in den Zimmern vorst. Pallast
 mich auf dem Ofen in sein Zimmern geschickt, wegen
 dem Herrn mit mich zur waschzeit gehen wurde, da
 mit mir auch Zeit sein kann, das ist vor mir geschicket
 wegen, das der Herr Episcopus in der Zeit, mit solch ein
 andern, mich gegen Ansehen der difficulteten Exo
 nitru. das ich dann also will andern, Ansehen
 mit mir in Grund Schrift, und besterthe Fortsetzung
 Datum 18ten Augusti 1775. L. S. Josephus Föllwanger
 Sodali Chirurgicus m. p.

Ich obstehend in Manier gegenwärtig von
 dem Herrn Martell geschicket worden. Zeugnis vom
 Michael Schaub. Chirurgus.



#.

Super Viso Recepto Dni Antonii Merkl. Cillis
Lombroicenis Cbyurgi in Andrea Saxeauselli Du,
Salitatoris Bacciceni die 30^a Aprilis 1775 Confecto
sequentes exponuntur Difficultates, Et quidem:

1^o Exponit D. Merkl quod in Capite Fragmenta Cra-
nii repererit, interim hoc probare ab invisio esse
absurdum, nisi produceris fragmenta, insuper au-
tem, Dato, eo ut Fragmenta Crani repererit -
pro Fatigis tamen, et adhibitum Medicamentoru
speciebus exponit ad plios 30, Quia vero Taxa
Cbyurgico = Toekossina in tantum semel exsede-
re in Similibus seu pro Lesione Crani ut Cu-
tans fatigium Summum desumere possit in 8.
10. vel ad summum 12. frös. Jam autem Dns
Merkl nimirum excederet hanc Taxam Cbyurgicam,
imo quod plus esset, adhibitas Medicamento-
rum species in Curationem Crani, nullas specifi-
ce exponeret, adeoq hoc difficultati

2^o Exponit Dns Merkl, quod Supranominatus Saxeaus-
selli Cultro Latus sit inter costas primas Spurias
id tamen Dns Exponens non dilucidat utrum ictus
ille ad Cavitationem Corporeis penetraverit, igitur hic
Difficultas surgit si ad Cavitationem Corporeis interni
non pervenit, esse hanc Curam Cbyurgicam valem
adeoq si Latio, seu Cultro ictus usq Cavitationem Corp-
ris non penetravit presumpio est Magna in speci-
ficatione Exponens exposita, hoc itaq restat ut
Superius Difficultas predicat Dns Exponens
tam Cultrem, quo ictus datus est, quam et dnda
vium Supranominati Saxeauselli.

Itaq Dni basea exponerem Difficultates respondum et Re-
plicat a D^o Merkl. prestolor die Lombor 30^a Junij 1775.

M. Carolus Heibinger
Chirurgus

#.

Pro Specificationem Medicamentorum, ex
 Apotheca Zomboricensi, in Curam Amputata manu
 Joannis Bertrones Cillis Zombor. Cantuarum, per An-
 tonium Merkl, Cillis Chyurgum, adhibitorum diffi-
 cultatum sequentia: et quidem

- 1^o Difficultatur Olei mel Squillitum bis acceptum
- 2^o Difficultatur Oleum Theriacum per acceptum.
- 3^o Difficultatur denominatum Vinum Medicatum Sex
 dierum spatio adhibitur. ¶ Pro Serdanijs adhibetur
- 4^o Difficultatur Rosoli Ladani Semel adhibetur
- 5^o Difficultatur Mercurius precipitatus tubis inping Lo,
 troceby acceptis, quoad quantitatem multum percipit
- 6^o Balsamus Koppaine difficultatur Pro Petro Divatore
- 7^o Difficultatur Species Aperitiv: cum re Darb. Fo-
 lya Semel binis vicibus, Manna binis vicibus
 et denig in toto binis vicibus Species Aperitiv
 cum re Darb. adhibita
- 8^o Difficultatur Essentia Lignorum, cum Balsamo Koppa-
 ine
- 9^o Difficultatur Billula mercuriales
- 10^o Difficultatur Ladanium opiatum quoad quantitatem ac-
 ceptum in una Drachma, & Semi

Praespecificator medicamentorum Species non merhari-
 ce applicari poterunt, pro 1^o pro 2^o autem
 Facilius supradictis Bandito secundum factam eius
 explicationem nihil similej sumpsisse

Veritatur

Difficultantur sequentia quoad Specificationem Chyrurgi
Antonii Meckl in medicamentis, unde allatis, et qd;

1^o Exponit D. Antonius Meckl quoad defectum Apothecae
Lombroensis medicamenta pro tibus fluis 3libis
attuleris Locum tamen ^{unde} per speciem allata, et
quoad comparata, imo ^{nam} speciem medica
mentorum denominat sed solum generice loquitur
adeoq; hoc alludendum restat.

2^o Idem D. Chyrurgus Antonius Meckl in Instaur. sua
ad Anallagnum porrepta exponit quidem optime
quales pericula praemementa post amputationem
oramus, Attamen recte sibi contrarium hoc in
merito loquitur, dum nimirum in sua Specifica
hinc exponit quod eadem Patienti dietam per
Aras Merias Vini praescribit quod contra om
nem methodum Medicorum, et Chyrurgorum practica
tum existit, dum talis eadem Patienti Vino
interueniat.

Super talibus excussis et ruminatis Medicam
entorum Speciebus, per Antonium Meckl. Cillij
Lombroensis Chyrurgum in Amputationem Manu
arceq; in cura Joannis Berthovius ^{adhibitis} per me infra
scriptum admirandis difficultatibus, hinc restat
et recognosco medicamenta quae difficultata su
peius habere videntur non indidua, et arte Chy
rurgica, arceq; methodice applicata non esse
In cuius rei fidem haec subscribo. sig
Lombro 30^o Junij 1775.

Nicolaus Scheisinger
f. Promotor Chyrurgus.

Amplissime Magistratus,
Domini Domini Fraterrimissimi!

Requisitus pascis ab hinc tempore nomine Amplissimi Magistri
Specialitatis à Dnis Pænitibus Nicolao Barcelesy Actuali Læ
Rog. Cithy Zombog Indrici moritissimo, ac Josephi Markovij eju-
dem Cithy Senatore Dignissimo, us ad eundem expressas in
Duncto Lira, in Joanne Bettkovij Cithy Bandione et
Andree Saxosampski Inhabitatore Bacterienfi à D. Merkl
Cithy Chyrurgo, excoitate ejusdem, & Specificaonem, ex Med:
camentorum adhibitorum tam in quantitate, uti & qualitate
speciem in refrigerium, dorem gesturans, itaq. ac magis
pistis pisto Pthor. Dno Magistratum Obsequio,
modestia grã pã est, Difficultates Caterogin A. Magistri
Cognitas inidere nullõs Livore ducus expositi, quas
etiam Clarissimus Pthor. Dacienfis Chyrurgus Dnus Jose-
phus Bernardus de Gregoi non solum non reprobravit,
quin insuper nimirum in quantitate, & qualitate Med:
camentorum applicatorum excessum declaravit, prout
in antefuncto. Clares delendo: Dni si scripto hac
super se ab A. Magistri consultus fuerit indubie ube-
riorem, clariorem, claram, Dunctum Cause pro-
sentis conceperit, fuerit est: Has tamen Difficultates
ut verbis ejusdem Dni Merkl in Replica ad eas
facta utat, ut diutius, nullasq. ac injustas recogno-
scat, nec hinc furiosi animi finis, insuper prout Sublatus
A. et D. signata attestata comprobans, & asinum &
nullum fugis dominum compellere attentavit: Quã
super Dishonestatione publice facta, cum tantum pro
donare, quantum pro vita edebandum si, Dislogie
ad A. Magistru pro Satisfactione reavers; gratentis
Dishonestans condignia statutaq. vlt. 57. 1720. et illi 72.
2^o. Delicti pena in emenda Lingva afficiatur eam si
reperatã castigat, condicatur ac demum si justis
super Difficultatibus dubium, quodiam D. Merkl Cohæpse,
vlt. argatur, ad effectivè deponendos pro. fuis pro et
ipse habens volens totidem parabo, sicq. ad Ite Utilitati
facultatem, et mea exposita Difficultates, ejusq. Specificaonem
medicamentorum.

medicamentorum, et replica ad protractas difficultates
censuranda submittere. In Digi cum venerabile per h/ro.

A. Mayntz!

Summit Severus
Carolus Rajringel
Chirurgus Colkerfj
et Caeteri Apativan

Dr. Magister...

Arbitria... in figura... personarum...

Ad presentem...

53

Expedito...

Bravensem Instanciam eo fine communicat...

Ad Amplissimum...

Summissima Instancia super ad 5^{to} 7bris 1775.

Tradat per me...

Supplicavit...

Actus 200. us. mch. 1775

Ad Contexas per Carolum Reisinger, quoad med
 camentorum factam abs me specificationem, difficulta
 re, Sat ex eo hinc, quod circa uberiorum, Scatiz Parentis,
 Joannij Pestkowitz, C. H. Lombor Pandoroni, Considerationem, et
 sententiam, memorari difficultam. Licet nullatenus re,
 sperare obligarer ex causis

1^a Non me Lib. D. Difficultam nec ejusdem Contuberis sube
 se, ipsum que in praesentibus Contuberis mei, Reged, nisi ad
 re, meae, se in fuisse adeo.

2^a Non me ejusdem Examinis, taceo in Causa, qua Chirurgica Lib. ob
 no ximus ab eodem Difficultam provocari posse recepti
 ra, fuy, meae, ante Curia Ordinem, glossaturis vel taxaturis, quip
 pe, ex dictamine Legum nostrarum, res disputabile, ad uni
 versitatem, Torna, veniens, a sua Matre, Regia gratia, ex
 ga nullam taxam, nobis, resolutam, pro deap, oke final. lib.
 mittenda sunt.

3^a Parentem, nec ex parte Camera, nec Comitatus fuisse, ideoque
 circa notorietatem, meam, a supra, factis, D. Reisingero, subter,
 ejusdem, aperi, onem, contra Legem, Chirurgica, hic, illegaliter
 esse factam, imo non necessariam, ex eo

4^a Quod supra memoratus, Parentem, post praelapsa, sex septima
 na, die, que Critico, disperato, ex omni periculo liberatus,
 fuisse, ex eo, que extra, granisem, Agrimonia, Constitutus,
 quod ad praesentem, D. Reisinger, expatari, jam potuerit.

Quis tamen Amplissimi Magistratus, Geminali, ac in gra
 xiam, ejusdem, Magistratus, sequentem, Reptiam, Lepo
 logecam, continens, ad Otensa, Difficultate, punctatum
 regere, et quidem, ad

1^a Quoad difficultatum Oximelsquiliticum, D. Difficultam, con
 tra Anatomiam, fallitur, ex eo, quibus, hinc, post pas
 sas, alteras, onem, amputatam, expanse, et quantum dese
 ctum, par, debulit, pectus, Parentis.

2^a Quoad difficultatum oleum Therbinome, fallitur, Difficultam, non
 distinguens, ab hyena, astatem, parce, post amputationem, Lex,
 xida, quippe, Veny, unius, erc, etc, ad subre, fact, onem,
 ex, Venre, alia, Profegry, Schaars, schmidt, et, Her, Jeter, accen
 dentem.

3^a Alit, quia, Do, Scharcsampkiv, a, sub, tum.

4^a Prater, propter, Difficultam, D. cat, in, qua, materia, medica, leges,
 Amputatum, ob, hinc, onem, alni, par, scilicet, Laxatus, una
 non, posse.

sum

5^{um} Ex eo quod mercurium in quinque Lothombus prescriptum, Sem non sequitur, maleq. Concludi Difficultatem, me etiam tantumdem Tarentum adhibuisse; praeterca vero notandum eundem aut quum est post exhalatam vires debiliorem, Coprosus, Statu Le vulnere; poscente fuisse accipiendum, non obstant quod relictur de eodem Mercurio apud me huc dum reperibili;

6^{ta} Alibi: quia ad Specif. caenem pertinet Hajdomi, alterum.

7^{um} Quoad difficultatem Speciei Apotivis: majori, videtur ignoscere Difficultatem Materie Medice paragraphum 8^{um} et huius rursus de 50^{um} Sub Titulo De Amputatombus: et praeter praedictum Dixerit, bene cum natura, tanquam primum sumptum Curant. Argentum, q. praedicta Speciei promovere in mentes.

8^{um} Alibi: quia ad Specif. Hajdomi pertinet alterum.

9^{um} Alibi: in Specif. Hajd. alt.

10^{um} Quoad Landinum opatum, ex eo quod ad Sessel in una Drachma et Sem accepit, non concludat Difficultatem tantumdem ne supra factum Tarentum adhibuisse pro una dosi: hoc enim tentato, intersectum fuisse extra contraversum. Per reflexionem non d. Difficultatem Tartari Emel in quadam vice unam unciam accepisse, in parte ex eo conclusum, eundem tantumdem etiam una dosi. Tarentum aphlegm. le. Ceterum praeservat ut apud me videndum deperibile est.

Quod vero saepe d. em, Difficultatem in Oggestivo suo Subjecerit praescripta medicina methodica sumi non potuisse, ex eo quod idem quod Tarentum, nihil simili sumisse d. catur, conservere; saltem idem jam ex eo esse appareat, quod medicina huius praesens jam distincte ab aliis me leses facta, alia p. dictum Difficultatem in aut specif. catur, a eisdem complexum. Quod vero etiam Hajdos h. idem inter medicina, quae piam dignoscere noverit. Ceterum

11^{um} Ad oggesta Questionem denominandi locum et personam, unde d. h. idem ed per quem quaedam medicamenta legendi allata et qualia illa, nihil respondeo, Licet nec Dieti Difficultatem inob multo Cybororum iolum fecerit. Sufficit saepe attacco Tarentum in delectu huius, Apothecae non Lubminstra h. de. derivata per me in cambata, minime aqua contra, na in gravidibus, alteratombus eisdem p. h. idem ed coratam fuisse.

Et

12. In quod difficultatem duas mediarum vini tenuioris dextrin
 pta tam Patienti potioneum difficultati respondetur
 1^a Id. orimum in hinc pagu emulcu redolere, quod inter die
 crit eos, quibus Patienti, talijmodi Potio aqua
 per se sa Lubu in strabam: et reliquos se curos, quibus
 Patienti extra periculum lethale consistere, nullam
 distinctionem faciat, factum id agere, contra omnes
 methodum medicorum et Pringorum inest, me. cum
 2^a e contra Hoffman agere, pro majore Christi dilutione
 generosiora quoque Vina Campanense, Burgundense, &
 Toleajense, esse administranda Patienti.
 3^a Distinguentium porro difficultati se per se, intra na
 randa et natualem Pedunculam quippe et Hungarico, Pa
 sciam cam, quamlibet, dixeram longo usu sibi adferam, ten
 per ex equo exproscitum. Et ne nullam vel alteram par
 tiorem dicto Patienti, praefaturus potioneum, omnes cum
 stomacho vinariae potioni adueto, corporis vires exha
 uiscent, granioris proin agrimonid reus futurus. Licet
 ne haec quidem dixeram dicti Patienti contentatus, alla
 to clam Cognator vino saepe copiosiore se inquit
 gitabat, ob hanc haec tentata, ab me reprehensa
 et coarctatus, dicta talia qua querela, a cura mea
 degener factus, dest.

Quibus ita rege, et hinc difficultatibus pro
 h. Rajzinger excussis et ruminatis, finali de super
 equo theobaldicus iudicio et deci, dicit perentive
 epus J. Vindob. Tyrnariensis medicus, presentem Apo
 logiam meam, D. abrefatum A. Magistratum, Sub
 hypatoris suo Agillo Lubmitti ac Promoueri, effla
 gram, et humiliter me eidem A. Magistratum recomen
 dant, inq. cum veneratone persisto

A. Magistratus

Humillimus Servus
 Anton Oberst,
 Chyurgus.

+
 est. Cum Aphtharum dno. Anginae lymphone
 a se sine communi, primum di. quid in
 oblati habet, in dno. in dno. dno.
 deponere in primum. In dno. dno.
 du. die. Aug. 1775.

+
 Certadatum per me dno. dno.
 dno. dno. dno. dno. dno.

Regesta
 Apologes ca.
 Super pncipi difficultatib.
 quoad specificationem med.
 Icamenbr. dno. dno. dno.
 Landouonij Lombardij.

Per Innotent. d.
 raone ut inq.

ad 200
 1775

H.

Amplissime Magistratus
Dni Dni Tractio sitis !

Certo persuasus, ab alienationem Lesi Patientis Hajdenis,
apud me a prima Maji usque ad decimam quintam Mensis
Junij Curati, non alia Notorietatem ejusdem Amplissi-
mi Magistratus factam fuisse, humillime per eundem
Amplissimum Magistratum pro hic, et nunc informari,
in Harum, quibus nam vel rationibus, vel viis ductus
idem Amplissimus Magistratus, talis medi Patientis
ultrone am Curam, Tertio Cuidam Commi sisset. Cuius
Contrarium facti, sequentes, presentari possunt ac de-
beant rationes. Et quidem.

1^{mo} Quod Praefatus Patiens ad letus meum, omni desiderio
Lisi Sedulitate, secundum Conducus Anatomie et Legi
Curatus, Curae quae post Amputationem Membranam
Consequi solent pericula. Tetraechia, velut febrim
vulnerariam, Parapneumam, et Haemorrhagiam, verbo po-
tioram partem superaverit, brevissimo, quod residuum
est, tempore, plenarie restitutus. Ut adeo Simpli-
cissima quoque Vetuleorum applicatura Vulneri, am
Curando sufficiens sit futura.

2^o Quod predicta Patientis ab alienatio post habito mihi
quod Aristotensi, heic Viennae, Vero examinato, et
approbato, ac post 23. Annos. Regimentali Cui Nulle,
nec amputationem reparationes semper felicissime
cessissent, Chirurgo, summum prejudicium deque
ac respectum Curatui magis evidenter, quod Un-
in liberorum N. Lambro, nec probato, nec exercito
praefatus Patiens esset designatus.

Libus

#.

Quibus officiose representatis causis, eidem A. Magi^o,
tractui humillime porro instarem, quatenus Chirurgus
quem plures Regiminis Subalem, dicerem autem
Sunt Maria, erga expensas presumptivas huic
accepere, idem Amplissimi Magistratus digna
retur. Quare quid, Errorem circa Curacionem Vulne
ris, Lesi, abs me fuit Comissum, registrum,
Ne fuis in Contrarium administrando iudicio Populus
pre Concepta, de me opinione sinistra, Ultrone &
Cure, me & prout diffident. Qui in reliquo iungi
Cum Veneratione Honoris.

Amplissimi Magistratus

Humillimus Servus

Antonius Merki.
Civitalis Chirurgus
M.P.

ad
200 77

Ad
Amplissimum Magistratum
tum Lic. Reel. Civitatis
Lombardensis Titl.
Titl. Dominos Dnos et
Patrones Præfatos

Humillimas Infantia

Intra Sibi Suppli
cantis.

1.
Specificatio Andream Szarjanski
concernentem.

| | | |
|--|----|----|
| Pro Congruatione Traij una cum Vulnere | 30 | — |
| Pro Curatione lateri Vulneris | 5 | — |
| Pro repositione Eluxati humeris | 3 | — |
| Pro interfectione una cum Vidua cura | 9 | 36 |

Summa ℥ 47 36x.

Antonius Merkel
Chyrurgus. M.D.

Consumpta Medicamenta

| | | |
|--|---------|----|
| 1 ^o ad Sandorum Citty Merhlii Medicam | accipit | 15 |
| item Raub | - | 5 |
| 2 ^o Ad Andream Szarjanski | - | 5 |
| 3 ^o 1 ^o Lotio urinae ad 25. flos pteum | | 25 |

quod dyntensata Visuris congruati
Traij pericula non diu tam quod opus
Possessum simile vulnere ad 2. hyl
cem classem luduar idio meo oery
Optensio Lotio habet.

44
200
ad
M. 10

[Faint, mostly illegible handwritten text, possibly bleed-through from the reverse side of the page.]

Specificatio Andream
Lanzanski Concern
ex Lazier.

Original scientific article
UDC: 61(469)17(093.2)
DOI: 10.5937/acthist2302064S

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THE LEGACY OF MONASTIC APOTHECARIES: S. MARTINHO DE TIBÃES¹

Abstract: After the definitive establishment of liberalism in Portugal in 1834, characterized by profound anti-clericalism, the religious orders became extinct, and their properties, which included valuable libraries and their assets, infirmaries and pharmacies, were confiscated or sold. Bibliographic collections were frequently dismembered throughout the change process, and many works were lost. The National Archive of Torre do Tombo and regional and local city libraries received many collections. However, most medical and pharmaceutical equipment was sold or lost. The infirmary and apothecary of the Monastery of S. Martinho de Tibães, in the outskirts of Braga (North of Portugal), the motherhouse of the Monastery of Saint Benedict in Portugal since 1579, were no exception. However, preserved medical and pharmaceutical books and manuscripts from the library ensured our knowledge of their operating standards of social and medical assistance. Monastic apothecaries were essential in assisting people experiencing poverty and largely contributed to the evolution of the scientific development of Pharmacy in Portugal. This essay will briefly survey the recovery of the history of the infirmary and apothecary of the Monastery of S. Martinho de Tibães and present mortars and jars housed at the Biscainhos Museum, which possibly belonged to the Monastery and among which, those referring to the treatment of syphilis are of particular relevance.

Keywords MeSH: History of pharmacy, syphilis, Portugal

Non MeSH: monastic apothecaries, pharmacy jars, history of syphilis, treatment of syphilis

¹ An earlier version of this essay was presented at the Conference of the British Society for the History of Pharmacy 25- 27 March 2022.

Introduction

The Revolution of August 24, 1820, opened a new era in Portugal, leading to the establishment of liberalism, which was characterized by profound anti-clericalism. In 1821, the Holy Tribunal of the Inquisition was abolished [1]. In 1834, under the “General Ecclesiastical Reform”, the Minister and Secretary of State, Joaquim António de Aguiar (1792-1884), carried out the General Reform of the Clergy (1833–1837). By the Decree of May 30, all convents, monasteries, hospices, and houses of all religious orders became extinct. Friars and nuns were subject to their respective bishops until the death of the last nun and the definitive closure [2].

In 2016, Giurevitch and Leitão listed what survived from these libraries in the most complete survey of the catalogues and inventories of the libraries of Portuguese religious institutions. Five hundred libraries were irretrievably lost. The volume lists information on surviving manuscripts, incunabula, and printed books. Medical pharmaceutical books and manuscripts of recipes from each congregation and monastery are the most relevant for the study of monastic medical and pharmaceutical knowledge and healthcare and social assistance [3].

Medical and pharmaceutical equipment were frequently lost. When the inventory and appraisal of all the Monastery of S. Martinho de Tibães assets was carried out, the apothecary was valued at 18\$000 réis by Pedro Manuel Araújo, a pharmacist from Braga. On August 17, 1834, the apothecary and the shelves were sold at public auction to José Moitinho de Carvalho, a pharmacist from Barcelos, for 26\$000 réis [4]. In 1833–1834, the Monastery was closed and the building was sold. Disaffected from its initial assistance functions, the Monastery was handed over to the Church, functioning as a Parish. The Monastery was dilapidated, staying in ruin and abandoned until the seventies of the twentieth century. In 1986, it was purchased by the Portuguese Government. A restoration project soon started, recovering the building, fence and gardens. A Museum was created to recover and preserve the Monastery’s history [5] Fig. 1. The Biscainhos Museum and the Archaeological Museum D. Diogo de Sousa in Braga received some of these assets as donations, presented at an exhibition in the Biscainhos Museum in 1992 [6].

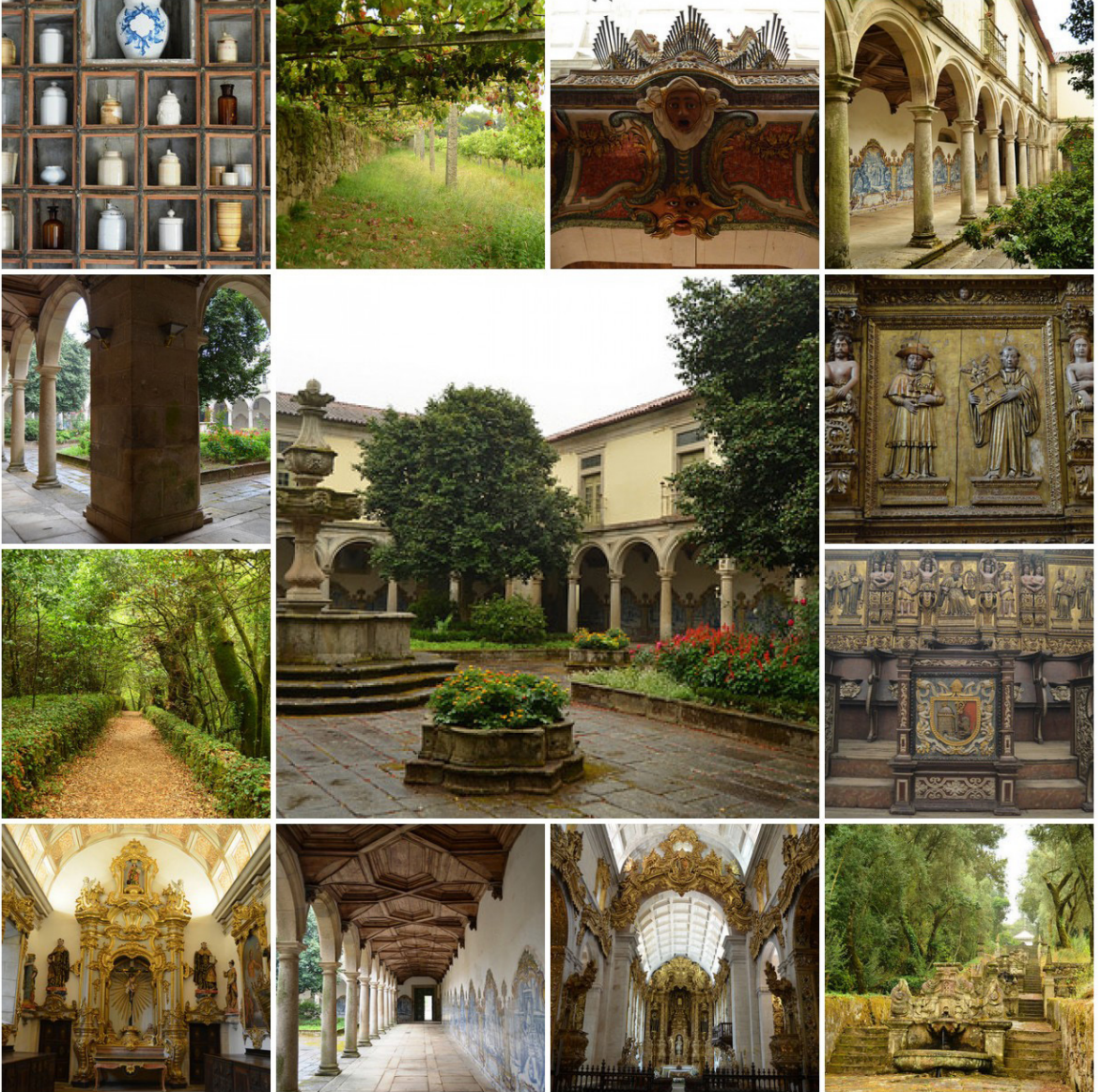


Fig. 1- Monastery of S. Martinho de Tibães. Public domain (Wikipedia Commons).

The Monastery of S. Martinho de Tibães

The Monastery of S. Martinho de Tibães was founded in the mid-eleventh century, possibly by D. Paio Guterres da Silva (1070–1129), a Portuguese nobleman from the lineage of the sovereigns of León in 1077. He adopted the Rule of the Christian Saint Benedict of Nursia (480–547 AD), who founded the Monastery of Montecassino in AD 529 [1]. The feudal rights were granted by Henry of Burgandy (1066–1112), Count of Portugal (Fig.2) and father of King Alphonse I, the first King of Portugal (reigned 1143–1185), in 1110 [7].



Fig. 2- Henry of Burgundy, Count of Portugal (c. 1312-c.1325). Biblioteca Digital Hispánica. Free download.

The study of medicine, especially the preparation of remedies, was regulated in article XXXVI of the Saint Benedict Order, accepted in Rome in 580. The monastic establishments should provide an appropriate place for this purpose. For Saint Benedict, the care of the sick was one of the primary concerns of the Order [8 p345]. Therefore, the monastic hospitals, infirmaries, and apothecaries (*boticas*) acquired a special place. The Portuguese and Spanish word for apothecary *botica* derives from the Greek word *apotheca*, a storehouse containing remedies for those who needed them, from the Latin *apotica* [8, p339]. The Latin word *botegarius*, referring to someone learned in the preparation of healing substances, appears for the first time in the *Privilege of the Twenty*, given to the city of Aragon By Alphonse I of Aragon (1073–1134) in 1118 [8, p343].

The Latin word *botegarius*, evolved from the Portuguese word *boticário* (apothecary or druggist). The first apothecaries emerged in Portugal from the spice trade, related to the presence of Arabic medicine in the Iberian Peninsula between 711 and 1249 in Portugal and 1492 in Spain. The Arabs created the first pharmacies in the eighth century AD. Both pharmacists and physicians prepared medicines. In 1461, King D. Afonso V (reigned 1438-1481) regulated the practice of medicine and pharmacy as separate professions [9 p94].

Monastic hospitals were the basis of medieval healthcare. However, their importance declined in the fourteenth century, losing their influence due to the concurrence of lay hospitals. Therefore, the Order improved the assistance in their infirmaries and shelters [8 p349]. In the sixteenth century, through the bulls ‘In Eminenti’ of April 30, 1566, and the ‘Regimini Universalis Ecclesiae’ of August 13, 1567, Pope Pius V (papacy 1566-1572) instituted the Congregation of all monasteries of the Order of Saint Benedict. In 1570, Tibães became the “Motherhouse” of the Congregation [1]. According to the Benedictine Monastic Constitutions of 1628, the *Regra Monacorum*, each monastery should be equipped with an infirmary and a nurse monk, providing the sick with everything needed:

In each house [monastery], we command by obedience that some apothecary shop (*botica*) should exist, supplied with waters, olive oils, canafistola, and syrups that some apothecary can prepare in houses assisting small towns with little assistance. An apothecary shop should be supplied with such things, including sugar, almonds, raisins, and everything else necessary, and all houses should hire a trained physician. [10 p 133].

Each monastery should assist the religious community and the surrounding population in providing bread, medicines, and spiritual assistance to the poor and needy [11]. Library catalogues from 1743 provide insights into the medical practice at the Monastery. The library, built between 1701 and 1704, was recovered from the books and manuscripts kept in the Library of Oporto and District Archive of Braga. In the eighteenth century, the library at the Tibães Monastery was well-equipped and the best in Entre-Douro and Minho. [12 p 74]. As in other monasteries and Religious Orders in which the friars prepared their own medicines, manuscripts of recipes and other medical topics are extant, such as a *Collection of Remedies for various ailments and illnesses, taken from many modern and ancient authors and other curiosities about medicine (Pecúlio de alguns remédios para diversos achaques e enfermidades tirados de muitos autores modernos e antigos e de outras curiosidades*

pertinentes à medicina) from July 21, 1665, containing an empirical collection, recipes of a professional pharmacist, a treaty of physiology and two medical treaties as those from the Faculty of Medicine of the University of Coimbra of 1665 [11 p 110].

Four manuscript codices from the eighteenth century provide information about the infirmary's location, functioning and equipment. The *Book of the Infirmary* (*Livro da Enfermaria*), encompassing 1725–1750 and 1751–1801, accounts for hospital expenses. The *Book of Implements* (*Livro das Alfayas*) (1750–1801), *Books of the Deposit* (*Livros do Depósito*) (1626–1629) and *Book of Works* (*Livros de Obras*) (1758) account for the hospital's working, equipment and contracts with external personnel and monasteries. A twelve-bed infirmary was located on the first floor, next to the cemetery cloister, close to the chapel, attended by a nursing monk who also took care of the preparation and administration of medicines before the creation of the apothecary. Physicians, pharmacists, surgeons, barbers, barber-surgeons, chiropractors, plaster applicators and tooth-pullers were called when required. There was a close relationship with the apothecary of the Society of Jesus from Santo Tirso, near Braga and Tibães, whose priest came to observe the infirmary patients when required. Until 1759, the apothecary of the Society of Jesus was the usual supplier of medicines for the Monastery. From 1759, the apothecary of the Carmelite Monastery became the regular supplier since, in that year, the Society of Jesus was expelled from the Portuguese Empire by The Marquis of Pombal (1699-1782), chief minister of King Joseph I (reigned 1750- 1777) for political and economic reasons. A list of infirmary equipment included, among other tools and utensils, suction cups, a lancet kit, bleeding plates, brass syringes, a small ivory syringe and dental pliers for minor surgical procedures; and bathtubs, a wheelchair and other objects for the patients' support and hygiene. A hostel provided social assistance [13].

Monastic apothecaries have been essential in medical care, especially those far from big cities where lay apothecaries abounded. The Holy House of Mercy was founded in Braga in 1513. It was constituted as a Brotherhood by Archbishop D. Diogo de Sousa (c. 1461-1532) in 1558 and assisted the poor and needy population [14]. In 1754, the Congregation of Saint Benedict created the first apothecary in the Monastery of Refojos de Basto. The apothecary (botica) was run by a specially trained monk. The nurse friar would do that job in small monasteries and isolated places [15]. Since Tibães was close to Braga, where medical assistance and trained apothecaries were available, the apothecary was built in 1797, commissioned by the Abbott Bernardo da Esperança Tello. It was located on the second floor, at the south end of the west wing, in a narrow place belonging to the barbershop at the rear of the building, comprising a laboratory where the apothecary monks concocted their medicines from raw materials using professional utensils, often inventing their own medications. The *Book of Implements* provides information on the furniture, implements and containers. An inventory lists the apothecary tools: pots, pans, bottles, glass jars, earthenware jars, mortars, alembics, funnels, sieves, spatulas, strainers, scales, weights and the purchase of pharmaceutical ingredients. The inventory from May 26, 1834, by Pedro Manuel de Araújo, an apothecary from Braga, before being sold on August 17, 1834, to José Moitinho de Carvalho, an apothecary from Barcelos, is the last extant record of the apothecary. No

vegetable or botanical garden to cultivate medicinal plants was ever mentioned [16, pp. 44–62].

The apothecary of the Monastery of S. Martinho de Tibães was built and equipped according to the instructions of Friar José Maria, an outstanding mentor of the pharmacies of the Benedictine Monasteries [17 p29–30]. His instructions figure in the *Pharmacopeia dogmatica medico-chemica, e theorico-pratica*, of his authorship [16]. Monastic apothecaries frequently authored pharmacopoeias and recipe books containing recipes with the names of their inventors or the monastery. The Jesuits kept the manuscript from 1766, including all the recipes from their monasteries in India and Brazil, in the Jesuit Archives of Rome [18]. This collection is a valuable contribution to the knowledge of materia medica in modern times since the Jesuits learned medicine and healing arts from the native peoples and introduced new drugs to European medicine.

Mortars and jars from the Biscainhos Museum

Mortars and pestles have been used since early civilizations to grind and reduce powder substances for pharmaceutical use. They were conformed containers with wide feet to ensure stability and maximum height. The most ancient were of marble, stone, agate, or granite. Occasionally, they were of ivory, earthenware and wood. In the Gothic period (twelfth century AD), they were made of bronze [8 p350]. Later, bronze mortars predominated. They could also be made of gold, iron, tin, brass, wood, ivory, and glass. In the seventeenth and eighteenth centuries, apothecaries had several types of mortars. A large one assumed an ornamental function, placed on a large wooden trunk. Fourteen bronze mortars of different shapes and sizes, three of ivory and one of wood, dating between the sixteenth/seventeenth and eighteenth centuries, were displayed for the first time in the Biscainhos Museum. Dr. José Maria da Costa Júnior bequeathed them. The provenance and the manufacturing place are primarily unknown [19].

For this essay, we selected four mortars. The oldest is a set of mortar and pestles manufactured in the Iberian Peninsula, possibly from the Middle Ages. The mortar is a truncated cone with six buttresses, cut on the outside in an undulating pattern and widening from bottom to top. Two of the buttresses are symmetrical and slightly larger, functioning as handles. The pestle widens towards one end with rings in relief at the centre and top of the shaft (Fig. 3).

He oldest is a bronze alloy mortar and pestle set, possibly from the sixteenth/seventeenth century. The mortar has two lateral wings of circular shape. The cylindrical part is decorated with eight triangular fins, four on each side. The pestle has a biscuit end, a central relief ring and a rounded flare at the lower end (Fig. 3a). Two mortars from the fifteenth/sixteenth century from the National Museum of Ancient Art in Lisbon are parallels for this item [20 p13 fig. 16].



Fig. 3 – Mortar and pestle from the Middle Ages (?). Bronze. Provenance: Iberian Peninsula. Dimensions: Height: 9.0 cm. Biscainhos Museum. Inventory Nr. 482MB.

Fig. 3a – Bronze mortar and pestle. Bronze alloy. Dimensions: Mortar: Height: 8.8cm; Width: 15.2cm; Diameter: 4.5cm. Pestle: Length: 17.5cm. 15th (?) /16th century (?). Biscainhos Museum Inv. Nr. 4182 (a, b) MB. Photo credit: MADDS/Manuel Santos.

Two sets of horn or ivory mortars, possibly from the seventeenth/ eighteenth century, manufactured in India, are similar. They present frame decoration on the edge, a double beam of three incised concentric fillets, flanking a frieze of small punched circles centred by a hole, base with relief and narrowing fluting. The pestles are of wood, double-ended with a central relief ring and the same type of decoration as the mortars. These pieces, like some pharmacy jars, are part of the Portuguese medical and pharmacological legacy of Portuguese India (Fig. 4 Fig. 4a). See parallels on ivory mortars from the sixteenth/seventeenth century of a private collection [20 p24 fig. 27].

Specific recipes requiring grinding ingredients and, sometimes, the addition of liquids were prepared in ivory or stone mortars, as indicated in the Jesuitic manuscript collection. Three of these medicines were antimalarial preparations containing quinine powder, a potent antimalarial obtained from chinchona bark from Peru [19 p35-6; 39; 264; on this subject see 22, 18 p35-6; 39; 264; on this subject see 21].

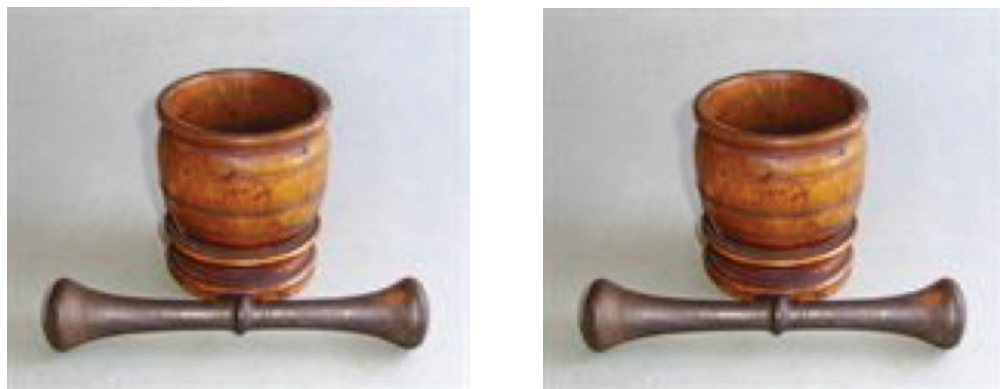


Fig. 4 – Mortar and pestle. Horn or ivory. 18/19 century. India. Dimensions: Mortar: Height: 9,4cm; Diameter: 8.6cm; Pestle: Length: 17,1cm; Diameter: 3,3cm. Biscainhos Museum Inventory Nr. 495 (a, b) MB.

Fig. 4a- Mortar and pestle. Horn or ivory. 17th/18th century. India. Dimensions. Mortar: Height: 11cm; Diameter: 8.5cm; Pestle: 18cm; Biscainhos Museum Inventory Nr. 496 (a, b) MB. Photo credit: MADDs/Manuel Santos.

The collection of apothecary jars from the Biscainhos Museum includes twenty-five items, mainly albarelos dating from the seventeenth, eighteenth and nineteenth centuries, bequeathed by Dr. José Maria da Costa Júnior [19]. The pieces selected for this essay are of glazed earthenware with blue decorations on white backgrounds. The provenance and place of manufacture are primarily unknown.

The Arabs were probably the first to create pottery and pharmaceutical ceramics in Europe, especially Spain. They introduced glazed ceramic to prevent porous material from absorbing the products [8 p355, 358]. In the fifteenth century, containers with cylindrical bodies appeared in Italy. They probably originated in the Arab and Persian potteries, which were widely disseminated in the sixteenth and seventeenth centuries (9 p365). The word *albarello* comes from the Persian *al-Barani*, meaning jar for spices. Albarelos were standard apothecary jars with a cylindrical shape and a wide neck. They also preserved fruits, jams and aromatic herbs [8 p350].

Songe decorations were applied with a sponge or cloth to get an irregular spiked effect on the entire piece surface and appeared during the sixteenth and seventeenth centuries [8 p364]. Such is a pair of albarelos of this collection (Fig. 5).



Fig. 5 – Pair of glazed earthenware albarelos with blue sponge decoration on a white background. Dimensions: Height: 28.6 to 29.3cm; Diameter: mouth: 9.2 cm. 18th century (?) Biscainhos Museum Inv. Nr. 728 (a, b). MB. Photo credit: MADDS/Manuel Santos.

Sponge decoration of Spanish albarelos in hospitals from Madrid and Alcala de Henares, ruled by Benedictine, Augustinian, Franciscan and Carmelite Orders and Monastic Orders in Spain, also appeared from the end of the 18th century [8 p350].

Heraldic decoration appeared in pharmaceutical jars and albarelos during the seventeenth and eighteenth centuries, frequently depicting the shields of monastic orders [8 p365]. The Biscainhos Museum houses items bearing shields of Portuguese and Spanish religious Orders. A pair of white albarelos with blue decoration from the Benedictine Order and a similar piece from the eighteenth century decorated with the shield of the Benedictine Order formed by a cross inscribed in a circle, topped by a crown, surrounded by foliage and scrolls (Fig. 6 Fig. 6a), possibly belonged to the apothecaries of Tibães and Refojos de Basto.



Fig. 6 – Pair of glazed earthenware albarellos with the shield of the Benedictine Order. 17th century. Biscainhos Museum. Inv. Nr. 2118 (a, b) MB.

Fig. 6a – Glazed earthenware albarello with the shield of the Benedictine Order.

Dimensions Height: 26.3cm; Diameter: mouth: 12.3cm; 18th century. Inv. Nr. 678 MB.

MB. Photo credit: MADDs/Manuel Santos.

Pharmacy jars with oriental decorations appear frequently in Portuguese monastic apothecaries. Three items of this collection highlight the exchange of cultures in the Portuguese Age of Discovery. They were manufactured in Portugal in the seventeenth century. One is related to India, depicting an elephant with its trunk and a castle with a flag raised in the middle tower behind him (Fig. 7). The figures are surrounded by stylized flowers and vegetal motifs.

The others allude to relations between Portugal and China. The Portuguese explorer Jorge Alvaro (?-1521) was the first to arrive at Ling-Ting Island in 1513 [22]. Tomé Pires (c. 1468 — c. 1524/1540), a Portuguese apothecary and diplomat, arrived in China in 1516. In his book *Suma Oriental*, sent to King Manuel I (reigned 1495–1521), he was the first to report on Eastern drugs and their place of origin [23 Appendix I, p446–458].

Two jars depict a Chinese and a European male figure in Chinese backgrounds: a Chinese figure holding a parasol next to a building, possibly a pagoda (Fig. 7a), and a European in a baroque costume holding something like a cane among vegetation close to two cylindrical towers (Fig. 7b). The names of the ingredients, which frequently figure on the labels of pharmacy jars, include Oriental ingredients like *Corallin algae* (sea moss) and China root, also surrounded by Orient-inspired decorations.



Fig. 7- Albarello with Oriental decoration. Elephant. Dimensions (cm): Height: 24.3cm; Diameter: 12cm. 17th century. Biscainhos Museum Inventory Nr. 3795 MB.

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Fig. 7a- Albarello with Oriental decoration. Chinese male figure. Manufacturing place: Portugal(?). 17th century. Dimensions: Height: 28cm; Diameter: 10.4cm. Biscainhos Museum Inventory Nr. 512 MB. MB. Photo credit: MADDs/Manuel Santos.

Fig. 7b- Albarello with Oriental decoration. Female European figure. Manufactured in Portugal. 17th century. Dimensions: Height: 27.8 cm; Diameter: 10.9cm; Inventory Nr. 513 MB Biscainhos Museum. Photo credit: MADDs/Manuel Santos.

An albarello with floral decoration and a diagonal strip labelled *S. PEONIAE* (Fig. 8) corresponds to the *Paeonia officinalis*- Petals, roots, and seeds were used. The plant was appreciated for its minor sedative and antispasmodic effect [24 p209]. Peony seeds, also used as spices, were a folk medicine for convulsions and a wide range of other ailments [25 p336]. An albarello with the lettering *BANHA D F L* (Fig. 8a) corresponds to *BANHO (A) DE FLOR DE LARANJEIRA (ORANGE BLOSSOM WATER)*, listed among hot waters. It figures as an ingredient in an ointment for uterine pain from the Jesuitic manuscript [18 p200; p134]. A jar labelled with the lettering *CORALLIN* surrounded by Orient-inspired decorations and volutes identifies corallin, *Corallin algae* (sea moss), a calcareous alga growing in corals and shells with astringent properties, figures in recipes against ascariasis [18 p250] (Fig. 8b).



Fig. 8 - Albarello with stylized floral decoration and a diagonal strip labelled S. PEONIAE. Dimensions: Height: 27 cm; Diameter: 12 cm; 18th century. Inv. Nr. 422.

Fig. 8a- Albarello with diagonal script labelled as BANHA. D F L., outlined by internally cut windings, alternately, with stylized and floral motifs. Dimensions. Height: 22.5; Diameter mouth: 11.5. Late 17th century/early 18th century (?). Inv. Nr. 517MB.

Fig. 8b- Jar with a diagonal strip with the lettering CORALLIN. Dimensions: Height: 22,5 cm; Diameter mouth: 14,1 cm; Base: 12,2 cm. 17th century (?), Inv. Nr. 51 (a)MB. Photo credit: MADDS/Manuel Santos.

An albarello with the lettering V. MERCV. R. (UNGUENT OF MERCURY) surrounded by volutes and oriental-inspired elements (Fig. 9) brings up a drug listed in the purchasing expenses of the Books of the Infirmary (1725 to 1750 and 1751 and 1801) of the Monastery of S. Martinho de Tibães [16 p88].



Fig. 9- Albarello with a diagonal script almost the entire piece's height, with the lettering V.

MERC.V. R. Dimensions :Height: 21 cm; Diameter: 11 cm; 17th/18th century (?), Inv. Nr. 426 Mb.

Fig. 9a- Albarello labelled R. DA CHINA, framed by scrolls and plant motifs. Dimensions. Height: 25 cm; Diameter mouth: 11.5 cm. 17th/18th centuries, Inv. Nr. 730 MB. Photo credit: MADDs/ Manuel Santos.

The Swiss physician Theophrastus von Hohenheim (Paracelsus) (1493-1541) searched for more effective remedies in inorganic salts, metals and minerals as part of his interest in alchemy, an ancient tradition dating back to Chinese and Arabic cultures [26] advising mercury formulated as an ointment in the treatment of syphilis [27]. Mercury was employed in Western medicine to treat skin diseases since the Middle Ages. However, although efficacious in controlling the cutaneous manifestations of the condition, physicians were aware of its toxicity [28].

The microorganism that causes syphilis, the *Treponema pallidum*, was microscopically identified by the German zoologist Fritz Schaudinn (1871-1906) and the Polish-German dermatologist Erich Hoffmann (1868-1959), who published their discovery in 1905 [29].

Syphilis was a dreadful sexually transmitted new disease which appeared in Europe brought by the Spaniards from the Hispaniola Island in Central America; it was endemic by the end of the fifteenth century, as stated by Gonzalo Fernández de Oviedo y Valdez (1478-1557), nominated by Emperor Charles V as the first chronicler of the new discovered Indies by Emperor Charles V (Emperor of the Holy Roman Empire and Archduke of Austria from 1519 to 1556, King of Spain from 1516 to 1556).

Valdez recounts how the Spaniards arrived on Hispaniola Island (currently Haiti) in 1493 and how the disease was as natural as the Indian women from whom they had gotten it. He knew the disease was contagious and that the Spaniards who returned to Spain passed it to Italy and other European countries. The Indians treated the *mal de las boubas* (*syphilis*) with gaiacum wood; Valdez described its properties and gave instructions for its preparation [30 p32, p50, p389–390]. *Gaiacum officinalis*, also called *palo santo* (*pau santo* in Portuguese), the “woof of life” from the West Indies and Americas, was the source of gaiac resin or gum gaiac, used in the form of raspings. It was a gastric stimulant and mild purgative, also employed for chronic rheumatism [24 p153].

Paracelsus deemed guaiacum ineffective in a writing published in 1529 [31]. Therefore, mercury started to be the standard treatment for syphilis.

The Jesuitic collection provides numerous recipes with mercury against gonorrhoea [18 p122, 123] and other conditions, mainly skin diseases like pruritus (itchy skin) or scabies. Some recipes refer to the appearance of sialorrhoea as a sign of mercury toxicity if taken for a long time [18 p96–97].

China root, the rhizome of *Smilax china*, has diaphoretic and diuretic properties and was employed in skin and venereal disorders [24 p107]. It was a less dangerous therapeutic agent than mercury in the treatment of syphilis. It figures in an albarello as *R. DA CHINA* (*CHINA ROOT*) (Fig. 9a). Andreas Vesalius (1514-1564), the great anatomist of the Renaissance, dedicated an essay to this plant, *Epistle to the China Root*, in which he studied the effectiveness of the drug on those who had taken it. Among them was Emperor Charles V, who took the medicine at his initiative [32].

Two other containers bear dittany labels. The first is a pear-shaped jar with the lettering *DICTAMUS* (*DITTANY*) (Fig. 10).



Fig. 10 – Pear-shaped apothecary jar decorated on the front with a rectangular diagonal caption with the lettering DICTAM surmounted by a winged head and surrounded by profuse decorations of phytomorphic elements. Dimensions: Height: 24 cm; Diameter mouth: 12.4 cm; Base: 8.6 cm. 17th century. Inv. Nr. 77MB.

Fig. 10a – Albarello with the label DICT. REGIS outlined by scrolls and plant motifs. Dimensions: Height: 26.9 cm; Diameter mouth: 9.9 cm. Late 17th /early 18th century (?). Inv. Nr. 521 MB. Photo credit: MADDS/Manuel Santos.

It refers to a medicinal plant originally from Crete, used since ancient times to help women in labour. The winged female figure certainly alludes to the easing effect attributed to *Dictamus*. During the Middle Ages, dittany was an essential ingredient to produce Benedictine liquor [33 p133]. An albarello bears the inscription *DICT. REGIS* outlined by scrolls and plant motifs. *Dictamus regis* was the white dittany [18 p51] (Fig. 10a).

Conclusion

What has been recovered from the infirmary and apothecary from the Monastery of S. Martinho de Tibães and the mortars and jars from the Biscainhos Museu, we can get insights into the outstanding role of Portuguese monastic apothecaries. Their most significant contribution to the development of pharmacological science in Portugal was the publication of the first pharmacopeia in Portugal in 1704, the *Pharmacopea Lusitana* by D. Caetano de Santo António (d. 1730), a Canon of the Augustine Order of the Monastery of Santa Cruz in Coimbra who later became the apothecary friar of the Monastery of S. Vicente de Fora in Lisbon [34]. It was written as a practical guide for preparing and compounding medicines, showcasing the most common recipes. A poem by the Priest D. Antonio da Costa, figuring in the Pharmacopoeia, praises the author's work at the Monastery of Santa Cruz in Coimbra:

QUê não pafma, ò Caietano,
Quando vè ã a voffa idea
Fa nefta Pharmacopeia
Divino o remedio humano:
Invento foi foberano
De ideia tão advertida,
Pois quis, nefte livro lida,
Se viffê, fahindo a lux,
Que era proprio em Santa Cruz
Acharê o livro da vida.

Who will not wonder, oh Caietano,
When one can see your idea
Turning, in this pharmacopoeia,
The human into divine medicine:
The invention of such a cautionary
Idea was sovereign,
In this book, it was succeeded
To watch the light coming out,
As it was expected at Santa Cruz
To be found in the Book of Life [34].

Acknowledgements

I am very grateful to Dr. Alexandra Cerveira de Lima, Director of the Archaeological Museum D. Diogo de Sousa in Braga, for the permission to reproduce the images, Dr^a Maria José de Sousa and the photographer Manuel Santos.

Funding statement

The author received no financial support for the research of this article.

Rezime

Nakon definitivnog uspostavljanja liberalizma u Portugalu 1834. godine, koji je bio karakterisan dubokim antiklerikalizmom, verski redovi bili su ukinuti, a njihova imovina, uključujući vredne biblioteke, ambulante i apoteke, konfiskovana je ili prodana. Bibliografske zbirke su često bile rasparčane tokom procesa promene, a mnoga dela su izgubljena. Nacionalni arhiv Torre do Tombo, kao i regionalne i lokalne gradske

biblioteke dobile su mnoge zbirke. Međutim, većina medicinske i farmaceutske opreme je prodana ili izgubljena. Ambulanta i apoteka manastira Sv. Martinjo de Tibaeš, u predgrađu Brage (severni Portugal), nisu bili izuzetak. Međutim, sačuvane medicinske i farmaceutske knjige i rukopisi iz biblioteke omogućili su nam uvid u njihove operativne standarde socijalne i medicinske pomoći. Monaški apotekari bili su od suštinskog značaja u pomaganju siromašnim ljudima i u velikoj meri su doprineli evoluciji naučnog razvoja farmacije u Portugalu. Njihov najznačajniji doprinos razvoju farmakološke nauke bilo je objavljivanje prve farmakopeje u Portugalu 1704. godine, *Pharmacopea Lusitana*, koju je napisao D. Kaetano de Santo Antonio (um. 1730), kanonik Avgustinskog reda manastira Sv. Santa Kruz u Koimbri, koji je kasnije postao apotekar manastira S. Visente de Fora u Lisabonu. Napisana je kao praktični vodič za pripremu i mešanje lekova, sa prikazom najčešćih recepata. Na osnovu sačuvanih manastirskih predmeta, kao i avana i tučaka koji se nalaze u muzeju Biskainjoš, a koji su verovatno pripadali manastiru, može se sagledati istorijat ambulante i apoteke manastira de Tibaeš.

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Submitted: 18/12/2023

Reviewed: 27/12/2023

Accepted: 30/12/2023

Original scientific article
UDC: 616.936(497.1)"1914/1918"
DOI: 10.5937/acthist2302084J

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FIGHTING THE LOCAL FOE. THE BRITISH PREVENTIVE MEASURES AGAINST MALARIA ON THE MACEDONIAN (SALONICA) FRONT

Abstract: The occurrence and spread of malaria amongst the warring parties on the Macedonian¹ front brought about the appearance of completely new approaches in its treatment and prevention among the soldiers on both sides of the front line. The British experience in preventing the spread of malaria is a very interesting topic for analysis. The Macedonian front became an enormous experimental field for malaria research and experiments carried out by British medical and military personnel. The impact malaria had on the readiness of British soldiers concerning their combat activities on the front forced the command structures to undertake preventive measures in order to halt its spread. Thus, the British military command in Salonica became involved in draining swamps, clearing streams, oiling, and other methods of treating breeding places, fumigation and spraying, mosquito-proofing the huts and the carrying quinine prophylaxis.

Keywords MeSH: Malaria, quinine prophylaxis

Non-MeSH: Salonica, Macedonian front, British

¹ When we refer to Macedonia in this text, we want to emphasize that it pertains to the part of the region that was incorporated within the Kingdom of Greece after 1913.

A connection between war and malaria was well-recognized, as Christophers wrote, before the outbreak of WWI, but the Macedonian experience was one of the greatest medical surprises of the War. [1 p283] During the 19th century and at the beginning of the 20th century malaria had made an appearance in various military conflicts – the Abyssinian expedition, the Ashanti expedition, the Chinese-Japanese War, the Spanish-American War, the Sudan War, the Russo-Japanese War – resulting in deaths amongst the military forces of the warring parties. In this context we will mention the challenges posed by malaria during and in the aftermath of the Spanish-American War. Malaria posed problems for the American soldiers during the war with Spain in 1898. The issue with malaria persisted even after the ending of the war. Major William Gorgas was appointed as a chief sanitary officer in Havana and was charged with eradicating of malaria. Under his auspices and instructions diseased patients were isolated by screening them with mosquito netting, buildings were fumigated to kill mosquitoes, and breeding sites were drained or covered with kerosene. These measures proved very successful. [2 p16] Another intriguing example involves the British efforts to cope with malaria during and after the war with the Mahdists in Sudan. After the ending of the war, the British government appointed Andrew Balfour as a Medical Officer for health in Khartoum. As his primary task, he committed himself to focusing on the eradication of mosquitoes, recognizing them as the fundamental factor in the spread of malaria, which posed a threat to the local population. The strategy for malaria eradication involved identifying and addressing its breeding sites, a task to be carried out by a team of ‘sanitary workers’ who were not presently available in the country. Despite this limitation, he embraced the idea of a ‘Mosquito Brigade,’ comprising primarily two Sudanese men. These individuals underwent rapid training to identify mosquitoes, their eggs, larvae, and pupae, and to distinguish Culicidae from other insects. [3 p167-8] As such, the impact of malaria on the military, during and after the war, was not at all surprising for the medical and military staff at the beginning of WWI.

Malaria presented a serious danger on the front lines, both in terms of the health and well-being of the soldiers, and in terms of the combat readiness on both sides. Every soldier was vital when it came to the battle lines. The territory of the Macedonian front, where the battles were being fought, was predisposed to certain diseases, especially malaria, which was widespread in the swamplands. Here, I shall provide comments made by some of those involved concerning the appearance of malaria. Amelia Peabody Tileston remarks that many of the soldiers suffered from malaria. It should be noted that she herself was also taken to hospital in Salonica, having fallen ill from this disease. [4 p99] Even though Amelia was infected, in her letter we see that she is not at all perturbed by this predicament; on the contrary, she felt she would recover. This did not mean that her state was not serious; doctors were concerned about her health, since the illness had weakened her heart. She recovered, however, and continued to care for the soldiers.

For Harold Lake, malaria was the greatest foe of the armies of the Entente Powers. He published his book dedicated to the British effort on the Macedonian front in 1917, and the information he provides about malaria is very interesting. He remarks

that when soldiers were sent to Salonica, in addition to all the other battles they were engaged in, they also fought a war against mosquitoes, as these insects were carriers of the disease. As a precautionary measure against this dangerous disease, soldiers were given quinine therapy, which though not very popular, was nonetheless essential. [5 p208-9] Lake also notes that though relapses were possible, people were becoming better at coping with it.

For Price, Macedonia was one of the most malaria-prone places in the world. This was due to the vast wetlands in the region, as well as the abundance of mosquitoes. Although, as he writes, extensive preventive measures were taken, including medication and drying up wetlands, the troops, nonetheless, succumbed to this disease. He felt that the worst of it was that once infected, malaria stayed with you. Seligman also notes that malaria, together with dysentery, was the greatest health risk for the soldiers. He felt that even soldiers not infected by malaria were "affected by an appalling lassitude." [6 p105] Ivor Davies described the effects of malaria over his battery: "At night the air was thick with mosquitoes, many of the battery personnel went down with malaria and dysentery... The battery strength was rapidly reduced down to one officer... a few NCOs and a total of seventeen gunners and drivers". [7 p334] Malaria, much more than injury, was the main worry of Allied soldiers, who found themselves embroiled in a 'war against the mosquito and all his works'. Songs from the front referenced it, and it even featured in enemy propaganda. One Bulgarian leaflet threatened British troops with the medical weakness of the terrain, boasting, "You are in the unhealthiest spot in Europe. We shall stay on our hills, and let God do the rest." [8 p107]

Scholars and researchers who deal with the military operations on the Macedonian front during WWI are determined that malaria was some kind of unofficial or hidden enemy for the warring parties on the front line. The Command of the British Salonica Army realized that treating malaria was one of the dominant factors in their military operations. A senior officer of the British medical service wrote: "In any attack or even in a strategical move, the great question for the particular G.O.C. in charge of the operation always was, How many fit men can I rise for the prosecution of the operation; and during the time of operation, how many men are likely to fall out with disease, chiefly malaria?... Many of our failures would have had a very different end had they been entrusted to fit troops... To have brought the campaign to a speedy end, a huge army would have been needed... The bigger the army, the quicker it went down with malaria and we couldn't have hospitals enough to house a million men." [9 p294] According to Owen, nobody could possibly have foreseen that impressive battalions of thousands strong would be struck down wholesale and in a few days or weeks be reduced to a few healthy men. [10 p175] These words of the medical officer raise the question about the numbers of British soldiers infected by malaria during the military operations in Macedonia. According to Falls, there were 162,517 British soldiers admitted to hospitals, with 787 fatalities [9, p351]. Ogilvie is more detailed in his presentation, based on preliminary British statistics, about the number of soldiers infected and cured in hospitals. According to him, in 1916 there were 31,059 soldiers admitted in various hospitals; 190 of them died. In 1917 we may note a serious increase in the number of soldiers admitted in hospitals – 71,413 soldiers, and 237 fatal-

ities. In 1918 there is a decrease in the number of soldiers treated in hospitals – 59,087 in all, although the number of deaths has increased to 271. [11 p17] Phear felt that these numbers provide a very incomplete picture of the incidence of malaria, since they include only admissions to general hospitals, stationary hospitals and casualty clearing stations. He noticed that this number did not include cases treated at field ambulances and discharged as fit from there, nor cases returning to duty after treatment by regimental military officers. [12 p60]

The great number of malaria-infected soldiers had a profound impact on the readiness of the military units of the warring forces. One British battalion was reportedly reduced to a single officer and 19 men. Facing disaster, General Sarrail complained that “My army is immobilized in the hospitals.” [8 p108] Goodall emphasized that there were far more Allied casualties to malaria on the Balkan front than to enemy action. [13 p173]

These words and numbers logically raise the question of whether the British military authorities had been informed of the dangers of malaria before landing their troops in Macedonia. Owen is very frank and clear about the awareness of the British military authorities concerning the existence of malaria on the Macedonian front. He admits that the British did know when they went to Macedonia that it was a malaria-infested country. However, nobody could have possibly realized how deadly, as Owen noted, the Struma valley was. [10 p175] The possibility of the occurrence of malaria was recognized by the British military and in early 1916 steps were taken to cope with this disease. [14 p230]

Geography and climate

Rossati and others consider that among five major factors characterizing *Anopheles* population dynamics (temperature, moisture, nutrient competition, predation and diseases, and dispersal), two are strictly connected with climate. [15 p 99] According to Harrison, the warring troops were stationed in and moved through different diverse ecological areas. [16 p109] His remark leads us to the question of the Macedonian geography and climate during WWI, and their impact over the existence of malaria. It is interesting to see the depiction of the Macedonian climate and geography by those who had to deal with the problems of malaria during the War. The problems facing the British commanders with malaria in Macedonia were linked to the geographical conditions and climate as well. Ogilvie felt that Macedonia provided an excellent environment for mosquitoes – large areas of stagnant or slowly moving waters were favorable mosquito-breeding places, and the temperature conditions worked in their favor, as well. In his assessment, the southern parts of Macedonia were one of the most malaria-infected districts in the world. [11 p17] Some of the participants on the Macedonian front, who dealt with the problem of malaria, portrayed Macedonia as a region with two types of countryside. Hamilton wrote that the first type was the low-lying, thickly vegetated and swampy valleys, on which were scattered villages made of mud-brick houses, and the other type was the mountainous areas traversed by deep nullahs. [17 p361] Macpherson defined Macedonia as a country with hot sum-

mers and cold winters, the extremes being fairly great. In his observations, the maximum summer temperatures in August reached 94° F (34,4° C), whereas in January and February the maximum temperatures were about 52° F (11° C). [14 p227] The wet season commenced in the autumn and extended through the winter, while the dry summer was broken up with thunderstorms and downpours, all of which were crucial for the behavior of the malaria-carrying mosquitoes. Like the others, Macpherson also divides Macedonia into two types of countryside – ‘the low-lying marshy, river and lake districts along the circle of lakes and in the Vardar delta, and the high, hilly country around and within the circle.’ [14 p230]

The natural characteristics of the area of Macedonia occupied by British troops were favorable for the occurrence and spread of malaria. Willoughby and Cassidy described Macedonia as a mostly mountainous country with many separate heights in each range. [18 p24] Unlike others, they paid attention to the local Macedonian vegetation, and in their opinion the abundant vegetation along the banks of the streams and lakes was useful for the mosquitoes as a resting place by day. [18 p27] Regarding the climate conditions, they reiterated that the summers favored mosquito life.

The reason for malaria – mosquitoes and parasites

Malaria is the most common parasite disease in the world. The parasite is transmitted to the human host by mosquitoes of the genus *Anopheles*. [15 p93] According to Phear, the most formidable enemy that British troops had on the Macedonian front was the mosquito – “Compared with the havoc wrought among our troops by malaria, the casualties from wounds, even including the period of greatest military activity, sank into relative insignificances.” [12 p59] After detecting the problem of the existence of malaria in Macedonia, the British medical officers found the source of this disease in the area around Salonica. The main reason for malaria in Macedonia, and all around the world, were mosquitos, which transmitted this disease. Macpherson located five types of anopheline mosquitoes in Macedonia – 1. *A. maculipennis*, 2. *A. superpictus*, 3. *A. bifurcatus*, 4. *A. sinensis* (*pseudopictus*), and 5. *A. algiriensis*. [14 p231] *A. maculipennis* was prevalent in the Struma valley, the Vardar valley, the lakes, and the Vardar delta, as well. It is interesting to note that even a Macedonian village house could provide an ideal hibernation retreat for mosquitoes. [14 p239] Macpherson felt that the native Macedonian population undoubtedly created the original reservoir from which the troops were infected with malaria in 1916, but in subsequent malaria-rich seasons, the troops were infected to such an extent that they formed their own sources of infection from the mosquitoes. [14 p242] Concerning the inhabitants of Macedonia as a source of malaria, Willoughby and Cassidy concluded that “...the mosquito has another advantage as a malaria transmitter in the state of the inhabitants...Fortunately, there are not many natives near the front.” [18 p28-29] Harrison points out to another source of malaria. According to him, there were two species of the parasite that caused malaria. The first one was the *Plasmodium vivax* parasite, which produced symptoms in 48-hour cycles; the second one was the *Plasmodium falciparum* parasite. [16 p109-119] Both of these parasites initiated the spread of malaria and wreaked havoc during

and following the patients' recuperation. A report concerning the problem of malaria convalescence stated that many cases initially considered to be falciparum later suffered relapses of vivax malaria. [16 p110] According to Alport, malaria occurs in its most severe forms in tropical and sub-tropical countries. Macedonia and West Africa were probably at the heart of this due to the fact that in these parts the Plasmodium falciparum parasite, the most virulent type, was extremely common. [19 p2]

Prevention

The British army arrived in Salonica at the end of 1915, when malaria season was over. [14 p227] The first negative experience with malaria in Macedonia occurred in 1916, several months after the deployment of the troops on the frontline. For the first five months of 1916 there were only 50 cases of malaria. As the troops had not yet spent a summer in the country, and as malaria season had hardly started then, some of these cases must have been relapses of a previous infection contracted elsewhere. In June there were 90 cases, and of these 36 came from the Bitola (Monastir) area, while a much greater increase in the number of cases occurred in July, August, September, and October - the worst malaria months in Macedonia. [20 p85-86]

The great impact of malaria over the readiness of British soldiers for their combat activities on the front compelled the command structures to undertake preventative measures so as to halt its spread. Owen commented that preventative measures were initiated in three directions: 1. to protect the healthy soldiers from being bitten by mosquitoes; 2. to destroy mosquitoes as much as possible; and 3. to treat the chronic malaria patients carrying the germs in their blood, who would pass along the infection. [10 p289] The British military authorities created an organization that would fight against malaria and work on eliminating it, at the head of which was the Deputy Director of the medical services. The assistant directors of the medical services were responsible in their respective divisions. The divisional areas were divided into districts, with an officer who commanded a field ambulance. These officers appointed malaria medical officers from their units. It is interesting to note that there were special anti-malarial officers, responsible for drainage canalization and other treatment of water in their districts. [18 p33-34] The British military authorities also formed a special Malaria Enquiry Laboratory to ascertain the facts and to formulate the steps to be taken. Following its formation, there was a drainage of swamps, a clearing of streams, oiling and other methods to treat breeding places, fumigation and spraying, mosquito-proofing of huts, and quinine prophylaxis. [1 p284]

Following his first visit of Macedonia, Ronald Ross, a British medical doctor who received the Nobel Prize in 1902 for his work on the transmission of malaria, recommended the drainage of marshes along the Salonika – Bitola (Monastir) road. The British command appointed a team of malaria officers to take charge of this operation, and mosquito brigades commenced clearing streams and destroying larvae. [21 p440] Thus, in 1916 anti-mosquito measures were carried out in the areas west of Salonica along the Bitola (Monastir) road, while in 1917 the work was extended and it included almost all areas occupied by the British forces. In order to accomplish all of these acti-

vities, the British command organized anti-malaria squads in the base and communication areas, and in each corps area, a number of squads consisting of 26 men each were available to carry out anti-malaria work. Each battalion also had a squad of 21 men of all ranks. [19 p21] The duties of the anti-malaria squads included the treatment of breeding places in and around the camp, searching for and killing mosquitoes in huts, nets, tents. By the end of the War, according to Harrison, 479,999 yards (438,911 m) of new trenches had been cut to assist the process of drainage; 9,690 pools of water had been drained or filled in; 1,157,192 square yards (967,560 m²) of water had been oiled to kill mosquito larvae, and 363,315 square yards (303,777 m²) of brushwood had been cut to remove mosquito breeding places. [16 p115] New experiences were gained during the drainage of the terrain and the process of canalization. The drainage of Macedonian swamps, according to Alport, brought about satisfactory results. He proposed additional measures to combat and prevent the spread of malaria, such as that the places which could not be drained should be filled in with earth. He also suggested the adoption of other methods, such as the spread of paraffin over the pools. [19 p20] The first activities on the terrain, and the experiences gained from them, instigated some ideas as to how to proceed further. Willoughby and Cassidy believed that canalization and similar such activities should be commenced earlier in the year, in March or April. [18 p66] Macpherson, who was a medical service Director in the British army in Salonica, having gained some experience with vector control in Cuba, the Panama Canal, India and Palestine, noted: "This place will be unhealthy in summer and more so with tents. Mosquitoes will abound. Sir Ronald Ross, who was here, reported that we need have no fear of malaria for the next 5 months (April) and should take precautions in February." [22 p225] However, this advice by Ross was criticized by some British medical scientists. Sir Philip Manson Bahr, in his private notes concerning Ross, had written: "Then again in Nov. 1915 he was sent to Salonika to make a preliminary survey of malaria and the area to be occupied by the Expeditionary Force. He was accompanied by F. W. O'Connor. As the malaria season was at an end, he did not see any malaria but few anopheles. He never reached the Struma. He reported to the War Office that malaria in Salonika was not a menace. The result all the world now knows!" [23 p99] We suppose that his remark relates to the 1916 outbreak of malaria amongst the British troops.

History has shown that there have been times when military and other operations have had to be abandoned owing to the ravages of malaria. [18 p33] Consequently, one of the measures to prevent the spread of malaria was the removal of the troops from malaria-infested areas. Malaria delayed or halted combat operations and influenced the morale of the troops, producing a state of listlessness and apathy, known to the British as 'Balkan Tap.' [16 p108] Thus, the troops were to be withdrawn from the Struma valley so that they would not have to reside in low-malaria areas during the heat of the summer. The British command paid special attention to the manner in which the withdrawal was carried out in order to avoid any Bulgarian actions. [24 p4] Some of the medical officers proposed relocating the military camps to the hills since mosquitoes disliked windy conditions.

One of the most common preventative measure was the extermination of adult insects. Mosquitoes were mainly exterminated in large quantities in their larval stage, but malaria could be prevented by the systematic destruction of the adult insects. [18 p36] However, there were some problems that arose during this process. The burning and cutting of undergrowth were recommended, but it was a risky task on the frontline, with the enemy on the opposite side.

Another preventative measure against the spread of malaria and as protection against insect bites was to use mosquito-proof huts. For that purpose, British engineers had built mosquito-proof huts, consisting of wood, canvas and gauze, where the soldiers stayed when they were not on the front line. In 1918 a light form of mosquito-proof huts was set out on a large scale near the front line. The soldiers ate their meals there, or sat there in the evenings. [14 p245]

Sleeping nets were issued to increase the safety of the soldiers, with two soldiers sleeping under each net. Mosquito nets were seen as protection against the dreaded insects. [18 p54] It is interesting to cite the testimony of W. H. Sutcliffe on the importance of using mosquito nets to prevent the spread of malaria among the British soldiers – “during 1916 there was no mosquito net, the issue was one square yard a man. We were not allowed to demolish any of the cottages; they were wanted as billets during the cold winters. During 1917 there was an issue of proper mosquito net, and most of the troops were withdrawn during the summer months to the foothills...” [25 p248] The number of mosquito nets issued was not always adequate. Lake remarked that any protection was to be most carefully arranged, but due to the humid Macedonian summer nights, the soldiers slept restlessly and tossed off and destroyed their defenses. [5 p213] However, mistakes had been made, in all probability due to a lack of a sufficient number of nets. In early June, 1917, the 28th Division had to hand over 2,500 nets to the 10th and 27th Divisions because the latter were short of them. The consequence was an increase in the number of malaria-infected soldiers to alarming proportions. [9 p7] The fully soldiers understood the significance of the precautions and followed faithfully. General Milne reported that the mosquito nets were seen to be as important as weapons. [9 p7]

As a result, from their previous experiences, the British military authorities paid great attention to the personal protection of their military staff. Men on duty at night were provided with head nets and gloves. These were worn on all occasions except during patrols, raids, and larger operations where the nature of the duty rendered the use of these precautions impossible. Another precautionary measure introduced by the Military command was the whitewashing of the interior of the dugouts and huts. This is done as a matter of routine, so that the adult mosquitoes could be seen more easily and destroyed. [19 p21]

The usage of materials applied to the skin so as to repel mosquitoes was also recommended. Such materials were: crude paraffin, strong essential oils, tar preparations and Vermicelli. [18 p57] This yielded positive results as it kept the mosquitoes away from the soldiers for a couple of hours.

The education of the officers and soldiers from all the branches of the British troops stationed in Macedonia was also taken as a preventative measure against malaria. There were suggestions for practical demonstrations of larvae, as well as expla-

nations concerning the spread of the disease amongst the troops in the infested areas. [18 p57]

The British military authorities assessed the success of their anti-mosquito measures and concluded that if they were to be considered fully successful, the anopheles would disappear from the area. However, if they were still present, that would be proof that the measures had not been sufficient or properly carried out. [14 p244]

One of the most commonly used and applied methods in the prevention of malaria was the utilization of quinine prophylaxis in order to stop the further spread of this disease. Quinine prophylaxis had been recommended by Ronald Ross, who had served as consultant physician to the Mediterranean Expeditionary Force. Ross defined quinine prophylaxis as a treatment for those who had not yet shown signs of the illness, but may possibly have been infected. Treadgold, on the other hand, saw its administration as a way to prevent the development of clinical malaria. Actually, the Ross explanation suggested that quinine prophylaxis prevented new infections from occurring. [26 p16] The prophylactic dose of quinine was five to six grains a day, 10 grains two days per week, 20 to 30 grains a day were tried but few gave any encouraging results. [1 p284]

It was normal practice to see a daily quinine parade among the British soldiers in Macedonia. Every day the units would line up and march off to the doctor's headquarters. The men passed in single file and received five grains of quinine washed down with water. [5 p208] The practice of taking the daily dose of quinine was well described by Private Francis Ching: "You had to take quinine on the tongue, not as a tablet. You paraded for quinine once or twice a day. You went in front of the Sergeant Major who was in charge of the quinine powder. You'd put your tongue out, he'd have a little spoon and would dig into this can of quinine and place a small spoonful on the tip of your tongue. Then you'd be ordered to drink from your mug of water and swallow." [7 p335]

However, there was uncertainty about the effectiveness of quinine prophylaxis. Most of the medical officers in Macedonia were disillusioned with quinine as a preventative measure. General Whitehead reported in 1916 that the results of quinine prophylaxis had been disappointing. [21 p441] Regarding the use of quinine prophylaxis, Alport held the same belief about its effectiveness as a preventive measure in dealing with malaria. It had been extensively tested in the Salonika area and had proved to be an absolute failure. [19 p17] Treadgold also thought that the available evidence indicated that in Macedonia, at any rate, the disadvantages of quinine prophylaxis outweighed the advantages. [27 p528] The British medical officers in Salonika felt that quinine prophylaxis did not work as they had expected, and some of them believed that it had failed due to the fact that the troops disliked it as a result of its bitter taste. Nonetheless, quinine prophylaxis was not abandoned and some of the officers argued that not using it would make the situation even worse.

Another measure that was undertaken by the British military command to stop or slow down the spread of malaria was the evacuation of the infected and sick soldiers to Britain and Malta. In December 1917, the famous medical scientist Ronald Ross visited Salonika for the second time during the War. On February 15, 1917, Ross was appointed to the War Office as Malaria Consultant. [23 p85] His mission was to set up a

so-called Y-scheme for the selection and evacuation of men infected with malaria. It is interesting to note that this plan was to remain secret in order to hide the severe health conditions of the British troops in Macedonia from the British public. [22 p230] The Y-scheme was brought into operation, with which a huge number of malaria-infected soldiers were sent home.

Wenyon emphasized that the Y-scheme did not only reduce the number of cases by the removal of the most heavily infected individuals, thus undoubtedly preventing each of these men from going to hospital several times, but also removed the worst carriers, who would have been responsible for the infection of a vast number of mosquitoes. In all, over 25,000 men were sent back, and it can hardly be an exaggeration to suppose that during the summer and autumn these men, had they remained in Macedonia, would have contributed to 50 to 60 thousand admissions to hospital. [20 p92] Concerning the number of evacuated soldiers, we encounter more data. Owen stressed that from January to October 1918, nearly 30,000 soldiers were sent home. [10 p188]

There are interesting assessments about the success of the preventative measures against the occurrence and spread of malaria undertaken by the British military authorities on the Macedonian front. Most of these measures, according to Brabin, were introduced effectively too late partly due to disagreements concerning prioritization. [26 p9] Falls was of the opinion that had it from the first been possible to decide that in Macedonia protection from malaria was, after food and ammunition, the very first necessity, it would be reasonable to suppose that the British Salonica expedition forces might have been at a higher standard of strength and efficiency, that a certain number of lives might have been saved, and that many thousands of men might have been spared ill health after the War. [24 p288] Owen noted that the protection of the healthy soldiers was carried out in every possible way by means of nets, mosquito-proof huts and dugouts, special shorts, gloves and head nets, unfortunately seldom appealing to the user. [10 p280] Hamilton concluded that in a country like Macedonia, especially around Salonica, it was absolutely impossible, due to the front line “to thoroughly carry out all preventative measures against malaria. War has its price. Those who wage it in malarious climes must remember that, in spite of the most rigid precautions against disease, the cost must be a heavy one.” [17 p369] However, Goodall had a more realistic approach concerning the results of the measures taken by the British military. He felt that the greatest experience of the preventative measures was derived from the activities in Macedonia, and that these were applicable to all stages where war was being waged, and could be classified as: drug prophylaxis and treatment, mosquito deterrents, personal protection, or mosquito destruction. [13 p13]

Conclusion

The British military and medical personnel stationed on the Macedonian Front encountered unprecedented conditions. British military experts and physicians swiftly determined that the army was positioned in one of the most perilous regions, characterized by high prevalence of malaria. Drawing on experience from the preceding

period, their initial investigations focused on the geography and climate of the region. The experts, very soon, recognized, beyond treating infected soldiers, the paramount aspect in combating malaria was its prevention.

The prevention strategy against the spread and infection of malaria was channelled into three main directions. First, to protect healthy soldiers from mosquito bites; second, to eliminate mosquitoes as much as possible; and third, to treat chronic malaria patients carrying the infectious germs in their blood, thereby preventing further transmission. One of the initial measures undertaken in the malaria prevention campaign involved draining the swamps in areas where British military units were deployed, coupled with relocating them to more secure positions. Another measure involved the eradication of adult's insects. One of strategy aimed at impeding the spread of malaria and protecting against insect bites was the utilization of mosquito – proof huts. A widely employed method in malaria prevention was the application of quinine prophylaxis to halt the disease's further dissemination. This approach had been advocated by Ronald Ross, who served as a consultant physician to the Mediterranean Expeditionary Force. Nevertheless, there was uncertainty regarding the efficacy of quinine prophylaxis, leading to disillusionment among most medical officers in Macedonia. To curb or slow down the malaria spread, the British military command implemented the evacuation of infected and ill soldiers to Britain and Malta. The Y-scheme was activated, facilitating the repatriation of a significant number of malaria infected soldiers. The comprehensive experience gained from preventive measures in Macedonia indicated their applicability to all stages of warfare and could be categorized into drug prophylaxis and treatment, mosquito deterrents, personal protection and mosquito destruction.

Rezime

Britansko vojno i medicinsko osoblje stacionirano na Solunskom frontu naišlo je na do tada neviđene uslove. Britanski vojni stručnjaci i lekari brzo su utvrdili da je vojska pozicionirana u jednom od epidemiološki najopasnijih regiona, koji karakteriše velika rasprostranjenost malarije. Oslanjajući se na iskustvo iz prethodnog perioda, njihova početna istraživanja su se fokusirala na geografiju i klimu regiona. Stručnjaci su vrlo brzo prepoznali da je, pored lečenja zaraženih vojnika, najvažniji aspekt u borbi protiv malarije njena prevencija. Strategija prevencije širenja i zaraze malarije kanalisana je u tri glavna pravca. Prvo, zaštita zdravih vojnika od ujeda komaraca; drugo, eliminacija komaraca u najvećoj mogućoj meri; i treće, lečenje pacijenata sa hroničnom malarijom koji nose infektivne klice u svojoj krvi, čime se sprečava dalje prenošenje. Jedna od početnih mera preduzetih u kampanji prevencije malarije uključivala je isušivanje močvara u oblastima gde su bile raspoređene britanske vojne jedinice, zajedno sa njihovim premeštanjem na sigurnije položaje. Druga mera uključivala je iskorenjivanje odraslih insekata. Jedna od strategija usmerenih na sprečavanje širenja malarije i zaštitu od ujeda insekata bila je upotreba koliba nepropusnih za komarce. Metoda koja se široko koristila u prevenciji malarije bila je primena profilakse kininom da bi se zaustavilo dalje širenje bolesti. Ovaj pristup je zastupao Ronald Ros, koji

je služio kao lekar konsultant u Mediteranskim ekspedicionim snagama. Ipak, postojala je nesigurnost u pogledu efikasnosti profilakse kininom, što je dovelo do razočaranja većine medicinskih službenika u Makedoniji. Da bi obuzdala ili usporila širenje malarije, britanska vojna komanda sprovela je evakuaciju zaraženih i bolesnih vojnika u Britaniju i Maltu. Aktivirana je Y-šema, olakšavajući repatrijaciju značajnog broja vojnika zaraženih malarijom. Sveobuhvatno iskustvo stečeno preventivnim merama u Makedoniji ukazalo je na njihovu primenljivost u svim fazama ratovanja i moglo bi se svrstati u profilaksu i lečenje drogama, sredstva za odvracanje komaraca, ličnu zaštitu i uništavanje komaraca.

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Submitted: 27/09/2023

Reviewed: 06/10/2023

Accepted: 14/10/2023

Original scientific article

UDC: 618.439-036.88(497.6)"1992"(093.2)

340.142(497.6)(093.2)

DOI: 10.5937/acthist2302097O

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DOCUMENTATION OF THE BANJA LUKA CLINICAL-MEDICAL CENTER AS EVIDENCE IN THE ICTY DATABASES – THE 'BANJALUKA BABIES' CASE IN 1992 AND THE TRIAL OF RADOSLAV BRĐANIN¹

"[...] and then the child's life ends." [1 p5]

Abstract: This paper, based on the documentation from the database of the International Criminal Tribunal for the former Yugoslavia (ICTY), is dedicated to the suffering of the "Banja Luka babies", one of the many cases of tragic childhood during the aggression against Bosnia and Herzegovina in 1992. The case of the agony of new-borns in the Banja Luka Clinical-Medical Centre (CMC) caused controversy in the public. It is the subject of propaganda speculations and various political calculations that do not stop even with the act of presenting the medical documentation of the deceased new-borns as exhibits for the defence during the trial of Radoslav Brđanin before the ICTY. Brđanin was found guilty and at the end of the trial sentenced to 30 years in prison for crimes against humanity, violations of laws and customs of war, and serious violations of the 1949 Geneva Conventions.

Keywords MeSH: medical records, premature birth, IRDS, sepsis

Non MeSH: War in Bosnia and Herzegovina, Banja Luka, Clinical-Medical Centre, Radoslav Brđanin, ICTY

¹ The research for this paper was carried out as part of the author's project at the Institute of History in Sarajevo, and it was accepted and presented at the Congress of Historians in Jinan, China, in 2015, in the form of a presentation, as a part of the session entitled 'Changing Social and Cultural Values of Children in Time and Space', led by Prof. dr Ning de Coninck-Smith. The draft text was published as a shorter version and without scientific apparatus in: *Behar, časopis za književnost i društvena pitanja* [Behar, journal of literature and social issues], 146/XXVII (May 2019): 10-12.

Banja Luka in 1992 – a City in the Wartime Hinterland

Banja Luka is the regional centre of Bosnian Krajina, [2] which found itself in the war hinterland after the increase of combat readiness of the forces of the Yugoslav People's Army in the summer of 1990 [3] and the beginning of war operations in Yugoslavia. There was no significant war related destruction in the city itself, but the economic, social and cultural changes were enormous, [4] because of the expulsion and killing of the non-Serb population and political dissidents opposed to the ruling Serbian Democratic Party, both in Banja Luka and in the wider regional area. [5]

The first military operations in Banja Luka took place on the early morning 3rd of April, 1992. On that day, the newly proclaimed Serbian Defence Forces blocked the city from all directions, while also preventing the entrance to the Banja Luka Municipality building. The President of the Municipality, Predrag Radić, along with several other executives, had access to the building, from which he called the principals of secondary and elementary schools to stop classes, and then instructed all workers from the medical sector to report to work at the Clinical-Medical Centre. The Crisis Staff, which consisted of Radislav Vukić, Nenad Stevandić, Stojan Župljanin, Radoslav Brđanin, Ilija Milinković, Aleksandar Tolimin and Ranko Dubočanin, headed by Predrag Radić, claimed that the reason for the blockade of all municipal institutions was the statement of the Minister of Defence of the Republic of Bosnia and Herzegovina Jerko Doko. At the beginning of April Doko proclaimed that the servicemen of the Yugoslav People's Army (JNA – YPA) were outlawed. Doko further said that they would be prosecuted in case of the quite certain acquisition of recognition and international legal subjectivity of Bosnia and Herzegovina. [6]

The leader of the Serbian Democratic Party of Bosnia and Herzegovina, Radovan Karadžić, during the 8th session of the Assembly of the Serbian People held on 25th of February 1992, for the first time mentioned and announced what would later, during May 1992, be programmatically and strategically shaped into the Six Strategic Goals of the Serbian People. [7]. Due to the internationalization of the crisis, he said that Bosnia and Herzegovina must remain within its external borders, but that this republic should be broken from within. One of these goals was the establishment of the territorial connection of the so-called Autonomous regions of Krajina and the so-called of the Republic of Serbian Krajina with the Federal Republic of Yugoslavia, whose Constitution, published in its draft version in the daily newspaper *Politika* on 11th April, also provided for the accession of "other states" in its first paragraph.

Due to the attacks of the Croatian Army and the Croatian Defence Council, which occupied Modriča and Derventa and expelled the YPA units and the Serbian Territorial Defence Forces from Bosanski Brod, the Republika Srpska in Bosnia and Herzegovina was split in two at the so-called Posavina Corridor and was cut off from Yugoslavia in a tactical sense, which prevented the arrival of humanitarian aid to this country affected by international sanctions. [8]

Sketch of the Condition of the Clinical-Medical Centre of Banja Luka (CMC) at the Beginning of the War in 1992

The problems of the functioning of healthcare in the wartime hinterland can be traced through the Belgrade and Banja Luka city chronicles, which were published on the pages of *Politika* and *Glas* newspapers. Thus, as early as April 1992, Belgrade *Politika* reported a shortage of medical and hospital materials and problems in regular and adequate servicing of medical equipment. Shortages of petroleum products led to a complete collapse of the economy, as well as healthcare. The group of students of the 5th year of the Faculty of Medicine in Banja Luka sent an *Open Letter* to the President of the Banja Luka Municipal Assembly, the Rector of the University and the Dean of the Faculty of Medicine, in which they warned of the dangers of an imposed war that leads to the “abyss of no return [...] to complete physical, material and spiritual maiming and destruction” and demanded that their colleagues, who came from war-torn cities, must be urgently provided with the means necessary for survival until the end of the semester and the school year. [9]

In the Banja Luka CMC, the quantity of infusion solutions, medical and general supplies, anaesthetics were decreasing. The director of the CMC Željko Rodić, stated in regional newspapers *Glas* on 19th of May that 50 million dinars are needed to maintain the small stock necessary for the functioning of the clinics, since the daily inflation “melted” the monthly advances from the Healthcare Fund. He pointed out that *Tehnogas* company from Laktaši, which was 20 km away, was ready to deliver an oxygen tank to the hospital, but they did not dare to send “such an expensive vehicle” due to traffic blockages and fear of highway robberies. According to him, obtaining bottled oxygen required constant travel, which presented “a big risk and was expensive”. [10]

In an interview for the *Glas* newspapers, doctor Dragutin Ilić said that it is necessary to answer the appeal for help “as soon as possible by the authorities of military and civil air transport, so that the oxygen from Kiseljak, i.e., Rajlovac, could be transferred to Banja Luka as soon as possible”, in order to help new-born babies and all patients in intensive care, including “the wounded soldiers, post-infarction and asthmatic patients”. Ilić also spoke about the possibility of immediate transfer of new-borns to Belgrade. [11]

A much more vivid picture of the impact of war on the general social, economic and health conditions is provided by the testimonies of mothers who have spent the last weeks of pregnancy at the Banja Luka CMC during May and June 1992, which testify about their personal health problems and the impossibility of getting adequate health care during the pregnancy. [12]

UN Resolution 757

The appeals of the Banja Luka doctors partially gave results, since oxygen was delivered to the Banja Luka CMC on several occasions. The Crisis Headquarters of the Autonomous Region of Krajina called on citizens who own industrial oxygen to hand it over to the CMC, while at the same time prohibiting the transport of civilians by military planes and helicopters from Mahovljani airport in Banja Luka, with the empha-

sis that traffic with Belgrade must continue unhindered. [13] In the same way, the War Headquarters of the AO Krajina prohibited flights of the *Atlas* agency from the Banja Luka airport, while the Yugoslav Air Transport company (YAT) line between Belgrade and Banja Luka began to operate daily in mid-May, due interest and pressure of the population, which was feasible until the end of the month, when the UN Security Council adopted Resolution 757.

With this resolution, FR Yugoslavia was asked to cease all external interference in the Bosnia and Herzegovina, while both Croatia and FR Yugoslavia were required to swiftly end their interference and to respect the territorial integrity of Bosnia and Herzegovina, as well as to disarm all irregular military units.

The resolution condemned the failure of the Yugoslav authorities in the process that was offered to them: either the withdrawal of YPA units from the territory of Bosnia and Herzegovina, or their submission to the Bosnian and Herzegovinian authorities, or disarmament under international control. The failure to prevent the forced relocation of the population was also condemned, and it was decided to completely exclude Yugoslavia from international traffic and trade, scientific and technical cooperation, as well as sports competitions. All international flights with Yugoslavia have been suspended, except for those with humanitarian purposes, for which the special approval was needed. [14]

On the other hand, the political leadership of the FR Yugoslavia and Serbia needed to free themselves from the responsibility for a series of political failures: from the rejection of the request that the FR Yugoslavia continues to be a full member of the UN instead of the SFRY, through the public condemnation of the authorities and the leadership of the YPA for the failures in achieving effective measures to end the conflict, along with the introduction of international sanctions. So, it was necessary to channel the public's attention and anger in another direction. In this sense, the Army of the Serbian Republic was established at the end of May 1992, and the Presidency of the Serbian Republic of Bosnia and Herzegovina passed the *Decision on the general mobilization of forces and resources*.

With the help of the YPA, the Bosnian Serb forces managed to occupy key municipalities in Posavina, which enabled political and military preparation for a counter-offensive by which Karadžić's political elite would take control of the communication connecting the "Serbian Krajina's" with Yugoslavia. In order to make the mobilization as successful as possible, the Belgrade *Politika* published the news on June 19, 1992, which was then repeated by the TV media, that twelve new-born children and several wounded soldiers died in one day at the Banja Luka hospital due to the lack of oxygen. [15] In an orchestrated media campaign, the public in Serbia was presented with an image that blamed the "unjust world", UN and UNPROFOR for the death of Banja Luka babies, instead of their own political elite. [16]

The last pages of the newspaper *Glas* contained news from the registry offices of marriages, births and deaths, in which the editorial staff of the newspaper expressed, depending on the occasion, congratulations or condolences in mourning. Since the names of new-born and deceased children in Banja Luka listed on the pages of *Glas* during May and June 1992 do not match the names of the children in the available

ICTY documentation, it is very difficult to determine the actual number of tragic cases. During the 1990s, the generally accepted figure of 12 deceased children was, on the one hand, the result of media reports that claimed that the Banja Luka hospital was saved by the units of the Army of the Republic of Srpska and the Serbian Army of Krajina, which enabled the reunification of Krajina and Yugoslavia on Saint Vitus Day (Vidovdan) of 1992, while on the other hand, the case itself still caused the disbelief of the public, which ultimately considered the events in the CMC to be fabricated. All further speculations were based on the aforementioned short news item from *Politika*. Articles from regional Banja Luka newspapers *Glas* also contributed in orchestrating the media campaign and mobilizing the population. The room for speculation was slightly reduced when the defendant's defense included a series of medical records of the newborns who died as exhibit materials at the trial. The new light and additional information about the case of the "Banja Luka babies" was cast by the exhibits of the defence of the leading political figure of the Autonomous Region of Krajina, Radoslav Brđanin, after the pronouncement of the Judgment of the Trial Chamber on September 1, 2004, by which he was sentenced to 32 years in prison. [17]

Defence Exhibits in the Case of Radoslav Brđanin IT-99-36

It was stated in the aforementioned Judgment from 2004, among other things, that the case of the "Banja Luka babies" was a mere rumour – according to which Bosnian Serb children were dying due to a lack of oxygen in the Banja Luka CMC – just one more in a series of propaganda campaigns by politicians from the ranks of the Serbian Democratic Party used daily to insult the non-Serb population in Bosnia and Herzegovina, "with the obvious aim of creating fear and hatred among ethnic groups and inciting Bosnian Serbs against other nations". [17 p33-34] The defence, claiming that "the death of the twelve Serbian babies is not a rumour but an established fact", presented the discharge lists and medical histories for the twelve new-borns in the evidence material.

By comparing the aforementioned evidence of the defence in the case of Radoslav Brđanin IT-99-36 before the ICTY and the medical documentation available to researchers that refers to the children who died in CMC Banja Luka from 22nd of May to mid-June 1992, it can be established that these presented similar diagnoses. Eight children were born prematurely, two children were born as "immature", six children had Idiopathic Respiratory Distress Syndrome (IRDS), five children had sepsis, and one child was born with a severe heart defect. When the general condition of the new-born allowed it, extensive tests were performed, and therapy was administered. One of the children was discharged from the hospital after birth and was assessed as being with neurorisk with the need to monitor the condition. The place of birth for seven children was the maternity hospital in Banja Luka, two children each were born in Prnjavor and Ključ, one of them at home, and one child was born in Prijedor. Due to health complications, new-borns were transferred from the aforementioned smaller municipalities to the Banja Luka hospital with considerable difficulty and exposure to military operations. The transfer was successful, but inadequate. The road, which in peacetime con-

ditions was driven by an ambulance in less than an hour, in wartime conditions and with an inadequate, almost unmaintained and old vehicle, with frequent transfers and walking, took more than several hours.

The mother from the village of Surjan, near Mrkonjić Grad, went to the Banja Luka hospital on foot after the onset of labour and arrived at the CMC considerably exhausted, after several layovers and changing means of transportation due to blockaded roads. [12 p167-71] She gave birth prematurely by caesarean section. During the delivery, there was a heavy bleeding due to *placentae previae totalis*, during which the mother went into a state of shock and in extremely severe general condition. The result of the Apgar test after the first minute was 1/1/1, and following artificial ventilation and external heart massage, the child did not react. After the administration of adrenaline and a weak heart action, the child was transferred to intensive care, where the therapy was continued. Unfortunately, the child died six hours after birth. [1]

The child who was born at home, and whose death occurred on May 23, 1992, was given oxygen during medical treatment. Born as a premature child on May 22, it was sent from the village of Donje Ratkovo near Ključ to Banja Luka. No data was entered in the anamnesis since the child was not born in a hospital. It was determined that the child had a body weight of 1470 grams, a gestational age of less than 30 weeks, with "acrocyanosis", "dyspnoea", and it gave the impression of an immature child with initial signs of respiratory insufficiency and weakened reflexes. Upon admission to the CMC on the same day, the child underwent laboratory tests and medical treatment. On the following day, 23rd of May, the child's condition worsened, baby started having convulsions, and unsuccessful resuscitation was attempted. [18]

On 23rd of May, a male child was born at the Banja Luka maternity hospital, also prematurely, more than a month before the due date. The final diagnosis is that the child had sepsis and IRDS. The anamnesis indicates that the data on pregnancy and birth should be looked up in the neonatal list. The specificity of this case is that the otherwise normal birth lasted more than 48 hours. The child's body weight at birth was 2160 grams, while the height was 45 cm. Due to the diminished breath sounds, "tachypnoea" with indicated "acrocyanosis", as stated in medical record, the child was kept at the intensive care unit. Extensive laboratory testing was performed. The clinical findings were not improving nor normal but stated as "satisfactory" for the first three days, when suddenly the child's condition worsened on the morning of 27th of May. The child became extremely pale, atonic, with the loss of reflexes and slow respiratory rate and the liver became enormously enlarged. The child died within an hour in a state of shock. [19]

On May 28, a cardiologist from Prijedor referred a child who was born on May 19 in Prijedor to CMC in Banja Luka. The child left the maternity hospital in Prijedor three days after birth. The pregnancy was normal, the birth was on time, the child cried immediately during the birth and was in good health. The anamnesis of the disease was given by the child's mother, from which it is evident that the child, apart from the fact that a heart murmur was detected after birth, was fine until the evening 27th of May. That evening, the child vomited twice, and on the morning of 28th of May it started moaning and sobbing, turned yellow, and the area around its mouth started to

turn blue due to crying. The mother breastfed the child for five days, and after that the baby was fed with infant formula. A child was admitted to the intensive care unit of the CMC in Banja Luka “due to a severe decompensated heart defect” in a life-threatening stage. Baby underwent medical treatment, laboratory tests were performed, but the child died during the day. [20]

Three girls died in this hospital on 1st and 2nd of June 1992. The medical documentation on all three deaths testifies of a lack of oxygen and notes an urgent need for it, in order for the medical treatment to be adequate and successful.

The first of these unfortunate cases was a twin pregnancy. The mother arrived to the Banja Luka maternity hospital from Ključ in the final stage of pregnancy. One of the twins was in good condition while the other child had no heartbeat. The child was pale, unresponsive and not breathing spontaneously. After heart massage, cardiac action was established. Spontaneous breathing was established after 15 minutes, and the child breathed with occasional deep breaths. After the administration of bicarbonate and placing her on nasal oxygen, the sobs and deep breathing stopped. Due to inadequate medical treatment and therapy, it was not possible to stop the convulsions, and the child died on the seventh day since her stay in the hospital. [21]

The girl who was born prematurely on 29th of May 1992, at gestational age of 35 weeks, and died on 1st of June, should have been delivered by caesarean section, which was not performed due to the lack of oxygen. The birth lasted for 13 hours and the child, whose body weight was 1700 grams, was born traumatized, immature and in a difficult condition, which is why a more detailed examination could not be performed. [22]

The girl, who was also born prematurely at the Banja Luka maternity hospital in the early morning hours of June 1, was diagnosed with an extensive defect in the front abdominal wall with protruding intestines. She was transferred to intensive care in order to perform adequate preoperative measures, and the difficult operation was started 4 hours after the birth. After the failed operation, the girl was returned to intensive care, where, among other things, she received a blood transfusion. She died shortly after the operation, on June 1. [23]

A new-born from Prnjavor, who was also born prematurely, with body weight of 1700 grams, at gestational age of under 30 weeks, with high Silverman index, was admitted to intensive care on June 3, as he was in life-threatening condition, was immature and had IRDS. After the boy received oxygen nasally, the condition improved for a short time, but after two hours it got worse. Certain medical measures were taken, but despite this, the child died on June 5, 1992. [24]

The discharge list and medical history of the girl born in Banja Luka on 24th of May indicate that she was discharged home to Prijedor after the birth. The birth was orderly and on time. The child was born weighing 3600 grams, it was breastfed and discharged from the hospital weighing 3300 grams. The child's mother gave an anamnesis of the disease, where it is stated that the eight-day-old girl started refusing to breastfeed “two days ago” and became agitated and tearful. The colour of her stool has changed, and the paediatrician from Skender Vakuf referred her to CMC in Banja Luka with a diagnosis of *Otitis media and the umbilical granuloma*. She was receiv-

ing penicillin and was vaccinated with BCG. The child was admitted to the children's ward of the CMC on June 1; her weight was 3100 grams, she was pale, hypotonic and was moaning. After the first testing and therapy the condition remained unchanged, so the girl was placed in intensive care. Her condition gradually worsened, the child's breathing became more and more difficult, and heart failure occurred. Until her death on June 7, extensive laboratory tests and numerous therapeutic measures were performed, but without success. [25]

A male child born on 17th of June in Prnjavor, as immature, premature, with IRDS, died at the Banja Luka CMC on the same day, shortly after admission. He was admitted without respiratory movements, with irregular heartbeat, and due to the impossibility of using a respirator for technical reasons, the child received oxygen through the nose. [26]

In the discharge list of a child born in Banja Luka on 28th of May 1992, it was stated that the baby did not receive the BCG vaccine during its stay until 1st of June, with a note that certain physical and functional anomalies were established after the child's birth, namely: "saddle nose root, inspiratory stridor, hypoplasia mandibula, low-set ear and low hair line, pronounced hypotonia and inadequacy of primitive reflexes." It was emphasized that upon discharge, the baby will need to be monitored as a child with neurorisk in the Clinic for neurology. The child was then treated in the intensive care unit from June 1 to 3. After being re-admitted to the CMC, on 18th June, the medical history states that the child refused to feed and vomited. It is further stated that the child received the BCG vaccine after leaving the hospital, as well as that the mother is taking blood pressure medication. A family of four lived in a village near Čelinac, in a home where "they had water, but no electricity", the mother was a homemaker, and the father was in the military reserve. The child was treated in the hospital, but its condition constantly worsened, and its death occurred on June 19. According to the clinical picture, it was indicated that the child should be artificially ventilated, but due to the lack of oxygen and certain malfunctions in other medical devices, the necessary medical treatment was omitted. [26]

The last child for whom documentation related to birth, course of illness and death is available was born in Banja Luka on June 15, 1992, while the due date was at the beginning of September. After birth, the child developed signs of IRDS and was transferred from the prenatal department to intensive care, where therapeutic measures were taken, but the child failed to stabilize and subsequently died 34 hours after birth. [27]

The reaction of the political elite to the tragedy of the "Banja Luka babies" in 1992

Among the available published diaries of the Serbian and Bosnian-Serbian political elite dating from that time, the case of "Banja Luka babies" is not mentioned. The diaries in question discussed political, territorial-legal and international relations, as well as personal relations between members of the political elite.

In the mentioned newspaper article from *Politika* dated June 19, 1992, it is stated that Borisav Jović, in his capacity as president of the State Committee for Cooperation with the UN, wrote an urgent message to the UNPROFOR commander general Satish Nambiar, claiming that “Due to the lack of oxygen and medical supplies in Banja Luka, eleven new-borns and three patients died in the hospital yesterday.” In this form, the news was first reported in *Politika*, and then in the television media.

However, in the excerpts from his diary *Last Days of SFRY*, Jović writes about his conversations with the commander of UNPROFOR and his associates from June 8 and July 7, 1992, but the question of helping hospitals and children was not discussed, according to the contents of the published diary. [28]

Radovan Karadžić's wartime letters that he sent to international and domestic officials during this period also do not speak of his concern about the denial of the right to medical treatment of children in Bosnia and Herzegovina's hospitals. In his letters, he mostly tries to shift the responsibility for current issues and problems to the “other side”, referring to the military and political issues of the Sarajevo region. Banja Luka was outside the horizon of Karadžić's consideration and jurisdiction. [29]

The problem of the (non)functioning of healthcare was not the subject of the contemporary sessions of the Assembly of the Serbian People, as well as the sessions of the Government of the Serbian Republic in Bosnia and Herzegovina. Immediately before the tragic events mentioned above, at the session of the Assembly of the Serbian People held on May 12, 1992 in Banja Luka, Karadžić presented the strategic goals of the Serbian people in six points, while a warning was issued to the European Community at the suggestion of Nikola Koljević, because of the interruption of the Conference on Bosnia and Herzegovina in Lisbon. [30] At the same session, the delegates nominally gave up on the merge of the so-called Republika Srpska and FR Yugoslavia, reasoning that the contemporary political circumstances on the international level were not in favour of that political goal. It was also decided to work more diligently on the project of creating a state of the Serbian people in Bosnia and Herzegovina, which will later be able to unite with Serbia, when more favourable international conditions occur. [31]

The minutes of the following 17th session of the Assembly of the Serbian people in Bosnia and Herzegovina, held at the end of July 1992 in the Bistrica hotel in Jahorina, indicate that the first wave of media abuse of this accident subsided, and that the “Banja Luka babies” were politically useless at that moment, since control over the Posavina Corridor was established by the Army of Republika Srpska, and the connection between Krajina and Yugoslavia was secured. There was no mention of the suffering of innocent children in the Banja Luka CMC at the session. Instead, a respect to soldiers was paid, to those who sacrificed their lives in the fight for freedom, and whose souls will be embedded in the foundations of the Serbian state. [32]

At the cabinet meeting of the Government of the Serbian Republic of Bosnia and Herzegovina held immediately after the Banja Luka accident – quite coincidentally on the very day when *Politika* began writing about the tragedy, on June 19, 1992 – the issues related to the healthcare in the Serbian Republic in Bosnia and Herzegovina were discussed, among other concerns. However, on this occasion, the problems of

hospital supplies were not discussed, but the talks went in the different direction. Under the first item on the agenda, the present ministers considered the *Decision on establishing and fulfilling the material and work obligations of health institutions and health workers for the needs of defence*. The government assessed “that there is no need to make the proposed decision, because the matter was already arranged for by the *Regulation on the organization and execution of work obligations for the needs of defence* and the *Regulation on the implementation of material obligations for the needs of defence*”, so the government authorized the relevant ministry to issue an instruction for the implementation of the aforementioned regulations in the field of healthcare. [33] At the next session of the Government, issues regarding healthcare and endangerment of children’s rights were not discussed at all.

The culture of memory and the tragedy of the “Banja Luka babies”

The commemoration of this tragedy began during the war in Bosnia and Herzegovina, when newspaper *Glas Srpski*, in cooperation with a certain “design studio”, announced a “silent protest against inhumanity” on June 19, 1994 at Krajina Square in Banja Luka, in memory of the “tragedy of the twelve Banja Luka babies”. [34 p1]

This event played a key role in further public perception of the case of “Banja Luka babies”. The first page of *Glas* published a “Postcard for Boutros-Ghali”, a call for a protest. This *Postcard* was promoted during April at an exhibition in the Museum of Applied Arts in Belgrade, with the idea of sending it to acquaintances and relatives abroad, so that the story of the tragedy would spread around the world. The text is written on the flag of Europe, whose stars have become the personification of death – “Twelve dead babies, for twelve stars on the flag.” The text of the *Postcard* was published in English and reads:

“When a star dies, its light remains in space for millions of years, June 19, 1992 - June 19, 1994. Banja Luka, May 14, 1992: the Town Clinical Centre in Banja Luka, due to increased number of newly arrived wounded people, is in a critical situation. They are running short of medicaments and medical supplies, but the largest problem which is dramatically expanding is shortage of oxygen. Twelve prematurely born babies are placed in the hospital incubators who, if the oxygen doesn’t get on time are to face certain death. President of the Bosnia and Herzegovina Presidency, Alija Izetbegović, travels the sky of this Republic to Republic Croatia’s flight control. The plains [sic!] to Krajina mustn’t take off. The destiny of twelve new-born children was left upon conscience of UN Secretary General Boutros-Ghali. Powerful to act as a mediator, capable of making the flight possible, the flight by which ‘the air of life’ could come from Serbia reach the cut off Krajina, remains silent... The planes won’t take off...” [34 p1]

June 19th was chosen as the date of the commemoration, because on that day in 1992 the Belgrade *Politika*, in order to cause as much public outrage as possible, announced that twelve new-borns died in a single day at the Banja Luka hospital. The article does not mention the causes of injuries and the reasons for the increased number of wounded soldiers, as well as the exact reasons for the lack of medical equipment and supplies in hospitals. The President of the Presidency of Bosnia and Herzegovina is al-

most directly accused of the death of new-borns, when it was suggested that he was the powerful man, the “sky flyer” who forced air traffic control in Croatia to cooperate and subsequently ban the take-off of planes whose primary goal was to help children. The death of babies was also attributed to the actions of the UN Secretary General. Serbia is presented not only as the sole possible supplier of oxygen and medical equipment, a saviour, but also as a source of life.

At the first in a series of commemorative gatherings, a thousand candles were lit. Originally, the lighting of candles was planned to occur at the same time in Belgrade, Athens and Thessaloniki. The musical program was performed by the choirs *Jedinstvo* and *Vrapčići*, while Saša Nikić sang “Dvanaest zvjezdica” (Twelve little stars), and Stefan Nikić, the winner of the children’s festival “Djeca pjevaju Republici Srpskoj” (Children are singing to the Republic of Srpska), sang “Da se tate kući vrate” (Let dads come home). Radenka Ševa, actress of the Krajina National Theatre recited the verses of Vladislav Petković Dis and Desanka Maksimović. After the commemoration, the drama “General Milan Nedić” was presented in the Krajina National Theatre as a gift to the citizens of Banja Luka. [35]

Conclusion

All the mentioned children were born in an area that was indirectly affected by war events, in difficult health condition that required optimal hospital conditions and special medical treatment. However, their misfortune was exploited and used as another in a series of real or fictional cases that the media from Belgrade and Banja Luka used to create, channel, deepen and manifest hatred towards the non-Serb population and the international community, and fuel the state of war. “Banja Luka babies” were used for at least two primary purposes. Politically, to achieve and maintain a high degree of conviction of a large part of the Serbian public in the righteousness of the political actions of the ruling class. Militarily, to promote the conscription among the Serbian population and to provide for a more efficient staffing of VRS units, in order to achieve the primary war aim of establishment of a contiguous state and also securing the northern supply route through Posavina Corridor. Taking into account the entire context of complex political events and the state of war in an area much wider than Bosnian Krajina, it is shown that the tragic fate of the children in Banja Luka was influenced by several different factors, only one of which was the lack of oxygen bottles in the CMC.

Rezime

Slučaj stradanja novorođenčadi u banjalučkom Kliničko-medicinskom centru (KMC) već dugo vremena izaziva polemiku u javnosti. Predmet je propagandnih spekulacija i raznih političkih kalkulacija koje ne prestaju ni činom predstavljanja medicinske dokumentacije preminulih novorođenčadi kao dokaza odbrane tokom suđenja Radoslavu Brđaninu pred Haškim tribunalom. Sva navedena djeca su bila rođena u području koje je neizravno bilo pogođeno ratnim dešavanjima, u teškom ili lošem

zdravstvenom stanju koje je zahtjevalo optimalne bolničke uslove i poseban medicinski tretman. Međutim, njihova nesreća je iskorištena i bila je još jedan u nizu od stvarnih ili izmišljenih slučajeva koje su beogradski i banjalučki mediji koristili za stvaranje, kanaliziranje, produbljivanje i ispoljavanje mržnje prema nesrpskom stanovništvu i međunarodnoj zajednici te potpirivanja ratnog stanja. „Banjalučke bebe“ su iskorištene u najmanje dvije primarne svrhe. U političku, u onoj mjeri koja je bila dovoljna za visoki stepen konstantnog održavanja uvjerenja velikog dijela srbijanske javnosti u ispravnost političkih postupaka klase na vlasti, kao i u vojne u cilju pospješavanja regrutacije srpskog stanovništva i efikasnije popunjavanje jedinica VRS kako bi se postigao primarni ratni cilj uspostavljanja celovite države i oslobađanja severne rute za snabdjevanje preko Posavskog koridora. Uzimajući u obzir čitav kontekst složenih političkih zbivanja i ratnog stanja na prostoru mnogo širem od Bosanske Krajine, pokazuje se da je za tragičnu sudbinu djece u Banja Luci utjecalo više različitih faktora, od kojih je samo jedan u nizu bio nedostatak boca sa kisikom u KMC.

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Submitted: 09/11/2023

Reviewed: 17/11/2023

Accepted: 28/11/2023

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IN MEMORIAM: PROF. DR. MIRJANA ROTER BLAGOJEVIĆ

(1957 – 2023)

Dr Mirjana Roter Blagojević, Professor at the University of Belgrade – Faculty of Architecture was born in Belgrade on the 30th of April, 1957. She completed elementary school in 1972 and graduated high school from the Fifth Gymnasium of Belgrade in 1976.

She enrolled in the architecture faculty at the University of Belgrade later that year and graduated in 1982 with the highest grade of 10 for her bachelor's thesis. Under the mentorship of Prof. Dr. Ranko Radović, she earned the title 'Graduate Engineer of Architecture specialising in design'.

Immediately after completing her bachelor's studies at the Faculty of Architecture in Belgrade, she began her postgraduate studies. Her master's studies in the field of protection, revitalisation and study of architectural heritage were supervised by Prof. Dr. Jovan Nešković, and lasted until 1985.

During her master's studies, she completed specialised studies at the Faculty of Architecture at the University of Belgrade, where, in January 1992, she successfully defended her specialised thesis in the field of protection, revitalisation and study of architectural heritage, under the title *Problems of protection and revitalisation: The Sava pier section of Karađorđeva Street in Belgrade* under the mentorship of Prof. Arch. Zoran Petrović.

In October 1994, she defended her master's thesis at the same faculty with the title *Architecture of public buildings built in Belgrade from 1830 to 1900* under the mentorship of Prof. Nađa Kurtović-Folić, Ph.D., and obtained the title 'Master of Technical Sciences in the field of architecture and urbanism – history and theory of architecture and urbanism'.

After completing her master's studies, she defended her doctoral dissertation at the Faculty of Architecture at the University of Belgrade in June 2004 under the title *Development of residential architecture in Belgrade in the 19th and early 20th centuries*, again under the mentorship of Prof. Dr. Nađa Kurtović-Folić, earning the title of Doctor of Technical Sciences in the field of architecture and urban planning.

From February 1985 to December 1989, she worked as an independent architect-intern at HK ENERGOPROJEKT - MDD Izgradnja i Visokogradnja in various lines of work, contracting and supervising the execution of final works on high-rise buildings.

Between December 1989 and her retirement in September 2022, Prof. Dr. Mirjana Roter Blagojević was employed at the University of Belgrade's Faculty of Architecture. She began as an Assistant Trainee (1989-1995) before becoming an Assistant (1995-2004, earning re-election in 2001), assisting with the courses of the Department for the Development of Architecture and Art –later known as the Department for the History and Theory of Architecture and Art.

In November 2004, she was elected to the position of Assistant Professor and, in December 2004, the Council of Scientific Fields of the University of Belgrade confirmed her selection for the narrower scientific field of History and Theory of Architecture and Art at the Department of History and Theory of Architecture and Art – the Faculty of Architecture, University of Belgrade.

In October 2009, she was elected to the position of Associate Professor before being selected by the Council of Scientific Fields of the University of Belgrade for the narrower scientific field of History, Theory and Aesthetics of Architecture and Visual Arts and Restoration of Architectural Heritage in February 2010. Her responsibilities included teaching bachelor studies courses, master's studies courses and doctoral academic courses. She was re-elected in October 2014 and, in February 2015, the Council of Scientific Fields of the University of Belgrade confirmed her re-election as Associate Professor for the narrower scientific field mentioned above.

She was selected as a full Professor in October 2019 and the Senate of the University of Belgrade, on the proposal of the Council of Scientific Fields of the University of Belgrade, confirmed her election as a full Professor for the narrower scientific field of History, Theory and Aesthetics of Architecture and Visual Arts and Restoration of Architectural Heritage at the Department of Architecture of the University of Belgrade - Faculty of Architecture in January 2020.

Alongside her work teaching at her alma mater, Dr. Mirjana Roter Blagojević also taught at other higher education institutions in the country and abroad, including at the Faculty of Teacher Education, University of Belgrade (2012–14); the State University in Novi Pazar, Department of Technical Sciences (scholarship 2011/12); the Faculty of Art and Design, Megatrend University (sch. 2008/09); the Faculty of Architecture in Varna, in unison with the University of Belgrade (sch. 2007–09); the University of Montenegro, Faculty of Architecture in Podgorica (sch. 2007/08); and the University of Novi Sad, Faculty of Technical Sciences (sch. 2004/05).

The long-term engagement and expertise of Prof. Dr. Mirjana Roter Blagojević in the field of the study and protection of architectural heritage contributed to her election as a member of the commission for evaluating professional exams in the field of the protection of immovable cultural assets at the Republican Institute for the Protection of Cultural Monuments in Belgrade in 2006. As an expert in this field, she was twice appointed to review proposals from Montenegro for the annual Europa Nostra Award: European Union Prize for Cultural Heritage.

She was also appointed by the European Research Council Executive Agency (ERCEA) in March 2013 as a reviewer for the evaluation of international project proposals within the FP7 'Ideas' Specific Programme, ERC Starting Grant 2013. She was part of the international cooperation of the Council of Europe and the Ministry of Culture and Information of the Republic of Serbia in January 2013, engaged as a consultant for the development of a proposal for an action plan in the field of protection and presentation of cultural heritage in the pre-diagnosis phase of the LDPP Resava-Mlava programme.

In March 2014, she was appointed as a member of the expert team of the Ministry of Culture and Information of the Republic of Serbia for the implementation of heritage research within the Resava-Mlava Local Development Pilot Project. She was also a domestic consultant in the field of protection and revitalisation of architectural heritage as part of the expert team on the project 'Technical support in the development of the tourist value plan of the Golubac fortress', which was realised in cooperation with the Municipality of Golubac and the German GTZ-KWD.

Between 2011 and 2020, Dr. Mirjana Roter Blagojević was involved in the research project on the modernization of the Western Balkans, under Project Manager Prof. Dr. Nikola Samardžić. She participated in a large number of domestic and international scientific and professional meetings, producing papers in the field of architectural history and the protection and revitalisation of architectural heritage, as well as in the field of sustainable development. She authored a significant number of published scientific and professional works and participated in several more national scientific projects.

She was a member of the scientific committees of several international scientific gatherings and the editorial boards of scientific journals and awarding committees. From 2012, she was a member of the Scientific Society for the History of Health Culture, while, from 2013, she was on the editorial board of the journal *Acta Historiae Medicinæ Stomatologiæ Pharmaciæ Medicinæ Veterinariæ*.

She was the recipient of two significant awards in the field of architecture and applied arts for her monograph *Residential Architecture of Belgrade in the 19th and early 20th centuries*. She received the Pavle Vasić Award of the Association of Fine Arts and Design of Serbia in 2006 and the Award of the 29th Salon of Architecture in the category of published work in the field of architecture in 2007.

Dr. Mirjana Roter Blagojević was a member of many professional organisations: the Society of Architects of Belgrade, Society of Conservators of Serbia, DOCOMOMO Serbia (from its foundation in 2011 until 2015) and ICOMOS Serbia (from 2011).

During her many years of professional work, including three decades at the Faculty of Architecture at the University of Belgrade, Prof. Mirjana Roter Blagojević, Ph.D., achieved significant results in several fields – namely pedagogical, scientific and professional. Her entire life's work, and especially the period following her election as Associate Professor, shows that she was an exceptional expert, committed to leading pedagogical and scientific research work. In terms of its content, her professional work showed versatility, diversity and a seriousness in approaching different areas of teaching, science and the profession as a whole. Her work in teaching is of particular note,

as she directed studies at all levels at the University of Belgrade's Faculty of Architecture – from bachelor studies to master's studies and integrated academic studies, all the way through to doctoral studies.

Original scientific article

UDC: 94(100)“1914/1918”

394.46(497.5)

DOI: 10.5937/acthist2302115D

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THE FORGOTTEN WAR – THE FIRST WORLD WAR IN CROATIA THROUGH COMMEMORATIVE PRACTICES¹

Abstract: In this article, the authors explain, through several selected examples of commemorative practices, how the First World War in Croatia became a “forgotten war” despite the great sacrifices. Such events started being organized in honor of those who died in the First World War and they are still organised. These commemorative practices have not become traditional though.

Keywords MeSH: World War I, Croatia

Non MeSH: Commemorations, Forgotten war

¹ This paper is based on the historical research conducted in the framework of the national research project IP-2019-04-5897: “The First World War in the Culture of Memory. Forgotten Heritage” financed by the Croatian Science Foundation.

Introduction

Every year, on 11th November the anniversary of the Armistice on the Western Front is celebrated, which is also considered the end of the First World War, at least in developed countries. In most countries, that day is a public holiday or the day for commemorating the victims of the war at the central monument or the cemetery of the victims of the First World War. Every November, at the Mirogoj cemetery in Zagreb near the Memorial Ossuary, delegations from the embassies of the United Kingdom, Canada, Australia, Belgium, France, and Italy and, more recently, Bulgaria, traditionally lay wreaths as a sign of memory for those who died in the First World War, regardless of their religious or ethnic affiliation. Wreaths from the Ministry of Defense of the Republic of Croatia and the Hungarian Embassy have been laid at the same monument on All Saints' Day (1st November) for the past few years. On that day, there is no special commemoration, not even a notice in newspapers or portals about the commemoration of the Croatian soldiers who died in the First World War. Nothing strange or unusual for the Republic of Croatia because the last official state commemoration in which the head of state, the Government, the Parliament, representatives of Ministries and various embassies participated took place in 2018 when the Centenary of the end of the First World War was celebrated. After that, the First World War in Croatia again began to fall into oblivion, at least as far as the state institutions are concerned.[1 p255-276]

How has the First World War become a “forgotten war” in Croatia? It is a long-term process that started immediately after the end of the First World War and has continued all these years. The fact is that history, as well as commemorative practices, are kept in memory by the victors, and the soldiers of the Croatian troops, as the citizens of the Austro-Hungarian Monarchy, found themselves on the side of the losers after the end of the First World War. Despite the courage and victories that were achieved, the memory of Croatian military successes remained in the zone of “oblivion” because in the final defeat there are no laurels and glory, so the memory and mourning of the casualties in the lost war was held in a narrow circle of family or comrades.

The anniversaries of the First World War have been recorded in European and world historiography for decades, and these commemorative practices are at the center of research by numerous scientists. [2,3,4,5,6,7] Commemorative practices of the First World War have only recently been recorded in Croatian historiography. The historian V. Herman Kaurić [1,8] was the first one to deal with them; whereas other historians, Lj. Dobrovšak [9 p399-426, 10 p83-108, 11 p213-231] and Mislav Gabelica, [12 p241-267, 13 p391-420, 14 p77-107] only briefly touched on those topics while primarily dealing with a completely different theme. Therefore, it is rather challenging to talk about the commemoration and the culture of remembering the victims of the First World War in Croatia because the topic is still insufficiently researched. Nevertheless, following several fragmentary sources, we will analyze the outlines of the commemorative practices in Croatia that have been held for the victims of the First World War in the interwar period.

Commemorative practices during the First World War

During the First World War, commemorative practices were performed by honoring the fallen soldiers at the military cemeteries, mostly on All Saints' Day and All Souls' Day (1st and 2nd November). The best example of this is the commemoration of the Day of Remembrance for the dead at the Mirogoj Cemetery in Zagreb. With the First World War outbreak, Zagreb became one of the numerous centers for caring for the wounded and sick soldiers brought from the battlefield, and some of them found their "eternal resting place" in Zagreb. The dead soldiers were mainly buried in the Mirogoj City Cemetery in Zagreb, and so far, there has been no evidence that they were buried anywhere else. [15 p123]

On the eve of the first Armistice Day, the administration of Mirogoj, in agreement with the City Administration, arranged the burial ground intended for the burial of the fallen soldiers, and new mounds sprung up day by day.[8 p256-260] All the graves were arranged in rows in the same line, all identical black mounds with identical black crosses.[15 p123] By November 1914, 60 soldiers and several officers who had died in numerous Zagreb civil and military hospitals and Red Cross hospitals were buried in Mirogoj. By the end of 1918, that number had grown to 3,697 soldiers. In the middle of the soldier's cemetery, a large ivy-wrapped wooden cross was placed in the center of a large earthen mound.[8 p256-257, 16,17] On All Saints' Day, at the foot of the cross was an inscription made of flowers, "Glory to the Fallen Heroes". At the bottom of the cross there were crossed rifles, sabres, and chakas, the common signs of the heroism and courage of fallen soldiers.[18 p1060]

In the first year of the war, the graves were decorated with wreaths for All Saints' Day. The people of Zagreb made a "pilgrimage" to the graves of the soldiers, as it was written in the newspapers of the time, "to bow to the shadow of the brave fighters, to bow their heads and pay respect to our glorious ones - for the king and the home of the fallen heroes." [19 p2] It should be noted that the graves of the enemy soldiers who had died in Zagreb as prisoners of war were also decorated on that occasion.[8 p256] In the first two years of the war, the members of the Croatian typographical singing society "Sloga" and the Croatian Peasant Singing Society "Podgorac" from Gračani performed lamentations at the mass grave for the fallen soldiers, accompanied by The Armed Forces Orchestra. In 1915, it was done by the members of the "Jednakost" singing society. In the following war years, only the Armed Forces Orchestra performed without any singing groups, significantly reducing their activity due to mobilization.[8 p257]

Military and civilian dignitaries participated in the mourning ceremonies on All Saints' Day, visiting military graves along with the bereaved families: Croatian ban Ivan Baron Skerlec, Archbishop of Zagreb Dr Antun Bauer, Commander of the XIII Military District Vice Marshal Gjuro Žunac, and Zagreb Mayor Janko Holjac.[20 p1083] Newspaper articles briefly described the commemorative practices performed by the military and civilian dignitaries. Thus, in an article in the National Gazette in 1915, it was stated that on All Saints' Day (the Day of the Dead) in the "field of the fallen heroes" at the foot of the central large wooden cross, there was an inscription made of flowers, "Glory to the Fallen Heroes", and at the foot of the cross a laurel-wreath with

Croatian tricolor was placed, signed by Ban Ivan Baron Skerlez. Along with the ban's wreath, there was also a wreath of officers and military officials of the joint army, laid by the Zagreb military command. To the right of the cross there was a wreath of the officers and military officials of the Home Guard, laid by the Home Guard of Croatian-Slavonian District in Zagreb.[21 p3]

At the same time, memorial masses for the fallen heroes were celebrated in parish churches throughout the city. In Zagreb, in the church of St. Blaža on All Souls' Day (2nd November), a "solemn mass for the fallen heroes" was celebrated, attended by the highest civilian representatives of the government and the military.[22 p3] These commemorative practices continued until the end of the First World War and afterwards, but with new army representatives.

Commemorative practices between the two world wars

We cannot say that in the Kingdom of SHS/Yugoslavia, there was no commemoration or that the culture of remembering the soldiers who had died in the First World War was not fostered. As far as Croatia is concerned, this topic is still insufficiently researched, and so far, only fragments are known about the commemorative practices that took place between 1918 and 1941. As the newly created Kingdom of SHS/Yugoslavia consisted of both the victors and the vanquished, the commemoration of the war sufferings was diminished to the smallest possible measure. It was because the commemoration of certain battles presented the days of victory for some and the days of defeat for the others; nevertheless, for all of them, these were the days of great suffering and even greater human sacrifices. Until 1930, the focus of these commemorative activities in the Kingdom of Yugoslavia was located exclusively in Serbian lands,[23 p153-212, 24 p71, 25 p134-136, 26 p134-136] and since then, it has spread to Slovenia[25 p140-141] and Croatia. [27 p172, 25 p136, 28 p335]

When we talk about the state commemorative practices for the memory of the fallen soldiers in the First World War, 28th June, Vidovdan, was declared to be the day for the commemoration. Namely, the Ministry of Religion declared that on 30th July, 1919. It stated that "state and public holidays" throughout the Kingdom were to be held on Vidovdan, 28th June. It was supposed to be the day when "the memory of the fallen soldiers for faith and fatherland" was solemnly celebrated.[29 p1] This commemorative day was also confirmed by the Constitution of 1921. It also added the element of statehood to Vidovdan because it was decided that on that day all those who fell for the homeland were supposed to be commemorated in all churches in the country. Between the two wars, military parades, the Sokol festival (Ljubljana, Zagreb, Belgrade), air shows, horse races (Belgrade, Niš), torchlights and several other festivities were organized on that day. [30 p36-37]

Vidovdan as the "day of commemoration of the fallen soldiers in the war" was also confirmed in 1929, when King Alexander signed and put into force the Law on Public Holidays. The Law stated that according to § 5th on Vidovdan, in the houses of worship, "commemoration of the heroes who died in past wars" was to be celebrated. [31 p1884-1885] In the interwar period, the Vidovdan celebration was extended to im-

portant symbolic places for the new state. Those were Gazimestan (where the Battle of Kosovo took place), the Vrdnik monastery in Srem, where the “relics” of Prince Lazar were kept and where the Grand National Assembly was held after the commemoration of the fallen heroes at Kosovo Polje in Dalmatia.

An article in the Koprivnica newspaper *Demokrat* narrated the event. During Vidovdan celebration on June 18/29, 1919, the people were addressed with the words: “(...) if we are going to build columns for the Vidovdan temple, the temple of our new free future, we should, first of all, create a home, create homes for the orphans of those who died as sacrifices for liberation, because that is the only way we will enable those who died for our sake to continue to live.”[32 p3] As a matter of course, this article points the fact that the memory of those who died in the war as “victims for liberation” is cherished. Those who died wearing Austro-Hungarian uniforms were not considered.[25 p130] Likewise, from the numerous examples of national commemorations and celebrations for significant anniversaries, it is evident that only the heroism of Serbian soldiers and volunteers was glorified. Unlike the Austro-Hungarian army veterans, the Serbian army veterans had days when they could publicly express their suffering and sacrifice. Serbian soldiers who had laid down their lives wearing Austro-Hungarian or Bulgarian uniforms did not receive better treatment. No commemorative festivities were organized for them, nor were they remembered. They were relegated to collective oblivion like all other soldiers who had fought in Austro-Hungarian uniforms.[25 p135-137]

In addition to public holidays, different religious holidays were also official memorial days, depending on denomination. In Croatia, the religious holidays were All Saints' Day and All Souls' Day (1st and 2nd November). On those days, Croatian citizens traditionally visited the graves of the dead. At the same time, they commemorated those who had died in the First World War. In the 1921, according to “Instructions to the Clergy on Maintenance and Care of Soldiers' Graves”, one of the parish priests' obligations regarding the care of “warriors' graves” was “Cantillation of Soldiers' Graves”. [33 p1-2] According to that decree, pastors were obliged to go to cemeteries on Vidovdan and All Souls' Day “on behalf of relatives and in the name of gratitude of the homeland and the Holy Mother of the Church to perform the cantillation of soldiers' graves according to the liturgical regulations on Catholic graves.” [33 p1-2] In addition to the mentioned public and religious holidays, commemorative practices and remembrance of those who had died in the First World War were also held in Croatia on 4th May. It was “War Orphans' Day”, i.e. the day of remembrance for “fallen brothers”. [34 p2-3] It is still unknown what those commemorative practices looked like and how systematically they were organized.

Since 1927, a memorial program, “Day of Silence”, has been held in Zagreb on November 11, organized by the Association for the League of Nations, i.e. the “Committee for the Celebration of the Day of Silence”, in commemoration of those who died in the First World War. The program began with a minute's silence at exactly 11:00 a.m. to honor those who had died in the war. The need for world peace was expressed, and a request was made to stop arming. [35 p7-8] In Zagreb were the best examples of how commemorative practices were performed. On the other hand, the way of hono-

ring those who died in the war in smaller towns or the countryside is still an entirely unexplored topic. It can be assumed that the parish priests followed the instructions mentioned above. However, very little was written about it in the newspapers. Only the anniversary of the breakthrough of the Salonika front was recorded in Koprivnica on 15th September, 1927. Afterwards, on the ninth anniversary of the breakthrough, divine services were held in all churches, when all reserve officers had to attend.[36 p3] When it was written about going to the cemetery for All Saints' Day, visiting the military cemetery was not mentioned in the newspapers, but only visiting the graves of "the loved ones".[27 p201, 37 p1-2, 38 p2, 39 p3]

Part of the commemorative ceremonies in Croatia also took place during the installation of monuments to the fallen soldiers in the First World War.[9 p399-426, 10 p83-108, 11p213-231] However, unlike other parts of Yugoslavia, there were only few of them in Croatia. The ceremony of the installation of monuments (commemorative plaques, crucifixes) involved locals, comrades, and, least of all, the official (civilian and military) authorities.[40 p41-62, 41 p3, 42 p3] One of the rare examples of commemorative practices in which civil, military and religious institutions participated in the interwar period was the setting up of the monuments to the martyred Jews in Zagreb (1930), Koprivnica (1934), and Križevci (1935).[43 p439-461, 44 p54-67]

In the Kingdom of Yugoslavia, some of more prominent commemorative practices of the commemoration of those who had died in the First World War were related to the erection of three monumental monuments. The two of them are situated in Serbia: the ossuary monument in Gučevo, the Monument to the Unknown Hero in Avala, and the one in Croatia (Mirogoj).

The memorial ossuary at Gučevo in Serbia is located in the vicinity of Crni Vrh, where fierce fighting took place in 1914. It contains the remains of Serbian and Austro-Hungarian soldiers who died during the Battle of Gučevo. The memorial pyramid with the ossuary was started by the Austro-Hungarian army for its fallen soldiers during the First World War, but it was not completed. The Association of Reserve Officers and Soldiers exhumed and buried 3,200 remains of Serbian soldiers in a joint ossuary, as well as the remains of members of the 52nd Zagreb Regiment, transferred from the cemetery in Bukovička Banja Park. The Monument was built in 1929 and dedicated in 1930.[45 p507-514, 46 p330-336] This Monument represented a kind of community because Serbian and Croatian soldiers were buried in the ossuary. The two nations fought against each other against their will, as presented to the public at that time. [24 p214] The second Monument is the "Monument to the Unknown Hero" in Avala, the Croatian sculptor Ivan Meštrović's work in collaboration with the architect Harold Biličić. King Aleksandar I Karađorđević personally initiated the construction of the monument. It was supposed to be dedicated to all the victims of the First World War. Nevertheless, the years (1912 - 1918) are written on the Monument, showing that the Monument is not only dedicated to the victims of the First World War but also to the victims Balkan wars. The Monument was built between 1934 and 1938 on the site of the medieval fortress Žrnov. The monumental caryatids symbolize not only the mothers of the fallen soldiers, but also the peoples and regions that made up the Kingdom of

Yugoslavia: Šumadija, Pannonia-Vojvodina, Kosovo, Dalmatia, Zagorje, Slovenia, and Macedonia. [47 p229-252, 48 p624-651, 26 p232-236]

This period's third significant war memorial was erected in Croatia at the Mirogoj cemetery in Zagreb. Although the plan was to construct a more monumental monument during the war, the construction did not occur. After the end of the war, no one took care of the military graves except the Society of Croatian Women or the relatives of the deceased soldiers, who decorated the graves on All Saints' Day. The initiative to build a common grave was introduced by the Social Department of the Zagreb City Government ten years after the end of the war in 1927. They decided to exhume the soldiers and transfer the remains to one grave. However, due to the sluggishness of the city and state apparatus, the work on the construction of the ossuary began in 1932 with the selection of a site and the announcement of a construction tender, which was won by the lesser-known Zagreb architect Ante Grgić. In 1931, the Association of Reserve Officers and Soldiers, a subcommittee in Zagreb, took the lead in the entire action, and the financing of the construction of the tomb was provided through the Mirogoj Foundation. The lower part of the tomb, the ossuary, was completed in 1934 when the exhumations were conducted. The outer part of the tomb without the Monument was completed in 1935. According to B. Kukić's research, about 2,800 Slavs and other nationalities, about 450 Hungarians and 110 Austrians were transferred to the ossuary. Due to the lack of financial resources in the city budget, no consideration was given to arranging the upper part of the tomb 1938, when a new tender for erecting the monument was announced. After having numerous financial and judicial doubts, the Pieta monument of the sculptor tandem Vanja Radauš and Jozo Turkalj was chosen. It was finally erected in March 1940, when the tomb was ceremonially presented to the public. [15 p123-125]

On 10th March, 1940, the year before the beginning of the Second World War, the "monument to the fallen and dead warriors" was officially unveiled. The Zagreb City Municipality and the Association of Reserve Officers of the Subcommittee in Zagreb supported it. The Monument was revealed in the presence of representatives of the military and civil authorities, numerous representatives of various organizations, representatives of all religions and the representative of His Majesty the King, Divisional General Marko Mihajlović. That was a rare example of the participation of civil and military authorities in commemorative ceremonies, but also of state institutions, although through a delegation rather than the personal presence of the highest officials. [49 p1-2]

Commemorative practices during the time of the Independent State of Croatia

In the Independent State of Croatia (ISC), the regime change resulted in changes to the national ceremonial calendar. Church holidays remained non-working days. Instead of political holidays, new ones were introduced: 10th April as "ISC Foundation Day", then 13th June, the name day of Chief Ante Pavelić, and 20th June, "People's Victims' Day", i.e. the day when the representatives of the Croatian Peasant Party were

assassinated in 1928.[50 p53-72] In the first period after the establishment of the ISC, the culture of remembrance of the First World War and those who had died in it occupied a prominent place in the Croatian public space. The new regime began to create the cult of the Croatian warrior. For that purpose, it reached out to the heritage of the First World War, [12 p241-267] and the commemoration of its victims also began. [51 p8, 52 p9]

Before long, the Memorial Day for the Croatian Home Guards who had died in the First World War was introduced. It was set on 29th July, in memory of the bloody battle of the Austro-Hungarian troops with the Russians near Snyatin near Uscia above Prut. The battle was fought at the end of July 1917, and the 25th Zagreb Home Guard Infantry Regiment took part, among others. The Memorial Day was taken over from the existing Society of Reserve Officers of the 25th Home Guard Infantry Regiment, founded in 1923. For them, the mentioned day was a private commemorative day of the society, marked by the officers' participation in that battle.[12 p254]

Very swiftly, the scale of events important to the ISC began to change so that the First World War began to occupy a secondary position. As the Second World War progressed, the legacy of the First World War began to fade, and the central focus was on building the cult of Croatian warriors, heroes and martyrs in the Second World War. As it seems, the commemoration of the fallen soldiers in the First World War stopped in 1942. [12 p254-255]

Commemorative practices from 1945 to the present

After 1945, the most basic facts about the causes, occasion and course of the First World War were taught. The Croats were only briefly mentioned within the Austro-Hungarian military forces. Some commemorative practices should not be even mentioned.

Since 2000, the situation in Croatia has changed a little, especially when we talk about the First World War and the participation of the Croats in it. On the 90th anniversary of the beginning of the war, two thematic issues of the Croatian Review magazine were published in 2004. It was followed by the exhibition named *I Gave Gold for Iron - Croatia in the First World War (Dadoh zlato za željezo - Hrvatska u Prvom svjetskom ratu)* in 2006-2007 accompanied with the published catalogue. On the 150th anniversary of the birth of Svetozar Boroević, an exhibition was set up, and an international scientific colloquium was organized in his hometown of Mečenčani. At the end of 2008, on the 90th anniversary of the end of the Great War, two gatherings dedicated to the First World War were held in Matica Hrvatska and the Croatian Institute of History. There were assumptions that it was only the beginning of cultivating a culture of remembrance in Croatia for the First World War. However, it did not happen, not even when the commemoration of the centenary of the Great War was coming closer. [1 p257-258]

Croatian institutions failed in this matter because they did not see any need and did not express their willingness to participate in any project that was proposed to them by various associations and institutions in the country and abroad. Finally, in

2013, the Government of the Republic of Croatia established the Commission for the Coordination of the First World War Centenary. It still exists today, at least formally, because it has not been dissolved, and its activities are almost unknown. Since the Republic of Croatia did not allocate the budget for commemorating the centenary of the First World War, as it was the case in some countries, it was partly budgeted from the Ministry of Culture, trying to realize some programs related to the commemoration of the Centenary through museums and galleries. All other programs of public, cultural and scientific institutions were individual attempts to mark the Centenary in some way. In May 2014, an international scientific conference *Commemorating 1914 – Exploring the War’s Legacies* was held in Zagreb, which brought together 23 eminent scientists. One of them was the Australian historian Christopher Clark. The Croatian state institutions considered it to be quite enough. However, more formal commemoration and central marking of the Centenary at the Mirogoj cemetery in Zagreb near the central monument to those who had died in the First World War was considered after certain associations kept on pressurizing. It was then realized that the inscription set in 1994 “to the fallen Croatian soldiers in the First World War” did not correspond to the truth. The memorial ossuary contains the remains of 3,300 participants in the war (Hungarians, Germans and others), approximately one-third of whom are the Croats. [1 p259-264]

The commemoration of the Centenary of the First World War began on 27th June, 2014, with the laying of a wreath at the Mirogoj memorial ossuary. The wreath was jointly laid by the representative of the President of the Republic of Croatia, the representative of the President of the Croatian Parliament, the representative of the Prime Minister, the Minister of Defense, and the Deputy Minister of Culture. The commemoration was remarkably similar to the one that had occurred 74 years earlier when the monument was erected. There were not any main representatives, only their deputies. The program continued at the commemoration held in the Croatian State Archives. Once again, there were a considerable number of diplomatic and political deputies. The exception was the President of the Republic of Croatia, Ivo Josipović, who held an appropriate speech and then left for Sarajevo. In defense of Croatian politicians, it should be mentioned that all prominent politicians or public figures were already in Sarajevo, where the central European commemoration was held. Nevertheless, this would not have happened if preparations had started earlier. In this way, even though the state institutions failed in commemorative practices, numerous citizens and enthusiasts of that association understood the importance of the Centenary. This event was accompanied by numerous exhibitions in local museums, international conferences organized in institutes, and multiple books, catalogues, and scientific articles were published. Thanks to them the centenary celebration was relatively successful. [1 p264-266]

The commemoration of the centenary of the beginning of the First World War in Croatia was mainly prompted by the actions of foreign institutions or states. The same pattern was followed when it came to marking the end of the First World War. On 11th November, 2018, before the usual commemoration of foreign delegations at Zagreb’s Mirogoj cemetery, a solemn mass was held in the Zagreb Cathedral on the occa-

sion of the end of the war. This time, the mass was attended by the Prime Minister of the Republic of Croatia, the President of the Parliament, ambassadors, military attachés of numerous countries, representatives of religious communities and other guests, as well as the envoy of the President of the Republic of Croatia, since the President was at the time in France for the central world commemoration of the end of the First World War. That officially completed the role of state Croatian institutions and their representatives in commemorating the First World War. [1 p267]

Apart from Mirogoj, the commemoration of the centenary of the end of the First World War was also held in some smaller towns where war cemeteries were located. Thus, at the former war cemetery in Varaždin, the representatives of the highest state institutions, the President, the Parliament and the Government paid their respects to the fallen soldiers. That was also done by the representatives of the Ministry of Defense, Culture and Veterans, the representatives of the local authorities of Varaždin County, veterans of the Croatian War of Independence, veterans associations, and numerous citizens. [1 p267-268]

Conclusion

Since the First World War in Croatia is largely suppressed from collective memory, there is no tradition in its commemoration despite the vigorous efforts of individuals and some citizen associations, such as The 1914-1918 Association, to restore the memory of it. The First World War in Croatia remains a “forgotten war”. It will remain so until the state, civil and military institutions fully engage in commemorative practices at the national level. By not participating in cultivating the culture of memory of the victims of that war, that war will eventually disappear from the historical memory of the nation. It is pushed into the sphere of family memory. In addition, numerous myths related to it are created that are difficult to eradicate. Those myths harm the formation of state unity, which is essential for the state which was created not so long ago. It is indisputable that the Croats fought for their home and homeland during the First World War, whatever one may think about it. Moreover, with all its controversies, the history of the First World War is part of Croatian military history. Although they had the misfortune of finding themselves on the defeated side, numerous known and unknown heroes showed their humanity. The military casualties were not minor. For many, neither the name nor the grave is known, which is the right of every human being. In the end, we can only agree with the unknown author in the text “Let’s Erect Monuments to our Heroes”, published in the National Gazette in 1916, where it is written: “By celebrating our heroes, we celebrate our history, our past, on which we must build the future”.

Rezime

U ovom članku autorice kroz nekoliko izdvojenih primjera komemorativnih praksi objašnjavaju kako je Prvi svjetski rat u Hrvatskoj unatoč velikim žrtvama po-

stao „zaboravljeni rat“. Te priredbe organizirane su u čast poginulih u Prvom svjetskom ratu počevši od 1914., pa sve do danas, ali nisu postale tradicionalne.

Budući da je Prvi svjetski rat u Hrvatskoj većim dijelom potisnut iz kolektivne memorije, nema tradicije u njegovom obilježavanju unatoč silnim naporima pojedinaца i nekim udrugama građana, poput Udruge 1914-1918., da obnove sjećanje na njega. Prvi svjetski rat u Hrvatskoj ostaje i dalje „zaboravljen rat“, sve dok se državne, civilne i vojne institucije ne uključe u komemorativne prakse na nacionalnom nivou i shvate da svojim neuključivanjem u njegovanje kulture sjećanja na stradale u tom ratu, taj rat nestaje iz povijesnog sjećanja nacije i gura se u sferu obiteljskog sjećanja. Osim toga, oko njega se stvaraju brojni mitovi teško iskorjenjivi, a štetni za formiranje državnog jedinstva, važnoga u ne tako davno stvorenoj državi. Neosporna je činjenica je da su se Hrvati za vrijeme Prvoga svjetskoga rata borili za svoj dom i za svoju domovinu, što god tko mislio o njoj, te da je povijest Prvoga svjetskoga rata sa svim svojim kontraverzama dio hrvatske vojne povijesti. Iako su imali nesreću da se nađu na poraženoj strani, iz njihovih su redova potekli brojni znani i neznani junaci, koji su se istakli svojim čovječnošću. Vojničke žrtve nisu bile male, a mnogima se ne zna ni ime niti grob, na što svaki čovjek ima pravo. Na kraju se možemo samo složiti s nepoznatim autorom u tekstu „Dižimo spomenike našim junacima“ objavljenim u *Narodnim novinama* 1916. godine, gdje stoji: *Slaveći svoje junake, slavimo svoju povijest, svoju prošlost, na kojoj moramo da gradimo budućnost.*

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Submitted: 13/10/2023

Reviewed: 21/10/2023

Accepted: 03/11/2023

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**BOOK REVIEW: ANDRIJA ŠTAMPAR - SLIKE VELIKIH FORMATATA
[ANDRIJA ŠTAMPAR – GRAND PERSPECTIVES] BY ŽELJKO DUGAC,
ZAGREB: CROATIAN ACADEMY OF SCIENCES AND ARTS, 2022, 124
P. ISBN 978-953-347-481-6**

In the latest monograph entitled *Andrija Štampar - Slike velikih formata* [Andrija Štampar – Grand Perspectives], the esteemed medical historian Željko Dugac gives the reader a comprehensive insight into the contributions of a leading figure in the 20th century medicine. Although the title suggests a biographical focus, the intricate nature of Štampar's character and his global impact introduces elements that justify placing the book in the field of social and political history.

The table of contents at the beginning already indicates that this work is the result of extensive, decades-long research in which numerous archival sources — official political and medical documents, international announcements, proclamations, personal correspondence, and publications – were analysed. In addition, a thorough review of secondary academic literature has been undertaken. This approach ensures a high level of theoretical and methodological precision in presenting a reliable historical interpretation of Andrija Štampar's activities, both domestically and internationally. It's worth noting the author's adept selection of information, skilfully constructing a framework that leaves little room for deviation, thereby greatly easing the narrative's comprehension for both knowledgeable readers and those less familiar with the topic. Consequently, the chapter on *Kako pisati biografiju* [How to write a biography] (pages 11-14) serves not only as an introductory and methodological guide but also functions as a key for understanding the subsequent detailed chapters.

Within the monograph, there are a total of ten chapters dedicated to illuminating Štampar's societal and academic ascent in diverse social and state-ideological contexts. The concept of establishing a public health system serves as a common thread through these chapters. Initially, in the early stages of Štampar's professional endeavo-

urs, it represents a pioneering leap forward. Towards the end of his career, it evolves into an intrinsic, even normative, component of contemporary societies and states. While Štampar's actions undeniably played a role in this transformation, it is important to remember that the 20th century was a period characterized by extremes, marked by global volatility and upheavals. It is therefore particularly fascinating to trace the author's conceptualisation of the dynamic interplay between the idea of a public health system and the various, at times exceptionally tumultuous, political, social, and medical configurations – exploring the reverberations generated by the notion of establishing a public health system.

In the first three analytical chapters entitled *Učenički i studentski dani* [Student and academic days] (pages 15-18), *Prva liječnička iskustva* [First medical experiences] (pages 19-24) and *Rad na izgradnji i oblikovanju javnog zdravstva u Kraljevini Srba, Hrvata i Slovenaca - Jugoslaviji* [Contributions to the development and organisation of the public health system in the Kingdom of Serbs, Croats and Slovenes – Yugoslavia] (pages 25-48), Dugac describes Štampar's career from his early upbringing to his medical studies in Vienna. There, Štampar encounters the concepts of public health and social medicine, initiates his medical career in Karlovac and Nova Gradiška, and describes the assumption of a political position in Belgrade in order to establish and shape the public health system in the Kingdom. His role as the head of the Department of Racial, Public, and Social Hygiene is particularly emphasised because this position gave Štampar considerable influence in altering the perception of the medical profession. It emphasizes the notion that a physician is fundamentally a social worker, tasked with proactively engaging with people rather than passively awaiting patients in the office. The emergence of the new public healthcare system and the paradigm shift in healthcare are not welcomed by everyone. The subchapter *Štampar i politička događanja u Kraljevini Jugoslaviji 1930-ih* [Štampar and political events in the Kingdom of Yugoslavia in the 1930s] (pages 45-48) explores contemporaneous criticisms, accusations, and political gimmicks, ultimately playing a substantial role in propelling Štampar into more active international involvement. Paradoxically, one might conclude that Štampar's international engagement stemmed from nationalist subterfuge.

The international engagement marks the next subsequent section in the monograph, threaded through the chapters *Rad za Zdravstvenu organizaciju Lige naroda* [Service for the Health Organization of the League of Nations] (pages 49-56), *Dnevnički zapisi* [Journal entries] (pages 57-70) and *Nedaće Drugog svjetskog rata* [The misfortunes of the Second World War] (pages 71-72). Through these headings, Dugac intentionally reveals Štampar's active participation in the modern international health organization. However, it's only as one delves into the chapters that the complexity of the situations Štampar navigated becomes apparent.

The chapter on *Rad za Zdravstvenu organizaciju Lige naroda* [Service for the Health Organization of the League of Nations] reveals that Štampar played an active role as a representative of the Kingdom in numerous international forums and conferences in the 1920s. However, the 1930s saw political turmoil in Yugoslavia, during which Štampar managed to gain a relatively stable position as an "expert" within the League of Nations Health Organisation. His increased involvement in the League of

Nations led to the dissemination of ideas related to public health, social hygiene, and strategies for preventing the spread of infectious diseases in Europe, North America, and Asia — an account that is vividly presented in the form of *Dnevnički zapisi* [Journal entries].

Despite Štampar's successful international endeavours, upon returning to Zagreb, the soaring trajectory of his international success was disrupted by *Nedaće Drugog svjetskog rata* [The misfortunes of the Second World War]. Dugac, acknowledging the methodological challenge posed by the lack of reliable archival sources for this period, briefly reconstructs Štampar's experiences following the establishment of the fascist Independent State of Croatia. These experiences included his arrest, his subsequent release, his forced retirement and his later re-arrest by the order of Gestapo, which led to his deportation from Zagreb to Graz, where he remained imprisoned until 1945.

The end of the Second World War marks the end of the intermission in Štampar's biography. Consequently, the final four analytical chapters focus on the last thirteen years of Štampar's life and his *Rad za Ujedinjene nacije i Svjetsku zdravstvenu organizaciju* [Contributions to the United Nations and the World Health Organization] (pages 73-80), *Suradnja Andrije Štampara i jugoslavenske zdravstvene administracije nakon Drugog svjetskog rata* [Collaboration between Andrija Štampar and the Yugoslav health administration post-Second World War] (pages 81-92), *Sveučilišna aktivnost* [University activities] (pages 93-98), and his *Predsjedanje Jugoslavenskom akademijom znanosti i umjetnosti* [Presidency of the Yugoslav Academy of Sciences and Arts] (pages 99-106). Dugac suggests that this period can be characterized as the zenith of Štampar's professional activities, marked by significant achievements. His roles as Vice President of the newly established Economic and Social Council of the United Nations and President of the Interim Commission of the World Health Organization confirm his entry into the international public health elite. Štampar became a key figure in shaping global health policies and combating infectious diseases. Furthermore, he plays a pivotal role in establishment of a new Yugoslav health and social system that increasingly involved the population in health and social protection. These positive transformations are complemented by the development of a comprehensive scientific-educational institutional framework, facilitating high-quality education, and resulting in a fresh scientific and intellectual incentive.

It is also worth mentioning that the publication features 11 photographs, predominantly archival images capturing various phases of Andrija Štampar's life and includes an *Imensko kazalo* [Index of names] (pages 122-124) and a comprehensive total of 279 footnotes throughout the book.

In conclusion, the author's clear and articulate presentation of the historical narrative not only engages readers with the subject matter, but also gives essential information for independent academic endeavours, facilitating one's exploration and contribution to the field. Given all the elements, we are confident that Dugac's book will prove exceptionally valuable to those delving into the study of Andrija Štampar, the history of medicine, or the evolution of the modern (global) public health system.

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BRIEF REPORT: SYMPOSIUM DEDICATED TO THE WORK OF PROF. ALEKSANDAR Đ. KOSTIĆ

In 2023, we marked 130 years since the birth and 40 years since the passing of Prof. Aleksandar Kostić, the founder of the Institute of Histology and Embryology at the Faculty of Medicine in Belgrade [1,2]. On this occasion, a symposium titled “The Work of Prof. Aleksandar Kostić” took place on December 7, 2023, in the assembly hall of the Dean’s Office of the Faculty of Medicine in Belgrade, as part of the annual symposium “Trends and Innovations in Medicine”. The organizer of the symposium was the author of this text, Nela Puškaš, a full professor at the Institute of Histology and Embryology at the Faculty of Medicine, University of Belgrade. The main purpose of the symposium was to present to the audience the rich talent and numerous interests of Prof. Aleksandar Kostić, who is still considered one of the rare Renaissance figures of the 20th century [1].

Prof. Puškaš presented Prof. Kostić’s life, education, and his work in establishing the Institute at the Faculty of Medicine in Belgrade, while member of the Serbian Academy of Science and Arts Vladimir Bumbaširević presented Prof. Kostić’s scientific and research work in the field of histology, which was influenced by Kostić’s professor and mentor from Strasbourg, Prof. Pol Bouin [1]. In the medical field, Prof. Kostić was particularly known and respected as the author of a multilingual medical dictionary [1]. Zoran Vacić, the general secretary of the Serbian Medical Society and the president of the Section for the History of Medicine of the Serbian Medical Society was speaking about establishing the Terminology Unit at the Institute of Histology and Embryology

and Kostić's work on Medical Dictionary. Throughout his career, Prof. Kostić was removed twice from the Faculty of Medicine, first during World War II and definitively in 1952 due to disagreements with communist authorities. Dragomir Bondžić, a scientific advisor at the Institute of Contemporary History, spoke about his post-war period and the circumstances leading to his early retirement in 1952. It was the first time that this topic was discussed at the Faculty of Medicine.

Besides his work in histology and medical science, Prof. Kostić had numerous other interests that marked his life. Musicologist Snežana Nikolajević talked about his love for music and his piano-playing skills. Aleksandar Kostić started playing piano during his high school days. He finished Serbian music school, and in 1912, while studying medicine in Nancy, he enrolled in the master class of Louis Diémer, one of the most famous French pianists and music pedagogues. Almost two decades later, before becoming dean of the Faculty of Medicine (1936–1939), the summer of 1935 saw Prof. Kostić in Paris, specializing in Chopin under the supervision of Alfred Cortot, a renowned French pianist and music pedagogue. In 1969, Prof. Kostić felt able and ready to perform a solo concert, however, due to suspicion that followed him for years, the concert was forbidden [1]. His son, Vojislav Voki Kostić, organized a recording of the prepared music repertoire, and the audience in the assembly hall had the opportunity to hear two short interpretations during Ms. Nikolajević's presentation.

Miloš Spasić, Senior curator from the Belgrade City Museum presented Prof. Kostić's work in archaeology and the museum exhibits he left behind. In the early 1930s, Prof. Kostić conducted amateur archaeological excavations on his private estate in the village Dubočaj near Belgrade, discovering a Roman site with remains of tombs and residential buildings. This sparked his passion for archaeology, leading to the creation of a significant collection later donated to the municipality of Grocka. Prehistoric animal and plant fossils, Neolithic ritual objects, Roman and medieval weapons, as well as everyday items, stand out as the most significant exhibits from this collection, now partially displayed in the Aleksandar Kostić Legacy in Grocka.

During his lifetime, Kostić wrote and published two short story collections: "Stories from the Sinister House" (*Priče iz strašne kuće*) (1928) and "Cheerfulness in the Storm" (*Vedrine oluji*) (1984), both thematically focused on World War I but poetically distinct. Literary critic Jasmina Ahmetagić presented these collections written on the margin of a lot of other occupations of Prof. Kostić, but still very important documentation of a soldier's and wounded's life in World War I.

Prof. Kostić was also a pioneer in medical photography and film in our country [1,3]. His extensive photographic legacy was recently discovered by chance and fully digitized in the Audiovisual Archive and Center for Digitalization of the Serbian Academy of Sciences and Arts. The photos were presented at the exhibition "Secrets from the Forgotten Archive" in the gallery of Rančić's house at the Grocka Cultural Center and the Gallery of Science and Technology of the Serbian Academy of Sciences and Arts [4]. Prof. Dr. Nela Puškaš curated the exhibition, and the exhibition panels were displayed in the Dean's Office atrium as a side event of the symposium.

It was an extraordinary and unique event at the Faculty of Medicine, bringing together experts from various fields of science, culture, and art. A vast audience had

the opportunity to get to know different aspects of Prof. Kostić's work and interests – a person who greatly contributed to the Serbian people and can be considered a historical figure in Serbian medicine and society.

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ACTA HISTORIAE
MEDICINAE STOMATOLOGIAE PHARMACIAE
MEDICINAE VETERINARIAE

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Naučno društvo za istoriju zdravstvene kulture
(11000 Beograd, Džordža Vašingtona 19)
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(11000 Beograd, Čika Ljubina 18-20)

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Štampa / Print:

Instant System, Beograd

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