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CURING AND BUILDING TRUST: STATES, DOCTORS AND PATIENTS IN POST-HABSBURG PUBLIC HEALTH SYSTEMS. A BORDER HISTORY OF PUBLIC HEALTH

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ABSTRACT

This paper transnationally examines the crucial role of public health after the collapse of the Habsburg Empire, focusing on the new borderlands around the Slovenian part of the Kingdom of Serbs, Croats, and Slovenes: the “Rapallo Border” with the Italian Kingdom and the border with the Republic of German Austria, which cut through the former Duchies of Styria and Carinthia. Health and disease played central roles in redefining identities, legal affiliations, and trust-based relationships between civilians, physicians, and the new “successor states”. This text offers a broader view of public health, moving beyond state-centred perspectives to include the “patient’s viewpoint” and the intimate doctor-patient relationship.

Keywords: public health, post-WWI, trust, borderlands, KSCS Slovenia, Italian Julian March, Austrian Styria, Austrian Carinthia

CURARE E COSTRUIRE FIDUCIA: STATI, MEDICI E PAZIENTI NEI SISTEMI SANITARI PUBBLICI POST-ASBURGICI. UNA STORIA DI CONFINE DELLA SANITÀ PUBBLICA

SINTESI

Questo contributo analizza, in prospettiva transnazionale, il ruolo cruciale della sanità pubblica dopo il crollo dell’Impero asburgico, con particolare attenzione alle nuove zone di confine della regione slovena all’interno del Regno dei Serbi, Croati e Sloveni: il cosiddetto “confine di Rapallo” con il Regno d’Italia e il confine con la Repubblica austro-tedesca, che attraversava la Stiria e la Carinzia. La salute e la malattia ebbero un ruolo centrale nella ridefinizione delle identità, delle appartenenze giuridiche e dei rapporti di fiducia tra civili, medici e i nuovi “stati successori”. Il testo propone una visione più ampia della sanità pubblica, andando oltre le prospettive incentrate sullo Stato per includere il “punto di vista del paziente” e la dimensione intima del rapporto medico-paziente.

Parole chiave: Sanità pubblica, primo dopoguerra, fiducia, terre di confine, Slovenia nel Regno dei Serbi, Croati e Sloveni, Venezia Giulia italiana, Stiria e Carinzia austriaca

INTRODUCTION – PUBLIC HEALTH IN TRANSITION: JUST A MATTER OF STATES' GOVERNANCE?¹

In recent years, particularly in the context of the First World War centenary, there has been a resurgence in historical scholarship that has re-evaluated and deconstructed linear narratives of state- and nation-building in Central Europe following the dissolution of the Habsburg Empire. This renewed focus has reconsidered classical historical interpretations of the post-war transition in Central and Southern Europe, which have traditionally concentrated on the actions of states, political parties, and diplomatic conflicts, typically framed from a national perspective (Wördsörfer, 2004; Cattaruzza, 2017; Rahten, 2020; Pupo, 2021). In addition, it has expanded to address the so-called “Habsburg legacy”, shedding light on the complex and often contradictory continuities of cultural, economic, and administrative structures from the former empire, as well as the resilience of civil societies within the successor states (Timms & Robertson, 1994; Becker & Wheatley, 2020; Becker et al., 2020; Pudłocki & Ruszała, 2021). Within this broader historiographical shift, the North Adriatic region has received increasing scholarly attention through interdisciplinary and transnational approaches, drawing on methods from microhistory, social and cultural anthropology, and postcolonial and gender studies (Verginella, 2016; Klabjan, 2018; Kirchner Reill, 2020). Nationalist narratives have been critically re-examined through the lens of non-normative experiences, including those of “stateless” or “alien” individuals and the emergence of new “national minorities” within the post-imperial nation-states (Promitzer, Hermanik & Staudinger, 2009; Hametz, 2019; Marelja, Pilipović & Athik, 2021).

Despite this shift in perspective, the severe humanitarian and sanitary crises that followed the war – malnutrition, epidemic diseases such as the “Spanish flu”, typhus, and tuberculosis, along with psychological disorders like “shell shock” – have remained marginal in broader historiographical debates. Issues such as disease, public health, and social welfare have often been interpreted narrowly, primarily as tools of state control and repression, dismissing topics connected with “health” and “disease” as minor “epiphenomena” (Peckham, 2016, 9–10). However, recent scholarship offers a more nuanced view, framing public health as a contested arena where diverse social actors express and negotiate sociopolitical and cultural claims (Berridge, Gorsky & Mold, 2011). The transformative impact of the late nineteenth-century “bacteriological revolution” and the urgent sanitary needs during the First World War significantly shaped both civil society and state structures in the twentieth century (Eckart, 1996; Sarasin et al., 2007; Hofer, Prüll & Eckart, 2011; Reid, 2017). Growing demands for improved sanitary services became closely linked to civil rights, civic identity, and

1 This article is a result of the research project *Public Health in Transition (1918–1924)*, which the author conducted at the Department of History of the Faculty of Arts, University of Ljubljana between 2022 and 2024, with funding from the Marie Skłodowska-Curie Actions (HORIZON-MSCA-2021-PF-01, No. 101068435).

political participation – issues that modern states increasingly addressed from the late nineteenth century onwards, paving the way for early welfare state models (Obinger, Petersen & Starke, 2018).

Anti-epidemic and hygiene measures during the First World War had lasting effects throughout the twentieth century, becoming tools for excluding “aliens” and eliminating perceived “enemies” (Weindling, 2000; Trubeda, Promitzer & Weindling, 2021). Alongside physicians and bureaucrats in constructing a new “world of walls” (Slobodian, 2018), former Habsburg scientists and Central European experts played key roles in shaping new forms of international public health cooperation. They constituted a notable “international civil society”, active within a hybrid “grey zone” between science, diplomacy, and local governance (Herren, 2014, 8). This scholarship highlights the interdependence of local, national, and international spheres, challenging notions of absolute state sovereignty. Sanitary zones, cordons sanitaires, and epidemic border controls became testing grounds for emerging state practices and institutions such as the League of Nations’ Health Organisation (Silverstein, 2020).

From this more dialogical perspective, the post-war transition emerges not as a straightforward state-to-state process, but as a far more complex interplay of continuities and innovations, involving a range of actors – including non-state ones – from both former and emerging systems (Planert & Retallack, 2017; Egry, 2019). Records of public health management in border areas reveal a less monolithic image of the new states and highlight the significant role played by professional and non-state actors. They underscore the centrality of health in everyday life and its influence in reshaping legal and socio-cultural affiliations – aspects that historiography has often attributed solely to political and legal processes. A border history of public health offers fresh insights into the complex reconfiguration of spaces, identities, and affiliations after the First World War, with long-term consequences throughout the twentieth century. It reveals how post-war mechanisms of inclusion and exclusion were shaped not only by legal or national criteria (Caglioti, 2021), but also by broader social, economic, cultural, medical, and even emotional factors. It further shows how the new borders often marked merely an ideal line of separation, where, in theory only, “one nation’s space ends and that of the ‘other’ begins” (Grandits, 2025, 6). Accordingly, this article adopts a transnational approach based on a broader scope of research, drawing on sources in multiple languages produced by various state authorities and preserved in archives located in three present-day countries: Slovenia, Italy, and Austria. This approach not only seeks to compare different states, public health systems, and societies, but also challenges the prevailing state- and doctor-centred narratives, which assume that healthcare lies exclusively within the domain of state and professional control.

Studies on healthcare and citizenship have largely focused on the role of the state or socio-political actors, often subsuming public health within a broader history of welfare or of rights, while overlooking the contributions of medical and psychiatric sciences. Framing healthcare solely through the lens of legal citizenship oversimplifies the issue, reducing medical systems to national political traditions bound by rigid

legal frameworks (Oosterhuis & Huisman, 2014). By adopting the patient's viewpoint and advancing a bottom-up history of public health and medicine (Porter, 1985), a more dynamic and nuanced understanding emerges. This approach offers a richer framework for rethinking the complex developments following the collapse of the Habsburg Empire in the Alps-Adriatic borderlands. Public health is best understood as a multi-layered and hybrid space situated at the intersection of public and private life (Karge, Kind-Kovács & Bernasconi, 2017). It extends beyond biopolitical and biomedical domains, encompassing intimate, emotional, psychological, and fiduciary dimensions. The personal dynamics between patients, professionals, and institutions challenge conventional biopolitical models, which often portray patients as passive recipients within a top-down system (Foucault, 1997). Biopolitics is only one dimension of a more intricate reality, in which public health also functions as a space for social, medical, and emotional interaction. A research perspective grounded in praxeology (Reckwitz, 2003) and the history of emotions (Frevert, 2011; Scheer, 2012) is therefore vital for capturing the multifaceted nature of public health. Moreover, the patient's viewpoint reveals more than individual suffering, as it draws attention to relationships with medical staff, family, and social networks. Finally, by examining how bodies, minds, and health shaped new territories, boundaries, and identities, the patient's viewpoint supports a transnational perspective grounded in the analytical framework of medical anthropology, highlighting the agency of local societies in shaping post-war borders, where boundaries often became zones of passage rather than rigid divisions (Verginella, 2008, 3).

HEALTHCARE, GOVERNANCE, TRUST

“[The] Military Medical Corps fulfilled its challenging task brilliantly, earning the trust of hostile populations by delivering substantial humanitarian benefits and excelling in its propaganda efforts” (ASTs, RCGC AG, V: b. 224/2, f. report on 22 February 1919)². In February 1919, the Italian Military Governorate of the Julian March reported on the dire health conditions in the newly conquered “new provinces”. Health facilities were poorly managed due to the region's proximity to the Isonzo/Soča Front, with significant shortages of medical staff in the vast Karst region. Italian military doctors, instructed by the governorate, carried out civilian physician roles during severe outbreaks of infectious and epidemic diseases among the local Slovenian-speaking population. The post-war influx of migrants, particularly via the (former) Austrian Southern Railway and the reactivation of the port of Trieste/Trst, heightened the fragility of the still-contested border, which remained under negotiation at Saint-Germain-en-Laye. Facing these challenges, the governorate recognised the essential role of military doctors in asserting governance among the hostile yet needy population (Kacin-Wohinz & Pirjevec, 2000; Vinci, 2012; Svobljšak & Godeša, 2013). In doing so, it emphasised the importance of building “trust”.

2 Translations of cited non-English sources and secondary literature are provided by the author.

By March 1920, the Kingdom of Serbs, Croats, and Slovenes (KSCS) was focused on consolidating its northern border with the German-Austrian Republic, having occupied Southern Carinthia in November 1918 (Rahten, 2020, 118–130). While the Saint-Germain treaty of September 1919 divided the former Duchy of Styria along the Mur/Mura River, Southern Carinthia's fate, tied to its bilingual German- and Slovenian-speaking population, remained fiercely contested, pending a referendum in October 1920 (Weimann, 2008). As military and political violence escalated (Wernitznig, 2021), the Slovenian health chief of the KSCS Drava Military Division in Carinthia highlighted the crucial role of public health in shaping political and military outcomes:

In view of the future plebiscite, [...] the people here could lose trust in our administration if their interests are not adequately addressed. Prompt medical assistance and the availability of hospital treatment are of great importance and must not be underestimated in any way. (ARS, ZOzSiI: b. 13, f. 2199)

In the geopolitically contested and culturally mixed new border regions, the post-Habsburg successor states faced strikingly similar challenges and used public health as a tool to implement their political agendas to assert control and governance over ethnically non-homogeneous societies. Even though they secured legitimacy through the international peace treaty in Paris, successor states struggled – and sometimes failed – for years after the war to stabilise factual control over border regions – such as the Karst, Styria, and Carinthia – amidst widespread trauma, mental health issues and the spread of infectious diseases. Amid rising demand for social care and protection in the aftermath of a total war (Obinger, Petersen & Starke, 2018), this fostered disillusionment and mistrust towards new “uncertain states” (Hametz, 2013).

The emphasis placed by military authorities on rebuilding “trust” – rather than “loyalty” – through healthcare in borderlands reflects an acknowledgment of the limitations of absolute governance (Hametz, 2022). Sociologically, “trust” serves as an efficient means of reducing complexity and mitigating growing anomie within a social (dis)order. However, trust inherently disrupts absolute hierarchical, vertical dynamics – such as top-down state-society relations – and promotes a more horizontal relationship among counterparts, fostering mutual relationships through negotiations and interdependencies (Luhmann, 1973, 6–7).

Post-Habsburg societies generally faced a widespread erosion of trust and a “loss of meaning”, driven by several factors, some of which stemmed directly from the wartime period. Already during the final years of the First World War, the catastrophic management of civilian life by the Austrian imperial authorities and the “military dictatorship” imposed by army and state institutions during the conflict led to growing disaffection among local communities and Austro-Hungarian citizens towards the Habsburg crown (Judson, 2016, 391–407). This disaffection ultimately contributed to the final collapse of the imperial state structure and disrupted traditional loyalty and trust relationships within local populations and towards state institutions (Boyer,

2018, 19). Material, financial, and human resource shortages, infrastructure disruptions, political, social, and economic instability, and increasing postwar violence further deepened societal disillusionment in the immediate postwar situation (Konrád & Jučera, 2022).

Particularly for local communities in the new border areas between the successor states, the end of the war did not mark the end of violence and trauma, as warfare seamlessly transitioned into a postwar environment characterised by ongoing violence. This was driven by militarisation aimed at enforcing strict control over newly acquired border regions, as well as by the emergence of paramilitary forces. The sense of instability and daily threat in regions such as Styria, Carinthia, and the Julian March was further intensified by rising ethnic tensions, stemming from the presence of “national minorities” within the borders of the successor states (Kacin & Verginella, 2008; Pahor, 2009; Svoljšak & Godeša, 2013; Klabjan, 2018; Vreča, Zangger & Močnik, 2018; Wernitznig, 2021).

The two sources quoted above reveal both elements of novelty and continuity in the management of wartime public health in the postwar period. Primarily, the enlistment of doctors into the armies during the war not only led to a prolonged state of emergency and need due to the shortage of physicians, but also had enduring consequences over the medical class and individual professionals. This initial lack of medical personnel left local communities exposed to health crises with little support. In addition to this, another form of brain drain developed, as many doctors left their positions due to the exhaustion caused by the war – more precisely, by the “militarisation of medicine” and exposure to industrialised warfare and violence (Harrison, 1996) – as well as the new political context that emerged after its end (Hofer, Prüll & Eckart, 2011, 17–19). As a result, the majority of public doctor positions remained vacant for years after the war – particularly in rural areas, such as Slovenian Styria or the Karst region – posing a significant challenge to state public health policies in the newly acquired territories.

Persistent sanitary emergencies inherited from the war were significantly exacerbated by escalating socio-medical challenges, most notably the widespread presence of war invalids – both physically and psychologically wounded – whose visibility and mobilisation in seeking state protection became a major source of political, social, and identitarian polarisation in postwar societies (Cornwall & Newman, 2016; Reid, 2017). Alongside these war-related pressures, more long-standing and deeply rooted structural factors also shaped the relationship between the successor states and local populations in the territories of the former empire.

From the 1870s onwards, the Habsburg Monarchy progressively introduced a systemic and advanced legislative framework to regulate public health and social insurance: the Austrian parliament passed the Imperial Sanitary Act in 1870, reorganising the public health system, and in 1888 enacted the first comprehensive and systematic workers’ insurance law, in parallel with similar reforms in the German Empire (Köhler & Zachler, 1980). This system of health and social protection – absent in other European states, such as the neighbouring Kingdom of Italy – fostered a

growing sense of state responsibility for social welfare while simultaneously raising public expectations of state support among local communities, which endured well after the First World War (Wedrac, 2013; Giorgi & Pavan, 2021, 81–82; Mezzoli, 2022; Rafailović, 2022). Well before the postwar demands for social and medical care for war invalids, the expansion of social rights in the Habsburg Empire – closely tied to the extension of political rights and the representation of the working classes in the late nineteenth century – had already established a robust legal relationship between the state, local authorities and institutions, and the civilian population. This Habsburg legacy clashed with the fragmented and uncertain postwar reality, presenting the successor states – which lacked similarly advanced welfare systems – with the considerable challenge of upholding a tradition of public health and social protection, while also meeting the expectations of thousands of new citizens and former imperial subjects (Balińska, 1995; Hametz, 2022).

In this challenging context, the military authorities of the postwar successor states initiated repeated and coordinated efforts to rebuild networks of “trust”.

“BY KIND CONCESSION”: PUBLIC HEALTH IN THE SERVICE OF STATES’ BIOPOLITICAL AGENDA

Three successor states, each with their own political and administrative structures and specific characteristics – the centralised Kingdom of Italy, the federalist multinational KSCS, and the federalist Republic of (German) Austria – sought to impose their distinct public health models. In Slovenian territory, the Yugoslav kingdom established the Health Department for Slovenia and Istria (*Zdravstveni odsek za Slovenijo in Istro*) in November 1918. Based in Ljubljana up until 1925, it mostly aimed to tackle critical health issues in border regions like Styria and Carinthia, still governed by Habsburg laws. Across the “Rapallo border”, the Italian-occupied territories endured “armed pacification” under the Royal Military Governorate of the Julian March (first *Regio Governatorato Militare della Venezia Giulia*, from July 1919 *Commissariato Generale Civile per la Venezia Giulia*). Meanwhile, the Republic of German Austria faced severe economic, political, and social crises as well as border disputes, including fighting the KSCS army over the division of Carinthia and Styria. Regional governments and local authorities, inheritors of the former monarchy’s crownlands, led the transition in the public health system.

Although these three statehood models differed significantly, they shared weaknesses in central authority and a reliance on regional and local institutions, which became the primary decision-makers during the transition. Local military and civil institutions asserted their power through self-legitimising declarations and practices, propagandistically leveraging direct relationships with medical personnel to reinforce state-society hierarchies. This was exemplified by the Italian military governorship in Trieste which, upon opening outpatient clinics for endemic, chronic, or epidemic diseases in Gorizia/Gorica and its province, repeatedly declared that public health facilities were available to civilians “by kind concession of the health directorate

of the Army Corps” (ASGo, ASCGo: b. 1079, f. 109). However, this authoritarian, paternalistic narrative showed cracks, as their respective agendas often failed in practice.

From the state perspective, public health was seen as an effective tool for governing culturally diverse populations, serving both as a means of building trust through soft power and as a biopolitical instrument of control, coercion, and exclusion. As early as November and December 1918, states began using public health facilities to address the complexities of ethnolinguistic diversity and the unclear legal status of individuals within the new post-war borders (Dalle Mulle, Rodogno & Bieling, 2023). Hospitals became key mechanisms for determining legal status and deciding who to include or exclude. These selection practices were part of a broader trend of state intervention in social welfare and “social medicine” during and after the First World War in Europe (Hubenstorf, 1981; Obinger, Petersen & Starke, 2018). Anti-epidemic and hygiene measures, linked to eugenic theories and racial politics, had long-term consequences, becoming political and social tools for controlling and eliminating internal “aliens” or “enemies” (Weindling, 2000).

The most pragmatic approach was to implement control over the new borders. The “medicalisation of borders” became essential to making new borders visible, through medical control facilities at checkpoints, during a critical time marked by massive post-war migration flows (Trubeda, Promitzer & Weindling, 2021). At the Italian-Yugoslav border, both states collaborated in establishing a cordon sanitaire during epidemics such as typhus, cholera, tuberculosis, and flu. Bilateral agreements between successor states governed medical border control following the Saint-Germain treaty. Between 17 and 29 November 1919, a conference in Ljubljana resulted in a bilingual agreement to establish a cordon sanitaire along the new border, particularly at the Italian-Yugoslav train stations of Logatec, Podbrdo-Bistrica Bohinjsko Jezero, and Rateče-Kranjska Gora (ASTs, RCGC AG, V: b. 225, f. 2203). This was one of the few conferences held by the post-Habsburg successor states to address common issues, together with those in Portorož/Portorose (1921) and Graz (1922) regarding passports (Becker, 2020). The Ljubljana conference also created categories for “medically dangerous patients”, including “refugees”, “prisoners of war”, and “gypsies”. Interestingly, this agreement predated the formal Italian-Yugoslav border agreement in the Rapallo Treaty signed on 12 November 1920, highlighting strong pragmatism in developing contextual governance strategies to manage complex cross-border emergencies among successor states.

Consequently, for instance, the military and civil authorities in the Italian Julian March sent the municipalities weekly lists of individuals, private citizens, who had entered Italy from the KSCS with their personal data and addresses. State intrusion into the private lives and free movements of individuals was justified by the outbreak of tuberculosis, flu or typhus epidemics in some Yugoslav regions, and resulted in these individuals being placed under strict medical surveillance (ASGo, ASCGo: b. 1168, f. 1195).

Post-war transborder epidemiological surveillance was not entirely new in the former Habsburg lands. From the early nineteenth century, the Austrian Empire had adopted varied quarantine measures and medicalised border controls during epidemics, notably cholera (Jesner, 2021). Following international trends in pandemic governance (Promitzer, 2021), the Habsburgs revised traditional sanitary systems after the mid-nineteenth century, contributing to the global spread of “Neo-Quarantinism” (Baldwin, 1999, 141). These reforms, while rooted in older practices, created new dynamics between centres and peripheries, as local authorities often managed border control during health crises (Watzka, 2021). This federalised structure sometimes hindered efficiency but also shaped the skills and outlooks of local officials. In the Upper Adriatic, such practices developed in the late nineteenth century, especially during cholera outbreaks (Bratož, 2017). After the 1866 war, when the Austrian Littoral’s border became the Austrian-Italian state frontier, the Trieste Lieutenancy and municipal authorities managed cordons sanitaires and coordinated with Italian officials in Udine and Friuli. During the 1885–86 cholera wave, the two sides jointly operated quarantine controls at railway stations in Cervignano and Cormons (Toncich, 2021, 251–252). It is plausible that, after the end of the First World War, this body of know-how held by local, regional, and municipal authorities and bureaux was reactivated and employed by the successor states in order to establish a cordon sanitaire along the new border.

CREATING BORDERS IN THE HOSPITAL WARD

Hospitalisation after November 1918 became a particularly challenging experience for a large number of indigent individuals. Entering a hospital could mark the beginning of a nightmare. Upon admission, two parallel procedures were initiated: a strictly medical one aimed to cure the person, and a bureaucratic one aimed to determine their legal status. This dual system, inherited from the Habsburg era, focused primarily on verifying and establishing both the old and new legal status of the patient (Toncich, 2022). The investigation sought to determine who would be responsible for paying for their treatment.

Issues of legal belonging and hospital fees mostly affected the poorest and frailest individuals, those who were socio-economically or ethnically vulnerable to poverty and stigma, and members of “national minorities”. Many patients who had been ordinary citizens of a multinational empire automatically became “aliens” in their own homes. After the Habsburg Monarchy’s disintegration, individuals with a *Heimatrecht* (pertinency) linked to a municipality now outside the borders of the successor state where they lived, automatically acquired a new, “foreign” citizenship (Kirchner Reill, Jeličić & Rolandi, 2022). To address the complex transition from the old to the new concept of legal belonging, the Paris Peace Treaty introduced a simplified understanding of pertinency based on birthplace (Weitz, 2008). However, this approach proved far from seamless. While the successor

states permitted inhabitants of the newly acquired territories to opt for citizenship, many delayed doing so, thereby, in numerous ambiguous cases, becoming “stateless” (Hametz, 2019).³

For the many unable to afford private care, health became a pivotal factor in redefining their sense of belonging. Hospitals emerged as spaces where new affiliations were forged or altered, often requiring extensive and repetitive paperwork. In cases of chronic or incurable illnesses, this process could last for years, even decades. Medical records reveal a strong correlation between legal and social factors – social class, profession, gender – and clinical diagnoses, which influenced treatment decisions, hospitalisation duration, and costs. These intertwined processes underscore the significant role of medical procedures and the responsibility of medical professionals in shaping the legal and social fabric of local communities after the collapse of the Habsburg Monarchy. Consequently, both medical and psychiatric diagnoses should not be regarded as “objective” but as acts imbued with profound political and social implications (Berg & Bowker, 1997; Karge, 2020).

In major urban centres such as Trieste, Ljubljana, and Graz, the significant presence of non-pertinent residents – immigrants or stable workers from the former Habsburg labour market – placed considerable strain on public health structures. In addition to providing care, hospitals strove to manage this explosive situation and mitigate its complexities amidst severe resource shortages. In the months and years following the war, strategies were pragmatically implemented, relying on existing imperial and regional laws and pre-war practices, even before the establishment of the final international agreements and peace treaties:

1) “Repatriation” of “foreign” patients: A non-pertinent poor patient diagnosed as “incurable” or “chronic” was often deemed a burden due to costly, prolonged treatment. The primary solution was “repatriation”, a practice rooted in the Habsburg Monarchy, by which non-pertinent indigent incurable patients were sent to their legal “homeland”, crownland, or city (Wendelin, 2000). After November 1918, “homeland” became a legal construct which was largely unrelated to an individual’s professional and personal ties. This practice spread and was reinforced paradoxically after the empire’s collapse, evolving into a transnational system coordinated by the successor states, and often organised in groups for cost-effectiveness. Public health networks expelled many individuals labelled as “aliens”, including nearly 100,000 war refugees from the Republic of German Austria (Mentzel, 2017, 149–152), by means of negotiations involving provincial authorities and diplomatic networks. Hospitals facilitated this process, sometimes in collaboration with international organisations. In early December 1918, the Red Cross organised the transportation of many former Austro-Hungarian soldiers from territories now within the KSCS, along with Italian prisoners of war, moving them from Vienna and Graz to Trieste via the Southern Railway (StLA, FH, admission books, 1918).

3 Cf. ASTs, PTs AG: b. 63 “cittadini jugoslavi, ricovero ospedale - rimpatrio”.

2) Mutual payment among successor states: The high cost of transport and complex bureaucratic procedures for repatriation sometimes led to two countries agreeing on the reciprocal retention of “their” pertinent citizens hospitalised in “foreign” hospitals. This allowed patients to remain while provincial governments negotiated cost-effective fees, benefiting state and regional budgets by avoiding the need for new facilities or staff to house and care for hundreds of new patients. However, these fees were based on the lowest hospital category, reducing treatment quality for the “alien” patients (register books from: StLA, LKH; StLA, FH; ARS, ODBvLj). At the same time, these arrangements were often unreliable due to inflation, currency devaluation, and disrupted post-war international transactions (ARS, ZOzSiI, b. 10, f. 1038). Consequently, authorities often reverted to repatriation or barter agreements. For example, Austrian Styrian hospitals relied on food and coal supplies from Slovenian Lower Styria, particularly coal from the Trbovlje mines. After the division of Styria, these supplies were disrupted (StLA, Laa. A., R. VI: b. 1708, f. 3602). From 1919, the Austrian Styrian government demanded monthly deliveries to Graz, leveraging Slovenian Styrian patients hospitalised in Austrian Styria by threatening to transfer them to KSCS hospitals, which would have become overwhelmed (StLA, Laa. A., R. VI: b. 1668, f. 34212).

3) Entrustment of patients to family or social networks: An alternative approach was to entrust “alien” patients to relatives or trusted individuals. Upon discharge – whether cured or not – they were often handed over to caregivers within networks of “country(wo)men”. Hospital records from post-imperial border regions highlight the existence of vibrant communities of “foreign” labour migrants who shared sociocultural, linguistic, or geographical ties. These communities operated as informal, non-institutional (health)care systems based on “self-help” and “self-organisation” (Badura et al., 1981). Public health records from the Austrian Styrian government, for example, reveal that many migrants had settled there before the war, while others arrived later for work, such as Slovenian-speaking workers in Graz and other Styrian industrial and mining centres, such as Knittelfeld, Voitsberg, and Bruck an der Mur (ARS, ZOzSiI: b. 5, f. 2102; f. 3919; f. 4840). Upon discharge from Styrian hospitals, many patients originating from KSCS Slovenia were entrusted to compatriots — possibly relatives, friends, or colleagues — who shared the same cultural and geographical background and were KSCS citizens residing and working in the Austrian republic (StLA, LKH, Register books K3–K6, years 1919 and 1920).

THE STATE-DOCTOR-PATIENT INTERPLAY

These cases reflect a typical top-down perspective, portraying patients as passive subjects under state control, dependent on its decisions, with limited autonomy. However, behind the state- and doctor-centred façade, documents reveal a more vibrant interplay and negotiation between the authorities, the medical profession, and the sufferers. Patients exercised their agency, voicing personal or collective concerns, needs, feelings, and desires, employing survival strategies, and seeking personal or familiar benefits. Public health also became a space where individuals reconsidered and manipulated their legal

status, in some cases for the first time since the empire's collapse. Paradoxically, many civilians initially displayed indifference or ignorance regarding the procedures for opting for a new citizenship and failed to pursue naturalisation in due time, until they fell ill and required free medical care.⁴ The emergence of new borders, economic concerns, and the need for healthcare collectively shaped how sufferers approached intervention and protection on the part of the new states, influencing their health mobility.

The creation of cordons sanitaires along the new borders did not fully disrupt pre-war transregional medical movements. In the region around the Mur/Mura River, which became the border between Slovenian and Austrian Styria after the Treaty of Saint Germain, the border hospital of (Bad) Radkersburg/Radgona remained the primary healthcare facility for both river sides. In July 1921, after a year and a half of armed dispute due to the KSCS occupation, the town came under Austrian rule (Vreča, Zangger & Močnik, 2018; Rahten, 2020, 118–130). However, by August 1921, over eighty percent of the patients at Radkersburg were still KSCS citizens, mostly from the Apače (Abstall) basin. This distinction was legal and economic, not ethnic: despite the area's mixed linguistic population of Slovenian- and German-speakers, all patients from this area were considered "aliens" and a financial burden on the Austrian-Styrian treasury. The reliance on the Radkersburg hospital continued, facilitated by regional passports. However, Austrian physicians in Radkersburg recognized that reliance on the hospital was conditional, depending on whether or not patients required specialized treatment. Local rural communities demonstrated ability to identify symptoms and ailments by themselves, and were aware of the services and costs offered by the cross-border health market. As a result, KSCS sufferers preferred Radkersburg for certain ailments, even as private-paying patients, as travelling to Slovenian hospitals in Maribor (Marburg an der Drau) or Celje (Cilli) was costlier under post-war conditions. However, for surgery or long-term care, they opted for Slovenian hospitals, where costs were covered by the KSCS state. In response to high inflation and resource shortages in 1921, this cross-border health strategy required pragmatic management by the Austrian Styrian government and Radkersburg's medical class. The everyday practices of this border society challenged the state's enforcement of borders, leading to the introduction of new hospital fees, charging non-Austrian patients three to four times more than Austrian patients, thus avoiding the need to expel or transfer foreigners (StLA, Laa. A., R. VI, b. 1706, f. 21953).

4 On 2 September 1922, the President of the Provincial Government of Gorizia wrote a letter of concern to the General Civil Governorate for the Julian March, highlighting the escalating situation caused by the rising costs of care for poor patients who were not pertinent to the Province: *Since pertinency still forms the basis upon which the right to public relief for the poor is founded, which also includes free medical care in case of illness, and since citizenship is an essential prerequisite for pertinency to such an extent that the loss of the former also entails the loss of the latter, [...] the undersigned Provincial Council, in order to be able to advance on behalf of the municipalities the sums owed to public hospitals for expenses incurred by indigent patients belonging to this Province, turns to your Office with the request that you express an opinion regarding the citizenship status of those individuals who, either unaware of the deadline established for inspecting the lists or uninterested in consulting them, were not entered into the lists of full-right citizens despite fulfilling all the conditions set out in the aforementioned decrees* (ASTs, PTs AG, b. 63, f. 11290/22).

Raising the fees for “non-pertinent” inmates often left patients and their families unable to pay, creating a form of exclusion and exposing them to the risk of repatriation. In response, many adapted to the situation by exploiting the citizenship system. Opting for new citizenship during – or in preparation for – a long and costly hospitalisation became a pragmatic strategy to navigate the new barriers in public health. Decisions by “foreign” sufferers to apply for new citizenship were often driven by health needs, material concerns, and the request for protection, rather than by loyalty or national identity. For instance, Marie, a Graz resident but legally tied to Ljubljana, became mentally ill and was hospitalised in the Feldhof asylum. In December 1920, the Styrian government quadrupled the fees for non-pertinent patients (Landes- und Verordnungsblatt für das Land Steiermark, 1920). Unable to afford them, her brother, residing in the Slovenian town of Kamnik, sought her Austrian naturalisation from the Ministry of the Interior:

After the daily hospital tax was quadrupled (280 K. per day) for those not belonging to a municipality of the German-Austrian Republic, I am unable to afford such a high amount and have appealed to the Ministry of the Interior on behalf of my sister, Marie [...], for her option as an Austrian citizen. (StLA, Laa. A., R. VI, b. 1708, f. 3051)

DO NOT TOUCH MY BODY! MISTRUSTFUL AND CHALLENGING SUFFERERS

Looking beyond national narratives portraying the nation-state’s actions as absolute and monolithic, various non-state actors – such as doctors, single sufferers or entire communities – acted independently in managing health issues, accepting or rejecting medical assistance during acute health crises. Local societies allowed state intervention in the private and intimate sphere of health only contextually, depending on the state’s ability to establish networks of trust.

The Slovenian Karst under Italian administration offers a striking example. After the war, military doctors managed severe health crises and migrant influxes in this region. Initially, certain Slovenian-speaking communities appeared willing to accept military physicians, provided they demonstrated medical competence and a sense of humanitarian trustworthiness. In September 1919, the mayor of Trnovo (Bisterza Ternova) near Ilirska Bistrica, petitioned the Italian military governorate in Trieste to retain Captain Dr Giuseppe Rosato in civil service, citing his professional and personal merits. Despite the linguistic barrier and the fact that he represented the new state in a Slovenian-speaking district, Rosato gained the community’s trust through his expertise and humanitarianism. The mayor, on behalf of the population of the municipality, requested “to urge the command to prevent this transfer and honour the heartfelt request of the community” (ASTs, RCGC AG, V: b. 224/1, f. Condotte mediche: Bisterza).

However, in much of the Karst region, Italian governance in public health failed. An initial positive inclination on the part of the Slovenian-speaking Triestine and Karst communities largely disappeared due to the escalating political violence and nationalistic pressure, particularly after the burning of the Slovenian National Hall (*Narodni*

Dom) in Trieste in July 1920 (Klabjan & Bajc, 2021). Consequently, the Italian state struggled for years to establish public health governance, with many Slovenian-speaking practitioners fleeing to the KSCS overnight, fearing violence and repression, often taking medical and surgical equipment with them. This loss was devastating for the Italian authorities, who were already facing severe material and human shortages (ASTs, RCGC AG, V: b. 226/1, f. 1462). Paradoxically, the increasingly urgent state agenda of nationalising homogenisation, together with the escalation of anti-Slavic violence by Fascist paramilitary squads in the Julian March, undermined attempts to build trust with non-Italian-speaking populations, as reflected in the military government's document of February 1919 quoted above. Instead of solving problems, these state-driven actions created them (Klabjan, 2018, 998).

One such practitioner was Dr Anton Brecelj from Žapuže in the Gorizia/Gorica province. Despite attempts to remain, he was forced to leave and moved to Ljubljana in 1920, where he worked with the Provincial Government of Slovenia, served in hospitals, and actively engaged in interwar Slovenian-Yugoslav politics (Breclj, 1928; Kalc, 1996). By 1921, the dramatic consequences were clear: during an epidemic crisis, skilled medical practitioners had left, and the local populations shunned Italian doctors. Instead, communities organised an “illegal” medical self-governance system led by unlicensed “empirical practitioners”, as exemplified in the Sežana district in August 1921:

It has come to the knowledge of this office that in several municipalities there are often cases of deaths in the population without the slightest medical assistance from a doctor, that there are empirical practitioners who, against the law, take the place of doctors for human illnesses and veterinary surgeons for animal illnesses, and that pharmacies also dispense medicines that cannot be dispensed without a doctor's or veterinary prescription. (ASTs, RCGC AG, V: b. 226/1, f. Sesana Distretto, provvedimenti di assistenza sanitaria)

After the district and town doctor fled to Ljubljana, the population of Sežana avoided the Italian-speaking doctor sent by the governorate as replacement. For intimate health matters, locals refused treatment from a representative of a distrusted state, with language proving to be an insurmountable barrier. In response, the communities either relied on an “alternative-medicine” system based on “folk-medicine” practices with unlicensed practitioners (Jütte, 1996) or followed the Slovenian-speaking doctors who had fled. Ljubljana's public hospital admission records show numerous individuals and families from the Karst region seeking treatment there instead of relying on Italian doctors or facilities in Trieste, even as private patients (ARS, ODBvLj, Splošne evidence). This group of people hospitalised in Ljubljana was notably diverse and reflected the composite nature of the broader post-war migration of Slovenian- and Croatian-speaking inhabitants of the Italian Julian March into the KSCS (Kalc, 1996, 24–25). One segment comprised individuals or families recognised as “refugees”, with their hospital expenses covered by the KSCS state. Another group included migrant workers, particularly from the Southern Railway, who had moved to KSCS Slovenia

for work or fled the oppressive conditions of the Julian March, thereby highlighting the railway company's role in facilitating emigration. Eventually, numerous individuals from the Karst appear in hospital records as private patients. When faced with health emergencies, they avoided relying on Italian healthcare in nearby Trieste or Gorizia and preferred to travel by train to Ljubljana, seeking treatment at the public hospital or KSCS clinics.

This cross-border mobility of practitioners and sufferers underscores the significance of the exclusive relationship between patients and doctors, which transcends state control and is grounded in personal networks and mutual trust.

THE INTIMATE PHYSICIAN-PATIENT RELATIONSHIP

“The problem of dissatisfaction with the delivery of medical care [...] is not solely a matter of inadequate financing or insufficient facilities and personnel. [...] The quality of medical care depends in the last analysis on the interaction of the patient and the doctor” (Korsch & Negrete, 1972, 66). Consequently, any analysis of public health that focuses only on its medical, political, legal, material, or economic aspects is incomplete. Public health also relies on shared cultural values, interpersonal trust, and emotional factors, especially during periods of upheaval (Singh, 2024, 210–211).

Besides the aforementioned cases, which illustrate a clear, straightforward top-down dynamic and the role of physicians aligned with the policies of the new successor states, public health documents also reveal evidence of alternative logics that undermined state-centred approaches. In many instances, physicians and state officials questioned their own socio-professional role and responsibility within post-war society, as well as their professional ethical code. Thus, in certain cases, when the safety and even the lives of patients were endangered by political or bureaucratic decisions, some physicians and bureaucrats raised their personal and professional voices in opposition to those policies. A Radkersburg case study provides vivid examples of humanitarianism prevailing over political agendas.

In March 1921, a bilingual – German- and Slovenian-speaking – fifty-six-year-old woman was admitted to Radkersburg Hospital suffering from severe and protracted bronchitis. She could prove no clear legal affiliation, having neither pertinency nor nationality. As her condition failed to improve and was deemed “incurable”, a lengthy negotiation between Graz and Ljubljana ensued, but without resolution. As a result, the woman was to be transferred to her last verified place of residence, Zgornja Ročica (Tischen) in Slovenian Styria. In this case, however, the cold bureaucratic procedure did not proceed as usual, since a moral issue arose concerning this stateless patient. Physicians in Radkersburg and officials in Graz stated that “this would constitute a grave act of inhumanity. Nor could such a burden reasonably be placed upon an Austrian Styrian municipality. It is therefore recommended that her transfer to a poorhouse be carried out without delay, irrespective of the unresolved question of responsibility” (StLA, Laa. A., R. VI, b. 1731, f. 6858).

Moreover, in August of the same year, a report written and signed by several physicians of the Radkersburg Civil Hospital, and sent to the provincial government in Graz, described the alarming situation in the facility caused by a constant and unstoppable influx of non-Austrian patients from Slovenia and Hungary. They clearly explained the need for negotiation, as the policy of refusing non-pertinent patients conflicted with the physicians' professional mission and ethical standards:

The closure of the hospital by the state government for all patients who are not in immediate danger of death is a serious blow to the entire population of the lower Mur Valley, but is also unfeasible from a sanitary and general humanitarian point of view. [...] From a medical and humanitarian point of view it is impossible for us to turn away such patients, even if there is no immediate danger to their lives. (StLA, Laa. A., R. VI, b. 1706, f. 94903)

Public health documents, alongside legal, economic, and medical data, capture patients' and physicians' emotions – pain, fear, concern, loyalty and affection – which played a central role in decision-making during the dramatic post-First World War and post-Habsburg transition in the new borderlands. They also reflect the struggles of the professionals, who faced exhaustion and a personal and professional crisis due to the violent impact of the war (Hofer, Prüll & Eckart, 2011).

The examination of this emotional and praxeological dimension unveils dynamics that go beyond state-centred and ethnocentric narratives, since the interdependence between sufferers and practitioners frequently functions beyond nationality and state control. In establishing governance in newly formed border regions, successor states faced not only political competition from other states but also internal social challenges, as the intimate bond between sufferers and physicians proved resistant to state penetration and control. The classic state-doctor-patient hierarchical relationship, in which doctors acted as agents of the state, often failed. In many cases, trust, mutual agreement, and humanitarianism between sufferers and medical personnel transcended ideological or national affiliations.

Styria offers a compelling example of intimacy amidst rising nationalism and violence. Franz Kamniker, head doctor at the Radkersburg hospital and a supporter of the Austrian cause, was part of the Styrian delegation at the 1919 Saint Germain peace conference and was elected mayor in 1921 (Kamniker, 1919; Kurahs, 1987). While advocating for higher fees to exclude non-pertinent patients, Kamniker occasionally defied political logic. In 1922, he arranged for poor sufferers, who were KSCS citizens and acquaintances, to be transferred from Radkersburg to the Graz asylum for better care, aided by his personal connections (cf. StLA, FH, b. 219, f. 28224, b. 220, f. 26369). Despite his nationalistic stance, Kamniker sometimes set aside ideology to prioritise individual welfare and humanitarianism.

Similarly, Franc Steinfelser, a Styrian surgeon identifying as Slovenian and serving in the KSCS army, was sent to manage the medical crisis at the Radkersburg hospital during the Yugoslav occupation (November 1918–July 1921). Thanks to his professional and personal qualities, he earned the trust of all patients, including German-speaking ones. After the demobilisation of the Yugoslav troops, Steinfelser wrote a report recounting a moment of strong emotional connection with the German-Austrian patients:

Every doctor, and certainly a surgeon who has saved countless lives, wins the hearts of his patients over many years of service. Therefore, I hope the following fact is not seen as self-praise when I say that, as I left the hospital, all the patients had tears in their eyes. Even the German patients, in the presence of German officials, grasped my hands and pulled me to their beds. There is a widely held sentiment in the city and surrounding area that my departure as a doctor is deeply regretted. However, these are difficult times, and political conditions often push human feelings into the background. (ARS, ZOzSiI, b. 13, f. 7877)

CONCLUSION

Taking into account humanitarianism, intimacy, and even affection that could develop between patients and the medical profession during the precarious and turbulent post-First World War years helps address the paper's initial question: how were broken networks of trust rebuilt through public health, and who were the main actors in this process?

The reconstruction of public health in the post-Habsburg borderlands was neither a linear state-to-state process nor exclusively state-driven. While successor states sought to use healthcare as a tool of governance, biopolitical control, and national homogenisation, the realities in hospitals, clinics, and communities revealed a far more intricate web of negotiations, adaptations, alliances, and resistances involving actors well beyond the state. Physicians, patients, local authorities, and informal care networks actively shaped post-war healthcare, often transcending political borders, legal classifications, and nationalist agendas.

Trust emerged as a decisive factor, not merely as an instrument employed by the successor states to secure the loyalty of unfamiliar local populations in newly acquired border territories. The reactivation or recreation of trust networks after their wartime disruption occurred through both formal and informal practices and relationships within the public healthcare sphere. This process neither simply replicated imperial structures and pre-war patterns nor entirely broke with them, but instead blended continuities with innovations in medical practice and public health management. Post-war public health was also shaped by pragmatic strategies and humanitarian impulses originating from non-state actors. The agency of patients and local communities in borderland contexts, together with the ethical commitments of medical professionals, often challenged top-down directives, fostering cross-border cooperation and mutual support that transcended newly drawn geopolitical boundaries and eluded state control. The intimate doctor-patient relationship, imbued with emotional, cultural, and ethical dimensions, proved resilient amid political violence, economic hardship, and nationalist pressure. By moving beyond a state-centred narrative, this study shows that post-war public health was a shared, negotiated space where inclusion and exclusion were continually redefined. In this hybrid arena, the making and unmaking of trust depended as much on pragmatic needs, local agency, and interpersonal or emotional bonds as on national policy. This reveals that the governance of health in the post-Habsburg borderlands was inseparable from the social, cultural, and emotional ties linking individuals both to one another and to the new institutions that claimed to serve them.

ZDRAVLJENJE IN GRADNJA ZAUPANJA: DRŽAVE, ZDRAVNIKI IN
PACIENTI V POSTHABSBUŠKIH SISTEMIH JAVNEGA ZDRAVSTVA:
MEJNA ZGODOVINA JAVNEGA ZDRAVSTVA

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POVZETEK

Članek analizira razdrobljenost habsburških struktur javnega zdravja po razpadu Avstro-Ogrske prek primerjalne analize dveh novih obmejnih regij v treh posthabsburških državah: Julijske krajine pod Kraljevino Italijo, slovenskega ozemlja v Kraljevini Srbov, Hrvatov in Slovencev ter obmejnih dežel Koroške in Štajerske v republiki Nemški Avstriji. Iz transnacionalne perspektive obravnava prizadevanja za vzpostavitev treh novih sistemov javnega zdravstva, ki so se, paradoksalno, zgledovala po prejšnjem »federalnem« cesarskem sistemu. Tri države naslednice so povezovala skupne povojne krize, migracije in globalni sanitarni izzivi. V tem procesu države niso bile edini akterji, temveč so delovale znotraj kompleksnejšega sistema upravljanja javnega zdravja, ki je vključeval zdravstvene delavce, lokalne civilne družbe in skupnosti. Ti akterji so se spopadali z izzivi obnove omrežij zaupanja in pripadnosti, ki so presegali pravne in administrativne okvire. Če se oddaljimo od pripovedi o vseprisotni in vsemogočni državi, je treba razširiti razumevanje javnega zdravja. To ne sme biti omejeno zgolj na biopolitiko kot orodje državnih projektov homogenizacije, nadzora in discipliniranja nenormativnih posameznikov in skupnosti. Nasprotno, javno zdravje predstavlja integrativni prostor interakcije in pogajanj med različnimi akterji – najprej med zdravniki in pacienti –, ki so skupaj iskali nov red in prenovljeno identiteto v posthabsburškem obdobju.

Ključne besede: javno zdravstvo, čas po prvi svetovni vojni, zaupanje, obmejna območja, Slovenija v Kraljevini SHS, Julijska krajina, avstrijska Štajerska, avstrijska Koroška

SOURCES AND BIBLIOGRAPHY

- ARS, ODBvLj** – Arhiv Republike Slovenije (ARS), Obča državna bolnica v Ljubljani (ODBvLj).
- ARS, ZOzSiI** – ARS, Zdravstveni odsek za Slovenijo in Istro (ZOzSiI).
- ASGo, ASCGo** – Archivio di Stato di Gorizia (ASGo), Archivio Storico del Comune di Gorizia (1830–1927) (ASCGo).
- ASTs, OR** – Arhiv Republike Slovenije (ARS), Ospedali riuniti (OR).
- ASTs, PTs AG** – ASTs, Prefettura di Trieste, Atti Generali (PTs AG).
- ASTs, RCGC AG, V** – ASTs, Regio Governatorato poi Commissariato Generale Civile per la Venezia Giulia, Atti Generali (1919–1922) (RCGC AG), Divisione V Sanità (V).
- Badura, Bernhard, von Ferber, Christian, Krüger, Jürgen, Riedmüller, Barbara, Thiemeyer, Theo & Alf Trojan (1981)**: Einleitung: Sozialpolitische Perspektiven. In: Badura, Bernhard & Christian von Ferber (eds.): Selbsthilfe und Selbstorganisation im Gesundheitswesen: Die Bedeutung nicht-professioneller Sozialsysteme für Krankheitsbewältigung, Gesundheitsvorsorge und die Kostenentwicklung im Gesundheitswesen. Munich – Vienna, Oldenbourg, 1–38.
- Baldwin, Peter (1999)**: Contagion and the State in Europe, 1830–1930. Cambridge, Cambridge University Press.
- Balińska, Marta Aleksandra (1995)**: Assistance and Not Mere Relief: The Epidemic Commission of the League of Nations, 1920–1923. In: Paul Weindling (ed.): International Health Organisations and Movements, 1918–1939. Cambridge, Cambridge University Press, 81–108.
- Becker, Peter & Natasha Wheatley (eds.) (2020)**: Remaking Central Europe. The League of Nations and the Former Habsburg Lands. Oxford, Oxford University Press.
- Becker, Peter (2020)**: Remaking Mobility: International Conferences and the Emergence of the Modern Passport System. In: Becker, Peter & Natasha Wheatley (eds.): Remaking Central Europe. The League of Nations and the Former Habsburg Lands. Oxford, Oxford University Press, 193–211.
- Becker, Peter, Garstenauer, Therese, Helfert, Veronika, Megner, Karl, Steiner, Günther & Thomas Stockinger (eds.) (2020)**: Hofratsdämmerung? Verwaltung und ihr Personal in den Nachfolgestaaten der Habsburgermonarchie 1918 bis 1920. Vienna, Böhlau.
- Berg, Marc & Geoffrey Bowker (1997)**: The Multiple Bodies of the Medical Record: Toward a Sociology of an Artifact. *The Sociological Quarterly*, 38, 513–537.
- Berridge, Virginia, Gorsky, Martin & Alex Mold (2011)**: Public Health in History. Maidenhead, Open University Press.
- Boyer, John W. (2018)**: The Foundation of the Republic (1918). In: Heinz Fischer (ed.): The Republic of Austria 1918–2018. Milestones and Turing Points. Vienna, Czernin, 16–25.
- Bratož, Urška (2017)**: Bledolična vsiljivka z vzhoda: kolera v severozahodni Istri (1830–1890). Koper, Znanstveno-raziskovalno središče – Založba Annales ZRS.

- Brecelj, Anton (1928):** Zgodobe našega zdravstva in javnega skrbstva. In: Mal, Josip (ed.): Slovenci v desetletju 1918–1928. Ljubljana, Leonova družba, 437–461.
- Caglioti, Daniela (2021):** War and Citizenship: Enemy Aliens and National Belonging from the French Revolution to the First World War. Cambridge – New York, Cambridge University Press.
- Cattaruzza, Marina (2017):** Italy and its Eastern Border. New York – London, Routledge.
- Cornwall, Mark & John Paul Newman (eds.) (2016):** Sacrifice and Rebirth. The Legacy of the Last Habsburg War. New York – Oxford, Berghahn.
- Dalle Mulle, Emmanuel, Davide Rodogno & Mona Bieling (2023):** Sovereignty, Nationalism, and the Quest for Homogeneity in Interwar Europe. London, Bloomsbury.
- Eckart, Wolfgang U. (ed.) (1996):** Die Medizin und der Erste Weltkrieg. Pfaffenweiler, Centaurus.
- Egry, Gábor (2019):** Negotiating Post-Imperial Transitions. Local Societies and Nationalizing States in East Central Europe. In: Miller, Paul & Claire Morelon (eds.): Embers of Empire. Continuity and Rupture in the Habsburg Successor States after 1918. New York, Berghahn, 15–42.
- Foucault, Micheal (1997):** “Il faut défendre la société”. Cours au Collège de France, 1976. Paris, Gallimard.
- Frevert, Ute (2011):** Emotions in History: Lost and Found. Budapest, Central European University Press.
- Giorgi, Chiara & Ilaria Pavan (2021):** Storia dello Stato sociale in Italia. Bologna, Il mulino.
- Grandits, Hannes (2025):** The Separation of Austria and Hungary after World War I. In: Grandits, Hannes, Murber, Ibolya & Katharina Tyran (eds.): The Disputed Austro-Hungarian Border: Agendas, Actors, and Practices in Western Hungary/Burgenland after World War I. New York – Oxford, Berghahn, 1–30.
- Hametz, Maura (2013):** Uncertain States. Repatriation and Citizenship in the Northeastern Adriatic, 1918–1921. *Acta Histriae*, 21, 4, 791–808.
- Hametz, Maura (2019):** Statelessness in Italy. The Post-World War I Citizenship Commission in Trieste. *Contemporanea*, 22, 1, 79–96.
- Hametz, Maura (2022):** Anxious “Italians”. Security and Welfare in the Upper Adriatic, 1918–1924. *Acta Histriae*, 32, 4, 591–602.
- Harrison, Mark (1996):** The Medicalization of War – The Militarization of Medicine. *Social History of Medicine*, 9, 2, 267–276.
- Herren, Madeleine (2014):** Introduction: Towards a Global History of International Organization. In: Herren, Madeleine (ed.): Networking the International System Global Histories of International Organizations. Heidelberg – New York – Dordrecht – London, Springer, 1–12.
- Hofer, Hans-Georg, Prüll, Cay-Rüdiger & Wolfgang U. Eckart (eds.) (2011):** War, Trauma and Medicine in Germany and Central Europe (1914–1939). Freiburg, Centaurus.

- Hubenstorf, Michael (1981):** Sozialmedizin, Menschenökonomie, Volksgesundheit. In: Kadnoska, Franz (ed.): *Aufbruch und Untergang. Österreichische Kultur zwischen 1918 und 1938*. Vienna – Munich – Zurich, Europa Verlag, 247–265.
- Jesner, Sabine (2021):** Habsburg Border Quarantines until 1837: An Epidemiological ‘Iron Curtain’? In: Trubeda, Sevasti, Promitzer, Christian & Paul Weindling (eds.): *Medicalising Borders. Selection, Containment and Quarantine since 1800*. Manchester, Manchester University Press, 31–55.
- Judson, Pieter M. (2016):** *The Habsburg Empire: A New History*. Cambridge (MA), Belknap.
- Jütte, Robert (1996):** *Geschichte der alternativen Medizin. Von der Volksmedizin zu den unkonventionellen Therapien von heute*. Munich, C. H. Beck.
- Kacin-Wohinz, Milica & Jože Pirjevec (2000):** *Zgodovina Slovencev v Italiji 1866–2000*. Ljubljana, Nova revija.
- Kacin-Wohinz, Milica & Marta Verginella (2008):** *Primorski upor fašizmu 1920–1941*. Ljubljana, Društvo Slovenska Matica.
- Kalc, Aleksej (1996):** L'emigrazione slovena e croata dalla Venezia Giulia tra le due guerre ed il suo ruolo politico. *Annales, Series Historia et Sociologia*, 8, 23–60.
- Kamniker, Franz (1919):** *Das deutsche Murtal von Spielfeld bis Radkersburg und die Slowenen*. Flugblätter für Deutschösterreichs Recht, 19.
- Karge, Heike (2020):** *Der Charme der Schizophrenie. Psychiatrie, Krieg und Gesellschaft im serbokroatischen Raum*. Berlin, De Gruyter.
- Karge, Heike, Kind-Kovács, Friederike & Sara Bernasconi (eds.) (2017):** *From the Midwife's Bag to the Patient's File: Public Health in Eastern Europe*. Budapest, CEU Press.
- Kirchner Reill, Dominique (2020):** *The Fiume Crisis: Life in the Wake of the Habsburg Empire*. Cambridge, Belknap Press.
- Kirchner Reill, Dominique, Jeličić, Ivan & Francesca Rolandi (2022):** *Redefining Citizenship after Empire. The Rights to Welfare, to Work, and to Remain in a Post-Habsburg World*. *The Journal of Modern History*, 94, 2, 326–362.
- Klabjan, Borut & Gorazd Bajc (2021):** *Ogenj, ki je zajel Evropo. Narodni dom v Trstu 1920–2020*. Ljubljana, Cankarjeva založba.
- Klabjan, Borut (2018):** *Borders in Arms. Political Violence in the North-Eastern Adriatic after the Great War*. *Acta Histriae*, 26, 4, 985–1002.
- Köhler, Peter & Hans Zacher (1980):** *Ein Jahrhundert Sozialversicherung in der Bundesrepublik Deutschland, Österreich und der Schweiz*. Berlin, Duncker & Humblot.
- Konrád, Ota & Rudolf Jučera (2022):** *Paths Out of the Apocalypse. Physical Violence in the Fall and Renewal of Central Europe, 1914–1922*. Oxford, Oxford University Press.
- Korsch, Barbara M. & Vida Francis Negrete (1972):** *Doctor-Patient Communication*. *Scientific American*, 227, 2, 66–75.
- Kurahs, Hermann (1987):** *Dr. Franz Kamniker in St. Germain*. *Blätter für Heimatkunde*, 61, 112–122.

- Landes- und Verordnungsblatt für das Land Steiermark (1920):** n. 292, 519.
- Luhmann, Niklas (1973):** Vertrauen. Ein Mechanismus der Reduktion sozialer Komplexität. Stuttgart, Ferdinand Enke.
- Marelja, Miran, Pilipović, Ozren & Meta Athik (2021):** The Protection of Minorities at the Paris Peace Conference (1919–1920). In: Pudłocki, Tomasz & Kamil Ruszała (eds.): Postwar Continuity and New Challenges in Central Europe (1918–1923). London, Routledge, 35–51.
- Mentzel, Walter (2017):** Die Flüchtlingspolitik der Habsburgermonarchie während des Ersten Weltkrieges. In: Garstenauer, Rita & Bőrries Kuzmany (eds.): Aufnahmeland Österreich. Über den Umgang mit Massenflucht seit dem 18. Jahrhundert. Vienna, Mandelbaum, 126–155.
- Mezzoli, Erica (2022):** Safe Waters. Austrian Seafarers Between Charity and Welfare, ca. 1850–1920. *Annales, Series Historia et Sociologia*, 32, 4, 571–590.
- Obinger, Herbert, Petersen, Klaus & Peter Starke (eds.) (2018):** Warfare and Welfare: Military Conflict and Welfare State Development in Western Countries. Oxford, Oxford University Press.
- Oosterhuis, Harry & Frank Huisman (2014):** The Politics of Health and Citizenship: Historical and Contemporary Perspectives. In: Oosterhuis, Harry & Frank Huisman (eds.): Health and Citizenship: Political Cultures of Health in Modern Europe. New York, Routledge, 1–40.
- Pahor, Marija Juri (2009):** Hidden Identities within National Minority Groups: The Case of Slovenes in Carinthia and in the Province of Trieste. In: Promitzer, Christian, Klaus-Jürgen, Hermanik & Eduard Staudinger (ed.): (Hidden) Minorities: Language and Ethnic Identity between Central Europe and the Balkans. Vienna, LIT, 35–58.
- Peckham, Robert (2016):** Epidemics in Modern Asia. Cambridge, Cambridge University Press.
- Planert, Ute & James Retallack (2017):** Decades of Reconstruction: Postwar Societies, State-Building, and International Relations from the Seven Years' War to the Cold War. New York, Cambridge University Press.
- Porter, Roy (1985):** The Patient's View: Doing Medical History from below. *Theory and Society*, 14, 2, 175–198.
- Promitzer, Christian (2021):** Uses of Quarantine in the Nineteenth Century until the Crimean War: Examples from South-East Europe. In: Trubeda, Sevasti, Promitzer, Christian & Paul Weindling (eds.): Medicalising Borders. Selection, Containment and Quarantine since 1800. Manchester, Manchester University Press, 78–99.
- Promitzer, Christian, Hermanik, Klaus-Jürgen & Eduard Staudinger (ed.) (2009):** (Hidden) Minorities: Language and Ethnic Identity between Central Europe and the Balkans. Vienna, LIT.
- Pudłocki, Tomasz & Kamil Ruszała (eds.) (2021):** Postwar Continuity and New Challenges in Central Europe (1918–1923). *The War that Never Ended*. London, Routledge.

- Pupo, Raoul (2021):** *Adriatico amarissimo. Una lunga storia di violenza.* Bari, Laterza.
- Rafailović, Jelena (2022):** Comparison of Social Insurance Legislation of The Austro-Hungarian Monarchy and The Kingdom of Yugoslavia – Legal Inheritance. *Annales, Series Historia et Sociologia*, 32, 4, 535–546.
- Rahten Andrej (2020):** *Po razpadu skupne države: Slovensko-avstrijska razhajanja od mariborskega prevrata do koroškega plebiscita.* Celje, Celjska Mohorjeva družba.
- Reckwitz, Andreas (2003):** Grundelemente einer Theorie sozialer Praktiken. Eine sozialtheoretische Perspektive. *Zeitschrift für Soziologie*, 32, 4, 282–301.
- Reid, Fiona (2017):** *Medicine in First World War Europe: Soldiers, Medics, Pacifists.* London, Bloomsbury.
- Sarasin, Philipp, Berger, Silvia, Hänseler, Marianne & Myriam Spörri (eds.) (2007):** *Bakteriologie und Moderne. Studien zur Biopolitik des Unsichtbaren (1870–1920).* Frankfurt, Suhrkamp.
- Scheer, Monique (2012):** Are Emotions a Kind of Practice (and is That What Makes Them Have a History)? A Bourdieuan Approach to Understanding Emotion. *History and Theory*, 51, 193–220.
- Silverstein, Sara (2020):** Reinventing International Health in East Central Europe. The League of Nations, State Sovereignty, and Universal Health. In: Becker, Peter & Natasha Wheatley (eds.): *Remaking Central Europe. The League of Nations and the Former Habsburg Lands.* Oxford, Oxford University Press,
- Singh, Hari (2024):** *Public Health. A Global Perspective.* New York, Routledge.
- Slobodian, Quinn (2018):** *Globalists. The End of Empire and the Birth of Neoliberalism.* Cambridge – London, Harvard University Press, 27–54.
- StLA, FH –** Arhiv Republike Slovenije (ARS), Feldhof Archiv (FH).
- StLA, Laa. A., R. VI –** StLA, Landschaftliches Archiv (Laa. A.), Rezens VI (R. VI),
- StLA, LKH –** StLA, Landeskrankenhaus (LKH).
- Svoljšak, Petra & Bojan Godeša (2013):** Italian Interwar Administration of Slovenian Ethnic Territory: Italian Ethnic Policy. In: Dornik, Wolfram, Walleczek-Fritz, Julia & Stefan Wedrac (eds.): *Frontwechsel: Österreich-Ungarns “Großer Krieg” im Vergleich.* Vienna, Böhlau, 303–323.
- Timms, Edward & Ritchie Robertson (eds.) (1994):** *The Habsburg Legacy. National Identity in Historical Perspective.* Edinburgh, Edinburgh University Press.
- Toncich, Francesco (2022):** Inside and Outside the Habsburg Public Health System. Managing Complexity Within the Austrian Littoral (1849–1880s). *Annales, Series Historia et Sociologia*, 32, 4, 523–534.
- Trubeda, Sevasti, Promitzer, Christian & Paul Weindling (eds.) (2021):** *Medicalising Borders. Selection, Containment and Quarantine since 1800.* Manchester, Manchester University Press.
- Verginella, Marta (2008):** *Il confine degli altri. La questione giuliana e la memoria slovena.* Rome, Donzelli.

- Verginella, Marta (2016):** Sconfinamenti storiografici e attraversamenti di confine. *Qualestoria*, 44, 1, 1–12.
- Vinci, Anna Maria (2012):** Una lunga emergenza sociale: le terre “redente” tra le due guerre mondiali. In: Vinci, Anna Maria (ed.): *Carità pubblica, assistenza sociale e politiche di welfare: Il caso di Trieste*. Trieste, EUT.
- Vreča, Beatrix, Zangger, Marie Theres & Mateja Močnik (eds.) (2018):** Im Brennpunkt des Geschehens 1918–1920. Vom Übermurgebiet über Radkersburg bis Mureck. Bad Radkersburg, Stadtgemeinde Bad Radkersburg.
- Watzka, Carlos (2021):** Weak State-Controlled Disease Prevention in Peripheral Border Regions: Austrian Bukovina and Dalmatia in the Late Nineteenth Century. In: Trubeda, Sevasti, Promitzer, Christian & Paul Weindling (eds.): *Medicalising Borders. Selection, Containment and Quarantine since 1800*. Manchester, Manchester University Press, 100–125.
- Wedrac, Stefan (2013):** Die Allgemeine Arbeiter-Kranken- und Invalidenkasse in Wien 1868–1880. Die Wurzeln der Wiener Gebietskrankenkasse. Entstehung, Umfeld und Erfolge. Vienna, ÖGB-Verlag.
- Weimann, Ute (2008):** Die südslawische Frage und Jugoslawien: Grenzziehungen im Süden Österreichs unter besonderer Berücksichtigung der Kärntenproblematik. In: Konrad, Helmut & Wolfgang Maderthaner (eds.): *Das Werden der Ersten Republik ... der Rest ist Österreich*, vol. 1. Vienna, Gerold, 119–138.
- Weindling, Paul (2000):** *Epidemics and Genocide in Eastern Europe (1890–1945)*. Oxford, Oxford University Press.
- Weitz, Eric D. (2008):** From the Vienna to the Paris System: International Politics and the Entangled Histories of Human Rights, Forced Deportations, and Civilizing Missions. *The American Historical Review*, 113, 5, 1313–1343.
- Wendelin, Herald (2000):** Schub und Heimatrecht. In: Heindl, Waltraud & Edith Saurer (eds.): *Grenze und Staat. Paßwesen, Staatsbürgerschaft, Heimatrecht und Fremdengesetzgebung in der österreichischen Monarchie (1750–1867)*. Vienna – Cologne – Weimar, Böhlau, 173–346.
- Wernitznig, Dagmar (2021):** The Madwoman in the Cellar: Trauma and Gender After Both World Wars – A Field Study of Psychiatric Files. *On_Culture*, 11: <https://www.on-culture.org/journal/issue-11/the-madwoman-in-the-cellar/> (last access: 2025-01-08).
- Wörsdörfer, Rolf (2004):** *Krisenherd Adria 1915–1955. Konstruktion und Artikulation des Nationalen im italienisch-jugoslawischen Grenzraum*. Paderborn, Ferdinand Schöningh.