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Empires and Their Peripheries

The Pharmacy Market in the Habsburg and British Empires

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Abstract. This study examines the professionalisation of pharmacy in the British and Habsburg Empires, focusing on similarities and differences. The central statement of the historical literature is that professionalisation followed different models in English-speaking regions and continental Europe. To accept or refuse this statement, the analysis focuses on both empires not just at macro level but explore the processes in their peripheral areas—Ireland and Hungary—which could provide an insight into the relationship between imperial centres and peripheries.

Keywords: pharmacy, professionalisation, comparison, imperialism, periphery, United Kingdom, Habsburg Empire, Hungary, Ireland

The Anglo-American and continental models of professionalisation

Historical literature shared the concept that the emergence of modern professions differed between the Anglo-American world and continental Europe. Consensus was reached on two points. First, in continental Europe, the state played a more decisive role in professionalisation. According to Magali Sarfatti Larson, it is no coincidence that the theory of professionalisation originated in Anglo-American countries, which are characterised by laissez-faire capitalism. In these regions, professions gained market privileges—or even monopoly—by emphasising their specialised knowledge and skills. The role of the state was to legally recognise and protect this market position.[1] In contrast, continental Europe's centralised bureaucratic states actively created, developed, and strengthened professions, which were later subject to state supervision, regulation and intervention.[2] Another key difference is

1 Sarfatti Larson, *The Rise of Professionalism*, XVI–XVIII.

2 Rüschemeyer, "Professionalisierung," 317.

that in the Anglo-American world, market control and supervision were carried out by professional corporations, while in continental Europe, the state itself regulated and supervised the market.[3] Jürgen Kocka argues that in Germany, professionalisation began within the state bureaucracy, which later served as a model for liberal professions *(freie Berufe)*.[4] Hannes Siegrist explains the stronger state intervention with imperial competition, as European empires represented serious threats to each other. Therefore, the improvement of living conditions and the strengthen of economic, technological, and social development were key challenges for the empires. According to cameralist theories, which were popular in Central Europe, education and healthcare policies directly impacted the economy and therefore the state incomes.[5] Professions played a key role in facing these challenges.[6] In the eighteenth century, enlightened absolutist states developed extensive bureaucracies to regulate and control everyday life. This involved the expansion of educational and healthcare infrastructure as well as the training of professionals to manage these institutions. The emerging modern professions became 'state agents' who regulated, controlled, monitored and reported on society. While the paternalistic state played a central role, professions themselves actively contributed to these processes, searching political support to strengthen their social and economic position.[7] During the interwar period, this cooperation between state and professions became even more evident. Professions not only accepted but sometimes encouraged state intervention to solve economic and social crises.[8]

In historical literature, the second accepted point is that universities in continental Europe played a central role in the emergence of professions.[9] Indeed, many professions were born within these institutions. The absolutist state also contributed to this process by implementing university reforms, which aimed to improve the public administration. Talcott Parsons emphasises the contrast with the Anglo-American model, where modern professions developed outside the universities.[10]

As outlined above, many researchers agree that there are distinct Anglo-American and continental patterns of professionalisation. Charles E. McClelland makes a distinction between professionalisation 'from within' and professionalisation

3 Torstendahl, cited by Evetts, "Professions in European and UK Markets," 4.

4 Kocka, "'Bürgertum' and Professions," 72–73.

5 Spray, "Health and Medicine."

6 Siegrist, "The Professions in Nineteenth-Century Europe," 70–73.

7 Jarausch, "The German Professions," 12–13.

8 Jarausch, *The Unfree Professions*; Kovács M., *Liberal Professions and Illiberal Politics*.

9 McClelland, *The German Experience of Professionalization*.

10 Parsons, "The Professions and Social Structure"; Parsons, "Professions."

'from above'.[11] In the case of professionalisation from within, members of the profession are bound together by a common identity, training, and interests. Through collective action, they convince the state and society to grant them special privileges and autonomy. In the case of professionalisation from above, emerging professions try to achieve similar privileges to those already professionalised. This latter process reflects to the continental European patterns, where the state's bureaucracy and the state related professions served as a model for emerging professions. Professionalisation therefore occurred through 'top-down' imitation. According to Mark Neal and John Morgan, professionalisation in the United Kingdom took place from the 'bottom up', as a result of organic development.[12] Professional associations and collective actions played the most important role in this process. In Germany, however, this process took place from the 'top down': the state regulated training, licenses, associations (or chambers), ethical codes and codes of conduct. Randall Collins' distinction seems more useful than the less accurate directional terms ('bottom-up' and 'top-down'), since it is based on the formation of status groups—namely, how various occupational groups develop and maintain their privileges and elite position. In the case of Anglo-American society, he uses the term 'licensed market monopolizers,' where the focus is on providing high-quality and affordable services. The main aim of the profession is to achieve collective autonomy and market control. In contrast, in continental Europe, professions are labelled as 'bureaucratic office-holders,' where the priority is serving the public good and public interest. The influence and social status of professions is not based solely on autonomy or market control but rather on state power and legal protection.[13] Hannes Siegrist identified four models, reflecting the level of state intervention and contemporary perceptions of occupational hierarchy: 1) guild societies during the ancien régime; 2) state professions within the nineteenth-century European centralised-bureaucratic states; 3) liberal professions in the Anglo-American world of the nineteenth and twentieth centuries; 4) neocorporative professions in contemporary European welfare states.[14]

To sum up, the difference can be described as follows: in Europe in the eighteenth and nineteenth centuries the state had a greater influence on the development of professions, and the centre of professionalisation was the state university, which stands in contrast to the Anglo-American guild-like, market-oriented model.

Indeed, these theoretical frameworks oversimplify the process of professionalisation and hide the existing historical differences. How could bring under the same roof the eighteenth-century Russian artist, turn-of-the-century Austrian

11 Cited by Evetts, "Sociological Analysis of Professionalism," 11.

12 Neal and Morgan, "The Professionalization of Everyone."

13 Collins, "Changing Conceptions," 15–18.

14 Siegrist, "Professionalization as a Process," 193–98.

psychoanalyst, or even twenty-first-century American photographer? These various professions had to face very different challenges, both in terms of place and time. The scope of my study cannot be so broad. Rather, the modest aim of this paper to test these 'ideal-typical' models if they are valid or not in the case of British and Austrian pharmacy.

Comparative analysis of the British and Austrian empires

This study does not simply compare the histories of British and Austrian pharmacy but aim to approach the topic from an imperial perspective, focusing on the relationship between imperial centres and their peripheries. This concept was inspired by Stuart Anderson, who examined the professionalisation of British pharmacy in the context of colonisation and imperialism.[15] Can Habsburg pharmacy be analysed through a similar imperial perspective? What similar or different challenges did these multi-ethnic empires face? Did peripheral regions follow imperial schemes, or were local characteristics dominant? What was the nature of the centre–periphery relationship?

However, Anderson's framework and terminology required reconsideration. He focused on the relationship between British colonies (e.g., Canada, Africa, India) and the United Kingdom, which included Ireland from 1801. The Habsburg Monarchy, by contrast, lacked overseas colonies. Its provinces—such as Bohemia or Hungary—cannot be compared to British colonies such as India or South Africa. Ireland, however, offers a meaningful basis for comparison. It was a peripheral region within the British Empire, and like Hungary, had deep cultural and historical ties to the imperial centre. Yet both regions were marked by religious, linguistic, and ethnic conflicts, and the political discourse was dominated by topics of independence and centralisation. In the eighteenth and nineteenth centuries, both empires faced the challenge of organizing standardised and uniformed healthcare system—including pharmacy—across a diverse, multi-ethnic region. The comparison is also made possible and easier by the circumstance, that both empires reached their zeniths around the early twentieth century. Thus, this analysis covers the period from the eighteenth century to the fall of the Habsburg Empire.

Colonial and imperial discourses are often politically charged. In nineteenth-century Hungary, Austrian rule was often described as colonisation, especially by the Hungarian elites, which was engaged with the national independence. Conversely, Austrian and German discourse presented colonisation as a civilising mission, that brought less developed peoples such as Hungarians and Czechs to

15 Anderson, *Pharmacy and Professionalization*.

German cultural standards.[16] Postcolonial theory allows us to analyse these processes and the related debates on memory politics. This theory has been applied to the Habsburg Empire for at least two decades (Habsburg Postcolonial).[17] However, this study does not focus on the cultural dimension of postcolonialism—such as representations of colonisers and colonised—which would require discourse analysis.[18] Instead, it uses the classic conceptual framework of imperialism. According to Stephen Howe,

> "an empire is a large, composite, multi-ethnic or multinational political unit, usually created by conquest, and divided between a dominant centre and subordinate, sometimes far distant, peripheries."[19]

Permanent expansion and colonisation are therefore inherent features of the empire, although the imperial territories do not constitute a homogeneous entity, and even the legal status of the various provinces usually varies. Alexander J. Motyl defines empire

> "a hierarchically organized political system with a hublike structure—a rimless wheel—within which a core elite and state dominate peripheral elites and societies by serving as intermediaries for their significant interactions and by channelling resource flows from the periphery to the core and back to the periphery."[20]

Empires are thus transnational entities, that are different from nation-states.[21] In this study, imperialism refers to political efforts aimed at centralising and unifying a transnational political entity. This approach enables the analysis of cultural and power asymmetries, local relationships, networks, and intermediaries who simultaneously represented the voices of colonisers and colonised.

This analysis focuses on the regulation and institutionalisation of pharmacy in the British–Irish and Austrian–Hungarian contexts. A deeper examination of social processes would go beyond the scope of this study, and in many cases, the necessary historical research is still lacking. The final part of this study aims to explore how dynamic, and complex was the relationship between the centre and periphery.

16 Tarafás, "Civilizáló gyarmat."

17 Feichtinger, Prutsch, and Csáky, "Vorwort."

18 Bobinac, "The Habsburg Legacy."

19 Howe, *Empire*, 30.

20 Motyl, *Imperial Ends*, 4.

21 Colás, *Empire*.

Milestones in the professionalisation of British and Irish pharmacy

Before beginning the comparative analysis, it is important to define what is meant by pharmaceutical or apothecary's activity. Until the nineteenth century, apothecaries manually prepared medicines from plant, animal, and mineral substances (magistral preparations), and were also responsible for the distribution of poisons. Their activity included the collection of raw materials, proper storage, processing, compounding, and dispensing to patients. This work was often combined with commercial activities, and apothecaries often looked like drugstores, where cosmetics and chemicals were also sold. The emergence of the pharmaceutical industry in the nineteenth century fundamentally transformed apothecaries' work, since factory-produced medicines led to a decline in magistral preparations.

In Great Britain, the use of professional titles and the healthcare activities were not strictly regulated. Apothecaries' work often included commercial tasks and overlapped with medical practice. In 1617, apothecaries separated from the Grocers' Company, and founded The Worshipful Society of Apothecaries, which supervised their activities, in collaboration with the College of Physicians.[22]

By the early eighteenth century, physicians diagnosed, surgeons performed operations, and apothecaries compounded and dispensed medicines. However, this division of labour was rarely applied in practice, as many people could not afford physicians and turned to apothecaries, who became known as 'the physicians of the poor.' Instead of prohibiting apothecaries from practicing medicine, the state legally recognised and protected their activity from 1704 onwards.[23] The rise of surgeon-apothecaries illustrates the shifting and eroding boundaries between healing professions.[24]

Pharmaceutical activities were not exclusively the privilege of apothecaries; physicians, surgeons, druggists, and chemists also practised such activities. By the late eighteenth century, the lack of centralised healthcare regulation urged various professional groups to propose their own legislative solutions. Apothecaries aimed to acquire a monopoly on selling medicines and drugs, excluding the 'underqualified' druggists and chemists.[25]

Implementation of comprehensive healthcare legislation was slow. The Apothecaries Act of 1815 authorised the Society of Apothecaries to train, examine, and register apothecaries. However, it did not restrict the activities of druggists and chemists, which meant that apothecaries were unable to provide a monopoly

22 Anderson, *Pharmacy and Professionalization*, 39–40.

23 Cook, "The Rose Case Reconsidered."

24 Corfield, "From Poison Peddlers to Civic Worthies," 4–6.

25 Holloway, "The Apothecaries Act, 1815," 109–16.

for themselves.[26] After the law was passed, apothecaries referred to themselves as general practitioners,[27] serving a growing middle-class clientele.[28] The 1858 Medical Act further converged the social status of physicians, surgeons, and apothecaries, recognising all as 'legally qualified practitioners.'[29] By the late nineteenth century, dispensing medicines represented a marginal aspect of apothecaries' work, and they gradually merged into the broader medical profession.[30]

In the early nineteenth century, druggists and chemists increasingly supplied the population with medicines. In 1841, they established the Pharmaceutical Society of Great Britain (PSGB), followed by the College of the Pharmaceutical Society in 1842. Jacob Bell, the society's founder, played a key role in passing the Pharmacy Act of 1852, which authorised the PSGB to register all those who passed its examinations. Successful candidates received the titles of 'pharmaceutical chemist' or 'pharmaceutist.' However, the Act did not eliminate the right of unqualified chemists and druggists to dispense medicines.[31]

It took more than a decade to implement broader reforms. The Pharmacy Act of 1868 regulated the sale of poisons and drugs, and also required chemists and druggists to register and receive training. The PSGB's minor exam qualified candidates as chemists and druggists, while the major exam provided the title of pharmaceutical chemist.[32] The Poisons and Pharmacy Act of 1908 extended the title 'pharmacist' to all registered professionals, facilitating the unification and consolidation of the pharmacy.[33] The National Health Insurance Act of 1911 further separated prescribing from dispensing, strengthening the distinction between medical and pharmaceutical roles.[34] Although this is beyond the timeframe of the study, it is important to note that the PSGB remained responsible for pharmacist training until 1925, when university education took over it. From 1933, practicing pharmacy required PSGB membership, which made it a 'quasi-chamber.'

In Ireland, similarly to Britain, apothecaries' activities were regulated by guilds from the fifteenth to the eighteenth centuries. Apothecaries worked together with surgeons, barbers, and periwig-makers in a common guild (Guild of St Mary

26 Holloway, "The Apothecaries Act, 1815," 124–25.

27 Corfield, "From Poison Peddlers to Civic Worthies," 16–17.

28 Dingwall, "Closing the Market," 78.

29 Bloor, "The Rise of the General Practitioner"; Roberts, "The Politics of Professionalization."

30 The Society of Apothecaries laboratory closed in 1922. Crellin, "Pharmaceutical History."

31 Anderson, *Pharmacy and Professionalization*, 44–49.

32 Anderson, *Pharmacy and Professionalization*, 49–53.

33 Anderson, *Pharmacy and Professionalization*, 55.

34 Anderson, *Pharmacy and Professionalization*, 15.

Magdalene).[35] In 1747, a separate guild for apothecaries—the Guild of St Luke—was established.[36] The demand for regulation of healthcare services intensified during the seventeenth and eighteenth centuries. In 1692, the College of Physicians was authorised to hold preliminary examinations for apprentice apothecaries.[37] In 1735, its authority was extended to the supervision, registration, and examination of apothecaries, chemists and druggists.[38] Only qualified apothecaries were allowed to compound and dispense prescriptions.[39] In 1761, another law was passed, which confirmed the previous rights of the College of Physicians. However, it applied only to Dublin and its surroundings.

In 1791, the Irish Parliament passed the Apothecaries' Hall Act, which was proposed by the Guild of St Luke. This law applied nationwide and established the Company of Apothecaries' Hall, whose responsibility was not just to create a modern laboratory, but to regulate and supervise pharmaceutical activities.[40] From that time, only qualified apothecaries could dispense medicines and prescriptions.[41]

In 1801, Ireland became part of the United Kingdom. However, the abolition of the Irish Parliament did not completely eliminate the independence of Irish regulation. At the beginning of the nineteenth century, pharmacy was more strictly regulated in Ireland than in England. This may explain why the 1815 Apothecaries' Act was not introduced in Ireland, as it imposed less rigorous rules than the Irish Act of 1791. Irish apothecaries also successfully opposed the extension of the 1868 Poisons and Pharmacy Act, arguing it was neither beneficial nor implementable in Ireland.[42] Throughout the British Isles, the regulation of poisons' sales remained central to pharmaceutical legislation.

The Medical Act 1858 was extended to Ireland, including the Dublin Apothecaries' Hall. This Act authorised apothecaries—alongside physicians and surgeons—to provide medical services.[43] After apothecaries merged into the medical profession, their activity shifted away from medicine preparation and dispensing to diagnosis. Following the British examples, Irish druggists and chemists tried to challenge apothecaries'

35 Cooper, *A Scientific Appreciation,* 7–15.

36 Cooper, *A Scientific Appreciation,* 40–45.

37 Corrigan, *A Short History of Pharmacy,* 25.

38 Ferner and Aronson "Medicines Legislation and Regulation," 81–82; Cooper, *A Scientific Appreciation*, 22–29.

39 Corrigan, *A Short History of Pharmacy,* 41.

40 Cooper, *A Scientific Appreciation,* 63–69.

41 Coleman "Irish Pharmacy's Struggle. Part One"; Corrigan, *A Short History of Pharmacy,* 42.

42 Cooper, *A Scientific Appreciation,* 125–36.

43 Medical Act 1858. https://www.legislation.gov.uk/ukpga/Vict/21-22/90/enacted/data.pdf, accessed 22 September 2024.

monopoly. In 1870, they founded the Chemist and Druggists' Association of Ireland to protect their interests, and their efforts were partly successful. First, the authority of the PSGB was not extended to Ireland. Second, they contributed to the adoption of a new law that broke the apothecaries' monopoly.[44] The Pharmacy Act (Ireland) 1875 established the Pharmaceutical Society of Ireland (PSI), which examined and registered those who were licenced to dispense poisons and prescriptions.[45] These professionals were uniformly referred to as pharmaceutical chemists.[46] The Act also regulated training for druggists and chemists, although the acquired rights remained untouched, the training was not compulsory for existing business owners. This loophole allowed some to avoid training and registration, preventing the establishment of full monopoly.[47] Despite all the efforts of PSI and Apothecaries' Hall, Parliament refused to pass such laws which could have harmed the interest of unqualified chemists and druggists.[48] The 1890 Act on compulsory registration and qualification legalised their activities, which meant that the struggle between professions ended with the victory of the Chemist and Druggists' Association.[49]

In the late nineteenth century, legislation did not exclude professions from pharmaceutical activities but brought them under legal protection, weakening apothecaries'—and later the pharmaceutical chemists—market dominance. The goal of this political attitude was to improve the pharmaceutical services and public access to medicines. By the end of the nineteenth century, apothecaries, pharmaceutical chemists, chemists and druggists, and registered druggists supplied the Irish with medicines. However, none of them could achieve a complete market monopoly. Furthermore, in rural areas, dispensary doctors also compounded and dispensed medicines. The Poisons and Pharmacy Act 1908 allowed local authorities to license poison sellers—mainly for agricultural use—to maintain and improve rural medical supply.[50]

An important aspect of pharmaceutical regulation was the pharmacopoeia (or dispensary), which not only standardised medicine preparation but at the same time served as a tool of imperial centralisation.[51] The first pharmacopoeia is considered to be the *Pharmacopoeia Londinensis*, compiled by the College of Physicians in 1618. It underwent numerous editions until 1851 and was mandatory in England. It also

44 Coleman "Irish Pharmacy's Struggle. Part Two."

45 Finnerty Bowen, "The History of Pharmacy."

46 Cooper, *A Scientific Appreciation*, 142–57; Corrigan, *A Short History of Pharmacy*, 56.

47 Cooper, *A Scientific Appreciation*, 162–63.

48 Coleman, "Irish Pharmacy's Struggle. Part Two."

49 Corrigan, *A Short History of Pharmacy*, 59–60; Coleman, "Irish Pharmacy's Struggle. Part Two"; Cooper, *A Scientific Appreciation*, 179–83.

50 Corrigan, *A Short History of Pharmacy*, 62–63.

51 Anderson, "Pharmacy and Empire."

served as a source or template for other pharmacopoeias around the British Isles.[52] The Dublin Pharmacopoeia *(Pharmacopoeia Hibernia)* was published in 1807 by the Royal College of Physicians in Ireland. Its various editions remained in use until the mid-nineteenth century.[53] However, variations in standards, names, and compositions led to numerous problems. The Medical Acts of 1858 and 1862 mandated the standardisation of pharmacopoeias in the UK. As a result, the *Pharmacopoeia Britannica* was published in 1864.

Irish regulations closely followed British ones in many respects, although they were not entirely uniformed. This independent regulation was not always beneficial. Irish pharmacists tried to take advantages of British colonisation, complained that the Pharmacy Act 1868 provided rights only to British citizens in the colonies, excluding Irish pharmacists from privileges.[54] However, by the early twentieth century, most British colonies recognised Irish qualifications.[55]

To sum up, from the seventeenth century onward, British imperial policy was shaped by mercantilist theories. The central government aimed to secure social welfare and economic prosperity, in which healthcare played a key role.[56] The collection of health statistics, which began in the seventeenth century, was essential for policy interventions.[57] Legislators and central authorities sought to improve public welfare and healthcare in line with state interests. This was achieved partly through the regulation of poison distribution, which posed risks to the population. (Arsenic Act of 1851, Poisons and Pharmacy Act of 1868.) The state also profited directly from medicine sales, as reflected in the Stamp Act of 1783 in England. These laws addressed 'quackery,' emphasising that the state did not strictly prohibit less trained practitioners.[58] Pharmaceutical regulation was primarily determined by which professional groups had sufficient lobbying power to influence decision-makers. Efforts to secure market monopolies were blocked by the state, which refused to harm acquired rights or exclude less qualified groups from the market. Policymakers aimed to ensure healthcare access for poorer and rural populations. Market regulation not just followed the principle of laissez-faire, but resonated to the ongoing social processes, namely the changing needs of society and the socioeconomic status of various professions. The professionalisation of British and Irish pharmacy can be interpreted as a market competition among professions, in which state regulation followed, rather than directed social processes.

52 Anderson, "United Kingdom: Pharmacopoeias of Great Britain."

53 Cooper, *A Scientific Appreciation*, 53–60.

54 Cooper, *A Scientific Appreciation*, 197.

55 Corrigan, *A Short History of Pharmacy*, 61.

56 Rosen, *A History of Public Health,* 81–130.

57 The pioneer in this field was William Petty. Sivado, "Resurrecting the Body Politic."

58 Stebbings, *Tax, Medicines and the Law.*

The Austrian and Hungarian pharmacy

The professionalisation of Austrian pharmacy—compared to the British case—cannot be described as backward. Some milestones of professionalisation, such as the establishment of university education, occurred earlier in the Habsburg Empire. It is more accurate to consider it as multiple modernisations, where various political entities followed distinct paths and models.

There were significant differences between British and Austrian governance. In the Austrian absolutist state, royal decrees and orders played a more central role than parliamentary legislation until the late nineteenth century. In the eighteenth and nineteenth centuries, central institutions such as the State Council *(Staatsrat)*, Court Chancellery *(Hofkanzlei)*, and Court Chamber *(Hofkammer)* were responsible for preparing—and often implementing—royal decrees. Some Habsburg provinces had their own administrative bodies, such as the Hungarian Court Chancellery *(Magyar Udvari Kancellária)* and the Lieutenancy Council *(Helytartótanács)* in Hungary. In the Austrian Hereditary Lands *(Erblande)*, healthcare belonged to various committees and deputies. In the sixteenth century, these were called *Consilium sanitatis*,[59] which became independent authorities in 1753 *(Sanitätshofdeputation)*.[60] In Hungary, the Health Commission *(Commissio Sanitatis)* was established within the Lieutenancy Council in 1738 and was renamed the Department of Sanitation *(Departamentum Sanitatis)* in 1783. Chief physicians *(protomedicus)* and district or local physicians *(physicus)* supervised and controlled lower-level healthcare administration. All efforts to found a unified imperial administration—such as the *Directorium in publicis et cameralibus*, established in 1749—were only partially successful, the healthcare administration remained divergent across the empire.

The emerging central and local administrations played a key role in the colonisation of occupied territories. Their main task was not to enforce direct oppression or control, but rather the constant observation of local conditions and the regular reporting to central authorities. In practice, this took the form of health statistics compiled by local authorities.[61] The regular collection and transmission of such data made the population's condition—its size, demographic composition, and health status—visible to the imperial centre. These indicators were supposed to show the the empire's economic, agricultural, military, and therefore political strength. This Habsburg 'medical imperialism'[62] extended not only to the occupied territories but also to the Hereditary Lands, thus constituting an integral part of the imperial healthcare system.

59 Flamm, "Das Werden des österreichischen Sanitätswesens," 120–21.

60 Ember, "A Habsburg-Birodalom," 486.

61 Horn, "A Model for All," 311–12.

62 O'Reilly, "Habsburg Intellectual History," 72–73.

Enlightened absolutism determined the regulation of healthcare until the revolutions of 1848. The influence of provincial assemblies and parliaments—such as those in Hungary or Lower Austria—on healthcare remained limited during the first half of the nineteenth century. After 1848, absolutism was restored, but imperial centralisation started to decline in the late 1850s. After the Compromise of 1867, a new constitutional system was introduced, and both Hungary and Austria established governments accountable to parliaments. Health governance was placed under the authority of the Ministry of the Interior. However, the new constitutional governments inherited the former absolutist regimes discretionary power, the authority to decide on specific issues at their own judgment *(nach freiem Ermessen)*.[63] But what exactly did this discretionary power mean in practice, which directly affected the regulation of pharmacy?

Until the seventeenth and eighteenth centuries, pharmacy in Austria and Hungary was practised within the framework of guilds, which defined the conditions of professional practice. Another important actor was the city or province, which licensed the pharmacists and supervised their activities. However, from the seventeenth century, the central government increasingly intervened in local administration and gradually took away many of its authorities. Absolutist state, which emerged under Leopold I and Joseph I and was strengthened under Charles VI and Maria Theresa, attempted to build a state-led healthcare system for the population. The restriction of municipal and provincial rights was manifested in the fact that pharmacy licences became a prerogative of the monarch. This so-called 'concession system,' in which state licenses were required to open (and often transfer) pharmacies, was common in nineteenth century Northern and Eastern European states—such as Germany, the Habsburg Monarchy, the Scandinavian countries, Romania, Serbia, Bulgaria, and Russia. It allowed the state to influence the market much deeper than in countries where pharmacy was a 'free profession,' meaning that anyone with the required qualification could open a pharmacy without restriction—as in England, France, Belgium, the Netherlands, Switzerland, Spain, Italy, and Turkey.[64] The concession system remained untouched in Austria and Hungary even after the restoration of parliamentary system and constitutional government in the late nineteenth century. The difference was that licensing decisions were no longer made by the monarch's government but by the minister of the interior, who was accountable to parliament. Discretionary power, or freedom of decision was bound by few, if any, formal criteria—such as population size—when deciding whether to grant a pharmacy licence, and if so, to whom. These licences, as valuable assets, therefore largely depended on political discretion.

63 Péter, "Miért éppen az Elbánál," 27–30.

64 Kempler, *A magyarországi gyógyszerészet*, 47.

Let us briefly outline the history of Austrian pharmacy from its beginnings.[65] In the Habsburg Empire, Viennese regulations often served as general standards. From 1517, pharmacies in Vienna were supervised by the University of Vienna, which was authorised to carry out regular inspections *(visitatio)*.[66] Another regulatory tool was the use of pharmacopoeias *(dispensatorium, pharmacopoeia)* and related tax books *(Arzneitaxe)*, which specified both the composition and the price of medicines. Such pharmacopoeias had existed in Austria since the sixteenth century—for example, the *Dispensatorium pro pharmacopoeis Viennensibus* in Austria of 1570—but these were not officially approved.[67] The first obligatory pharmacopoeia, the *Pharmacopoeia Augustana* (based on the Augsburg standard), was introduced in 1613.[68] The first independent Austrian pharmacopoeia was published in 1729 *(Dispensatorium Pharmaceuticum Austriaco-Viennense)* and was compulsory across the empire.[69] To adapt it to Hungarian conditions, the Lieutenancy Council *(Helytartótanács)* assigned János Torkos Jusztusz, a physician from Bratislava (Pozsony), with compilation of a new tax book and related instructions. His *Taxa pharmaceutica Posoniensis* was published in 1745 in German, Latin, Hungarian, and Slovak.[70]

Healthcare was regulated and standardised in the second half of the eighteenth century across the empire. Maria Theresa assigned this task to Gerard van Swieten, a Dutch physician who served as chief physician of the court *(protomedicus)*, dean of the medical faculty of the University of Vienna, and censor.[71] In 1753, the *Medical Order for Bohemia (Haupt-Medizinalordnung für Böhmen)* was published, inspired by Prussian models.[72] This provincial order served as the basis for the General Health Regulations (*Hauptsanitätsnormativ* / *Generale Normativum in Re Sanitatis*, GNRS), which was introduced across the empire in 1770 and was supplemented in 1773.[73] This order regulated not only pharmaceutical activities but also the required qualifications, since university examination became compulsory for all pharmacists. The

65 In Austria, there were no competing professions as there were in Great Britain. Pharmacy and apothecary can used as synonyms, however, apothecary, which is a more traditional name is closer to the original German expression *(Apotheker/Apotheke)*.

66 Kletter, "The Civil Pharmacopoeias," 1.

67 Rádóczy, "A XVIII. századi Bécsi Dispensatoriumok."

68 Kletter, "The Civil Pharmacopoeias," 3.

69 According to Gyula Rádóczy, the pharmacopoeia was mandatory in Hungary, whereas Christa Kletter argues that it was not legally obligatory, though it was widely used in practice (Rádóczy, "A XVIII. századi Bécsi Dispensatoriumok"; Kletter, "The Civil Pharmacopoeias").

70 Romhányi, "Az egészség ára."

71 Kletter, "Austrian Pharmacy," 399–401.

72 For a more in-depth analysis of knowledge transfer, and the adaptation of international models see: Balázs, *Mária Terézia 1770-es egészségügyi alaprendelete*.

73 Krász, "Mária Terézia," 539.

diagnosis and prescription of medicines (by physicians) were legally separated from the preparation of medicines (by pharmacists). The pharmacopoeia was revised in 1774 by Nikolaus Joseph von Jacquin, a professor at the University of Vienna. The new *Pharmacopoea Austriaco-Provincialis* went through at least seven editions over two decades and was followed by the *Pharmacopoeia Austriaco-Provincialis Emendata* (1794–1812) and later the *Pharmacopoeia Austriaca* (1812–1939).

Competition between professions in the Habsburg Empire was not as intense as in Britain. Folk healers, such as herbalists, were simply excluded from the market by the state; their activities were criminalised, and they were stigmatised as quacks or charlatans, although such healing practices remained decisive for a long time especially in rural areas. Educational requirements and training systems determined who could enter the pharmaceutical market and how many could do so. These educational conditions were also defined by the state. Van Swieten played a key role not only in reforming the University of Vienna but also in establishing the medical faculty of the University of Trnava (Nagyszombat) in Hungary. From 1770, pharmacists were required to be examined by the university, and from 1804 they had to take part in a one-year university course. From 1853, graduates received the title of Master of Pharmacy *(Magister Pharmaciae)*.[74] The social esteem of pharmacists, however, was undermined by the short, four-semester training period. Until the early twentieth century, pharmacists were not forced to pass secondary school exam *(Abitur)*, which provided social prestige and was an essential qualification for being recognised as a 'gentleman.'

With the Compromise of 1867 the Austro-Hungarian Monarchy was established, which granted both member states autonomy in internal affairs, including public health. The empire's former central administration was replaced by national governments and parliaments, which started own and independent legislative work. However, the Austrian Imperial Health Act of 1870 *(Reichs-Sanitätsgesetz)*[75] and the Hungarian Public Health Act of 1876 *(Törvény a Közegészségügy Rendezéséről)*[76] placed public health,[77] including the regulation of pharmacies, under state control and supervision.[78]

74 Kletter, "Austrian Pharmacy," 403.

75 Flamm, "Das Werden des österreichischen Sanitätswesens," 145–49, "Der Staatsverwaltung obliegt insbesondere […] die Regelung und Überwachung des gesammten Apothekerwesens." (RGBl. Nr. 68/1870. §. 2. e).

76 "Pharmacy, as a public health institution, is subject to state supervision." (Act XIV of 1876, §124, Hungary).

77 The British Public Health Act of 1875 regulated public health matters and defined the responsibilities of the state and local authorities without affecting the professional activities of physicians or pharmacists.

78 The legal regulation of healthcare in Croatia, including pharmacy, followed the same path as in Austria and Hungary. The first independent Public Health Act was adopted in 1874, following

In the Habsburg Empire, civil society was less vigorous and vibrant than in Britain. The modern pharmaceutical associations that emerged in the nineteenth century were not successors of the medieval guilds, as no historical continuity existed between them. The GNRS had ordered the establishment of 'apothecary committees' *(Apothekergremium)*, of which all pharmacists were required to be members. However, these committees functioned primarily as administrative bodies rather than as true professional associations. During the eighteenth and early nineteenth centuries, the state tried to maintain control over civil society, since all associations could only be established with government permission. The independent societies and associations were regarded as politically risks by the state, since they were the centres of national revival and resistance. Pharmacists were therefore allowed to establish only 'reading societies.' The first known example was founded in Vienna in 1802 by Joseph Moser.[79] In 1847, the Austrian Pharmaceutical Journal *(Österreichische Zeitschrift für Pharmacie)* was founded, with the aim of promoting the establishment of a national association. The various social movements and civic life flourished in the mid-nineteenth century. However, in the 1850s, after the revolutions, the state restricted civil society, considering it a threat to the state. The Austrian Ministry of the Interior rejected the establishment of national pharmaceutical association. In the second half of the 1850, with the weakening of the absolutist government, new opportunities emerged. The Moravian Pharmacists' Association *(Mährischer Apothekerverein)* was founded in 1855, followed by the General Austrian Pharmacists' Association *(Allgemeiner Österreichischer Apotheker-Verein)* in 1861.[80] The Austrian Pharmaceutical Society *(Österreichische pharmazeutische Gesellschaft)*, established in 1873, tried to unite all Austrian pharmacists (excluding Hungary).[81] These newly established associations went beyond scientific or cultural goals: they not just represented the interests of the profession, but expressed the collective demands. Nevertheless, their direct political influence remained limited. As Austrian historian Christa Kletter observed "the demands of the apothecaries died away unheard, because the apothecary board was had little influence on the health care authorities."[82] In Austria, political interests could rarely be promoted through parliament rather through government. Physicians, who had greater influence at royal court and in government, played a more decisive political role than pharmacists, who were largely excluded from decision-making processes.

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the Croatian–Hungarian Compromise of 1868. Čandrlić, "Analysis of the Theresian General Helath Regulations."

79 Kletter, "The Impact of Austrian Pharmaceutical Societies," 60.

80 Kletter, "The Impact of Austrian Pharmaceutical Societies," 61.

81 Ganzinger, "Die Österreichische pharmazeutische Gesellschaft."

82 Kletter, "Austrian Pharmacy," 404.

At the same time, conflicts also emerged within the profession itself. The interests of pharmacy owners and employed pharmacists (assistants) often differed, resulting an internal professional hierarchy that derived directly from the concession system. As mentioned earlier, the monarch—and later the government—had discretionary power to decide where and how many pharmacies could be opened. Consequently, many qualified pharmacists were unable to establish their own businesses and were forced to work as employees. This system of market regulation led to constant conflict between owners and assistants. By controlling the number and location of pharmacies, the state could influence the supply of medicines and could prevent the excessive concentration of pharmaceutical services in bigger cities. At the same time, the state also took into account the interests of pharmacy owners protecting them from the free-market competition and therefore maintaining both the owners' monopoly and its own decision-making power. Pharmacy owners attempted to press the state to give as few pharmacy licences as possible, since liberalisation could lead to increasing competition and thus reduced their profits. Assistants, by contrast, were limited by these restrictions, which prevented them from becoming independent and improving their social and economic status.[83] As a consequence of this conflict, in 1868, assistants founded their own society, the Pharmaceutical Assistants' Association *(Pharmaceutischer Assistenten Verein)*, which survived only a few years. In 1891, the General Austrian Pharmacy Assistants' Association *(Allgemeiner Österreichischer Apotheker-Assistenten-Verein)* was established, aiming to achieve better working conditions and greater participation in political decisions.[84] However, the concession system remained untouched and intact. The state rejected both the nationalisation of pharmacies and the liberalisation of the market, as either option would have weakened its control and discretionary power. Despite having same qualifications, pharmacists and assistants were sharply divided by their social and economic status.

The Hungarian and Austrian associations developed almost in parallel. In the 1810s and 1820s, pharmacists' associations already existed in Pest and Buda, which united in 1842.[85] In 1848, the first professional journal, Pharmacists' Newspaper *(Gyógyszerészi Hírlap)* was published. Pharmacists urged the creation of a national association already in the first half of the nineteenth century, but government permission was received only in 1872.[86] However, Hungarian Pharmacists' Association

83 This conflict, rooted in the concession system, was a feature of the entire Habsburg Monarchy and was equally present in Croatia. Kuhar and Fatović-Ferenčić, "A Profession in Conflict."

84 Kletter, "The Impact of Austrian Pharmaceutical Societies," 63.

85 Zboray and Csanád, "Adatok a budai és pesti gyógyszerészgrémium történetéhez," 102–07. Baradlai and Bársony, *A magyarországi gyógyszerészet,* 42–51.

86 Schédy, *A Magyarországi Gyógyszerész-Egylet*, 39–40.

(Magyarországi Gyógyszerész Egylet) had little influence on state policy. The government largely ignored pharmacists' main demands and goals: they were not represented in the government, had no influence on the licensing process, and were unable to establish their own professional chamber. Because both the licensing of pharmacies and university education remained under state control, pharmacists had little influence on market conditions. Their only success was the preservation of the state-controlled concession system, which prevented the emergence of the free market. In this respect, the goals of the profession and the state converged. Within the profession, conflicts were also evident, especially between pharmacy owners and assistants. In 1906, employees founded their own organisation, the National Association of Hungarian Pharmacists' Assistants *(Magyarországi Gyógyszerészsegédek Országos Szövetsége)*, which in the early twentieth century moved closer to the socialist movement and to the idea of nationalisation.[87]

The publication of an independent pharmacopoeia, the *Pharmacopoea Hungarica* (1871), represented important symbolic value for both the state and the Hungarian pharmacists. Its introduction perfectly reflected to the Hungarian nationalist and independence ambitions—what we might today call an act of 'cultural decolonisation.' As contemporaries expressed it, finally "Hungarian pharmacists will no longer be forced to use a foreign pharmacopoeia in their own homeland".[88] However, the introduction of the Hungarian pharmacopoeia provoked national resistance among Croatian and Slavonian pharmacists, who regarded it as an enforcement of Hungarian hegemonic aspirations. In response, they decided to create their own Croato–Slavonian Pharmacopoeia, which was published in 1901.[89]

The connection between the interests of the empire and those of the professions

The process of professionalisation cannot be interpreted as a simple or organic modernisation trend. Changes in the social role and significance of a profession were always determined by, how the interests and ambitions of the state, professional groups, and civil society meet or come into conflict. One of the fundamental preconditions of the professionalisation was the emergence and expansion of central state power, both in England and in the Habsburg Empire. In accordance with mercantilist and cameralist policy, the interests of the empire required constant intervention in the living conditions of the population. The size, education, and health of

87 Baradlai and Bársony, *A magyarországi gyógyszerészet,* 466–67.

88 Zboray, "»A magyar gyógyszerkönyv«," 97.

89 Inić and Kujundzić, "The Original Croatian Pharmacopoeia."

the population were considered important indicators of the empire's economic and military strength. This approach provided for statistics political significance, since it served to monitor and measure the population. Improving living conditions also demanded the growing involvement of experts, which led to the growing importance of teachers, doctors, engineers and other educated professionals. Their growing value to the state helped them to protect or improve their social and economic status. By emphasising their special expertise, these professionals aimed economic privileges—such as higher income or market monopolies—that granted them social prestige and a higher standard of living. It is important to note that these state and professional interests often meet, or at least successfully respond to the needs of the population and its emerging hygienic needs.

This approach is especially relevant for understanding the interaction between imperial centres and peripheries. The macro-level analysis of the British and Habsburg empires and the structural transformations of professions hide those individuals and groups who actively shaped the process of professionalisation. The establishment of a professional association, for example, cannot be taken for granted—it always depended on historical situation that determines when and how it was founded, whether it served imperial interests, or whether it gained local autonomy that weakened the centre's control. It must also be taken into account that the relationship between the centre and the periphery is not constant; moreover, these are relative terms. Cities were also the centres of professionalisation (and colonisation), while these processes affected the rural area later. Thus, while Dublin and Budapest were relatively peripheral within the empire, they were the centres of these professionalisation processes within Ireland and Hungary. To fully capture this complex process, more detailed case studies are needed, focusing less on institutional structures and more on the actors who promoted, facilitated or resisted imperial centralisation. Such an approach can reveal who supported and who opposed the empire's regulatory efforts. The following examples help illustrate this dynamic and complex process.

In my study, I referred to 'Irish pharmacy' as a distinct entity, although such a label is problematic in a multi-ethnic empire. The very meaning of 'Irishness'—who counted as Irish, and in what sense—was heavily debated, and this remains so today. The history of pharmacy in Ireland was deeply shaped by the presence and ambitions of the British Empire; Irish developments cannot be understood apart from this context. The first apothecary in Dublin, Thomas Smith, was an Englishman who opened his shop in 1554.[90] His situation demonstrates the tensions and conflicts between the colonisers and the local population: in 1566 he complained to the Lord Deputy that few people purchased his medicines because Dubliners preferred to

90 Corrigan, *A Short History of Pharmacy,* 20–24.

turn to Irish hereditary healers. The Lord Deputy, Henry Sidney, not just responded to Smith, but granted him financial support. Sidney permitted him to supply medicines to "such of English berth in this realm resident and of the nobility and others of the graver and civiler sort of this realm".[91] Smith thus became the first licensed pharmacist in Dublin. He also supplied the 'Essex Enterprise,' an early attempt to colonise Ulster, and later served as mayor of Dublin in 1591. His close relationship with English authorities strengthened not just his own position but also the broader condition of the profession. His privileges were passed on to future generations of apothecaries, many of whom were trained as his apprentices.

The complex relationship between the empire and its periphery is further illustrated by the case of Charles Lucas (1713–1771), a prominent and famous apothecary and politician of English descent. His family acquired wealth during Cromwell's land redistribution in County Clare, where Lucas was born.[92] As a representative of the Guild of St Mary Magdalene, he became a member of Dublin's city council and urged the restoration of the city's 'ancient liberties' and of the country's 'ancient free constitution.'[93] However, Lucas's patriotism did not include Irish Catholics. His goal was to restore the political rights of English and Irish Protestants, making him one of the central figures of eighteenth-century Irish patriotism.[94] Accused of rebellion, Lucas was forced into exile but later received a royal pardon and was elected to Parliament in 1761. As both a politician and a guild master, he had a significant influence on the apothecary profession. He proposed several reforms in the 1730s, and many associate his name not just with the 1735 Act, but the 1761 Act became known as the 'Lucas Act.'[95] Lucas aimed both to improve training standards and professional qualifications and to protect the economic and corporate interests of apothecaries.

A similar pattern can be observed in the Habsburg Empire, where the position of apothecaries was also shaped by actors, who mediated between the imperial centre and the periphery. In the nineteenth century, one of the most influential Austrian pharmacists was Martin Ehrmann (1795–1870), who was born in Brno. He earned a degree in pharmacy and later a doctorate at the University of Vienna, where he also taught.[96] Despite all his efforts, he failed to win the support of influential pharmacists for his reform proposals. In 1836, Ehrmann took a position at the University of Olmütz but remained active in promoting his reform ideas. His main goal was to establish a pharmaceutical journal and a national association not only to

91 Corrigan, *A Short History of Pharmacy,* 20.

92 Kelly, "The Life and Significance of Charles Lucas," 542.

93 Kelly, "The Life and Significance of Charles Lucas," 542–43.

94 Kelly, "The Life and Significance of Charles Lucas," 543.

95 Cooper, *A Scientific Appreciation,* 31–40, 46–50.

96 Kletter, "The Impact of Austrian Pharmaceutical Societies," 60.

improve the scientific knowledge but also to raise the social status of pharmacists. He criticised the lack of representation in government, the supervision of pharmacists by physicians, the high amount of pharmacy licences, the violation of professional rights, and the shortcomings of professional education.[97] Although he lacked political support for many years, changing political situation in the mid-nineteenth century brought his first successes. In 1847, Ehrmann founded the Austrian Journal of Pharmacy *(Österreichische Zeitschrift für Pharmacie)*, which he intended to be the journal of a future national association. He later established an Austrian pharmacists' association in 1849, but it was soon banned by the authorities. In 1855, he founded the Moravian Pharmacists' Association *(Mährischer Apothekerverein)*, and in 1861 he helped create the General Austrian Pharmacists' Association *(Allgemeiner Österreichischer Apotheker-Verein)*. Its professional journal became the *Österreichische Zeitschrift für Pharmacie*, as Ehrmann planned earlier.[98]

An example from Bratislava (Pozsony) further demonstrates how imperial centralisation affected not just the autonomy of local administration but also the process of professionalisation. The history of pharmacy was deeply interwoven with national, linguistic or even religious conflicts; therefore, it cannot be treated independently from imperial aspirations. In 1696, a debate broke out between the city and the royal court over a new pharmacy licence.[99] Emperor Leopold I permitted György Rauchenfeldt, a Catholic, to open the city's fourth pharmacy, breaking the monopoly of Protestant pharmacists. The city protested, but in 1727, aiming to restore its violated rights, it licensed a fifth pharmacy without royal approval. This decision provoked the existing pharmacists, turned to the king for protection. The court intervened, ordering the Lieutenancy Council to inspect the city's pharmacies. After the inspection, the king granted public rights to the Jesuit and Piarist pharmacies and ordered the city to close the other pharmacies. Even though the city resisted at first, in the end it accepted the decree, and closed one of the pharmacies and recognised the privileges of the religious pharmacies. This conflict not simply brought the victory of the imperial centre but also contributed to the clarification of professional rules.

These examples show how pharmacists—both individually and collectively—responded to imperial goals and initiatives. Sometimes imperial interventions provoked open confrontation; in other cases, they found local allies. Yet in all situations, the fundamental aim of these actors was to improve the profession's social and economic status, either in accordance with imperial ambitions or in opposition to them. These complex processes determine the outcome of professionalisation.

97 Lesky, "Martin Ehrmann," 64.

98 Kletter, "The Impact of Austrian Pharmaceutical Societies," 61.

99 Vámossy, *Adatok a gyógyászat történetéhez*, 291–98.

Central regulation always took on specific local forms, shaped by national, religious, and cultural conflicts. The imperial power did not eliminate these differences but rather transformed them into locally adapted versions of central policy. Another key similarity between the British and Habsburg empires is that the relationship between the state and professional groups was fundamentally similar in both the centres and the peripheries. While struggles around the professions were often framed by denominational or national conflicts, regulation in central and peripheral regions often developed in parallel. In Britain and Ireland, the parliamentary system tried to balance competing professional interests, whereas in Austria and Hungary, regulation was largely determined by the monarch's and government's absolutist intentions.

Conclusion

The theoretical framework presented in the introduction seems to be valid: professionalisation took different forms in the Anglo-American and continental European contexts. In the field of pharmacy, these differences can be explained primarily by two factors—the relationship between the state and the profession—or society in general—, and the diverse market conditions.

In Britain and Ireland, the professionalisation of pharmacy was shaped by competition among different medical occupations, each looking for support from Parliament or government. Their goal was to secure market advantages and professional autonomy. Until the late eighteenth century, healthcare activities were hardly regulated by the state. The practice of medicine, surgery, and apothecary was defined largely by guild traditions. In the nineteenth century, state regulation started to define professional activity more clearly by introducing qualifications for professional titles and compulsory registration. However, the separation between medical professions remained incomplete, and professional activities continued to overlap. The Medical Act of 1858, for instance, did not restrict the practice of healing to physicians and surgeons; it also included apothecaries. Similarly, laws regulating the trade in medicines and poisons—such as the Arsenic Act of 1851 and the Pharmacy Act of 1868—were permissive rather than restrictive. Monopoly rights were only partially protected, and less-qualified practitioners were not eliminated from the market but rather gradually came under legal protection.

At the same time, professional associations such as the Pharmaceutical Society of Great Britain and the Apothecaries' Hall acquired significant authority to influence the profession directly. They controlled training and examinations and maintained professional registers, making possible them to supervise all practitioners.

The state delegated to these organisations the power to implement and enforce regulations, giving them quasi-official status.

The history of British and Irish pharmacy can therefore be described as a constant struggle for market monopoly ('closing the market').[100] However, no occupational group managed for a long time to achieve a strict monopoly over a professional practice. Three main reasons explain this situation. First, the competing professions had strong social and political influence. Second, the parliamentary system aimed to balance among various social interests. Third, a strong belief in the free market discouraged overly restrictive regulation. Legislators often rejected measures that would have excluded less-educated practitioners, as such restrictions might have endangered healthcare services for poorer, rural populations. This inclusive approach eventually led to the integration of apothecaries into the broader medical profession, particularly as general practitioners. As a result, the manual preparation of medicines gradually became the responsibility of chemists and druggists—groups that ultimately formed the core of the modern pharmacy profession.

In Austria and Hungary, by contrast, professional competition played a much smaller role in shaping political decisions, at least within the field of pharmacy. Apothecaries and pharmacists were not distinct professions; the former was simply an older term for the latter. Medical and pharmaceutical activities had already been legally separated in the eighteenth century with the *Generale Normativum in Re Sanitatis*. Thus, healthcare reforms were not the outcome of rivalry within a professional field but rather the initiatives of absolutist state that considered healthcare policy as a tool for improving public welfare. These reforms were driven by advisers, and governmental bodies close to the monarch, whose influence was already decisive by the eighteenth century.[101] The goal of the Habsburg state was not to regulate an already existing market, but to create a more ideal one—a structured healthcare system in which qualified professionals could practice. This approach not only provided services to the population but also ensured market protection for professions considered essential to the empire. The state itself thus created market advantages for certain groups and then limited competition by determining where and how many services were needed.

The core belief shared by both the state and the professions was that unregulated market competition would threaten professional vitality and thus undermine the quality of healthcare. Such an outcome would have contradicted the state's aim of improving public health. Education was also a crucial element of market regulation, as it

100 Dingwall, "Closing the Market."

101 In contrast, in the United Kingdom, public health officials appeared only in the mid-nineteenth century. Sir John Simon was the first Chief Medical Officer, serving in this position from 1855 onward, while the General Medical Council was established in 1858 under the Medical Act. Page, "Sir John Simon."

determined the number of potential entrants to the professional market. In Austria and Hungary, unlike in Britain, university education had been state-organised and state-funded since the late eighteenth century. Guilds had only marginal influence, limited mainly to the apprenticeship stage of training. Market regulation can also be interpreted through a different lens. In Austria and Hungary, the state sought to ensure a monopoly for educated professionals in order to guarantee high-quality services. This was achieved in two ways. First, existing professions such as pharmacists and midwives were brought under direct state supervision through mandatory examinations. Second, unqualified practitioners were criminalised and stigmatised as 'quacks,' effectively excluding them from the market. In this sense, the state became the main driver of professionalisation. Of course, these regulations were not always implemented effectively and often took decades to take full effect. Folk medicine continued to dominate in rural areas for a long time. In contrast, in Britain, the activities of unqualified practitioners were tolerated and even legalised, though gradually brought under professional control. Over time, these 'quacks' were incorporated into the system—as Stebbings relevantly described, quackery became pharmacy.[102]

This study also aimed to highlight the complex social struggles behind these broader historical processes. The profession's social and economic position was closely tied to its relationship with the imperial centre. In the peripheries, where religious and ethnic conflicts often intersected with social ones, these dynamics significantly shaped the process of professionalisation.

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102 Stebbings, *Tax, Medicines and the Law.*

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