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THE COST OF THE "UNCLAIMED": PERTINENCY AND HEALTHCARE ADMINISTRATION IN ITALY'S ADRIATIC PROVINCES, 1919–1927

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ABSTRACT

This article explores the intersections of the political citizenship and healthcare management in Italy's newly annexed provinces from the Treaty of Saint Germain's coming into force to the Fascist legal absorption of the new territories in the reforms of 1926. It examines the role of Liberal internationalist philosophies and policies in the shaping of borderland practices and traces the continuities of Liberal approaches into the Fascist period, focusing on local strategies to balance humanitarian care concerns with nationalizing priorities and demographic policies.

Keywords: Adriatic provinces, healthcare, citizenship, pertinency, Liberal internationalism

IL COSTO DEI "NON RICONOSCIUTI": PERTINENZA E AMMINISTRAZIONE SANITARIA NELLE PROVINCE ADRIATICHE D'ITALIA, 1919–1927

SINTESI

Questo articolo analizza l'intreccio tra cittadinanza politica e gestione sanitaria nelle nuove province annesse all'Italia, dal momento dell'entrata in vigore del Trattato di Saint-Germain fino all'assorbimento giuridico dei territori nelle riforme fasciste del 1926. Viene esaminato il ruolo delle idee e politiche del liberalismo internazionalista nella definizione delle pratiche nelle zone di confine e vengono tracciate le continuità degli approcci liberali durante il periodo fascista, con particolare attenzione alle strategie locali volte a bilanciare le esigenze di assistenza umanitaria con le priorità nazionalizzatrici e le politiche demografiche.

Parole chiave: Province adriatiche, sanità, cittadinanza, pertinenza, internazionalismo liberale

> *Health legislation and administration constitute one of many factors which go to form the public life of a nation. Unlike political institutions, health institutions do not arise out of any organic unity and cannot develop on a definite plan. The changes and innovations introduced in the course of years have, for the most part, been made haphazard. The problems have arisen from the vicissitudes of life itself. In short, the needs of the moment have determined the intervention of the legislator and of the administration.* (Štampar, 1925, 5)

At the head of the Kingdom of Serbs, Croats, and Slovenes (KSCS) Department of Hygiene and Social Medicine from 1919 to 1931, Andrija Štampar wrestled with legislative and administrative chaos left by the war. His observations, recorded in a book commissioned as part of the League of Nations' Health Organisation's effort to understand the "distinct character" of national health organizations and to help advance collaborative global health initiatives, reflected the Yugoslav response to the "vicissitudes of life" and the shift from wartime exigent care to peacetime recovery. On both sides of the new Italian – KSCS border, in communities devastated by fighting on the Italo-Austrian war front, labyrinthine international treaties governed the actions of legislators and administrators who scrambled to craft healthcare processes and policies. But Štampar's counterparts on the Italian side faced a legal and national climate unlike that of other successor states. Rather than collaborate in a new healthcare system, local authorities in the new Italian borderlands had to remold healthcare and services to fit the Italian national system developed over the decades since Unification of the Italian state.

Administrative chaos in capitals like Belgrade, Vienna, and Budapest allowed local administrators flexibility and provided opportunities for independent action in the new successor states. In Italy's new lands, civil servants managed public health in a framework constructed under the Habsburgs, modified according to the standards of Liberal Italy after 1918, and transformed by the Fascists seeking to impose a national healthcare regime after 1922. Healthcare administrators in Italy, as in other European successor states, had little influence in medical or treatment decisions and, in most cases, were not involved directly in patient care. Instead, they struggled to reconcile local public health needs with national aims and to manage healthcare systems in an international climate driven by lofty humanitarian, internationalist ideals derived from nineteenth-century Western imperial arrangements and assumptions rather than grounded in meeting healthcare exigencies in war-torn lands. Their responsibilities included negotiating the care of "unclaimed" individuals stranded by international agreements in the interstices of competing national public healthcare systems.

Healthcare debates were at once intensely local, reliant on specific details of law, family, and territory, and broadly international, reflecting divergent ideological assumptions and interpretations of governments' obligations. The loss of men killed or wounded in the war compounded by the numbers missing, dislocated, or simply absent, had a profound impact on the dynamics of families and societies. Healthcare networks predicated access to entitlements on men's rights and extended them to

women and children on the principles of dependency or rights derived through fathers or husbands. The absence of men, juridical heads of household, created legal inconsistencies, anomalies, and gaps that altered the realities of care in the post-World War I world. The Regional Commission for War Orphans in Italy's new territory of Venezia Giulia reported in 1922 that there were more than 20,000 orphans in the territory, more than 4,000 in the city of Trieste alone. Some 6,500 were widows of whom 1,414 were in Trieste (Vinci, 2012b, 47). As the Adriatic territories transitioned to Italian sovereignty, municipal, provincial, and national authorities parsed healthcare responsibilities with an eye to balancing nationalization, recovery, and security needs. In the interwar period, the new "biopolitics of constructing community" emerged as a key concern and aspect of social policy across Central Europe (Borowy, 2009, 17).

HEALTH CHALLENGES AND THE PARIS PEACE

International negotiators at the Paris Peace Conference recognized the global nature of health challenges and the need to integrate health care systems. Article 23 of the League of Nations' Covenant, included in each of the Paris Treaties, promised that signatories would "endeavour to take steps in matters of international concern for the prevention and control of disease" (League of Nations, 1920, 10). But Liberal internationalists advocating for human rights, self-determination, and democracy in new sovereign nation-states overlooked their inability to compel states to act in the interests of the collective (Petruccelli, 2020, 119).

Both Italy and the KSCS signed the League of Nations' Covenant, but the inchoate KSCS, a compound successor state, cobbled together from Serbia and lands forfeited by the losing powers, was more fragile than the Italian state established in the mid-nineteenth century. In the international arena, although arguably the "least of the Great Powers" (Bosworth, 1980), Italy was one of the Principal Allied and Associated Powers and recognized as a Liberal state promoting "progress" (Petruccelli, 2020, 120). The Italians took advantage of the asymmetry of power and, using their representation on the League of Nations' Commission on New States, crafted general protections for national and ethnic minorities that favored Italian circumstances and interests (Rosting, 1923, 646–648). Italy's status as a victor, successor, and liberal state, enabled authorities in Rome to control former Habsburg subjects' access to citizenship and entitlement to public healthcare. It also justified their regulation of the status of healthcare professionals and institutions.

Article 25 of the League's Covenant called for voluntary cooperation of national Red Cross organizations for "improvement of health, the prevention of disease and the mitigation of suffering throughout the world" (League of Nations, 1920, 11). Reliance on the well-established Red Cross networks enhanced the possibilities for collaboration due to the Red Cross's reputation for transnational, international efforts and special status of neutrality on the battlefield (Wu, 2023, 224), but it also reinforced Liberal internationalist hierarchies (Petruccelli, 2020, 117), inherent in the Red Cross organization's national structure and funding model. Even before World

War I, the US government recognized the American Red Cross's value in spreading US influence and liberal, democratic values around the globe (Wu, 2023, 224–225). In a volume exploring the American Red Cross's efforts in wartime Italy, the American Red Cross claimed the high moral ground in imperialist language, noting that the US came to Italy's aid, not solely on a mission of "charity" but rather "to render justice." The United States' substantial financial assistance "translat[ed] into deeds the soul of America, in making it plain to the Italians that we were there to work as brothers, filled with a common enthusiasm and inspired by common ideals" (Bakewell, 1920, 5). American assistance flowed freely because Italy's political liberalism was well established.

The League of Nations' Health Organisation, founded as a provisional committee in 1921 and made a permanent organization in 1924, was intended as a tool of "practical usefulness in the field of international relations" (League of Nations, 1926, 10–11) but exacerbated the systemic inequities. Constructed through international efforts in International Office of Public Health, established in 1907 and dominated by French interests, and as a successor to the Interallied Sanitary Commission, formed by the Allied Powers during World War I, it replicated the prewar liberal structures of patronage in the imperial mindset (Wu, 2023, 219–222). Štampar's volume on the KSCS, one in a series of fifteen surveys commissioned to foster transnational health cooperation with successor states and re-assigned colonial and developing regions, implicitly acknowledged the inequality. Funded by the Rockefeller Foundation in partnership with the League of Nation's Health Organization, it provided a platform for the South Slav State to prove its commitment to international collaboration and its willingness to accept modern "civilizing" healthcare models and ideologies (Borowy, 2009, 178, n. 63), and to justify requests for the type of international assistance Italy already enjoyed.

Fundamental beliefs in the individual and "citizen linked to the state through national or civic identity" (Petruccelli, 2020, 117) formed the substructure of the modern Italian state, which traced its roots to ancient Rome. Citizenship had its roots in Roman domicile law or *lex domicilii* (Uddin, 2018, 292–294) and relied (and continues to rely to this day) on national belonging linked to territory. By the beginning of the twentieth century, pertinency or jurisdictional domicile, tied to territorial law, constituted a singular and permanent status under international law (Burgin et al., 1928, 12). Negotiators at the Paris Peace Treaties chose western definitions of "legal domicile" or pertinency as the key criterion to determine citizenship, and citizenship tied to territory became the basis for determining the limits of states' responsibilities for individuals' care.

HEALTH CARE AND PERTINENCY

In the new Italian borderland, the Italian juridical nation-state clashed with the traditional Habsburg municipal framework developed in the nineteenth and early twentieth centuries and constructed on local rights of *Heimatrecht*, which relied on

the primacy of Church and Canon law in Europe and on the Church's administration of lands and maintenance of population rolls (Burgin et al., 1928, 34). *Heimatrecht* functioned in an environment where internal passports had been abolished in 1857, and in healthcare, it served as a means of "managing and re-apportioning risk and misfortune across the empire" (Toncich, 2022, 524–525). It was therefore incompatible with Italy's laws and ethnic citizenship in the Liberal State (Caglioti, 2014, 448–449), conceived on the foundations of the Napoleonic codes and citizenship privileges and rights associated with secular Enlightenment ideas.

Article 70 of the Treaty of Saint Germain "Clauses Relating to Nationality" granted former Austrian Habsburg subjects rights of citizenship in the state with sovereignty in their territory of legal domicile (Burgin et al., 1928, 34). But Italy objected to automatic citizenship in the Adriatic provinces, and exercising power as a negotiating partner pushed through Articles 71 to 75, which granted an exception to *ipso facto* citizenship and required those not born and continuously resident on new Italian soil to petition individually (Treaty of St. Germain, 1919). Habsburg pertinency did not recognize ethnonational identity, and legally did not differentiate pertinency of origin from pertinency derived from residence. The Habsburg population rolls indicated place of birth but did not record ethnicity, national associations, or loyalties. *Heimatrecht* in lands annexed to Italy could not, therefore, reliably offer access to Italian citizenship (Caglioti, 2014, 448–449). Prewar internal Habsburg migration affecting the Adriatic Littoral, where the crownlands of Cisleithania and Transleithania had met and where maritime employment was linked to Mediterranean networks, further complicated the local situation.

When the Saint Germain treaty came into force, individuals flooded Italian government offices with citizenship requests, adding to the already overwhelming backlog of cases created by Italy's suspension of naturalization processes from July 1915 to the end of the war (Caglioti & La Lumia, 2021, 10). In addition to the Italian legal exceptions and jurisdictional inconsistencies, differing assumptions and social philosophies created an overwhelming number of contested cases. Italian authorities turned to local authorities in the Adriatic for assistance, creating advisory commissions to consider citizenship petitions and adjudicate individual cases in borderland communities. In the years immediately following World War I, the Civilian Commission of Venezia Giulia (CGC-VG), the transitional civilian authority headquartered in Trieste, was predisposed to generosity in extending social services to those in need. Habsburg *Heimatrecht* had developed in an imperial structure consistent with notions of public beneficence and Catholic responsibility for the welfare of the community. Prior to official annexation in early 1921, a report directed to Rome noted the CGC-VG's dedication to the Italian government's "highly humanitarian work" and desire to "extend the same social assistance established for its own combatants to the invalids, widows and orphans of soldiers formerly belonging to the Austro-Hungarian Army and Navy and living in the territories within the Armistice line" (Vinci, 2012b, 47). This may have been the result of a magnanimous postwar attitude and part of a propaganda show to demonstrate Italian benevolence toward former enemies (Vinci,

2012b, 47) but, after the war, the Italian government appeared eager to welcome new populations and willing, especially through organizations like the National Initiative for Assistance to Redeemed Italy (ONAIR) (Downs, 2018, 1089–1090), to provide welfare and assistance. Despite the nationalist bent of these organizations, local civil servants' magnanimity seemed to extend to members of all autochthonous populations even into the early years of Fascist rule, as long as they were not labelled Austrophiles or political enemies (Hametz, 2019).

Local officials looked past lapses in moral conduct and ethnic uncertainties to offer assistance to Elena Stoic Alloy, a widow born in 1866 whose domicile derived from her husband and who Municipal Commissioner (Questor) Umberto Molossi noted was in a "delicate state of health, living in miserable economic conditions" (AdSTS, Pref., Uff. Citt. 4373, Alloy). In November 1924, the Prefect of Trieste asked the Citizenship Office to clarify Alloy's status so that the city could pay for her arterial sclerosis treatment. Police and mayoral reports on her conduct, required to process her citizenship claim and part of every citizenship file processed after 1922, revealed a checkered past that included living a "rather immoral" lifestyle with several men before her marriage and abandoning several children, including a twenty-five-year-old daughter whom officials had tracked down in the city. "Irregular" family relations, while they did not fit the national Fascist mold, were familiar to civil servants in the borderland. Venezia Giulia's rate of illegitimacy was among the highest in Italy (three or four times the average) and in 1919, war orphans and abandoned minors constituted two percent of the population (Gobbato, 2012, 65).

But Stoic's "irregularity" extended further. While she was "not adverse to Italian institutions," she was "not of purely Italian sentiments," but "of Slovene nationality," a fact that Molossi dismissed as inconsequential given her origin in Orle (Lower Carniola), Slovenia. Sympathetic authorities granted her citizenship in November 1924 contravening requirements for proof of Italian nationality through language, culture, or associations and clearing access to public health assistance (AdSTS, Pref., Uff. Citt. 4373, Alloy).

ACCESS TO HEALTH CARE

In the new Italy, Catholic attitudes may have prevailed in humanitarian practice, but the state adopted a more "scientific" approach to managing population and public welfare. Citizenship served as the vehicle to obtain or maintain access to pensions, social benefits, and healthcare. A case in Lussinpiccolo (Mali Lošinj),[1] in the Croatian Littoral, demonstrates the effects of the transition from Habsburg *Heimatrecht* to Italian liberal law and the impacts on healthcare of the shift to reliance on nationality as a criterion of legal citizenship. In 1922, the Citizenship

1 Place names generally appear as they are written in Italian documents, no matter what ethnic or national origin their form reflects. Additional names are listed where clarification is helpful or reflects names that would have been used in the Habsburg monarchy or were more familiar in the polyglot borderlands.

Commission in the Sub-Prefecture of Lussino denied a citizenship request on behalf of Federica Madarsz by her mother. Born in Nagykanizsa (western Transdanubia) in September 1890, Madarsz and her mother resided in Lussinpiccolo, but both had pertinency in the new state of Hungary. Provincial authorities in Venezia Giulia, acting on behalf of the national government, sided with the local commission and rejected Madarsz and her mother's petitions to opt for Italy. Officials noted the women's upstanding moral character but found them lacking in "Italian sentiments." The officials' pecuniary motives were clear. The women could not afford the tax required to take the citizenship oath, and as Madarsz was being treated for mental illness and dependent on her mother, officials argued that she lacked the capacity to exercise the citizenship option (AdSTS, Pref., Uff. Citt. 4534, Madarsz). Effectively, they judged Madarsz competent to harbor Hungarian sentiments, but incompetent to opt for Italy. Denying her ability to opt, the municipality avoided the liabilities associated with Madarsz's medical care.

From the Risorgimento, Italy lacked a universal conception of public welfare and struggled to balance beneficence, assistance, and insurance approaches to public care (Quine, 2002, 38). After World War I, while Italy remained reliant on philanthropic institutions, evident in the new territories in the work of ONAIR, a collaborative effort of the International Red Cross and the philanthropic intervention of the Duchess of Aosta (Vanni, 2021, 361), increasingly the Italian state assumed responsibility for public health and social welfare (Gobbato, 2012, 85). Along with demographic information, land ownership, profession, and evidence of Italian ethnicity by descent, origin, and/or language, municipal authorities noted petitioners' insurance status on the citizenship application forms. For example, Giuseppe Bisiach (or Biziak), born in Trieste in 1896, with pertinency in Vrhnika (Oberlaibach), an employee of Libera Triestina shipping since 1912, was a member of the District Fund for the Sick (AdSTS, Pref., Uff. Citt. 4391, Bisiach). Liberal authorities counted on such memberships, a holdover of workers' mutual societies and aid organizations associated with Habsburg "humanitarian socialism," to alleviate some government burdens. But by the mid-1920s, these associations had all but disappeared. Identified by Mussolini as "instruments of class struggle" based on "social hate," mutual aid societies were dissolved or absorbed into the Fascist framework of the Labor Charter of April 1927, which advocated national health insurance as an "embrace of unity and mutuality" under the corporatist doctrine (Taroni, 2021, 99–100).

By the early twentieth century, European nations' manipulation of healthcare as a tool of foreign and domestic policies was well established (Borowy, 2009, 15–16). Healthcare accounting disputes born of the transfer to Italian sovereignty lingered on for as long as a decade after the war. Administrative restructuring related to the standardization of laws, the restructuring of Prefects' offices and duties in anticipation of the coming into force of national reforms of 1925 and 1926, and the concurrent dissolution of borderland Citizenship Commissions brought many unsettled healthcare cases to light. Most could be traced to conflicting, contradictory, or unarticulated aspects of postwar settlements, and they reflected the Habsburg history of care for the

working classes and the system in which, by the beginning of the twentieth century, even the indigent enjoyed access to care (Toncich, 2022, 526). After the war, when citizenship rather than local rights determined access to entitlements, local authorities deliberated over responsibility for individuals' medical costs incurred in hospitals and other health institutions. International agreements between the Habsburg monarchy and Italy relating to payment of indigent migrants' healthcare dated to the Habsburgs' cessation of territory to the emerging modern Italian state in 1859 and 1866 (Toncich, 2022, 529). The collapse of the Habsburg monarchy and the division of Adriatic territories into the Italian and KSCS states compelled individuals already navigating familial disruption and concerned with access to entitlements to face ethno-nationalist scrutiny. Also under scrutiny were former Habsburg healthcare professionals not born and continuously resident in the new provinces, who were compelled to petition the new Italian state for citizenship. Authorities' legal, political, and social assumptions influenced their decisions on public health care and laid bare the contradictions in national policies and practices as the Fascist government gained hold.

Anna Karner (or Carner), a widow being treated by the Anti-Tuberculosis Clinic in Trieste in October 1925, was the mother of children who met the birth and continuous residency requirements and qualified for automatic Italian citizenship. But Karner was born in Weissenstein near Villach and her pre-marriage pertinency was traced to Innsbruck, so she was deemed Austrian. She had lived in Trieste since 1903, and her husband acquired *Heimatrecht* in the Adriatic city in 1910, but he died in 1917 in a camp hospital in Carinthia. She received a war widow's pension as outlined under the terms of the Saint Germain Treaty, but as her husband died before the Armistice, his pertinency did not automatically secure her citizenship rights (on widows, cf. Hametz, 2019; 2021). The municipality insisted on Karner's "foreignness," taking advantage of her Austrian origins to cast aspersions on her loyalty and deny her Italian support, contending that her husband's choice to reside in Trieste and Habsburg officials' coincident decision to include him and his family on population rolls in the Adriatic city were not binding in her case. Their contention implied that citizenship in Italy demanded a higher standard of loyalty to the nation-state. At the Trieste Prefect's suggestion, officials in the Interior Ministry intervened, and naturalized Karner by royal decree, regularizing her status in October 1925. Still, in 1929, the municipality questioned the clinic's claim that Karner was an Italian citizen. The Prefect, representing the province and the national government, affirmed her citizenship, supporting the care facility's claim (AdSTS, Pref., Uff. Citt. 4445, Karner).

Destruction of the population rolls in Ronchi dei Legionari near Monfalcone during the war opened the door for doubt about Nicolò Pacor's status when, in 1926, the Regina Elena Civic Hospital in Trieste inquired about payments for his wife Lucia's care. Local authorities initiated an investigation, tracked him down in the city, and secured affidavits with the information to settle the claim. Pacor's native origins, long residence in Monfalcone, and interactions in the Italian language with municipal authorities convinced them of his Italian national identity, and they acted

with alacrity to secure his citizenship rights. The Prefect's office even took the extraordinary step of issuing a decree securing the family's full citizenship rights under the expired provisions of Articles 70 and 71 of Saint Germain (AdSTS, Pref., Uff. Citt. 4572, Pacor), rather than requiring him to undergo the more stringent process of naturalization.

In the case of Rosa Sardoz, a widow born in Draga (Croatian Istria), who died in the Hospital for Chronic Patients in Trieste on October 4, 1923, local reluctance to assume liabilities for healthcare costs forced the Prefect to adjudicate the citizenship of a dead woman. On September 12, 1927, a municipal civil servant wrote to the Prefect seeking to settle Sardoz's outstanding medical debts. Sardoz applied for Italian citizenship in June 1922. In February 1924, the hospital sought affirmation of her citizenship from the Prefect, but more than three years later still awaited an answer. In September 1927, nearly four years after her death, the Prefect granted her Italian citizenship under the terms of election, based on her legal domicile in Trieste (AdSTS, Pref., Uff. Citt. 4613, Sardoz).

PUBLIC EMPLOYEES

Public employees' mobility in the former empire created additional problems, and the treaty provisions prohibited acquiring citizenship based on pertinency or residence rights derived from official government service. In 1926, the Citizenship Office in Zara, anticipating the shift to Trieste of jurisdiction for all borderland citizenship claims in Fascist restructuring, sought to resolve an outstanding claim by the psychiatric hospital in Zadar (Zara) related to Simeone Fabianich's stay from August 28, 1923 to February 20, 1924. A Habsburg judge assigned to the Commercial Maritime Court in Trieste in 1914, Fabianich was domiciled on the island of Pag (Dalmatian Croatia). After the war he opted for Italy, and while the Citizenship Commission in Trieste voted unanimously in his favor, the Prefect noted that the treaty precluded granting citizenship by virtue of government office. In theory, pertinency defined where an individual's legal rights were situated, no matter where their residence might be (Burgin et al., 1928, 4–5), but Fabianich's official "domicile of assistance" remained unclear due to his transience for employment, healthcare, and personal reasons. At the time of the Armistice, Fabianich was legally resident in Trieste, but he was living in Rome. In 1925, he was assigned to the court in Koper/Capodistria but was living in Zadar. The Prefect of Trieste, taking on the case in April 1926, deemed Fabianich's situation "worthy of special consideration" and working with the Ministry of the Interior, declared Trieste as his official domicile and, in contravention of the provision for office holders, issued the citizenship decree under the (expired) citizenship clauses of the Treaty of Saint Germain (AdSTS, Pref., Uff. Citt. 4440, Fabianich).

Local civil servants in the borderland were uniquely qualified to understand the Adriatic landscape and ethno-nationalist relationships that affected healthcare management and social welfare decisions. Many civil servants in municipal and provincial

offices in the Adriatic provinces began their public service careers in the Habsburg monarchy and remained in or resumed local government posts under Italian sovereignty. Under Habsburg *Heimatrecht*, their responsibilities had included negotiations with other localities for recompense of hospital and medical costs. After the war, what had been an internal accounting procedure became a cross-border transaction. The Italian successor state inherited lands primarily from the Cisleithan part of the empire or Austria but, by 1925, had also annexed Hungarian Crown lands along the Adriatic coast. The situation was more complicated for the KSCS, which included Serbia and other independent states created in 1878, some territories added in the Balkan Wars, as well as Austrian and Hungarian lands.

UNCERTAIN BORDERS

Drawing the boundary between Italy and the KSCS had been a particularly thorny problem for negotiators at the Paris Peace because, from the perspective of the negotiating liberal powers, "ethnic, cultural, and military lines" that guided border decisions did not coincide in a clear line of demarcation (Bowman, 1924, 262) and until Italy's annexation of Rijeka (Fiume) in 1924, borders in Italy's eastern Adriatic provinces continued to shift. Further, the ethnic ties, beliefs, or origins of members of the local populations could not be ascertained with any certainty, making it impossible to apply nationalist standards that included proof of Roman, Venetian, or Italian culture, language, or origins.

In 1924, uncertain borders left Maria Pacher, a recovering patient at the Regina Elena hospital in Trieste, effectively stateless. At the insistence of the hospital, Pacher's daughter and son-in-law wrote to the Prefect of Trieste to inquire about responsibility for the hospital costs. Living on public assistance since 1922, granted based on her husband's legal domicile established in Trieste since 1896, Pacher's family believed her to be an Italian citizen. Her children, born in Italy's new territories and registered on the population rolls, enjoyed full rights of citizenship. But Pacher's husband died in January 1900, decades before World War I. After the war, Italy's contention that when a woman's husband died, she lost her domicile of dependency and reverted to her domicile of origin (Uddin, 2018, 296) and that domicile of origin is never obliterated but remains in abeyance and resumes automatically if the domicile of choice is relinquished (Burgin et. al, 1928, 8), meant that Pacher's birth in Maribor (now Slovenia) made her a resident alien in Italy. Following the principle that widows' cases should be treated with the maximum latitude allowed under the laws, a position adopted by 1924 but not recognized in official policy until 1926 (Hametz, 2019, 79–80), the Prefect proposed naturalization under the 1912 Italian law. But, when Pacher died in March 1925, her case was unresolved (AdSTS, Pref., Uff. Citt. 4572, Pacher).

In Pacher's case, civil servants may have invoked the local time-honored strategy of stalling on payments. In Habsburg Istria, municipal authorities settled accounts at a glacial pace burying cases in paperwork or losing them in the interstices of

bureaucracy to forestall paying debts to larger centers like Trieste (Toncich, 2022, 526). The strategy continued after World War I. ONAIR consistently complained of the significant delays in receiving government subsidies (Gobbato, 2012, 79). National practices of delay trickled down to the local level, and avoidance strategies sometimes paid off for municipal authorities.

Giuda Albahari, born an Ottoman subject in Sarajevo on November 11, 1890, died in Trieste on July 27, 1923, having been a patient at the Regina Elena Hospital. After the war, he had opted for Italian citizenship, and the decree was prepared. However, he never swore the oath of allegiance nor paid the required tax. In 1925, when the hospital asked the municipality to settle his bill, local authorities turned to the Prefect's Office for proof of his citizenship and their liability. The Citizenship Section in the Prefect's Office noted Albahari's failure to complete the citizenship process and sought, to no avail, to contact his widow. She was untraceable. The hospital was left with the daunting prospect to seek reimbursement for the treatment of a subject of the defunct Ottoman empire (AdSTS, Pref., Uff. Citt. 4372, Albahari).

PERSONAL CONNECTIONS

Despite increasing Fascist pressure to forge a "pure" national community, personal contacts and local support networks played a role in citizenship determinations. Antonio Kampos's pending citizenship case was quickly settled in 1926 when he needed to secure coverage of healthcare costs for his young son Mario's hospitalization. Born in Podplat in 1859 and with pertinency in Kostrivnica (now eastern Slovenia), Kampos worked in Trieste and the city's environs for nearly three decades and from 1924 was employed as a gardener at Miramare Castle. In May 1924, the Prefect approved his petition for citizenship based on long residence and the practice of his profession in Trieste for more than ten years. But, when the hospital inquired in 1926, his citizenship request had stalled, ostensibly because his tax waiver was pending. The delay was attributed officially to Kampos's economic need, but evidence suggests that he may have procrastinated in completing the paperwork and swearing the oath due to reluctance to forswear his Slovene heritage and origins. Kampos's children all attended Slovene schools, through the years after the Gentile educational reforms of 1923 and until all non-Italian schools were closed and education in other languages was prohibited in November 1925 (on education prohibitions cf. Gobbato, 2012, 73–74). His original petition for citizenship offered extensive documentation of his employment and trustworthiness as a gardener in various villas and institutions, including his devotion to patients at the Sanatorium in Sagrado during the war. All attested to his moral character and industriousness rather than his commitment to Italy. In an unusual step, the official in the prefect's office who approved his petition in 1924, perhaps anticipating national reticence, noted "all attesting (to his Italianness) are personally known to me" (AdSTS, Pref., Uff. Citt. 4490, Kampos). Once his son's treatment was in question, Kampos's citizenship case, which had languished

for two years, was quickly resolved. In 1928, when the hospital checked again, documents showed that he had received the tax relief and sworn the oath shortly after the 1926 inquiry (AdSTS, Pref., Uff. Citt. 4490, Kampos).

As the New Provinces were enveloped in Fascist legal reforms of 1925 and 1926, the "national purism" of increasingly totalitarian border fascism (Pirjevec, 2023, 15) infected local authorities, emboldening them to adopt persecutory nationalizing stances that put them at odds with national authorities beholden to international laws and practices governing citizenship and healthcare. For six months beginning in October 1929, Luigi Bilucaglia, the mayor of Pula (Pola), bickered with the provincial hospital, the Municipality of Pola, the Prefects of Pola and Trieste and, presumably, the Ministry of the Interior over a request for reimbursement of a widow's week-long hospital stay in 1921, more than eight years earlier (AdSTS, Pref., Uff. Citt. 4392, Blascovich). On receiving assurance that Gertrude Blascovich was accorded Italian citizenship by election in December 1922, the municipality referred the matter to the mayor's office. Blascovich's petition in 1921 noted her family's Italian sentiment and her long residence in Pula, and she provided the documents to prove legal domicile in Pula and her widowed status. Her six children, all over the age of majority by the time of her petition in 1921, were native born and legally domiciled in Pula (and listed on their father's pertinency certificate of 1907) and had received Italian citizenship based on their inclusion in Pula's municipal rolls. Despite Blascovich's close attention to the provisions and proof that her children were educated in Italian schools in the Habsburg monarchy, evidence of ethnic allegiance that predated by decades the nationality requirements set in 1920, Bilucaglia, acting with animus, challenged her citizenship claim.

Bilucaglia's obstinance reflected the climate of exaggerated border nationalism (Vinci, 2011) and his zealous Fascism. A native of Pula and an ardent Italian irredentist in Habsburg Istria, he fought for Italy in World War I, participated in Gabriele D'Annunzio's March on Rijeka and, prior to embarking on his administrative career, served as a leader of the local Fascist squads directing violence against non-Italians (Mandić, 2020). His objections rested on the unsympathetic interpretation of the law that held that a woman resumed her domicile of origin on her husband's death. He insisted that Blascovich's birth in 1864 in Mirna Peč (Hönigstein), a municipality of Lower Carniola, relieved Pula of responsibility for her healthcare. When provincial officials and the citizenship authorities in Trieste forced him to acknowledge Blascovich's domicile rights, Bilucaglia continued to fight, insisting that the treaty provisions required both legal domicile and birth in the new provinces. In addition, he argued that because the decree was dated December 1922, Blascovich was not a citizen in July 1921 when the costs were incurred. His tone suggested that he may have resented his subordination to the Trieste Prefect in citizenship matters. Prior to July 1923 and after 1926 Trieste had authority in citizenship matters in Venezia Giulia and the new Adriatic territories, but in the intervening years, local Prefects in Istria and Udine exercised authority (Regio Decreto 15 luglio 1923, no. 1624). Finally, the exasperated hospital director appealed to the Prefect in Trieste, noting that the mayor's position

left Blascovich without legal domicile, a status precluded by international law (Uddin, 2018, 291–292). In April 1930 came the ruling, relayed to Bilucaglia from the Pula Prefect's office. The decree's validity dated to the Saint Germain Treaty's coming into force in 1920 (AdSTS, Pref., Uff. Citt. 4392, Blascovich).

Health Care Workers

While physicians were expected to embrace corporatism, "like priests cultivating the faith in Fascism" (Taroni, 2021, 112), and despite increased accountability and surveillance of professionals and professional organizations, healthcare professionals seemed welcome in the Italian national community, even if they had a tenuous Italian ethnic identity. Many medical professionals were trained in Vienna, Prague, Graz, or Innsbruck, in Austrian or German medical academies, internationally recognized as on par with or even superior to Italian institutions (Vinci, 2012b, 50–51). Fascist Italy sought a "purely" Italian national community, but chronic shortages of trained medical personnel, especially in rural areas, plagued the peninsula as well as lands inherited from the Habsburg monarchy. In 1919, Štampar criticized the urban orientation of Viennese medicine and medical doctors' lack of attention to rural areas and urged them to take a greater role in supporting the KSCS's national public health life (Zylberman, 2004, 81).

Shortages of medical personnel prompted leniency with respect to nationality requirements for doctors like Alfonso Wittemberski, born in Lviv (Galicia, now Ukraine) in 1871, who had been in Pola since 1906 and was accorded citizenship in 1924. His mother was Italian, he was well known and possessed property in Sagrado, proving his fitness for Italian citizenship (AdSTS, Pref., Uff. Citt. 4681, Wittemberski). Giulio Mahler, with pertinency in the former Hungarian spa town of Buziásfürdő, which became part of Romania as Buziaș after the war, gained Italian citizenship in February 1923. A doctor in Opatija (Abbazia) since 1899, he was employed at the Voloska (Volosca) Sanatorium. Officials noted that he was Hungarian, but spoke Italian well (AdSTS, Pref., Uff. Citt. 4535, Mahler).

Fanny or Francesca Kamensek, a nurse, was granted Italian citizenship despite her "Slavic origin," attendance of Slavic schools, and pertinency in Selce (Dalmatian Croatia). Her petition noted that she was of Italian sentiments, but also that she sought citizenship to maintain her position at the local S. M. Maddalena Hospital. The only one of her siblings who had reached the age of majority at the time of the Armistice, Kamensek filed for Italian citizenship at the same time as her mother, widowed since 1923, and who sought access to her husband's pension due to death from a wartime injury. Officials noted that the mother Orsola spoke little Italian, that the family "used the Slavic language at home," and that they "did not seem to nurture real Italian sentiments." Policy precluded awarding citizenship to those who sought it solely for financial gain. Nonetheless, in 1925 and 1926, Orsola and then Fanny Kamensek received citizenship under the terms of election (AdSTS, Pref., Uff. Citt. 4490, Kamensek).

Professional standing was also likely a factor for Alda Dabcevich, a lay sister at the Civic Hospital of Trieste. Born in Trieste in 1893, she was granted citizenship in Trieste in 1924, despite her father's decision, as a mercantile captain from Dobrota, Dalmatia, to accept Yugoslav citizenship. Her brother Egone, working for Lloyd Triestino also sought and gained Italian citizenship despite officials' uncertainty regarding his language and nationality. The local commissioner noted that he spoke French, English, Italian, and German, and used Italian. But, the police (carabinieri) report was less precise and different, citing simply "Slavic" origin (AdSTS, Pref., Uff. Citt. 4424, Dabcevich).

CONCLUSION

The cited cases offer a glimpse of the idiosyncrasies of health care policy in the Adriatic borderlands as local authorities and populations struggled to navigate the abrupt legal end of *Heimatrecht* and to adapt to the Italian state system. While Fascist authorities in Rome made increasingly stringent nationalist demands, local authorities negotiated the realities of public health care and individuals' lives and circumstances on the ground. For widows, children, and the infirm, humanitarian impulses affected interpretations and action on national policy. Imprecision masked ethnic affiliations that did not accord with nationalist expectations. Local authorities' alacrity to be absorbed into Italy was tempered by the recognition of the unique circumstances of the borderland and traditional Habsburg rights and privileges that were poorly understood and not accepted in Rome. They struggled to remold social networks and reconstruct social safety nets conceived in the Catholic empire to fit the expectations of the liberal secular Italian state.

In Italy, biopolitics and demographic "health" were increasingly ensconced in national policy as the Fascist government tightened its hold. Fascist demographic programs promoted health, "purity" and individual sacrifice in the interests of the national community, but collaborative liberal internationalist initiatives coexisted with exclusionary demographic and health policies. Processes to ensure the "quality" and desirability of peoples and populations were believed to be fundamental to the health and development of the nation (Borowy, 2009, 17, 24). The Fascists capitalized on Italy's internationalist Liberal bent and international influence of the immediate postwar years. Playing host to League of Nations' Health Organization international exchanges, which peaked in the late 1920s (Borowy, 2009, 196–205), they boasted of population policies linked to the national demographic program, touting Italy's social health achievements on an international stage (Borowy, 2009, 284; Ipsen, 1993, 75).

Research on health management and its intersections with politics, national programs, and international laws offers a complement to disease-focused healthcare studies and reveals much about institutional and national approaches and philosophies in the global health environment. Exploring the intertwined relationship between citizenship and national healthcare in Central Europe in the Italian-KSCS

borderlands in the wake of World War I reveals how Liberal internationalism that sustained hierarchies of populations drew lines between "civilized" and "uncivilized" societies and how commitment to self-determination predicated on ethnonational homogeneity affected the management and practice of public healthcare on an international scale. Health management systems that developed in the interwar period were not simply failed initiatives swept away with the coming of World War II. They provided the framework for international healthcare management and models for the interface of states with international institutions. The legacies of Liberal bio-politics and post-World War I development of international health networks provided the foundations for international healthcare that developed after 1945 (cf. Vinci, 2012a, 10–11) and continue to hold sway today in the liberal global healthcare environment.

STROŠEK "NEŽELENIH": DOMICIL IN ZDRAVSTVENA UPRAVA V ITALIJANSKIH JADRANSKIH PROVINCAH V LETIH 1919–1927

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POVZETEK

*V novih jadranskih provincah Italije so v desetletju po prvi svetovni vojni javni uslužbenci upravljali javno zdravstvo v okviru, ki si je prizadeval uveljaviti enoten nacionalni zdravstveni sistem. Ta je bil vzpostavljen že v času habsburške monarhije in nato prilagojenem standardom liberalne Italije ter nazadnje preoblikovan pod fašističnim režimom. Njihove pristojnosti so med drugim zajemale urejanje oskrbe oseb brez državljanstva oziroma »neželenih oseb« (*unclaimed persons*), ki so zaradi prepletanja mednarodnih sporazumov in nacionalnih predpostavk obstale v vrzelih med različnimi sistemi javnega zdravstva. Liberalno-internacionalistična načela, ki so usmerjala vzpostavljanje globalne zdravstvene mreže, so temeljila na modelu nacionalne države. Ta načela so se prenašala tudi na lokalno raven ter vplivala na pravni položaj posameznikov v odnosu do nasledstvenih držav, na njihovo vključevanje v povojne skupnosti po prvi svetovni vojni ter na njihov dostop do socialnega varstva in z njim povezanih pravic. Namesto da bi sodelovale pri oblikovanju novega nacionalnega zdravstvenega sistema na obrobju države, so morale italijanske oblasti zdravstvene ustanove in socialne službe na obmejnih območjih preoblikovati tako, da so ustrezale sistemu, razvitem na Apeninskem polotoku in centralno upravljanem iz Rima. Biopolitika oblikovanja nacionalne skupnosti na obmejnem prostoru je temeljila na interpretacijah mirovnih pogodb po prvi svetovni vojni ter na presoji o upravičenosti posameznikov do pravic in o odgovornosti države zanje. Lokalni uradniki tako niso zgolj izvajali mednarodnih standardov in politik, temveč so razvijali lastne prakse in strategije za reševanje anomalij, ki so izhajale iz neskladij med habsburško in italijansko pravno tradicijo ter upravnimi praksami. S tem so dejavno sooblikovali etnične in nacionalne razsežnosti zdravstvenega in socialnovarstvenega sistema v italijanskem obmejnem prostoru.*

Ključne besede: jadranske province, zdravstvo, državljanstvo, domicil, liberalni internacionalizem

SOURCES AND BIBLIOGRAPHY

AdSTS, Pref., Uff. Citt., 5618 – Archivio di stato di Trieste (AdSTS), Prefettura (Pref.), Ufficio Cittadinanza (Uff. Citt.).

Bakewell, Charles M. (1920): The Story of the American Red Cross in Italy. New York, The Macmillan Co.

Borowy, Iris (2009): Coming to Terms with World Health: The League of Nations Health Organisation 1921–1946. Brussels, Peter Lang.

Bosworth, Richard J. B. (1979): Italy, the Least of the Great Powers. Cambridge – New York, Cambridge University Press.

Bowman, Isaiah (1924): The New World: Problems in Political Geography. Yonkers-on-Hudson (NY), World Book Company.

Burgin, Edward Leslie (1928): The Students' Conflict of Laws: Being an Introduction to the Study of Private International Law, Based on Dicey. London, Stevens.

Caglioti, Daniela Luigia (2014): Aliens and Internal Enemies: Introduction. Journal of Modern European History, 12, 4, 448–459.

Caglioti, Daniela Luigia & Cristiano La Lumia (2021): Tra stato d'eccezione, ritorno alla normalità e strategie di sopravvivenza. In: Aglietti, Marcella (ed.): Citizenship under Pressure. Rome, Edizioni di Storia e Letteratura, 3–20.

Downs, Laura (2018): The Most Moderate Italianization. Social Action and Nationalist Politics in the North-Eastern Adriatic Borderlands (1919–1954). Acta Histriae, 26, 4, 1087–1102.

Gobbato, Elisa (2012): Le donne de "L'Italia Redenta". L'Opera Nazionale Assistenza Italia Redenta negli anni 1918–1938. In: Vinci, Anna Maria (ed.): Carità pubblica, assistenza sociale e politiche di welfare: il caso di Trieste. Trieste, EUT Edizioni Università di Trieste, 63–86.

Hametz, Maura (2019): Stateless in Italy? The Post-World War I Triestine Citizenship Commission. Contemporanea. Rivista di storia dell'800 e del '900, 22, 1, 79–96.

Hametz, Maura (2021): Borders of Citizenship in Italy's Eastern Provinces after World War I. In: Aglietti, Marcella (ed.): Citizenship under Pressure. Rome, Edizioni di Storia e Letteratura, 71–86.

Ipsen, Carl (1993): The Organization of Demographic Totalitarianism: Early Population Policy in Fascist Italy. Social Science History, 17, 1, 71–108.

League of Nations (1920): Covenant of the League of Nations. League of Nations Official Journal, 1, 3–12.

League of Nations (1926): The Health Organization of the League of Nations. Geneva, Information Section, League of Nations Secretariat.

Mandić, Davor (2020): Bilucaglia, Luigi. https://www.istrapedia.hr/en/natuknice/4130/bilucaglia-luigi (last access: 2024-08-02).

Petruccelli, David (2020): The Crisis of Liberal Internationalism: The Legacies of the League of Nations Reconsidered. Journal of World History, 31, 1, 111–136.

Pirjevec, Jože (2023): Hate Speech. In: Pirjevec, Jože, Pelikan, Egon & Sabrina Ramet (eds.): Anti-Fascism in European History: From the 1920s to Today. Budapest – Vienna – New York, Central European University Press, 15–30.

Quine, Maria Sophia (2002): Italy's Social Revolution: Charity and Welfare from Liberalism to Fascism. London, Palgrave Macmillan.

Regio Decreto 15 luglio 1923, no. 1624. Gazzetta Ufficiale del Regno d'Italia LXIV, 183, 5618.

Rosting, Helmer (1923): Protection of Minorities by the League of Nations. American Journal of International Law, 17, 4, 641–660.

Štampar, Andrija (1925): Health Organisation: Organisation of the Public Health Services in the Kingdom of the Serbs, Croats and Slovenes. Geneva, Impr. Atar.

Taroni, Francesco (2021): Health and Health Care Policy in Italy Since 1861: A Comparative Approach. Cham, Palgrave Macmillan.

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.

Treaty of St Germain (1919): Treaty of Peace between the Allied and Associated Powers and Austria. Public International Law. https://www.dipublico.org/100758/treaty-of-st-germain-treaty-of-peace-between-the-allied-and-associated-powers-and-austria/ (last access: 2024-08-04).

Uddin, Moin (2018): Domicile as a Personal Connecting Factor: An Assessment of Judicial Decision. International Journal of Global Community, 1, 3, 291–308.

Vanni, Duccio (2021): The Italian Red Cross in "Redeemed" Adriatic Lands (1919–1939). Acta Medica Mediterranea, 37, 361–368.

Vinci, Anna Maria (2011): Sentinelle della patria. Rome, Laterza.

Vinci, Anna Maria (2012a): Introduzione. In: Vinci, Anna Maria (ed.): Carità pubblica, assistenza sociale e politiche di welfare. Trieste, EUT Edizioni Università di Trieste, 9–16.

Vinci, Anna Maria (2012b): 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. Trieste, EUT Edizioni Università di Trieste, 41–62.

Wu, Albert (2023): World War I, the Paris Peace Conference, and Conflicts Over Global Health Governance. In: Wu, Albert & Stephen, Sawyer W. (eds.): The Making of a World Order: Global Historical Perspectives on the Paris Peace Conference and the Treaty of Versailles. Abingdon – New York, Routledge, 218–235.

Zylberman, Patrick (2004): Fewer Parallels than Antitheses: René Sand and Andrija Stampar on Social Medicine, 1919–1955. Social History of Medicine 17, 1, 77–92.