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The Autopsy of Ferenc Barkóczy (1765). Medical and Legal History of Autopsy in the Hungarian Kingdom and the Habsburg Empire

Summary

Early traces of the methodology of pathological anatomy, systematized in the 19th century, were found in a document dating back to 1765 containing the description of an autopsy. This document records observations made during the autopsy of Ferenc Barkóczy (1710–1765), the head of the Hungarian Roman Catholic Church and the Archbishop of Esztergom. The systematic description, the sequence of opening body cavities, and the structure of the record roughly follow the canonized methods established about eighty years later. The reason why this description preceded its time can be primarily explained by the fact that the autopsy, in addition to determining the cause of death, also aimed at excluding the possibility of foul play (poisoning). In other words, the dissection of the body served a forensic purpose, also evidenced by the presence of the official state physician during the procedure.

Zusammenfassung

Frühe Spuren der Methodik der pathologischen Anatomie, wie sie im 19. Jahrhundert systematisiert wurde, finden sich in einem Dokument aus dem Jahr 1765. Das Dokument enthält Aufzeichnungen, die während der Autopsie von Ferenc Barkóczy (1710–1765), dem Oberhaupt der ungarischen römisch-katholischen Kirche und Erzbischof von Esztergom, gemacht wurden. Die systematische Beschreibung, die Reihenfolge der Öffnung der Körperhöhlen und die Struktur des Protokolls folgen weitgehend den etwa achtzig Jahre später kanonisierten Methoden. Der Grund, warum diese Beschreibung ihrer Zeit vorausging, lässt sich hauptsächlich damit erklären, dass die Autopsie neben der Feststellung der Todesursache auch das Ziel hatte, die Möglichkeit eines Verbrechens (Vergiftung) auszuschließen. Mit anderen Worten diente die Sektion einem forensischen Zweck, der durch die Anwesenheit offiziell bestellter Medizinalbeamter noch zusätzlich belegt wird.

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Keywords

Hungarian archbishop, autopsy, legal background, 1765, Habsburg Empire, multimorbid pathological lesions

Introduction

Prior to the 20th century, suspicions of poisoning or medical malpractice often arose in cases of the sudden death of a person belonging to the social elite, even if the deceased had been suffering from a chronic illness for an extended period. In such cases, the deceased's body was subjected to dissection, and a description or some form of protocol-like document was created. Furthermore, the opening of the body was regularly carried out for the purposes of preservation and embalming required for funeral ceremonies, traditions and practices dating back to the Middle Ages.[1] The documentation of autopsies was ordered by local authorities (kings, princes, city councils, etc.), as evident in the Kingdom of Hungary and Transylvania as early as the 17th century. An example is found in 1624 when Prince Gábor Bethlen[2] ordered the dissection of Margrave Johann Georg von Brandenburg Jägerndorf[3], "more principibus consueto" (as is customary for nobles).[4] While Bethlen initially designated his own court physician, Scultetus Weichard[5], for this task, he later noted in a postscript that his physician could not attend. Thus, he instructed the physicians of Lőcse/Leutshau (possibly Samuel Spillenberger, 1572–1654, who had been Bethlen's court physician since 1614) to perform the dissection and provide a

1 Romedio Schmitz-Esser, Der Leichnam im Mittelalter. Einbalsamierung, Verbrennung und die kulturelle Konstruktion des toten Körpers (= Mittelalter-Forschungen 48, Ostfildern 2014).

2 Prince Gábor Bethlen (1580–1629) was an influential figure in Hungarian history. He served as the Prince of Transylvania from 1613 to 1629. Zsuzsanna Kovács, Bethlen Gábor megválasztása és erdélyi fejedelmi évei. (The election of Gábor Bethlen and his years as Prince of Transylvania), Magyar Nemzeti Levéltár online (Hungarian National Archive online) https://mnl.gov.hu/mnl/ol/hirek/bethlen_gabor_megvalasztasa_es_erdelyi_fejedelmi_evei (last access: 22.05.2024).

3 Johann Georg (1577–1624) was the Count of Brandenburg, Bishop of Strassburg, and Duke of Jägerndorf. From May 1621, he acted as the authorized representative of Palatine Frederick, fulfilling both diplomatic and military roles. Bernhard W. Scholtz, Erzherzog Karl von Österreich (1590–1624), Bischof von Breslau am Vorabend und zu Beginn des Derißigjährigen Krieges (= Forschungen und Ouellen zur Kirchen- und Kulturgeschichte der Deutschen in Ostmittel- und Südosteuropa 52, Wien–Köln 2021), 120–121; Onno Klopp, Der dreißigjährige Krieg bis zum Tode Gustav Adolfs 1632, vol. 2 (Paderborn 1893), 59–61.

4 Levelek és acták Bethlen Gábor uralkodásának történetéhez III. Közl (Letters and acts on the history of the reign of Gábor Bethlen), published by Sándor Szilágyi, in: Magyar Történelmi Tár 3/9 (1886), 444. We also have information about the costs related to the funeral and the handling of the corpse of the Count of Jägerndorf, sent by the Senate of Leuchov on March 18. Of interest are the 55 denarii for „Pharmacopolae pro aromatibus ad condiendum corpus", which describes the materials required for embalming the body. These seem to have been readily available as pre-prepared substances, likely maintained in stock due to its common use in that era. Ibid., 609–610. CLII. 1624. márcz. 18.

5 For more on Schulitz, vgl. Karl Kurt Klein, Weighard Schulitz. Ein Gönner und Freund des Dichters Martin Opitz, Leibarzt und Berater des siebenbürgischen Fürsten Gabriel Bethlen, in: Siebenbürgische Vierteljahrschrift 54 (1931) 1–26; Gábor Kármán, *Külföldi diplomaták Bethlen Gábor szolgálatában (Foreign diplomats in the service of Gábor Bethlen), in: Gábor Kármán / Kees Teszelszky*, Hg., Bethlen Gábor és Európa (Gábor Bethlen and Europe) (Budapest 2013), 161–180.

detailed report on the condition of the internal organs of the deceased. Bethlen issued these instructions in a letter dated March 13, with additional clarifications in a postscript.[6]

However, we do not only have knowledge of the autopsies of rulers,[7] aristocrats,[8] and high priests but also find several instances among the citizens.[9] Most of the cases in Hungary from the second half of the 17th century can be attributed to Charles Rayger (1641–1707), a renowned physician from Pozsony/Pressburg (now Bratislava, Slovakia), and the surgeons who collaborated with him.[10] Rayger regularly published autopsy results and other medical observations in various medical journals, including *Miscellanea Curiosa Medico*.[11] Since the Middle Ages, the majority of documented cases of autopsies and preservations of the body concern individuals from the upper classes. In European medical universities, however, it was a common practice from the 13th century onwards to dissect human cadavers regardless of the social class of the deceased and to learn anatomy through this process.[12] In an international context, works presenting the analysis of such records differ significantly; they do not follow a uniform methodology, and their interdisciplinary approaches vary. Some emphasize bioarchaeological and palaeopathological data,[13] while others place the elaborated interpretation of the autopsy and forensic case in its historical context.[14]

In our study, we present the obligatory autopsy and exenteration of a high-ranking deceased cleric as mandated by ecclesiastical protocol, during which an autopsy report was also created to rule out any foreign involvement. This comprehensive but imperfect report can be considered the first document of its kind in the Kingdom of Hungary. Our primary goal was to establish possible epicrises and determine the causes of death based on this handwritten source. Due to

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6 Levelek és acták Bethlen Gábor, published by Szilágyi, 444.

7 After the death of Gábor Bethlen in 1629, the body of the prince was dissected in the presence of his wife Catherine of Brandenburg. János Kemény's emotional account of the affair has since been quoted by many as he describes the behaviour of the woman vividly: "[…] the impious, wicked-hearted, reprobate womanly beast" […] she did not hesitate to touch the heart, the slit belly and other parts of the dismembered body, but did not pretend to be sad, nor shed a tear." Vgl. István György Tóth, Bethlen Gábor mókás temetési menete. Francisci András pálos szerzetes levele 1630-ból (The funeral procession of Gábor Bethlen. Letter of the Pauline monk András Francisci from 1630), in: Történelmi Szemle 39/1 (1997), 119–131, here 127, or Gyula Magyary-Kossa, Magyar orvosi emlékek. Értekezések a magyar orvostörténelem köréből, III (Hungarian Medical Memories. Reports from the Hungarian Medical History) (Budapest 1931), 340.

8 Romedio Schmitz-Esser / Elena Taddei, Der Todesfall des Herzogs Severin von Sachsen in Tirol – Ein „Obduktionsbericht" des habsburgischen Hofarztes Georg Tannstätter von 1533, in: Virus. Beiträge zur Sozialgeschichte der Medizin 5 (2005), 9–22.

9 The renowned Pozsony physician Károly Rayger Sr. describes the autopsy of Mrs. Sigray's corpse, assisted by the surgeon-barber Schilpacher. Carolous Rayger, Ephemerides, in: Dec. I., Ann. IV. V., Observ. XI. (1673). Vgl. Magyary-Kossa, Magyar orvosi emlékek, 409. But we can also observe traces of 18th century autopsies on some of the individuals in the Vác mummies. Vgl. Ildikó Szikossy et al., Natürlich mumifizierte Leichname aus der Dominikanerkirche von Vác, Ungarn, in: Alfried Wieczzorek / Michael Tellenbach / Wilfried Rosendahl, Hg., Mumien. Der Traum vom ewigen Leben (= Ress-Engelhorn-Museen Band 24, Mainz am Rhein 2007), 152–165.

10 Magyary-Kossa, Magyar orvosi emlékek, 334–335, 340, 413.

11 Vgl. Caroli Raygeri, Defectu arterianum spermaticarum […], in: Miscellanea Curiosa Medico-Physica Academiae Naturae Curiosorum, Ephemeridum Medico Physicarum Germanicarum (Francofurti–Lipsiae 1676).

12 Vgl. Schmitz-Esser, Der Leichnam im Mittelalter, 266–285.

13 Ilaria Fiumi Sermattei et al., Pope Leo XII's Death. The Twist to a Longstanding Dispute by Novel Historical Documents and Paleopathographic Analysis, in: HOMO. Journal of Comparative Human Biology 70/3 (2019), 225–232.

14 Schmitz-Esser / Taddei, Der Todesfall des Herzogs Severin, 9–22.

the sometimes inaccurate descriptions and vague terminology of the anatomical report, the determination of the causes of death is more based on assumptions and the problem of retrospective diagnosis[15] is also evident in this case. And we will see that even on the basis of differential diagnostic criteria, several causes of death could be probable in Barkóczy's case. The remains of Ferenc Barkóczy cannot currently be examined; thus, the foundation for retrospective diagnosis was this *Sectio anatomica*.

Following the transcription of the Latin document of Ferenc Barkóczy's *Sectio anatomica*, we performed the determination of causes of death using the following methodological procedure:

1. Philological and medical analysis of the original Latin text.
2. Establishment of differential diagnoses.
3. Identification of underlying diseases, accompanying diseases, and the cause(s) of death based on differential diagnostic criteria.

We hope that the diagnoses outlined in the study can be substantiated in the future through the physical examination of the deceased archbishop's remains, provided the Diocese of Bratislava grants permission. Beyond source analysis and the conclusions drawn from the autopsy report, we also focus on the circumstances surrounding the creation of the document. We attempt to interpret the creation of the report and the autopsy case itself in the context of ecclesiastical regulations (*Caeremoniale*) and the legal regulations concerning the obligation to perform autopsies in cases of sudden death.

The Legal Background of Autopsies in the Early Modern Habsburg Empire and the Kingdom of Hungary

In the Habsburg Empire, of which the Kingdom of Hungary was a part from 1711 to 1918, the official autopsy of corpses was a common practice starting from the 16th century. This can be deduced from the famous criminal code of the Holy Roman Emperor Charles V, known as the *Constitutio Criminalis Carolina*, promulgated in 1532. The *Carolina* aimed to regulate the formal procedure of autopsies, which included the examination of both the external and internal aspects of a deceased body. Autopsy records from between 1648 and 1920, found in the Vienna City and Provincial Archives (Wiener Stadt- und Landesarchiv), provide evidence that in Austria, from the second half of the 17th century onward, autopsies by a forensic physician were not only required in cases of suspected violent deaths but also for investigating the causes of diseases among the nobility.[16] While subsequent criminal codes issued by the Habsburg monarchs, including Ferdinand III in 1656, Joseph I in 1707, and Maria Theresa in 1768, also contained provisions regarding the external and internal examination of corpses, the most detailed regulation was found in the *Constitutio Criminalis Theresiana* of Empress Maria Theresa in the 18th century. The *Theresiana* came into effect in Austria and Bohemia (now part

15 Osamu Muramoto, Retrospective Diagnosis of a Famous Historical Figure: Ontological, Epistemic, and Ethical Considerations, in: Philosophy, Ethics, and Humanities in Medicine 9/10 (2014), 2–15.

16 Ibid., 12.

of the Czech Republic) in 1770. Although it was not in effect in Hungary, it is likely that some of its methods were applied in the official Hungarian autopsy practices. The *Theresiana*, particularly in the second supplement (Beylage) to Article 26, paragraph 17, laid out the main steps for body examination (Beschau- und Wundzetteln) and the subsequent official autopsy.[17]

The medical faculties of the universities in Vienna and Nagyszombat (then part of Hungary, now Trnava in Slovakia) also aimed to support the official autopsy procedure with the methodology of forensic medicine and pathology. Therefore, a printed forensic medicine textbook by Joseph Jakob Plenk, the *Elementa medicinae et chirurgiae forensis* (1781)[18] presented the fundamental rules for the examination of the external and internal aspects of a deceased body that are still applied today. For instance, it describes the external-to-internal examination of the body, the sequence of opening the three major body cavities (*cranium – thorax – abdomen*),[19] and continues by opening the back, neck, and limbs (*apertura*). Besides the sequence of dissection, the manual also defined who should be present during the autopsy, including forensic physicians, two forensic surgeons, judges, and the notary. Furthermore, it stipulated the obligatory entries in the official autopsy report (*renuntiatio*) that had to be submitted to the authorities. These entries included the presentation of an epicrisis (summary of the case), although providing a cause of death was not mandatory.[20]

The modern foundation of post-mortem examinations, is most commonly attributed to Karl von Rokitansky (1804–1878), known as the "father" of the science of pathology. In the mid-19th century, he standardized pathology with his multi-volume work entitled *Handbuch der pathologischen Anatomie*,[21] which remains a key reference in the field. The professional and methodological parameters he developed form an integral part of contemporary autopsy practices. Since many Hungarian physicians educated at the University of Vienna learned pathological anatomy directly from Rokitansky, Hungarian pathology began to adopt this scientific method from the mid-19th century onwards.[22] The standardization of pathological anatomy methodology extended not only to how autopsies were conducted but also to the documentation and administration of observed pathological changes. The profession had therefore already at this time precisely defined the content of the autopsy reports, indicating the cause or causes of death on the basis of epicrisis.

17 Constitutio Criminalis Theresiana oder der Römisch-Kaiserl. zu Hungarn und Böheim [et]c. [et]c. Königl. Apost. Majestät Mariä Theresiä Erzherzigun zu Oesterreich, [et]c. [et]c. peinliche Gerichtsordnung, Num. II^dus Ad Articulum XXVI^tum §. XVII. Beylagen, VI (Wien 1769).

18 Josephi Jacobi Plenk, Elementa medicinae et chirurgiae forensis (Viennae 1781).

19 In fact, there are four main cavities: 1. cranium (skull), 2. thorax (chest), 3. cor (heart), 4. abdomen and pelvis.

20 Plenk, Elementa mediciae et chirurgae forensis, 11.

21 Karl von Rokitansky, Handbuch der allgemeinen pathologischen Anatomie. Handbuch der speziellen pathologischen Anatomie, vol 1–2 (Vienna 1842–1846).

22 István Gazda, Semmelweis Ignác és kortársai (Ignác Semmelweis and his contemporaries), in: Természet Világa 149/10 (2018), 464–468; József Antall / Károly Kapronczay, Jan Nepomuk Czermak in Hungary, in: Emil Schultheisz, Hg., Advances in Physiological Sciences (= Proceedings of the 28th International Congress of Physiological Sciences Budapest 1980, History of Physiology 21, Budapest 1981), 77–84; Gyula Regöly-Mérei, Semmelweis és Marusovszky orvosi szemlélete (The medical approach of Semmelweis and Marusovszky), in: Orvosi Hetilap 27 (1968), 1495–1498; Béla Szende, A magyar pathologia egyetemi oktatói, Arányitól napjainkig (Hungarian pathology academics, from Arányi to the present day), in: Orvostörténeti Közlemények/Communicationes de historia artis medicinae 147–148 (1994), 71–78.

Autopsy and Treatment of the Body of Ferenc Barkóczy

Early traces of the systematic methodology of pathological anatomy practised in the 19th century can be found in a document dated to 1765, which contains a description of the autopsy of Ferenc Barkóczy (1710–1765), the head of the Hungarian Roman Catholic Church and Archbishop of Esztergom.[23] So far, no similar document from an earlier period has been discovered within the territory of present-day Hungary. This record predates the *Theresiana*, by five years and also Plenk's prescribed format for autopsy reports by 16 years. However, the systematic description, the sequence of cavity exploration, the structure of the report, and other elements closely follow the methods that were to be canonized more than eighty years later. Nevertheless, this document aligns with both the formal and content-related criteria prescribed for official autopsies in both sources. This suggests that the regulations for autopsies in the 18th century, whether established by the state or scientific authorities, were codifying an existing autopsy practice and elevating it to a theoretical level. This early documentation's unique nature can be partly explained by the fact that autopsies were motivated not only by the need to determine the cause of death but also by the desire to exclude foul play, such as poisoning. Consequently, the dissection of the body was of a forensic nature, supported by the presence of an official physician representing the state during the procedure. The three-year gap between the description of Barkóczy's autopsy and the publication of the *Theresiana* suggests that dissection procedures were well-established practices based on tradition in the 18th century. It is reasonable to assume that the foundations of these practices in Hungary too date back to the medieval period, as anywhere else in Europe.[24]

Ferenc Barkóczy held the highest ecclesiastical position in Hungary from 1761 until his death. As the Archbishop of Esztergom and the Primate of Hungary, he was the head of the Roman Catholic Church in the kingdom. His death followed a prolonged illness, and occurred shortly after collapsing in the garden of the summer residence of the Archbishop in Pozsony (then a significant ecclesiastical centre in Hungary) during an afternoon walk on June 18, 1765, at 12:45 pm. Guidelines for the handling of the bodies of high-ranking clergy have existed since the pontoficate of Clement VIII (1592–1605). The procedure was framed in the chapter 38 of the book entitled *Caeremoniale episcoporum, extention of the Pontificale, De aegrotatione, morte, funere, et exequiis Episcopi* …, which was established and transmitted by the Pope in 1600. These regulations were also followed in the case of Archbishop Barkóczy. The autopsy began on the evening of the day following his death at seven pm, with complete exclusion of the public. It lasted for approximately 4.5 hours and followed the common practice of the time. During the autopsy, a post-mortem description of the body was prepared.

As mentioned earlier, the issuance of these documents was ordered by the local authorities. It was essential to clarify the circumstances of death. The later penal codes issued by the Habsburg monarchs also provide for the examination of the body, but they primarily concern external and internal inspection. In the *Criminal Practice* of 1656, article 25 prescribes that in cases of

23 Original of the Sectio Anatomica (autopsy), with handwritten signatures and seals: Primate Archives=Prímási Levéltár (PL), Archivum Ecclesiasticum Vetus (AEV) 1326/16.3.

24 Schmitz-Esser, Der Leichnam im Mittelalter, 266–284.

murder, the body should not be buried without an examination by sworn surgeons (*per juratos chirurgos*). The surgeons were required to examine the number and location of injuries on the body, determine the possible weapon causing them, and assess how many of these wounds were fatal.[25] If we strictly consider the wording, the 1726 regulation entitled *Homicidio peremtorum cadaveris inspectio* specifically addresses the external examination of corpses in cases of homicide within the county or city boundaries. This regulation marked a milestone in the development of forensic medicine in Hungary. It dictated that in cases of murder occurring within the county or city limits, the body should be examined as soon as possible with the involvement of skilled surgeons. The inspection aimed to answer whether there were bruises or inflicted wounds on the body and whether they caused the death.[26]

The Analysis of Barkóczy's Health Condition and the Autopsy Record

On May 30, 1765, the renowned physician Ferenc Markhot of Eger[27] sent a letter to György Richvaldszky,[28] in which he discussed the health of Ferenc Barkóczy.[29] In the letter, he offered his services and expressed his concern upon hearing alarming news about the Archbishop's health. Within the Esztergom Primatial Archives, we examined the "autopsy record" of Ferenc Barkóczy,[30] Markhot's letter,[31] and several other letters from 1765 expressing concern about Barkóczy's health. These included letters from the chapter canons of Szepes,[32] and Eger,[33] as

25 The decree, issued under Ferdinand III, was translated into Latin by Lipót Kollonich, Archbishop and Cardinal of Esztergom. Forma Processus Judicii Criminalis, seu Praxis Criminalis … Hungariae Josepho I. dicata, (10. Articulus XXV Nagyszombat, 1697).

26 Franz Xaver Linzbauer, Codex Sanitario-medicinalis Hungariae, II (Typis Caesareo-regiae scientiarum universitatis, Budae 1852), 2.

27 Ferenc Markhot (1718–1792) had a significant impact on the development of 18th century Hungarian medicine. He graduated from the University of Bologna as a physician. After completing his studies, he became the chief physician of Bihar County, with his headquarters in Nagyvárad (present-day Romania). He also served as the court physician to Pál Forgách (1696–1759), the Bishop of Várad (1747–1757). Recognizing Markhot's medical expertise, Ferenc Barkóczy invited him to Eger in 1758. At this time, Barkóczy was the chief pastor of the Eger diocese, a position he held from 1744 to 1761. In addition to his role as the chief physician for Heves and Külső-Szolnok Counties, Markhot also fulfilled medical responsibilities for the bishop and the seminary. He systematically researched the therapeutic properties of thermal waters. Lilla Krász, Markhot Ferenc helye a *respublica litteraria medica* világában (Ferenc Markhot's position in the world of Respublica Lietteraria Medica), in: Kaliedoscope Művelődés-, Tudomány-, és Orvostörténeti Folyóirat (Journal of History of Culture, Science and Medicine 11/23 (2021), 34–52.

28 György Richvaldszky (1723–1779) served as the secretary to Ferenc Barkóczy at the Eger diocese from 1744. He later became a consecrated bishop in Tenagrei in 1763 and held the position of deputy to the Archbishop. József Borovi, A XVIII. századi magyar egyházmegye-szervezés ismeretlenje (The unknown of the Hungarian diocese organisation in the 18th century), in: Vigilia 23/3 (1967), 157–160.

29 Research into the autopsy and preservation of Barkóczy's body began with Árpád Szállási's 1973 article. Szállási, with the assistance of archivist Gyula Prokopp, translated the anatomical autopsy description that was discovered. Szállási did not carry out a modern forensic medical analysis using these documents. Árpád Szállási, Barkóczy hercegprímás boncjegyzőkönyve (The Autopsy Report of Prince Primate Barkóczy), in: Orvostörténeti Közlemények 66/68 (1973), 256–271.

30 PL AEV 1326/16.3.

31 PL AEV 1326/16.4.

32 PL AEV 1326/16.5.

33 PL AEV 1326/16.2a.

well as letters from Ignác Batthyány,[34] and Gábor Szerdahelyi,[35] who was Barkóczy's protégé at the time. In the historical context, we find a crucial account by György Richvaldszky, the trusted man and deputy of the Primate.[36] Richvaldszky documented, over four pages, the daily and often drastic changes in the Primate's health from January to April 1765. As mentioned earlier, this description primarily facilitated a deeper understanding of the historical context. While it provided some valuable information for the reconstruction of the medical history, it did not contain many specifics about the disease progression or the Archbishop's condition. The author only briefly mentioned attacks (*paroxismus*) and a feeling of anxiety (*anxietas*). The terminology used, from the perspective of a lay eyewitness, did not allow for precise identification of the symptoms. However, this narrative was valuable as it illustrated the end-stage processes resulting from Barkóczy's illnesses.

Reconstruction of Barkóczy's State of Health Before his Death, Based on Contemporary Sources

Ferenc Barkóczy's death was preceded by a prolonged illness, but there is limited significant data available from a medical historical perspective. Even though retrospective diagnostics have their limitations, it is still worthwhile to attempt a reconstruction based on pathological considerations. In a historical context, one of his biographers, Antal Meszlényi, states that the health of the "robust" and "oak-hearted" archbishop began to decline after Empress Maria Theresa withdrew her trust from him, which occurred during the Diet held from June 17, 1764, to March 21, 1765.[37] This conclusion is supported by a letter dated October 7, 1764, where Gábor Szerdahelyi, a theology student in Rome, expressed his concerns about the primate's health.[38] Similarly, Ignác Batthyány, the future Transylvanian bishop, wrote in a letter dated November 21, 1764, about the gossip regarding Barkóczy's deteriorating health.[39] However, the results of the palaeopathological examination suggest that Barkóczy's significant health deterioration, accompanied by considerable pain, likely began several years earlier. Severe chronic illnesses affecting multiple vital organs were compounded by acute conditions over time. In summary, Barkóczy's health was so critical due to pathologic changes affecting several organs that it would not be an exaggeration to consider his condition as multimorbid. A more detailed insight into Barkóczy's illness during January 1765 can be derived from Richvaldszky's diary-like report. We learn that Barkóczy and his entourage were on their way to Vienna when he succumbed to fatigue, followed by coughing and a tight feeling in the

34 PL AEV 1417/Nr. 3. Ignác Batthyány (1741–1798) Canon and Grand Provost of Eger, Bishop of Transylvania from 1780. In 1765 he studied in Rome, where he was entrusted with the management of the library of the Collegium Germanicum.

35 PL AEV 1417/Nr.8. Gábor Szerdahelyi (1742–1813) studied theology in Rome in 1761–64, and was ordained priest in 1765. He was consecrated bishop of Nikopol in 1781, and was bishop of Banská Bystrica (now Banská Bystrica, Slovakia) from 1800.

36 PL AEV 1326.A/1/3/2.

37 Antal Meszlényi, A magyar hercegprímások arcképcsarnoka (The portrait gallery of the Hungarian prince prelates) (Budapest 1970), 120.

38 PL AEV 1417/Nr. 8.

39 PL AEV 1417/Nr. 3. „[…] qui in Urbe de gravissime affecta Celsitudinis Vestrae valetudine percrebruit"

chest.[40] On the following day (January 23, 1765), he took to his bed, and from that point on, with the exception of brief periods of improvement, we read about the continuous worsening of his condition. Barkóczy was most likely treated by his usual ("ordinarius") Viennese physician, Dr. Homlauer. However, other doctors also participated in the consultations. The interventions typical of the era, such as enemas, venesection, or the application of vesicatory agents, were prescribed and administered. Various medications, including quinine, diuretics, etc., were also administered. In Barkóczy's case, the internal use of diuretics is more likely than the use of external mechanical devices to remove stagnant urine,[41] such as the bladder pump that was attempted to be used on Duke Severin in Innsbruck in 1533.[42]

The condition of Archbishop Barkóczy became so concerning on January 31, 1765, that he received the last rites. Following this, his condition stabilized, but on February 9, he wrote his will. Until the last entry of the month. We learn about the slow but continuous improvement from the "sick diary" by Richvaldszky. However, by April 8, his health had deteriorated again. He suffered from a severe cough, weakness, and had difficulty breathing.[43] Two Viennese doctors, Heyn and Kessler – who have not yet been identified –, prescribed the administration of a solution of sea onion and extract of Peruvian bark. According to Richvaldszky's notes, due to the drastic change in his condition on April 16, Barkóczy prepared for death again. After failing to recover in Vienna, Barkóczy returned to Pozsony, where, presumably, from the second half of April until his death, he was treated by the surgeons and physicians of the archbishop's court, as well as the Brothers Hospitallers of Saint John of God. According to Antal Meszlényi, "although Barkóczy remained bedridden, no one dared to predict his fate for a long time."[44]

Ferenc Markhot, the doctor from Eger, requested Richvaldszky "to send the archbishop's past and current medical status, along with all the treatment applied by the family doctor."[45] Markhot wanted to assess Barkóczy's condition and make recommendations for treatment.

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40 *Annotatio Valetudinis Praelati mei 1765*. PL AEV 1326A/1/3/2. „22. Januarii venimus Viennam. Princeps jam tunc tussiebat, languebat, et de anxietatibus cordis questus est."

41 From Richvaldszky's records, we know that from January 26, various vesicants were applied by physicians to the archbishop, including those of plant origin, such as the bark of the Peruvian or cinchona tree (cinchona bark). Although cinchona bark was mainly used for treating malaria, it also had diuretic effects, so it was used in the treatment of kidney diseases. However, we have reason to assume that it is more likely that in the case of the archbishop, cinchona bark was applied for fever reduction, seizures, and chest or cardiac discomfort. „6ª Febr. Noctem inquietam. Paroxismi non anxietatibus cordis rediverunt, sed nec tam frequentes, nec tam fortes. Medici usum corticis peruviani continuandum concluserunt. Urina et pulsus melior. Spem reconvalescentiae dant. 7ª Febr. Noctem inquietam. Paroxismi non anxietatibus plures, esto non tam fortes. Durarunt a 3. hora usque ad prandium. Chinam non esse dandam amplius judicatum. Alia remedia praescripta. Vesicatoriae iterum applicatae." PL AEV 1326A/1/3/2. PL AEV 1326A/1/3/2. Vesicants were prepared from blister beetles, dried, and then ground. Their toxin, cantharidin, creates blisters on the skin. They are obtained from species such as Mylabris and Lytta, particularly the Spanish fly (Lytta vesicatoria), as this species produces the most irritating poison. László András Magyar / Dávid Spillendberg, A kőrisbogarak magyar nép gyógyászati használatáról (The Hungarian folk medicinal use of ash beetles.), in: Orvostörténeti Közlemények 206–209 (2009), 267.

42 Schmitz-Esser / Taddei, Der Todesfall des Herzogs Severin, 69–74."

43 PL AEV 1326A/1/3/2. „8ª Aprilis. Incepit tussire et ejicere frequentia ac copiosa sputa, plerumque incoacta. Inde secuta ingens debilitas corporis. Accessit respirium grave et interclusum."

44 Meszlényi, A magyar hercegprímások, 121.

45 PL AEV 1326/16.4. „[…] ut descriptasa per D[ominum] Medicum Domesticum praesentis et praeteriti status consuetudinarii Principis circumstantias una cum adhibitis Medicamentis in genere mihi ocius transmittere velit,".

He explained at length how he had treated similar cases, which interventions he had found effective and which he advised against. Markhot's information suggests that the archbishop's condition was alarming, even if there appeared to be improvement. He stated that "our most esteemed Lord seems to be doing better, but his health is in such a state that according to the opinion of all doctors, there is no hope of recovery. He may live for at most two more months because his entire body is swollen, and the numerous medications are of no avail."[46]

Markhot was informed that the Archbishop's body was heavily bloated, "his whole body was swollen", suffering from severe dropsy, for which he recommended bloodletting rather than diuretics.[47] Markhot's argument follows the traditions of ancient humoral pathology. This interpretation is used to explain the inadequacies of blood viscosity, which they tried to resolve by bleeding profusely for therapeutic purposes.[48] The therapy of bloodletting, as suggested by Markhot, proved to be ineffective. However, as Markhot's letter implies, there was a significant shift in the medical community towards explaining the causes of diseases. Furthermore, the effectiveness and legitimacy of bloodletting, which is rooted in Hippocratic and Galenic principles, are being questioned. Markhot passionately argues against these new perspectives: "I am alone in my views on these matters, although I have justified my own viewpoint convincingly […] Those who exclusively treat such swellings with stomach or diuretic remedies are just simply 'washing a Saracen', nothing else".[49] In Austria, as early as the 16th century, it was a known and documented practice that attending physicians were required to maintain records or – using modern terminology – medical charts of their patients,[50] but in Hungary, this is the first written source of this necessary and established administrative procedure so far. Markhot wrote to Richvaldszky about this: "I humbly request that Your Excellency send to me as soon

46 PL AEV 1326/16.4. „Celsissimum Principem nostrum videri quidm quandoque melius, sed denique omnium Medicorum sententia in eo semper positum esse valetudinis suae statu, ut illius ex hoc Morbo reconvalescentiae nulla amplius spes in humanis supersit. Tumet jam toto corpore; et quia tanta hucusque Medicamentorum moles nihil profuit post duos ad summum Menses morietur."

47 PL AEV 1326/16.4. „In Febre adhinc Catarrhali, quae oppressiones Pectoris adferebat, adhibebam feliciter venae sectionem etiam Ter repetitam … In similibus Tumoribus autem, cum eundem, sed alia facie morbum esse animadvertabam, contra omnium opinionem pariter venam feliciter secabam, et Emulsiones porigabam [!] interpositis evacuantibus antiphlogisticis, sed vesicatoria jam hic intermittebam ob mutum gangraenae, quam hac facile in similibus in cute externa concitant. … dum stagnans sanguis aut putris erit, aut Lympham vel in viscus aliquod cunent, vel ruptis Lymphaticis vasis in Cavitatem abdominis a tergo pressus veniat."

48 PL AEV 1326/16.4. „ [...]et ratiocinationem meam etiam in effectum feliciter deduxi, quia concipio vitam et sanitatem positam esse in Circulatione sanguinis et humorum: Circulationem autem magis pendere a solidis quam fluidis, igitur dum vitium spasticum in solidis est, haec magis nihil quam venae sectio et Temperantia relaxant ac corrigunt, ut succi ad debitam suam circulationem erunt. Humores tantum absque maxima consideratione solidorum tractare et evacuare velle magnus apud me error est. Nec metuo, ut alii mihi objecerunt, Hydropem […] venae sectionibus: quia potius affirmo Hydropes, abscessus, scyrrhos, a neglecta sufficienti venae sectione fieri, dum stagnans sanguis aut putris erit [...]".

49 Ibid. „Ego certe sic argumentatis mihi ipsi sum, … Qui tales Tumores purgantibus tantum tractabant, aut urinam pellentibus; Aethyopem lavabant." The phrase "Aethopem lavare" means "making a futile attempt to excuse themselves."

50 Michael Stolberg, Krankheitsgeschehen und leibärztliche Praxis am Hof von Erherzog Ferninand II. Die Aufzeichungen des Georg Handsch (1529–1578), in: Marina Hilber / Elena Taddei, Hg., In fürstlicher Nähe – Ärzte bei Hof (1450–1800) (= Innsbrucker Historische Studien 33, Innsbruck 2021), 91–110.

as possible the current and previous status of His Excellency, as described by the house physician, along with all the applied medical treatments".[51]

On June 18, 1765, the primate finally died in Pozsony, around a quarter to three in the afternoon. This happened after he collapsed while taking a walk in the garden of the summer archiepiscopal residence.[52] According to Meszlényi, "he collapsed, and blood flooded his brain. They took him up to his quarters, but there was no longer any help for him."[53]

The Treatment of the Corpses of High Priests in the Period

In the era, the treatment of the corpse of high-ranking clergy, such as bishops, was governed by ecclesiastical regulations. The Ceremonial of Bishops (*Caeremoniale episcoporum*) provided guidelines for the procedure in such cases, specifically in its 38th chapter titled *De aegrotatione, morte, funere, et exequiis Episcopi*; in addition, *Pontificale* (On the illness, death, funeral, and obsequies of a Bishop).[54] According to this *Caeremoniale*, after death, the attendants and servants of the bishop's household would wash the body with warm water mixed with wine and aromatic herbs. If the deceased's family saw fit, the body could be opened, and it could be embalmed with fragrant spices. In this case, the deceased's internal organs had to be immediately buried in the church ("poterit etiam aperiri, et aromatibus condi, quo casu intestina eius statim sepeliantur in Ecclesia"). If the body was not opened, every effort was to be made to ensure that the body remained odourless until the time of the funeral, even if it required the use of various means. In the case of Archbishop Barkóczy, the procedures and regulations outlined in the *Caeremoniale* were followed. A committee was formed the day after his death within the archbishop's court, consisting of representatives from the Royal Hungarian Chamber and the Esztergom Cathedral Chapter. This committee was tasked with organizing a fitting final tribute (*funeral*) and conducting the legal process regarding Barkóczy's private property, as documented in a substantial handwritten volume known as the *Protocollum*, archived in the Esztergom Primate's Archives.[55] The first part of the source, which focuses on organizing

51 PL AEV 1326/16.4. „Rogo itaque D[omina]tionem V[e]stram R[everen]d[i]ssimam et requiro perhumaniter, ut descriptasa per D[ominum] Medicum Domesticum praesentis et praeteriti status consuetudinarii Principis circumstantias una cum adhibitis Medicamentis in genere mihi ocius transmittere velit." In this phrasing, there are no ambiguities, ifs, or maybes, which leads us to reasonably assume that maintaining medical records about patients was a common practice in Hungary as well.

52 The autopsy report gives an accurate time of death. The place of death is based on the information given on the last page of József Hermán's funeral sermon, which is also in print. József Hermán, The triple sermon of the kind and great high priest of Esztergom, preached by the worthy […] Ferencz Barkóczi, […] with the occasion of his funeral pomp in the church of St. Martin in Posony on the 12th day of the month of Little Assumption in the year 1765, with living tongues by József Herman […], (Győr 1765), [32]. The Archbishop's death is also mentioned in the continuation of Claude Fleury's church history. *Claudii Fleurii Historia Ecclesiastica a R. P. Alexandro continuata* […], Tomus LXXXV (Augustae Vindelicorum 1794), 639. It is to the latter that István Katona, Historia critica, XXXIX (Buda 1809) refers and draws attention to his several errors.

53 Meszlényi: A magyar hercegprímások, 121.

54 Caeremoniale episcoporum (Roma 1600), 286.

55 Protocollum Dispositionum de curando Funere et Testamento Celsissimi quondam Principis et Archi-Episcopi Strigoniensis Francisci e Comitibus Barkóczy. PL, Protocollaria, 69, [hereinafter: Protocollum].

the funeral and its proceedings, was analysed by Margit Beke.[56] From Beke's article and the data from the *Protocollum* we gain a better understanding. The embalming was necessary in this case because the body needed to remain intact and viewable for the next three days, during which secular and monastic clergy performed the funeral rites directly beside the uncoffined body,[57] up until the end of the representative funeral ceremony. Therefore, preservation was essential in Barkóczy's case, as the organization of a funeral worthy of the deceased's rank also took months, during which the deceased's corpse needed to be maintained undecomposed and odourless. After the onset of death, Barkóczy's corpse was taken to a room functioning as an antechamber, where surgeons washed it with warm wine and then wrapped it in a shroud. Then it was placed on a simple stand (*super simplici pegmate*), whichwas not yet the *castrum doloris*. On the morning of June 19, the day after his death, at seven o'clock, the deceased primate's brother, János Barkóczy, convened the aforementioned mixed committee (*deputatio mixta*) to determine the most important tasks, which were summarized in a list of twelve points. The first point instructed the doctor and surgeon (*Aulico medico et chyrurgo*) serving at the primate's court, in consultation with doctor Perbegg and two compassionate monks, to prepare for the removal (*evisceration* and *exenteration*) and embalming of the dead body's internal organs.[58] Originally, the date for Barkóczy's funeral was set for August 25 at four o'clock in the afternoon, so the corpse needed to be preserved for over two months.

The Autopsy of Barkóczy's Corpse and the Modern Pathological Interpretation of the "Sectio Anatomica"

After the onset of death, the surgeons had to begin the dissection and corpse preservation at seven o'clock in the evening under complete exclusion of the public. A protocol of the dissection was made, even though its inclusion in the mixed commission's instructions was not originally planned.[59] However, the physicians must have indicated that they were preparing for this procedure because the dissection description was later copied into the *Protocollum*. Based on this protocol, we can identify the surgeons and physicians mentioned earlier. The primary physician of the Primate's court was Johann Herrmann, the surgeon was Ignaz Hoff. Further information about them is not currently known. Among the two aforementioned Carmelite surgeons, Robert Kovarzik performed the dissection. He was the chief surgeon of the Carmelite hospital in Pozsony and the director of one of its departments, the so-called convalescent house (*domus reconvalescentium*). He had been treating Barkóczy for three weeks prior to his

56 Margit Beke, Barkóczy Ferenc esztergomi érsek temetési pompája (Funeral pomp of Archbishop Ferenc Barkóczy of Esztergom), in: István Bárdos / Margit Beke, Hg., Ministerio: Nemzetközi Történészkonferencia el*ő*adásai, 1995. május 24–25. (Papers presented at the International Conference of Historians, 24–25 May 1995) (Esztergom–[Tatabánya]–Dorog 1998), 21–27.

57 The order of the funeral service beside the funeral bier is based on the Protocollum, vgl. Beke, Barkóczy, 22.

58 "Aulico Medico et Chyrurgo commissum est, ut collatis consiliis cum Domino Perbeg Medico, et cum duobus Chyrurgis fratribus Misericordiae praeparent omnia requisita ad eviscerandum et inbalsamandum corpus exanime, operationem circa horam 7^{mam} vespertinam incipiant eamque peragant exclusis a spectaculo omnibus aliis tam extraneis quam Aulae familiaribus." Protocollum, 4–5.

59 PL AEV 1326/16. 3; Its copy in, Protocollum, 25–27.

death and received 30 gold ducats from the estate commission for his services.[60] The other Carmelite friar, Peregrin, was not a surgeon, as suggested in the commission's instructions, but a nursing brother who merely "assisted" with the *exenteratio*. He might have been responsible for keeping the records. Joseph Karl Perbegg de Thalfeld (1702–1786), who was one of the era's popular and reputable physicians, was to complete the group of medical experts.[61] He had been working as the chief physician at the Carmelite hospital in Pozsony since 1727. Additionally, he was a medical advisor to the Vice-regency Council's healthcare committee from 1738 and became a royal healthcare councilor (*consiliarius regius in rebus sanitatis*) in 1742.[62] He served as the "family physician" for several noble families, including the Pálffys. The protocol of the dissection was signed by everyone involved, except for the nursing brother Peregrin. It is essential to note that this was not just a simple dissection but rather a pathological examination, which became evident from the description of the "Sectio Anatomica". Surgeons Kovarzik and Hoff examined and removed the internal organs, and the protocol contains observations on the condition of these organs and pathological findings. However, the report does not include descriptions and observations for all organs. The entire procedure took about four and a half hours.

Epicrisis

Based on the presumed diagnoses from the report, though without precise knowledge of the medical history, the following direct causes of death can be presumed:

1. Considering the underlying disease (most likely): a malignant liver tumour which had metastasized to various parts of the body. The associated cancer cachexia led to acute heart failure, which is marked as the immediate cause of death.
2. Due to the existing illness, Barkóczy became bedridden, leading to the development of pressure sores on his back. These sores became infected, causing inflammation to spread throughout the body (myocarditis, abscesses, abdominal inflammations, enlarged lymph nodes, and possibly pneumonia). The systemic infection is referred to as sepsis, although theoretically recognizable signs are not mentioned in relation to the spleen, which on its own does not rule out the possibility of sepsis.
3. The archbishop developed gallbladder and bile duct stones which caused jaundice. The stones in the bile ducts caused acute blockage in the pancreatic duct, resulting in pancreatitis. Pancreatitis typically involves a very strong left upper abdominal and back pain and, if not adequately treated, can lead to death within a few days. The pancreatitis and the subsequent death could have also concomitantly occurred with one of the previously long-standing diseases.

60 Protocollum, 29.

61 The representative of the authorities, Dr. Perbegg, who was present at the Primate's dissection, had completed his medical studies at the University of Padua. At that time, Giovanni Battista Morgagni (1682–1771), known as the founder of the science of pathology, was a professor at the University of Padua. Morgagni's groundbreaking work, "De sedibus et causis morborum," was published in 1761, just four years before Barkóczy's dissection. It is possible that Morgagni's scientific views influenced Perbegg. However, it is worth noting that the dissection protocol does not contain a cause of death diagnosis or an epicrisis (a summary of the clinical case). Ephrem aus Thomaswald, Rede von der Liebe Nächstens am vierten Sonntage nach Pfingesten, […] Joseph Karl Perbegg von Thalfeld (Pressburg 1777); Robert Kovarzik, Ode auf den Josef Karl Perbegg Hofmedicus (Pressburg 1777).

62 István Weszprémi, Succincta medicorum Hungariae et Transilvaniae biographia, IV (Bécs 1787), 272–274.

The above conditions, partly due to age (55 years), could have been associated with general atherosclerosis and coronary artery disease, leading to consequential myocardial hypertrophy, as well as enlargement of the heart muscle and/or chamber dilation, as secondary diseases.

Given that the descriptions of the organ abnormalities significantly differ from modern descriptions, and in some places are difficult to interpret or not intelligible ("The cortex and the medulla differed largely from the natural aspect"), the diagnoses – and thus the causes of death – cannot be precisely and definitively determined.

Conclusion

Regardless of the reasons for its creation, the origins of the report can be most likely traced back to contemporary practices. At the time of Barkóczy's death, contrary to Austria, Hungary did not yet have legal regulations concerning autopsy. The state regulation focused on autopsy, as well as on the necessity for these examinations to be carried out or supervised by a qualified and officially sworn surgeon (*juratus chirurgus*) or a public physician (*physicus*-doctor) appointed by the authorities or the court, whether an official doctor (*medicus*) in the absence of the latter. As we have seen, the *Theresiana* only mentions judicial (official) autopsies, even though it theoretically did not distinguish the professional and legal differences between judicial and pathological autopsies. The strict separation of these fields only happened in the 20th century, which was followed by corresponding legal regulations. In the Habsburg Empire of the 18th century, the terms non-judicial or pathological autopsy can only be found in the 1770 general health regulations (*Generale Normativum in Re Sanitatis*), albeit only in a mention (*Eröffnung der Körper* and *dissectio corporum*) regarding the duties of doctors and surgeons. Nonetheless, 17th and 18th century Hungarian examples indicate that despite the absence of legal regulations, pathological autopsies could have been a common practice in the Kingdom of Hungary.

The 1765 autopsy of Ferenc Barkóczy's corpse and the drafting of the report reveal early traces of the systematic methodology of pathological anatomy in the 19th century and, at the same time, show the readiness of the era's religious figures in the field of medicine and anatomy, as has been evident since the early Middle Ages.[63]

While the organ abnormalities described in the autopsy report differ from modern pathological terminology and are sometimes difficult to interpret or unintelligible, despite these shortcomings, inferences can be made about Barkóczy's underlying disease and the course of illness that led to his death. Based on these findings, the high priest suffered from severe liver cancer, which later metastasized. Heart failure accompanied the underlying disease. His condition continuously worsened, leading to his bedridden state. Consequently, pressure sores developed,

63 Mária Puskely, Adalékok a szerzetesi orvoslás történetéből. Medicina, orvostudomány, gyógyászat, ápolás (Contribution to the History of Monastic Medicine: Medicine, Medical Science, Healing, Nursing.), in: Acta Universitatis Szegediensis. Acta historica 124 (2006), 3–22.; Antonio Fornaciari / Valentina Giuffra, Surgery in the Early Middle Ages. Evidence of Cauterization from Pisa, in: Surgery 151/3 (2012), 351–352; Vivian Nutton, Byzantine Medicine, Genres, and the Ravage of Time, in: Barbara Zipser, Hg., Medical Books in the Byzantine World (Bologna 2013), 7–18.; Schmitz-Esser, Der Leichnam im Mittelalter, 218, 260–261, 266–286.

which became infected and caused inflammation throughout his body. He also developed gallbladder and bile duct stones, causing jaundice due to constriction/obstruction of the bile ducts. The stones in the bile ducts acutely blocked the pancreatic duct, leading to pancreatitis.

We consider it important to conduct further research on the physicians and surgeons, who treated Ferenc Barkóczy in his last months (Johann Herrmann, Joseph Karl Perbegg de Thalfeld, Ignaz Hoff, Robert Kovarzik). We would like to pay particular attention to Barkóczy's own Viennese physician, a certain Homlauer, who is yet to be identified, as well as to Drs. Heyn and Kessler, mentioned in Richvaldszky's notes. We hope that these studies will make the medical records written by the attending physicians known, thus providing insight into the medically relevant symptoms of Barkóczy's illnesses, the treatment of the deceased's body as well as the professional documentation of such practices.

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Appendix

Pozsony, 18 June 1765, Autopsy Report of Archbishop Ferenc Barkóczy of Esztergom by Dr Perbegg manu propria, Johann Herrmann manu propria Physician of His Excellency, Robert Kovarzik Friar manu propria Order of the Hospitallers of Saint John of God, Chief Surgeon of the Church Provincial Hospital, Chairman of the Section for the Reconvalescent, Ignaz Hoff manu propria Surgeon of His Excellency; Orig.: Primate Archives=Prímási Levéltár (PL), Archivum Ecclesiasticum Vetus (AEV) 1326/16.3. Three pages, written on both sides.

Sectio Anatomica Cadaveris Cel[sissi]mi Principis, Archiep[isco]pi Strigoniensis etc. etc. Francisci e Comitibus Barkoczy de Szala, die 18va Junii 1765. tertio quadrante pro prima pomeridiana denati, facta per R[everendum] Religiosum fratrem Robertum Kovarzik Ordinis S[anc]ti Joannis de Deo, in qua Summa cum attentione inventa sunt sequentia.

1mo Corpus externum totum ab ante valde emacietum, summe flavum ab artubus superioribus usque ad Pollicem pedis.

2do Dorsum vero totum a scapularum angulis inferioribus incipiendo, per Lumbos et nates usque ad medietatem femorum, plenum Vesiciis gangraenosis, quae usque ad Latus hypochondriorum se extendebant.

3tio Aperto Cranio dura mater tantam contraxit unionem cum Lamina vitrea, ut omni diligentia separari ab ea non potuerit, sed totum Cerebrum, et Cerebellum vi evelli debuerit. Ventriculi omnes majorem quantitatem Lymphae continebant. Plexus Coroideus exilissimus, sed durus una cum glandula pineali, et Pituitaria. Substantia Corticalis et medullaris a naturali multum dissentiebant. Color durae matris flavus erat. In Piae matris vasis sulcos cerebri investientibus hinc inde hydatites plenae materia glutinosa conspiciebantur.

4to Cerebellum naturale erat.

5to Amotis integumentis, et Sterno in conspectum venerunt, pulmones quoad exteriorem colorem et mollitiem vix non naturales, nihil eminus tamen ex utroque Latere 2dae, 3tiae, 4tae et 5tae Costae prope Sternum, et in parte posteriori prope Vertebras, in inferiori vero Concavitate Sua parti musculosae Diaphragmatis summi adhaerebant, remottis illis in dextro Latere aderant liberae duae extravasatae aquae rubrae, in Sinistro Latere vero tantum unciae duae.

6to Cor Valde magnum flaccidum, et liquoris pericardii unicae duae tantum deprehensae sunt.

7mo In arteria Aorta supra valvulas semi Lunares inventa sunt tria ossicula, duo in magnitudine Lentis valde cuspidata, tertium vero minus. Aperto Ventriculo Sinistro, et divisis Valvulis semi Lunaribus (quae Cartilaginosae erant) aderant Polypi duo, unus Bifurcatus, alter rotundus Lacertulis, et sulculis adhaerentes ambo unciam semmis ponderarunt. In Ventriculo dextro erant unciae duae sanguinis nigri, et grumosi. Item ad 3tiam, 4tam, et 5tam Vertebram dorsi erat hydatis in Latitudine trium digitorum sero glutinoso plena.

8vo Separatis integumentis, et musculis abdominalibus, peritoneoque in conspectum venit, Ventriculus summe inflatus, et totus inflammatus cum intestino duodeno, et jejuno.

9º Epiploon erat retractum totaliter sub Ventriculum, et summe durum. Chimus in Ventriculo nigerimi Coloris, et faetidissimi odoris, deprehensus est. Ventriculus vero facile libras octo aquae capere potuit, intestina reliqua exceptis superioribus naturalia erant.

10º Hepar tres cum media libras ponderabat, Color ejus profunde niger, et scirhosum in parte Convexa, in parte vero Concava lobi majoris, et in margine inferiori summe inflamatum cum lobulo Spigelij, minor vero in illa Concavitate, quaparte Ventriculum tegit, inflamatus fuit.

11º In Vesica fellea septem Calculi, quinque instar pisi, duo instar lentis minoris, in Ductu hepatico vero alij duo instar majorum pisorum aderant. Billis pauca, et glutionosa erat, instar mucci Narium.

12º In Pancreatis extremitate, qua Ventriculus incumbit, reperti sunt duo Calculi ponderis Scruphilorum duorum.

13º Splen, cum Renibus, urreteribus, et Vesica naturalis erat.

14º Mesenterij glandulae hinc inde induratae. Ultimo et in vasis Cerebri, et in majoribus utriusque generis vix sanguis Deprehensus est, sed solum serum rubicundum, et in parva quantitate.

In quorum Robur, et fidem nos, quibus interfuit, manu propria subscripsimus, nostraque sigilla appressimus.
Datum Posonii die 19na Junii 1765.
Dr Perbegg mpp.
Sanitatis Consiliarius

Joannes Herrmann mpp.
Suae Celsitudinis Medicus

Fr[ater] Robertus Kovarzik mpp.
Ordinis S[anc]ti Joannis de Deo, Hospitalis Metropolitani Chirurgus Primarius, et Domus Reconvalescentium Prior

Igantius Hoff mpp.
Suae Celsitudinis Chirurgus

The post-mortem examination of the dead body of His Eminency the Primate, Archbishop of Esztergom etc. etc. Count of Szala, Ferenc Barkóczy who died on June 18, 1765 at a quarter to one in the afternoon, performed by the Reverend Róbert Kovarzik Friar belonging to the Order of the Hospitallers of Saint John of God, whereby with utmost attention the following were determined.

1. The entire exterior of the body viewed from the anterior looked utterly emaciated, remarkably jaundiced from the upper limbs down to the toes.
2. The entire back from the lower angle of the scapulae down through the lumbar and gluteal regions to the middle of the thighs were fully covered with gangraenous vesicles that bilaterally extended to the upper abdominal wall.
3. On opening the skull the dura mater was so much accreted to the bony cranial vault that it was not possible to separate them even with utmost diligence, but both the brain and the cerebellum needed to be removed with considerable force. All ventricles contained encreased amounts of brainwater. The plexus chorioideus was thinned but hardened together with the pineal and pituitary glands. The cortex and the medulla differed largely from the natural aspect. The dura mater was yellow. Upon the vessels of the pia mater running along the brain sulci here and there vesicles filled with some sticky substance were seen.
4. The cerebellum was natural.
5. After removing the skin and the sternum the lungs revealed an almost natural appearance in terms of their colour and softness, which however adhered bilaterally to the 2nd, 3rd, 4th and 5th rib at the sternum and posteriorly at the vertebrae, as well as inferiorly to the muscular part of the upper diaphragmal surface lying against the concavity [of the pulmonary basis]; after removing them, on the right side [later added: two], whereas on the left side two [sic!] ounces of extravasated red fluid appeared.
6. The heart was considerably enlarged and flabby, in the pericardial cavity two ounces of fluid was noted.

7. In the aorta above the semilunar valves three ossified [plaques] were found, two were the size of a lentil and pointed in form, while the third one less so. On opening the left ventricle and transsecting the semilunar valves (that made a cartilage-like impression) the presence of two polyps was seen, one bifurcated, the other rounded and torn, both adherent to the sulci between the valve pouches, each weighing half of an ounce. There were two ounces of black and grumous blood in the right ventricle. Furthermore around the 3rd, 4th and 5th dorsal vertebrae there was a cyst filled with sticky serum the size of three fingers.
8. After dissecting the skin and the abdominal muscles as well as the peritoneum, the extremely [gas-] blown stomach, the duodenum and the jejunum appeared completely inflamed.
9. The greater omentum was completely retracted under the stomach and it was indurated. The stomach contained completely blackish and strongly stinking chyme. The stomach yet easily received eight pounds of water, and except of the above the rest of the bowels had a natural character.
10. The liver weighed three and a half pounds with a deep black colour and was scirrhous on the convex part, whereas greatly inflamed on the concave part of the larger lobe as well as at the lower margin together with the Spiegel's lobe, and the lesser [lobe] around the concavity covering the stomach was inflamed.
11. There were seven calculi in the gallbladder, five of them pea-sized, two the size of a smaller lentil, and in the hepatic [bile] duct two more in the size of a larger pea. The bile [content] was limited and sticky resembling nasal slime.
12. In the pancreatic extremity covered by the stomach two calculi weighing two grains* [each] were discovered.
13. The spleen together with the kidneys, ureters and the [urinary] bladder were of natural character.
14. The mesenterial lymph nodes were here and there indurated. And finally, hardly any blood was found in both types of larger cerebral vessels, but only limited reddish serum.

We who were present, gave proof of validity and credibility of the above by our own-handed signatures and impression of our seals.
Dated in Pozsony, June 19th,1765

Dr Perbegg manu propria [signed with own hand]
Honorary Counsellor

Johann Herrmann manu propria
Physician of His Excellency

Robert Kovarzik Friar manu propria
Order of the Hospitallers of Saint John of God, Chief Surgeon of the Church Provincial Hospital, Chairman of the Section for the Reconvalescent

Ignaz Hoff manu propria
Surgeon of His Excellency

*grain: old medical unit of weight; 1 grain = 0,0729 g