
TRANSILVANICA

Past Epidemics in Transylvania (1830–1918) and Their Lessons for the Current Challenges

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“Epidemic diseases deserve attention because their history is far from over.”
(Frank M. Snowden)

THE EVENTS of 2020 have brought to our attention, more than ever, the epidemics of the past. Confronted with a threat of staggering magnitude such as the Covid-19 pandemic, for which there are no references in the immediate experience, the various specialists, along with ordinary people, have sought knowledge in the realities of past epidemics. In this context, I turned my attention to the infectious diseases that plagued Transylvania in modern era, to see to what extent the existing information is useful in today’s circumstances. I also aimed to underline those research directions that, if followed, would provide valuable tools allowing us to better understand the social, economic, demographic, and psychological implications of a pandemic.

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“Epidemic diseases deserve attention because their history is far from over,” wrote in 2019 Frank M. Snowden, professor emeritus at Yale and a well-known historian of medicine.¹ Indeed, epidemics are a constant presence in human history, able to create serious disruptions in society. They cause loss of life and material damage and radically change the ways of thinking. Epidemic episodes are events with many actors: state authorities, doctors, and ordinary people. Amid the measures taken to prevent the spread of the disease, treatments, measures to limit the economic impact and so on, ordinary people try to find meaning in the events they live, often using the available knowledge about similar events in the past. This has become visible during the current Covid-19 pandemic, when we are witnessing a growing tendency to find answers to present anxieties in the knowledge of past epidemics. There are already studies that investigate and confirm this trend. Such an example is an article analyzing the references to past epidemics in the Flemish news media during the Covid-19 pandemic, which shows that in times of crisis for which there are no references in immediate memory, it is a very common trend to seek information in similar events in the past.² Another example is a paper by Barro et al.³ aiming to estimate the effects of Covid-19 based on available data on the 1918–1919 influenza pandemic. This trend once again highlights the pedagogical value of history, showing how past epidemics, especially when analyzed comparatively, can provide useful information to better deal with current or future epidemics.⁴ A good such an example is a study signed by Chan et al. (2013) in which mathematical models are used to reconstruct the spread of the disease in some cities in Europe and America during the cholera pandemic of 1826–1832. The acquired data are considered relevant for the spread of cholera outbreaks nowadays.⁵

Past epidemics are generally studied as a part of the history of medicine. Most of the related papers focus on causes, ways of spreading, symptoms, number of victims, measures taken by governments, or treatments. Among the topics investigated especially in recent years, there are, for example, the efforts of the state authorities to impose vaccination as a method to combat diphtheria,⁶ the contribution of women from the social elite to the acceptance of the smallpox vaccine by the people,⁷ the huge number of victims during the “Spanish flu” pandemic,⁸ the social violence caused by the losses, frustrations and fears during epidemics,⁹ the factors that hinder the measures taken to combat the effects of epidemics,¹⁰ or the establishment of sanitary cordons as a measure to prevent epidemics in the 19th century.¹¹ The centenary of the “Spanish flu” pandemic has also generated numerous books and articles, bringing attention, more than usual, to the issue of epidemics.¹² Researchers are aware, however, that reconstructing all dimensions of past epidemics is a difficult task, hampered by a number of factors: the lack of accurate statistics, misdiagnoses, the incomplete information about treatments or vaccines, etc.¹³

One aspect of epidemics less researched in these studies is how ordinary people relate to epidemic outbreaks: their attitude towards the disease, towards the measures taken by the government, and how they integrate these traumatic events into their daily lives. An epidemic is both an objective reality and a social construct. Its objective aspects and the beliefs about it are equally important.¹⁴ The tragedies, the hardships people go through during epidemics can divide a society, can lead to outbursts of violence and hatred, or on the contrary, can engender solidarity and compassion.¹⁵ Furthermore, the way in which a disease is perceived by the population, the government and the doctors can greatly determine the evolution of an epidemic. The knowledge about the perception and attitudes towards the disease of those affected is as important as that about symptoms, routes of transmission, or number of victims.¹⁶ People behave differently when they believe an epidemic to be a divine punishment, the result of criminal acts, or of the forces of nature. Even the best measures taken against an epidemic have only limited effects if the population refuses to comply; even the most effective of the vaccines are useless if rejected by the population.

TRANSYLVANIA, a Romanian historical province which was part of Hungary until 1918, was not sheltered from epidemics. The timeframe we are referring to begins with the cholera pandemic of 1830–1832 and ends with the “Spanish flu” pandemic of 1918–1920. During this period, there were many epidemic outbreaks of infectious diseases: cholera, smallpox, diphtheria, whooping cough, scarlet fever, granular conjunctivitis, tuberculosis, syphilis, and measles. Some episodes affected the entire province (such as the cholera epidemics of 1831–1832, 1836, 1848, 1855, 1866, 1872–1873), others only certain regions. There are no overall data on the number of illnesses and deaths due to infectious diseases; their percentage of the total deaths seems to have been significant, though: according to official statistics for 1901–1910, at least a quarter of all deaths were due to infectious diseases.¹⁷

Most of the studies on these issues refer to practical matters such as the number of illnesses and deaths, the measures taken by the government, regulations to prevent the transmission of diseases, and treatment prescriptions. They are also limited to only one specific disease of those that afflicted Transylvania during this period, to a specific region, or a short period of time. Such a paper details the efforts of the government to fight the smallpox epidemics in Bistrița area, recounting the refusal of people to vaccinate their children, due to their fear and distrust of doctors.¹⁸ Another paper analyzes the cholera and measles epidemics in the Satu Mare area in relation to poor hygiene conditions, favorable to diseases; it shows a rural world stricken by poverty, where peasants were distrustful of doctors, resorting instead to medicinal plants or to magical practices such as

curses and enchantments.¹⁹ The press had an important contribution in spreading the information about the measures against diseases, conveying regulations issued by the government and various information concerning the symptoms and treatment.²⁰ This was the case even during the “Spanish flu” pandemic, when the press was heavily censored because of the war.²¹

The demographic impact of epidemics has also come to the attention of historians. The biggest difficulty faced by demographic analysis is data quality: the official statistics are often incomplete or inaccurate; until 1895 the centralized reports, aggregated from data issued by local authorities, were especially lacking; people who registered the cause of death often did not have the necessary training; the cause of death was seldom determined by a doctor; only after the reform of the administration in 1895 did these data become more accurate.²² These shortcomings also affect the parish registers, one of the most important sources for historical demography. The deaths were recorded by priests who lacked medical training. Especially in poor rural areas, the causes of death were rarely determined by a doctor. Often the death caused by infectious disease was recorded as “common” or “natural” (vs. accidental death or homicide); there are also notable differences, in some localities, between the ways in which priests of different denominations recorded the cause of death: some noted “natural,” others mentioned the correct name of the disease; sometimes the cause of death was mentioned only by the symptoms (colic, fever). All these situations make it difficult to know, in some localities, the real magnitude of epidemic episodes.²³ The demographic aspect cannot be ignored in any analysis regarding epidemics: they impacted the mortality, marriage and birth rates, increasing the number of widows and of marriages involving widowed spouses.²⁴

Despite the numerous studies on the epidemics that affected Transylvania during the aforementioned period, there is still no in-depth investigation into how people related to the waves of contagious diseases and how they affected their daily lives. The people’s ideas, perceptions and beliefs are often only mentioned, without any further explanations.

The experience of the current Covid-19 pandemic has underlined, however, the importance of these attitudes, justifying their in-depth investigation, in several directions: the people’s representation of epidemics, how they were perceived, explained, integrated into daily life, in all their aspects (causes, methods of transmission, symptoms, treatments, attitude towards doctors, towards the state authorities, etc.); the demographic behaviors and aspects affected by epidemics: how soon and how often the lives lost were “compensated for” by the afflicted families (remarriage of widows and widowers, new births in families who lost children to epidemics); the correlation between contagion and social networks (extended family, godparents), the existence of mortality clusters in

some families etc. This project will be an interdisciplinary research, with tools and methods from history, social history, historical demography, cultural history, sociology, and digital humanities.

An in-depth analysis should consider the following hypothesis: although some behaviors and attitudes toward epidemics are specific to this particular time and place, others are a constant occurrence over the decades, despite the progress in education and living standards. We intend to find explanations for these behaviors and attitudes, to contribute to a better understanding of the mechanisms behind them, and to address thusly some of the challenges of the present. We consider such an approach useful and necessary, because today's society has discovered that, despite the progress of civilization, it remains vulnerable to epidemics to an extent that until recently has seemed unimaginable.

The main difficulty is posed by the disparities in data quality; as shown above, statistical data are often inaccurate, especially concerning the first part of the aforementioned period. For this interval, the researchers have to rely mainly on archival sources; for the second half of the 20th century, the sources are much more generous (newspapers, health-related specialized literature, brochures etc.).

In order to better understand the economic and demographic impact of diseases, it is necessary to piece together the general statistical aspects of epidemics in Transylvania during the modern era. The statistical framework regarding the morbidity and mortality due to infectious diseases is indispensable to any investigation of people's behavior during an epidemic. These data are available, fragmentarily and unequally, in various categories of sources, but to our knowledge there is still no study to centralize them for the entire Transylvania in the aforementioned period. Such research would provide for the first time a numerical overview of the morbidity and mortality caused by infectious diseases in Transylvania during this timeframe.

Another possible interesting direction of investigation concerns the demographic behavior during epidemics in Transylvania. This should analyze how epidemics influenced private events such as marriage or the birth of children; also whether the transmission of diseases overlapped with family and social networks or with certain nuclei of mortality, as an indication that certain attitudes and decisions specific to some families or groups favored the spread of the disease.

The data for this analysis will be provided mainly by the Historical Population Database of Transylvania (HPDT). The HPDT was developed at the Center for Population Studies of Babeş-Bolyai University of Cluj (its public interface can be accessed at <http://hpdt.ro:4080/>). The HPDT holds data regarding births, deaths and marriages transcribed from parish registers from various regions of Transylvania, selected according to certain criteria (economic and administrative status, geographical areas, with a population both homogeneous and diverse

ethnically and religiously). So far, the HPDT has acquired data from parish registers from over 30 localities; this process of inputting more data is ongoing.

The perception of people on epidemics (ideas, beliefs, attitudes) is another very important topic for understanding the spreading of diseases and the success, or lack thereof, in fighting against them. Both the elite and ordinary people should be considered. This research would rely mainly on published sources from that period, both Romanian and Hungarian: newspapers, popularizing brochures, memoirs, literature. The following main directions are particularly interesting:

a) The attitude towards doctors and medical assistance during epidemics. Many authors researching this topic are unanimously of the opinion that the ordinary people of Transylvania mistrusted doctors, avoided them and preferred to resort to the village elders or traditional remedies; this attitude is attributed to poverty, superstition and ignorance.²⁵ Some indications, however, suggest a more complex reality. Numerous articles in newspapers display a blatant disrespect towards doctors: one stated that in localities with active doctors, the mortality was higher than in those where people were allowed to heal naturally²⁶; another one mocked the doctors for their claim that an epidemic wave of whooping cough in 1885 had appeared especially in schools where the learning of the Hungarian language had become compulsory²⁷; one accused the doctors of fueling false rumors about epidemics in order to increase their income from medicines and vaccines.²⁸

One possible explanation for this surprisingly persistent and widespread attitude is the low number of available doctors; even where there was a doctor residing within reasonable distance, many people simply could not afford the price of his services and of the prescribed medicine. Under these circumstances, the recommendations made by medical authorities that, in case of suspected contagion, a doctor was to be called without delay, were baseless. The grim reality, as depicted by documents (especially by parish registers) was that many people got sick and died without any professional medical care.

This attitude of people towards doctors certainly influenced the effectiveness of the fight against diseases. During the numerous epidemic episodes, the newspapers published many indications from doctors for the prevention and treatment of infectious diseases. Because many people did not trust doctors and were not used to their services, we can assume that their recommendations had a rather limited impact.

b) The attitude towards vaccination. The vaccine against smallpox was considered by the government to be the best way to prevent the disease, but people were reluctant and often refused to vaccinate their children, because it was painful, caused a mild form of the disease anyway, and posed the risk of transmitting

other diseases, such as syphilis.²⁹ There are numerous articles in the newspapers of that time that explain how the vaccine works, but also articles that lament its negative effects and uselessness. An article from a magazine called *Gura Satului* (The Village Voice)(1872)³⁰ underlines some of the most important objections against vaccination, in a way eerily similar to those formulated today: vaccination is nothing but “medicinal quackery”; through vaccination, a poison is introduced into the body of healthy children, causing diseases such as syphilis or scrofula; the author of this article “knows himself” of a doctor who was vaccinated, and who, in spite of it, become ill with smallpox twice. “As long as I live, I will not subject my children to vaccination,” concluded the author.

c) The attitude towards the epidemic disease itself: for a long time the real causes of infectious diseases had been unknown.³¹ As medicine progressed, the role of microorganisms in the onset of disease gradually became known. However, the press articles and brochures displayed a contrasting reality: along with medical information, many articles consider epidemics to be a divine punishment³² or the consequence of a disorderly lifestyle, with excesses of food, drink and carnal pleasures.³³

d) The attitude towards the measures and regulations imposed by the government. Despite all efforts, people apparently refused to comply with established measures to prevent and limit the spread of the disease: they disregarded the ban on attending funerals in times of epidemics³⁴; the measure imposing the isolation of the sick was not only ignored (it was anyway difficult to implement in overcrowded homes) but sometimes deliberately violated by parents who intentionally took their children to houses with sick people (such as with scarlet fever) in order for them to get the disease and get over it.³⁵

AN EXTENDED analysis of all these attitudes and behaviors would offer an in-depth understanding of the mechanisms behind the people’s representation of epidemics in Transylvania, about life in that time; we would come to understand how the information about diseases was generated and transmitted and who were the actors involved in this process. The persistence of some of these over time makes us wonder, together with some authors,³⁶ if there is “a common dramaturgy to all epidemics,” or certain responses to epidemics common to most affected areas, no matter the timeframe. Such research would likely yield interesting results and conclusions, highly relevant for the current predicament of our society.



Notes

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Abstract**Past Epidemics in Transylvania (1830–1918)
and Their Lessons for the Current Challenges**

The current Covid-19 pandemic has brought the past epidemics to our attention, as a source of valuable knowledge. This paper reviews the information available on epidemics in Transylvania in the modern era, underlining the need for an extended investigation of the related attitudes and behaviors displayed by the people. This research should follow two directions: the people's representation of epidemics, how these were perceived, explained, integrated into daily life, with all their aspects (causes, methods of transmission, symptoms, treatments, attitudes towards doctors, towards the state authorities etc.); the demographic behaviors and aspects affected by epidemics: how soon and how often the lives lost were "compensated for" by the afflicted families (remarriage of widows and widowers, new births in families who lost children to epidemics); the correlation between contagion and social networks (extended family, godparents), the existence of mortality clusters in some families etc. Such research would provide useful insight into the struggle and resilience of a society plagued by infectious diseases.

Keywords

epidemics, Transylvania, modern era, vaccine, smallpox, cholera, demographic behavior