

Epidemics and Mentalities. Cholera in the 19th century Transylvania

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ABSTRACT

Present since antiquity in the geographical area enclosed by the river beds of Ganga and Brahmaputra, cholera occurs first in Europe only during the 19th century. Seven powerful pandemic waves of cholera follow the plague epidemic which had just been eradicated. The frequency and the violence with which these two epidemics unfold had left a deep mark in the collective memory, transforming them into an *epidemiologic couple* which is generally associated by people with fear and death. Transylvania was affected by these pandemic waves in the following years: 1831-1832, 1836, 1848, 1855, 1866, and 1872-1873.

The number and the frequency of these epidemics, their geographic distribution, the quantitative volumes of illnesses and deaths, coupled with their impact on the familiarity of death on the relative short lifespan of individuals during the 19th century, all these represent a first stage in the drafting of the thesis.

In the study of the kinetics of the collective imaginary induced by epidemics there are distinctive structures of the discourse. One can thus identify the oratory configuration of the authorities, doctors, the media individual, the priest, but also the underdeveloped orality of the peasant, barely perceptible in the background of popular religiosity. Within each of the discursive structures one can find multiple voices, often transmitting contradictory messages. With this paper my goal is to find common places for attitudes and reactions that were specific for plague epidemics but also the distinct ones specific for cholera; on the other hand I intend to identify possible evolutionary variables of receptivity or immutability of the collective imaginary.

Searching for the characteristics of cholera epidemics and of the fear associated with them was made through comparative analysis with other geographic area, especially those from Western Europe, where the documentation sources available are more reach in information. However, I tried to avoid drawing conclusions which proved to be right for the classical historic evolutions attributed to the Western world, a place in which the penetration and the victory of modernity did not leave any room for equivoque. In this sense it is important to describe the original elements of the discursive elements from the Transylvanian space. I tried to identify up to what extent the differences in civilization between the center and the periphery, the civility intentions of the elites and the logistics possibilities of the state over such a vast territory, all these within the context of the complicated ethno-social structures from Transylvania, had notable effects at the mental, social and sanitary level, all analyzed through the lens of modernity.

From a demographic standpoint, the epidemics from 1831-1832, 1836, 1848, 1855, and 1866 did not have catastrophic effects with regard to mortality, each of them generating less than 2,000 victims in the principality. In that century losses are easily recouped, due to the fact that epidemics lead to the extermination of the vulnerable and old ones and also due to individual choices that follow immediately after an epidemic – increase in the number of marriages and birth rates. As opposed to the first epidemics, the one from 1872-1873, which produced over 20,000 victims, was for Transylvania a true “demographic shock”, playing a decisive role in the decline characteristic for the eight decade of the 19th century.

The trajectories of cholera epidemics overlap, as it happens in other geographic areas, with the existing commercial routes and the movement of various military troops engaged in wars/battles. In the case of Transylvania, the source of cholera comes from outside the Carpathian Mountains, carried by the refugees coming from the principalities already affected by the disease but also from the North-West, from Galicia and Hungary. Population movements due to social, economic or military reasons had played an important role. The cholera epidemic from 1866 spread out due to the soldiers who returned home after the war with Prussia but also due to agglomerations specifics to fairs and religious proceedings

The analysis of the official statistics had led to the conclusion that the level of the lethality caused by cholera is strongly linked with the date of the occurrence of the epidemic and the possibility to fight back of the authorities. The average lethality is around 40% with fluctuations determined by different factors. A high number of deaths out of the total number of illnesses took place in the first weeks of the evolution of the epidemics. On the other hand, the involvement of the local communities by means of quick measures, social assistance given to the poor, and efforts directed toward public hygiene led to a significant diminishing of the lethality, as it happened in the case of Cluj during the 1831-1832 epidemic.

The 19th century brings a great increase in the level of the medical discourse, sometimes managing to disrupt the religious vision of the disease sent by God as punishment for the people's sins. There are lots of writings about causes, the factors which trigger the disease, about prevention and healing, and the necessity and opportunity of quarantines. The discovery of the choleric vibrio by Koch was disseminated in Transylvania, thus surpassing the old conflict from the medical world regarding the miasmatic or contagious origin of cholera. Despite the fact that Koch's discovery helps toward the understanding of the viral origin of the disease and to awareness that it can be limited through hygiene and disinfection, the efficient treatment was still far away.

The medical community worldwide had always been faced with helplessness regarding the treatment of cholera. Official letters, medical writings, personal correspondence all support helplessness when confronted with the disease. This situation had not changed drastically after Koch's discovery. Progress toward understanding the disease did not immediately led to the development of an efficient treatment. Therefore, prevention had remained for a long time the main option when facing cholera. The first stage in the treatment of cholera, at that time, as in the case of other diseases, was venesection, by applying bloodsuckers – this in the opinion of the doctors from that time led to an increased excitability of the body which in turn could then fight better against the disease. The cholera, in most cases, would start with people throwing up. Because doctors believed that the agent of cholera determined such a poisoning, they would prescribe anti-vomiting drugs. The diarrhea and intestinal cramps were calmed with anti-

diarrheic drugs while the cooling of the body was stopped by strong frictions. In this way, the fragmented treatment by inverse stimulation, the impossibility of an integrated therapy, had led to the treatment of each symptom as a separate disease until the development of anti-microbial drugs.

In Transylvania most of the treatments used in the Western Europe were known, however only the elite could benefit from them, given the lack of doctors and pharmacists. During the first epidemics bloodsuckers were used, then ointments based on opium, camphor, and bismuth powder but also drugs known in the popular tradition based on mint, chamomile, etc. were introduced.

In Transylvania the medical discourse was supported by the State, mainly due to administrative reasons. The quarantines used during the plague epidemics were kept for the cholera epidemics from 1831 and 1836; however in 1848 they were dropped due to administrative, economic and psychological reasons. It was understood that the quarantine of the diseased person rather than of an area, strong disinfection of the objected touched by the diseased and calling for the doctor all represent important measures in fighting against cholera.

Among the actors involved in the disease, starting with the 19th century, press plays now a role. This did not happen during the plague epidemics. Press is the one whose role regarding the disease had developed rapidly – it wrote about the first cases, it spread rumors, and it became the actor mediating between the scientific and popular dimensions of medicine, between the people and the authorities, between religion and laity. The press had undergone, similar to the other social actors such as the clergy, the doctors, the authorities, etc. the same psycho-social path with each cholera epidemic: ignoring the threat – abrupt contact with the disease – deep fear –running away – quarantine – miasmas – “treatments”. The medical discourse was for the most part assumed and disseminated by the press. In this area the press had set a specific goal for itself: to educate, to change the vision concerning this disease, to support hygiene and moderation in life, all these based on the idea that cholera is the disease of the uneducated and poor/dirty ones. Supported by the state and the elites, the press gets engaged in the broad dissemination of the medical jargon, aspiring to penetrate the common level of understanding from the rural areas.

During the epidemic episodes, the religious rhetoric is built around two major topics. The first one refers to the fact that God is sending the disease but also the salvation while the second one postulates that salvation depends on each Christian, if he/she takes care of the body. During these epidemics the Church goes as far as to re-evaluate its own dogma, some tenets thus becoming secondary. In reality, the Church understands the role it is entrusted with by the state in the fight with the disease and it undertakes the task of communicating with the people. The reason for doing it was simple – not because of obedience to the State but because it understands the social role this institution could play in the future. This understanding led to the modification of certain practices within the framework of a new type of social understanding – forbidding pilgrimages, even confessions if necessary, ignoring the traditional duration before burial or even lent periods, etc. the success of the priest in the laic space can be explained due to the discrepancy between the modernity attempts of the state, especially in the area of legislative reforms and the concrete conditions regarding the existing infrastructure.

No matter that or how the elites' vision/perception regarding this disease had changed from the 1831 epidemic to the 1873 one, things remained the same for the lay people. The village and its inhabitants had been, for more than a century, the subject of a concerted action coming from the state and the reforming elites who wanted a forced modernization. Orders, instructions and the literature meant to popularize the medicine had tried to trigger changes in two areas: one rational, in the sense of a behavior more focused on hygiene, and another, more irrational, by forcing a new attitude regarding the disease, a closeness with the doctor and a departure from the old tools/traditions used during the plague. There were similarities between the two diseases even at the level of folk songs and legends – the cholera, similar to the plague, is portrayed as an old and ugly woman who is walking the country side in order to accomplish the faith's decisions. Confrontation with a new epidemic, immediately after the eradication of the plague, imposes the use of similar weapons. Those who do not believe in the solutions provided by the authorities have at their disposal pagan and magical rituals and tools: the cholera's shirt, the furrow surrounding the village, and the use of certain plants/flowers from the local flora. This ethno-botanic pharmacopeia was in fact replacing the institution of the medical doctor. In other spaces, the doctor was no longer the enlightening figure, he had

become a key factor in the social machinery, an essential actor of the romantic narrative discourse.

The discovery of the bacillus *vibrio cholera* and the consecration of the hygienic element in the regime of social strictness do not seem to have significantly influenced the psychological mechanisms of fear which kept its deep roots in the everlasting myth of conspiracy. Also, the statistical variables regarding mortality do not show any signs of affecting the conservation instinct of the human species.

The quantitative dimension of the disease and death from a certain epoch needs to be understood exclusively by reference to the collective imaginary and universe of that time.

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