

DEMOGRAPHIC AND BEHAVIOURAL PERSPECTIVES ON THE NINETEENTH-CENTURY CHOLERA EPIDEMICS IN TRANSYLVANIA

Ioan Bolovan

Abstract: Raportul societate-epidemii-catastrofe naturale a reținut atenția istoriografiei contemporane printr-un interes biologic, demografic, social, și nu în ultimul rând, mental, datorită multiplelor implicații asupra populației. Istoria populației Transilvaniei în epoca modernă nu a fost ocolită de impactul negativ al epidemiilor de holeră, de aceea comportamentul demografic și mental, dinamica populației provinciei în cursul secolului al XIX-lea a cunoscut variații mai ample sau mai puțin sesizabile. În Transilvania s-au manifestat mai multe epidemii de holeră, în 1831-1832, 1836, 1848, 1855, 1866 și 1872-1873, aceasta din urmă fiind cea mai virulentă din întreaga epocă modernă. Pentru a sesiza mai bine amploarea ultimei mari epidemii de tip medieval, precizăm că din populația totală a Transilvaniei s-au îmbolnăvit 2,18% și au decedat 0,88% (22.053 de persoane).

Alimentația deficitară, muncile obositoare, alcoolismul, locuințele insalubre și aglomerarea mai multor membri ai familiei într-o încăpere, ignoranța, analfabetismul cronic, imposibilitatea pentru cei mai mulți țărani de la sate și săraci de la orașe de a-și procura medicamente au fost numai câteva cauze care au generat o mortalitate excesiv de mare procentual la clasele sărace comparativ cu nobilimea sau categoriile sociale înstărite. Nici acestea din urmă nu au fost menajate de holeră, existând cazuri de decese chiar în rândul marilor familii nobiliare, însă posibilitățile acestora de a se proteja împotriva epidemiei (inclusiv refugiul la vreun castel de la țară, mai izolat) erau mult mai numeroase. Atenția oficialităților s-a concentrat mai ales asupra măsurilor de profilaxie internă, pe teritoriul Transilvaniei, o suită de circulare și instrucțiuni fiind menite să prevină populația asupra cauzelor și simptomelor bolii, tratarea ei și, nu în ultimul rând, menținerea unui climat social adecvat pentru evitarea tensiunilor și tulburărilor care ar fi putut degenera în violență. Comportamentul, mentalitatea elitelor transilvănene (conducătorii provinciei, cadrele administrative, doctorii etc.) s-a încadrat în ceea ce s-a putut constata și în alte țări, respectiv evoluția de la organizarea informației la lupta antiepidemică efectivă.

Privind retrospectiv și succint cele 6 epidemii de holeră care s-au succedat în spațiul ardelean între 1831-1873, putem avansa ipoteza că în ciuda nivelului ridicat al mortalității generale cu ocazia manifestării bolii, evident și în anii imediat următori încetării ei, dinamica populației Transilvaniei nu a fost afectată în mod decisiv decât pe termen scurt. De fiecare dată, mortalitatea a intrat într-o vizibilă diminuare după încetarea epidemiilor, iar nupțialitatea și natalitatea au cunoscut creșteri substanțiale, ceea ce a permis refacerea echilibrului demografic. Firește, holera și consecințele ei au adus modificări consistente în ceea ce privește repartizarea populației pe grupe de vârstă, stare civilă etc. Oricum, epidemiile de holeră nu au zdruncinat atât de violent societatea ardeleană, așa cum au făcut-o epidemiile de ciumă din Evul Mediu, care au cauzat local și regional adevărate depopulări.

Nu în ultimul rând, holera a generat noi atitudini și reacții comportamentale, discursul elitei asupra bolii și poziția autorităților cunoscând metamorfozări interesante. Dacă până în secolul al XIX-lea prevala concepția teologică a originii epidemiilor, această explicație s-a redus drastic în secolul al XIX-lea, în timpul epidemiilor de holeră prevalând un discurs cu precădere medical, difuzat prin circularele guberniale, broșurile publicate cu sprijinul autorităților, articolele de presă etc. Noua viziune explicativă asupra holerei, preponderent rațională, era impregnată pe alocuri cu accente sociale și morale, boala fiind interpretată uneori și ca pedeapsă divină pentru cei murdari și păcătoși sufletește, ca un rezultat al unor carențe grave (dar remediabile) de igienă și sanitație. Firesc, revine mereu îndemnul la cumpătare, la conduită ireproșabilă atât fizic, cât și moral. Sensibilitatea populară tradițională a fost și ea erodată de abundența informațiilor științifice difuzate pe toate canalele (circulare ale autorităților administrative și ecleziastice, activitatea de profilaxie a medicilor intensificată în timpul epidemiilor, presa etc.), fără a fi eliminate în totalitate practicile magice și superstițiile.

Keywords: demographie, epidemic, cholera, Transylvania.

Cuvinte-cheie: demografie, epidemie, holeră, Transilvania.

Contemporary historiography has devoted considerable attention to the rapport between society, epidemics, and natural catastrophes, particularly from the standpoint of their biological, demographic, social and mental implications for the population. The history of Transylvania's population in modern times has not been bypassed by the negative impact of the cholera epidemics, which, during the nineteenth century, entailed more extensive or less noticeable variations in the demographic and mental behaviour, and in the population dynamics in the province. In this study we shall emphasise the direct and the indirect demographic consequences, as well as the behavioural responses of Transylvania's inhabitants who were faced with the assault of these destructive factors. At both an individual and a collective level, diseases and

natural catastrophes generated an acute sense of insecurity in Transylvania, especially since the traditional Transylvanian society was prevalently rural (for example, in 1850, the rural population of Transylvania represented 93.5%, while in 1900, it amounted to 88% of the total population in the province)¹.

The cholera epidemics left the most visible demographic and mental imprint upon the Transylvanian society in the nineteenth century, because of their virulence at the level of their immediate casualties, but also given their rapid transformation of physical human appearance in the victims. From the very beginning we ought to mention that these epidemics affected all the components of the population's natural growth, such as mortality, nuptiality and natality. In other words, the epidemic shock produced a disruption in both the numbers and the structure of the population. The immediate victims of the epidemics left behind broken homes, a diminished percentage of married couples, and an increased rate of widows and widowers. As concerns the nuptiality phenomenon, aspects exceeding the frameworks of classical patterns emerged in the wake of the epidemics: for instance, there was an increased occurrence of pallingamy, that is marriages in which at least one of the spouses was a widow or a widower. Naturally, the rates of birth and death entered a genuine, avid "race," since after the cessation of the epidemics, the number of births registered a sharp increase.

The first outbreak of cholera in Transylvania, like those across the entire European continent, occurred throughout the year 1831 and at the beginning of 1832. Despite its virulence in Hungary or in Central and Western Europe, the 1831 cholera was not so serious in Transylvania as the others that followed. It erupted in uneven bouts of time across the province, being encountered in various administrative units from mid-July 1831 to mid-January 1832. Of the 3,629 people who fell prey to cholera, 2,193 recovered and only 1,436 died, which represented 39.6% of the total of those afflicted by the disease². While in 1831-1832, the cholera routes mostly avoided the Transylvanian principality, the cholera epidemic of 1836 proved to be much more devastating. According to the information centralised by the Gubernium of Transylvania, in the few summer months when it manifested with the utmost intensity, 34,707 people fell ill and 9,339 passed away, which meant 26.9% of those contaminated³. Despite the increased number of victims compared with 1831-1832, the new epidemic wave of 1836 found, it seems, both the authorities and the populace much more prepared to defend themselves against cholera, as evidenced by the lower proportion of casualties out of the total number of people infected. Significant in this regard is the fact that the

¹ Ioan Bolovan, *Transilvania între revoluția de la 1848 și unirea din 1918. Contribuții demografice*, Cluj-Napoca, 2000, p. 77.

² Gheorghe Brătescu, Paul Cernovodeanu, *Biciul holerei pe pământ românesc. O calamitate a vremurilor moderne*, București, 2002, p. 98.

³ Magyar Országos Levéltár (Hungarian National Archives, Budapest), Fond 58, file 15, f. 491.

decades preceding the 1848 revolution witnessed an increase – true, not a spectacular one – in the number of hospitals, doctors, pharmacists, and the staff who during the epidemics engaged in staving off the harmful effects of cholera. Thus, between 1807-1845, the number of hospitals in Transylvania increased from 2 to 12, that of the doctors from 57 to 69, and of the pharmacists from 54 to 70⁴.

The next onslaught of the cholera epidemic in the province occurred in the summer of 1848, concurrently with the revolutionary events that were then in full swing. Although the mobility of the population and of the combat forces during the months of July-December 1848 might have been expected to lead to a greater expansion of cholera, it was quite limited, the number of victims recorded amounting to about 1,000 people⁵. Shortly after the end of the 1848 revolution, the province had to face the negative effects of the cholera epidemic of 1855. Even if the cholera epidemic was not so virulent in the principality, where only 1,049 deaths were recorded⁶, it nonetheless disrupted the normal growth of the population in Transylvania, given its deleterious aftermath, since it was generally associated with the Crimean War and everything that this conflict meant for the Austrian monarchy in general and for the Transylvanian area in particular (mass mobilisations, military units passing through the province, requisitions, etc.) After the disappearance of the causes that had generated the demographic crisis from 1853-1855, the phenomenon of mortality tended to be on the wane, but not for long, because in 1858 it soared again, without, however, reaching the level of the previous years. Perhaps to this had also contributed the great floods of 1857, along the Mureş and the Târnave rivers, which lowered the agricultural production and unleashed a protracted state of starvation in very many villages⁷.

A further mortality crisis started in the province during the second half of the seventh decade, marking a gradual increase in the death rate between 1866 and 1868. Like in the previous outbreaks, cholera was first detected in mid-summer, on 18 July, and was finally eradicated on December 28, 1866. The firm intervention of the Transylvanian Gubernium, through the instructions issued on 17 and 20 September 1866, limited the negative effects of diseases, both the epizooty and of cholera. Thus, the total number of casualties due to the cholera epidemic was only 1,841 people, from a to-

⁴ Aurel Răduțiu, Ladislau Gyémánt, *Repertoriul izvoarelor statistice privind Transilvania, 1690-1847*, București, 1995, p. 756.

⁵ Ioan Bolovan, *Considerații asupra epidemiei de holeră din 1848 în Transilvania, în Studii de istorie a Transilvaniei. Specific regional și deschidere europeană*, coord. Sorin Mitu, Florin Gogâltan, Cluj, 1994, p. 167.

⁶ Weszelovski Károly, *Statisztikai tanulmányok kazánk közegészségi állapota felett*, Budapest, 1875, p. 41; J. Frater Zsuzsa, *Az 1855 évi kolerajárvány Magyarországon*, Budapest, 1980, p. 37-38.

⁷ Simion Retegan, *Mutații economice în satul românesc din Transilvania la mijlocul veacului al XIX-lea. 1848-1867*, în "Anuarul Institutului de Istorie și Arheologie Cluj-Napoca", 1978, 21, p. 197.

tal of 5,311 patients (i.e. 34.6% of those infected died)⁸, but its effects continued to be felt over the following years, when mortality was on the increase.

In Transylvania, the eighth decade stood out through the sheer scale of the mortality crisis, with effects that had never been encountered before during the entire period under consideration. It is not by chance that demographic historians speak of a demographic "catastrophe" in order to best express the dimensions of that crisis. The rising number of fatalities, from 85,963 in 1871 to 90,166 in 1872, and then to 125,459 in 1873⁹, was due to both poor harvests and the diminishing agricultural production between 1870 and 1874, and to the ravages of the last great cholera epidemic of 1872-1873¹⁰. Since it was the most virulent epidemic of the entire modern epoch, we shall succinctly overview its manifestation. Out of the total of those contaminated (57,551), 22,053 inhabitants died because of the epidemic, representing about 40% of all the people affected by the disease, the rest of them recovering after medicated treatment. In order to have a better grasp of the scale of the last great epidemics of the medieval type, we should mention that 2.18% of the entire Transylvanian population got sick and 0.88% of them died.

Returning to the devastating effects of the 1872-1873 cholera epidemic, when the total number of victims comprised 22,053 people¹¹, and comparing them with the death toll of the cholera outbreaks from 1855 or 1866 (1,049 and 1,841) – to mention just the epidemic waves of the second half of the nineteenth century – what emerges with great clarity is that the 1872-1873 epidemic was the vastest of its kind in Transylvania. Moreover, cholera wreaked equally great havoc not only in the entire Austro-Hungarian Monarchy, but also upon the American continent. Until the end of the nineteenth century, Transylvania would not be afflicted by any further major outbreaks of cholera.

Examining with hindsight the demographic impact of the six cholera epidemics that affected Transylvania between 1831-1873, we may say that in the short run, mortality experienced sudden upsurges, some of them rather steep (1836, 1873), which negatively impacted the province's population dynamics in

⁸ Magyar Országos Levéltár, Fond EOKL, F. 120, f. 479-480; Simion Retegan, *Un flagel de tip medieval: epidemia de holeră din Transilvania din 1866*, în Sabin Manuilă, *Istorie și demografie. Studii privind societatea românească între secolele XVI-XX*, coord. Sorina și Ioan Bolovan, Cluj-Napoca, 1995, p. 200 sqq.

⁹ Ioan Bolovan, *Transilvania între revoluția de la 1848...*, p. 139.

¹⁰ Katus László, *Economic Growth in Hungary during the Age of Dualism*, in *Social-Economic Researches on the History of East-Central Europe*, ed. by E. Pámlényi, Budapest, 1970, p. 44; Egyed Ákos, "Nepesség és népesedés Erdélyben a XIX század második felében és a XX század elején", in "Korunk", 1995, 6, 4 sz., p. 54.

¹¹ *Magyar Statistikai Évkönyv*, második évfolyam, Budapest, 1874, p. 86-95; see also Ștefan Gămănescu, *Epidemia de holeră din 1873 în Banat și Transilvania*, în *Apărarea sănătății ieri și azi*, ed. Gh. Brătescu, București, 1984, p. 275-280.

those years. Almost always, however, the mortality rate would return to normal after such years of distress because, given the new phase of Transylvania's economic and demographic evolution, especially during the second half of the nineteenth century, such regional outbreaks could only affect the population for very short terms. During the epidemics, the weak would easily fall prey to the disease, while those with better nutrition, with a balanced life and the possibility of acceding to higher levels of hygiene and medication were more favourably positioned to the "scythe" of cholera. Relevant in this regard is the evolution of mortality in several villages whose parish registers have been studied over the past few decades. They stand as conclusive evidence that the demic self-regulating mechanism worked flawlessly, a phenomenon that scholars have also noticed in the case of other geographical areas during the modern period¹².

Beyond the demographic component of epidemics, it is also interesting to reconstruct the human behavioural responses it elicited, both from the crowds and the authorities. Were these attitudes and reactions specific to the old plague epidemics, or were these new types of human and institutional behaviour? To what extent was there continuity with the old mentalities and what was the novelty in this regard? Did cholera reflect the stage Transylvanian society had reached in terms of the social stratification of the population, its level of civilization, or the possibilities of the authorities to intervene in the event of epidemics and natural disasters? Poor nutrition, exhausting work, alcoholism, unhealthy housing conditions and overcrowding, with several family members being crammed in a single room, ignorance, chronic illiteracy, and the lack of available medicine for most peasants in the countryside and the poor populace of towns were but a few causes that generated excessive mortality rates amongst the poorer classes compared with the nobility or the wealthy social classes. Not that the latter were spared from cholera, death afflicting even the great noble families, even though their possibilities of protection against the epidemics (including refuge in some isolated country mansions) were more numerous.

Under these circumstances, what was the authorities' response to the cholera epidemics, especially since they were fully aware of the inequality between the individuals facing this disease? The officials' attention focused particularly on measures of internal prevention, on the territory of Transylvania, by issuing a series of circulars and instructions designed to inform the population about the causes and symptoms of the disease, about its treatment, and last but not least, by maintaining a proper social climate meant to avoid tensions and disorders that might have degenerated into vio-

¹² Massimo Livi Bacci, *La società italiana davanti alle crisi di mortalità*, Firenze, 1978, p. 91; idem, *Populația în istoria Europei*, Iași, 2003, p. 105.

lence. The behaviour and the attitude of the Transylvanian elites (the leaders of the province, the administrative staff, the doctors, etc.) fit into the pattern of what could be observed in other countries as well, namely the evolution from the organisation of information to efficient anti-epidemic combat¹³.

At the end of these considerations, after a brief retrospective account of the six cholera epidemics that occurred in Transylvania between 1831-1873, we may advance the hypothesis that despite high levels of general mortality during the outbreaks of the disease, which were maintained also in their immediate aftermath, the population dynamics in Transylvania were not decisively affected except in the short run. With each epidemic, mortality was noticeably on the wane after the cessation of the outbreaks, while marriage and birth rates experienced substantial growth, which allowed for restoring the demographic balance. Naturally, cholera and its consequences incurred substantial changes in the distribution of the population by age, marital status, etc. However, the cholera epidemics did not engender such violent upheavals in the Transylvanian society as had the medieval plague epidemics, which had caused actual depopulations on a local and regional level.

Last but not least, cholera generated new attitudes and behavioural reactions, the elites' discourse and the authorities' position on this disease undergoing interesting metamorphoses. While before the nineteenth-century what had prevailed was a theological conception on the origin of epidemics, this explanation was drastically reduced throughout the nineteenth century, when, during the cholera epidemics medical discourse prevailed, disseminated in particular *via* Gubernial circulars, brochures published with the support of the authorities, newspaper articles, etc. The new explanatory outlook on cholera, mostly rational, saw it as the result of serious (but soluble) problems of hygiene and sanitation, but it was also occasionally impregnated with social and moral overtones, the disease being interpreted at times as divine punishment for those who were spiritually filthy and corrupted. Naturally, what was omnipresent was the urge to moderation, as well as to irreproachable physical and moral conduct. Traditional folk sensibility was also dampened by the abundance of scientific information disseminated on all channels (circulars issued by the administrative and ecclesiastical authorities, the physicians' intensified prevention activities during the epidemics, the press, etc.), without, however, completely eliminating magical practices and superstitions.

Translated into English by Carmen Borbély

¹³Catherine Rollet, Agnes Souriac, *Épidémies et mentalités: le choléra de 1832 en Seine-et-Oise*, in "Annales. Économies. Sociétés. Civilisations", 1974, 29, no. 4, p. 962.