

# Rhythms of Dying in Transylvania, 1850–1914

(data on mortality from Historical Population  
Database of Transylvania)\*

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**T**HE MORTALITY in modern era Transylvania is a still poorly studied phenomenon, with existing works covering limited geographical areas or temporary intervals<sup>1</sup>. One of the main reasons for this is the absence of a population database allowing extensive research of historical demography.

An important step to change this situation is the Historical Population Database of Transylvania (HPDT), based on population registers (mostly parish registers), which is under construction at the Centre for Population Studies of the Babeş-Bolyai University. The amount of entries so far included already allows the first analysis. This database contains more than 35,000 death registrations, from different geographic areas, with a diverse ethnic and confessional structure. The available information refers to the name of the deceased, gender, age, denomination, information about his/her parents, the place of death, sometimes the cause of death, the place of burial etc.

While still under construction, the database provides only partial information, about a limited number of towns and villages.

This paper aims to investigate whether it can be reconstructed, from such records, issues such as: a possible link between deaths and the settlement organization and the landform; the link between mortality and ethnicity or denomination; correlation between mortality and events such as epidemics, episodes of drought, floods etc.; identification of possible patterns of mortality over a longer period of time, where existing sources allow.

For Western Europe, there are many studies that analyse the influence of geography and climate on mortality. Researches show that mortality would be higher in areas with harsh topography and climate<sup>2</sup>. For Transylvania, such an analysis is lacking. The type of settlement organization, also, has to be taken into account, meaning the agglomeration of houses in the community - close together, or widely separated from each other. This seems important from the point of view of hygiene, and the possibility of disease transmission. As for the religion, there have been numerous studies suggesting a correlation between denomination and mortality, explained by different cultural norms and by the standard of living that may differ from one denomination to another<sup>3</sup>.

Among those with available data, the following locations were selected:

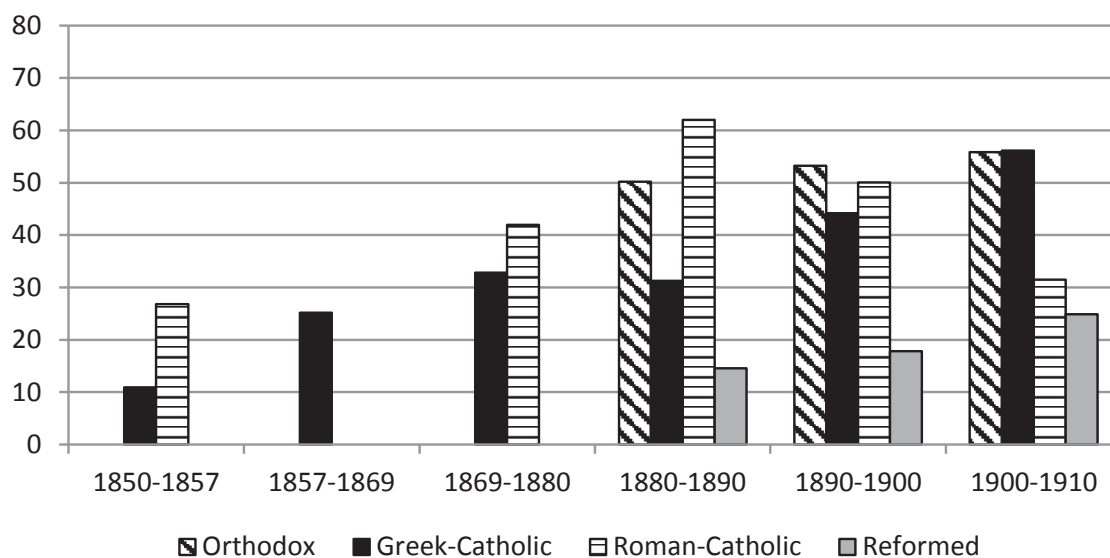
– Călăraşi: village in hill area, with a population of Hungarian majority;

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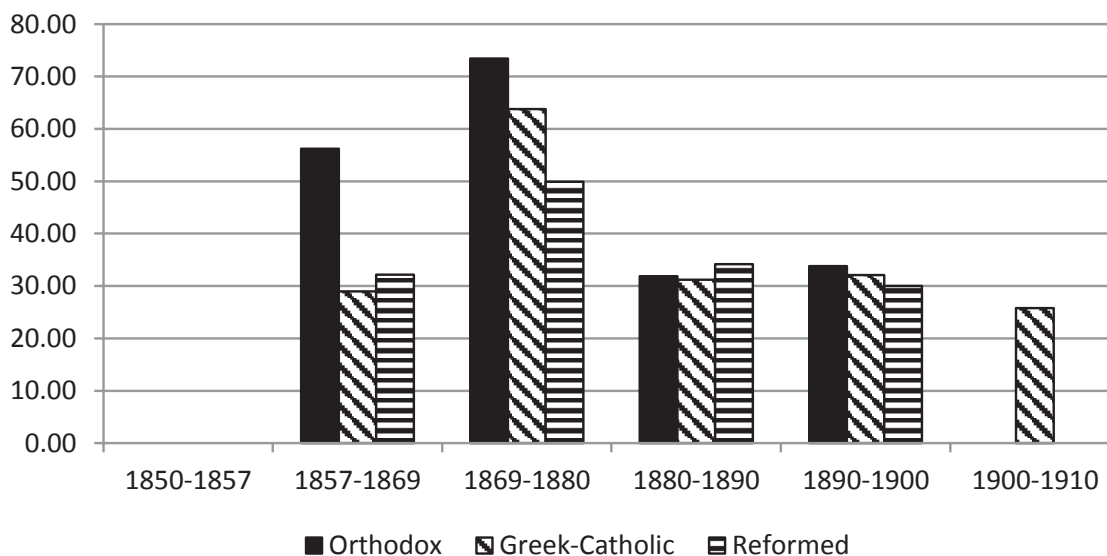
- Decea: village in plain area, with Romanian and Hungarian population, in comparable proportions;
- Lunca Mureşului: village in plain area, mostly Romanian population;
- Muntele Rece: village in mountain area, with Romanian majority;
- Războieni-Cetate: village in plain area, located around the town of Ocna-Mures, with mixed ethnic and confessional population.

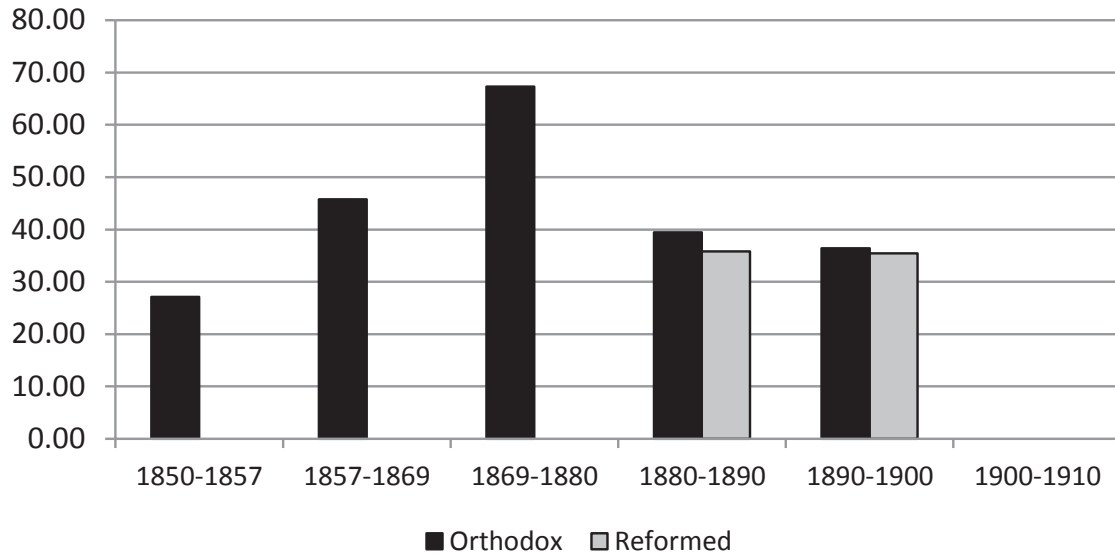
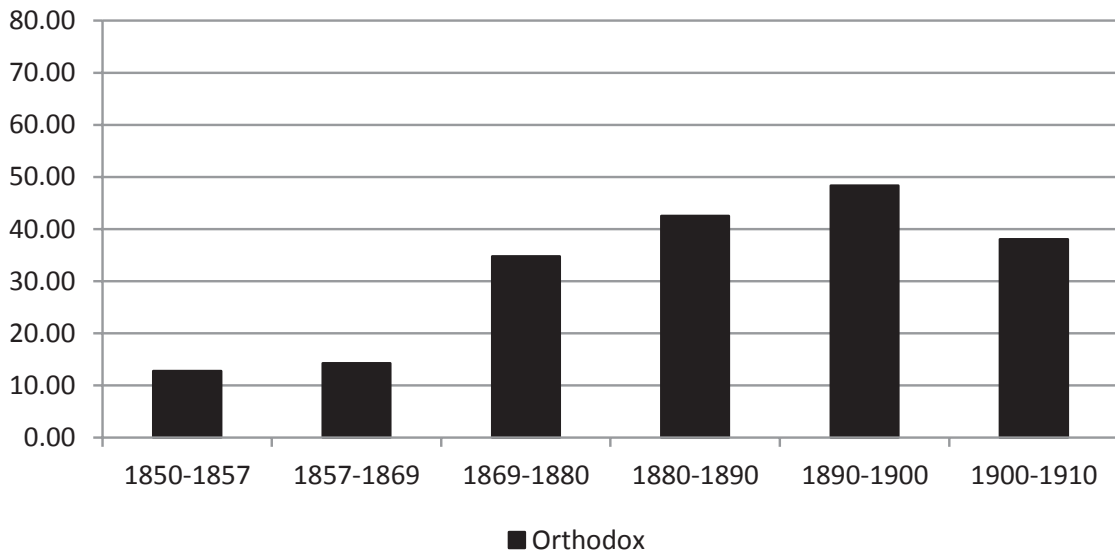
General data on mortality, by location and denomination:

### Călăraşi - mortality by denomination



### Decea - mortality by denomination

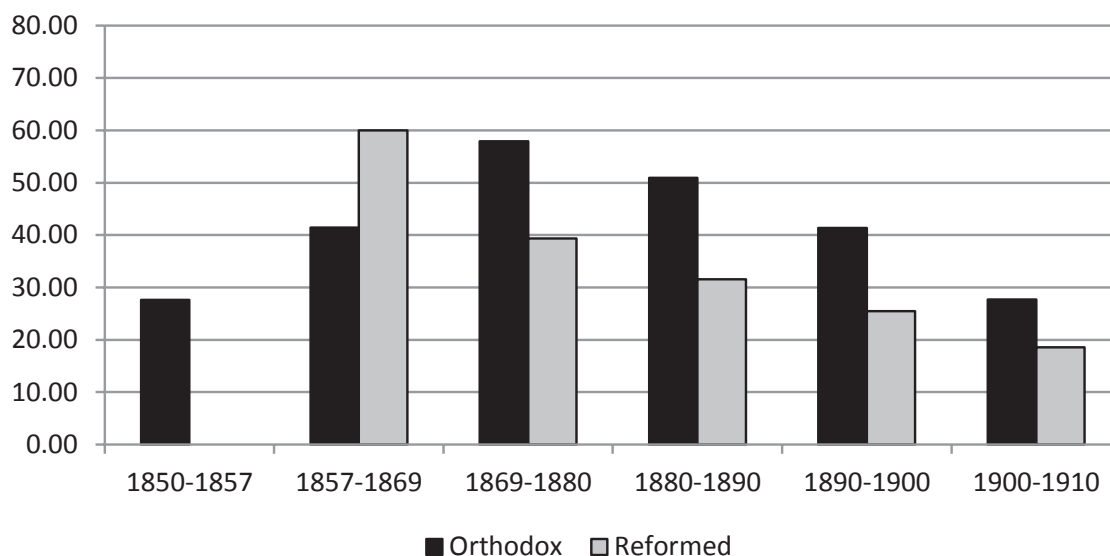


**Lunca Mureșului - mortality by denomination****Muntele Rece - mortality by denomination**

As shown above, during some chronological intervals the mortality rate was higher, but these do not coincide for all villages mentioned in this paper. The interval 1869-1880 was characterized by a strong cholera epidemic. One can notice the highest numbers of deaths in Decea, and the lowest in Muntele Rece, probably due to its geographic location and type of organization of the settlement (Muntele Rece is an isolated village, with scattered houses; the others are the clustered type, with much higher population agglomeration). The values in these charts do not show the existence of any patterns: the death toll vary greatly from one village to another, which leads us to believe that mortality was largely determined by local conditions particular to each locality.

In some cases we notice, for the same location and time interval, significant differences between denominations:

### Războieni-Cetate: mortality by denomination



– 1880-1890 Călărași: big differences between Roman Catholics (highest mortality) and Orthodox on the one hand, and Greek Catholics and Protestants on the other hand.

– 1880-1890 Războieni: big difference between Orthodox (highest mortality) and Reformed.

The parish registers provide no clues to the causes of these differences; they can be explained, probably, by local circumstances, and certain cultural habits of these denominations. To formulate some conclusions, it needs, however, further investigation towards other sources. These differences are not consistent, therefore there are no patterns of correlation between mortality values and denomination.

The data included in HPDT also allow analysis of mortality by gender and religious affiliation of the deceased. Most often, higher mortality has been found among men rather than women, a situation encountered in general in Europe<sup>4</sup>. In some situations, however, a higher mortality among women is recorded, without any apparent explanations.

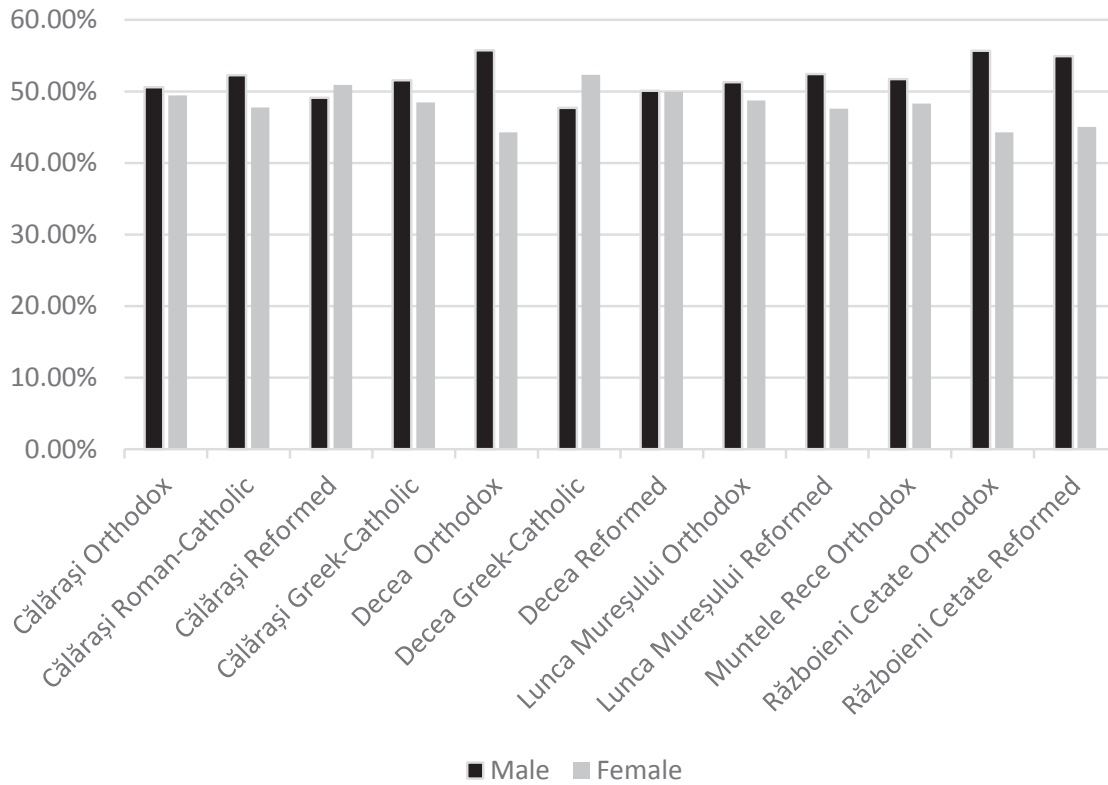
The same situation is noticed in the case of infant deaths - in the given localities, the number of deaths of boys is higher than of girls, regardless of denomination or type of settlement:

In the case of older children (1-14 years), it seems that the number of female deaths was often higher than of male deaths:

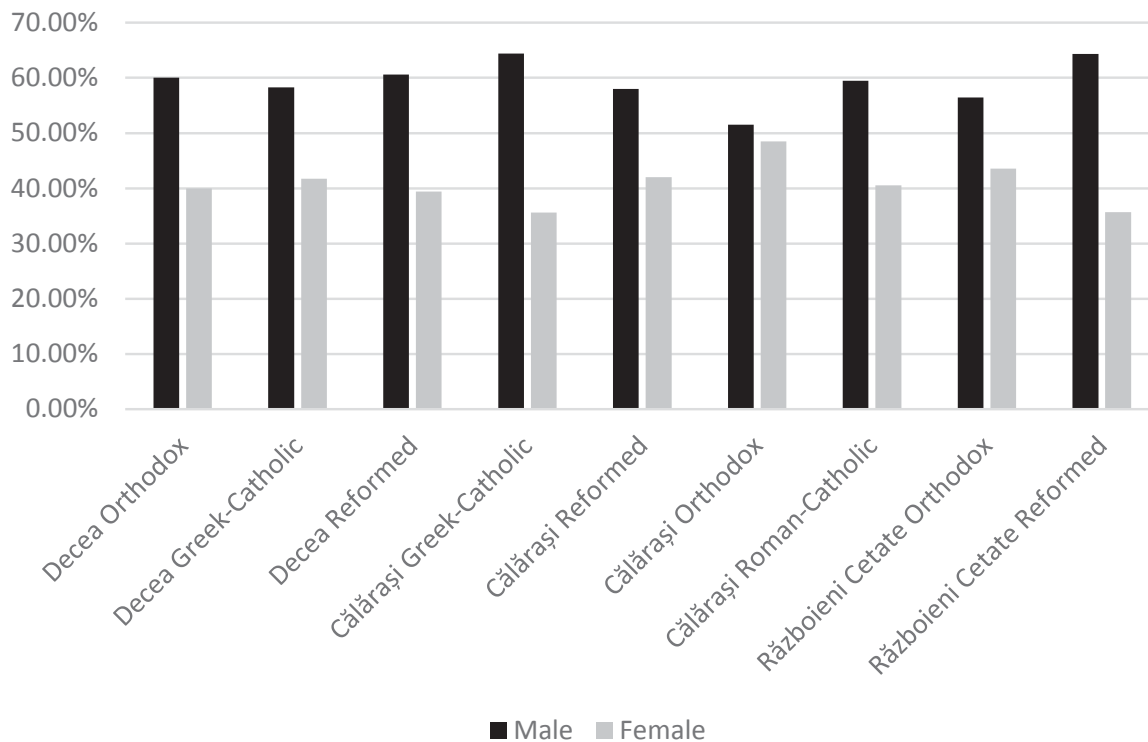
All these data often generate more questions than explanations. One of the most frustrating situations encountered in our parish registers is the lack of mentions about the causes of death. In the registers processed so far and included in HPDT, the cause of death is not reliably recorded, sometimes with the term “natural death” even in the case of children. Those records were made by priests or parish clerks, based on the declarations of the deceased relatives. Obviously, they did not have the qualifications to make a diagnosis. The qualified medical care was a rarity in Transylvania, predominantly rural at that time. In some cases, diseases were named by their symptoms (cramps, coughing, fever), which does not allow us to establish the exact cause of death. Diseases of any kind were treated with folk medicine (herbal remedies, chants). When analyzing the causes of death in those days, it must be considered the understanding of the diseases that those people had.

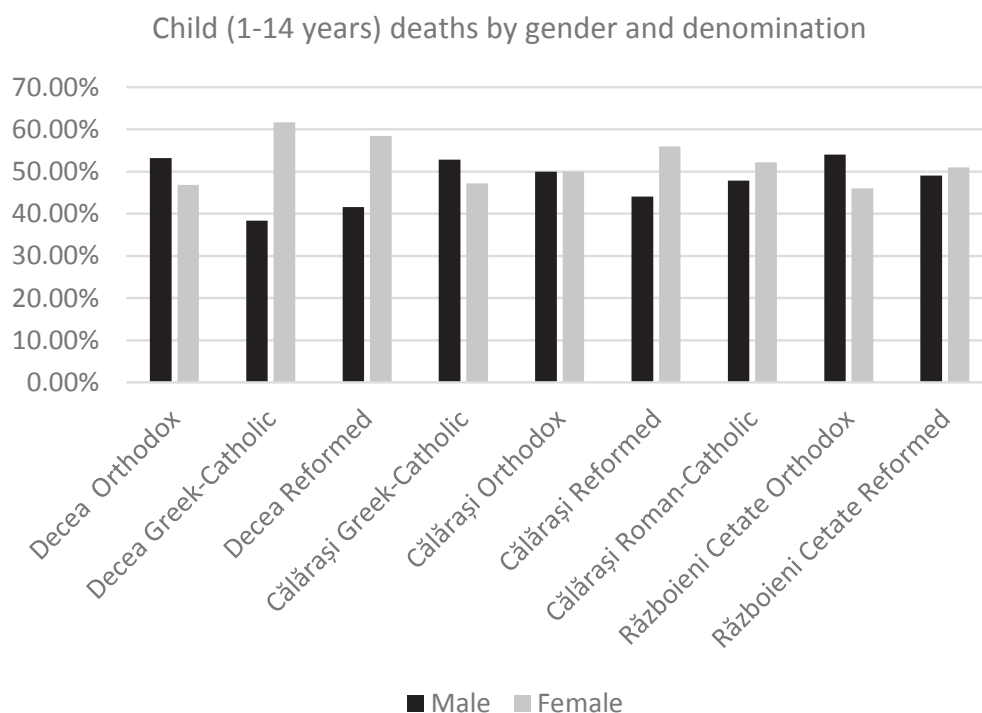
Some reports made by health authorities, however, allow us to identify some causes of these deaths: “congenital debility”, premature birth (in infant`s case), labor (in case of women), whoop-

Deaths by gender and denomination



Infant deaths by gender and denomination





ing cough, influenza, pulmonary tuberculosis, even syphilis. The most common were respiratory inflammation and digestive problems. Digestive diseases prevailed during summer, respiratory ones mostly during winter<sup>5</sup>.

The lack of medical care contributed to the high number of deaths. A similar situation one could see in Western Europe, where only in the second half of the 19th century began a systematic policy to ensure proper medical care in rural areas. In Transylvania, this has happened later, after the World War I.

Poor hygiene played an important role in these deaths, also. In most cases, homes were unhealthy, poorly ventilated and overcrowded. Most houses were small, with narrow windows through which the light could not enter much; most of them could not open, so the houses were poorly ventilated. The furniture was scarce, and in poor households were not used linens. Four or five family members slept in one bed, and those remained without a place slept on the floor. In these circumstances, it was impossible to isolate infectious patients, so that epidemics spread easily. Sometimes children with contagious diseases were intentionally lied together with those healthy, for the family to “get through” the disease faster<sup>6</sup>.

Data available so far do not allow us to draw any conclusions. They enable us to formulate many questions and hypotheses, which are, at the same time, research directions.



## Notes

1. See, among others: Bolovan, I., Bolovan, S., *Transylvania in the Modern Era. Demographic aspects*, Cluj-Napoca: Presa Universitară Clujeană, 2003; Dumănescu, L., *Transylvania Copiilor. Dimensiunea demografică a copilăriei la românii ardeleni (1857-1910)*, Cluj-Napoca, 2006; *Mișcarea naturală a populației între 1901-1910 : Transilvania / Traian Rotariu (coordonator), Maria Semeniuc, Mezei Elemer.* - Cluj-Napoca: Presa Universitară Clujeană, 2005; Deteșan, D., *Mortalitatea în comitatul Cluj în a doua jumătate a*

secolului al XIX-lea și începutul secolului XX. Evoluții demografice locale, în Sorina Paula Bolovan, Ioan Bolovan, Corneliu Pădurean (coord.), *Transilvania în secolele XIX-XX. Studii de demografie istorică*, Presa Universitară Clujeană, Cluj, 2005, p. 89-120; Brie, M., *Familie și societate în Nord-Vestul Transilvaniei: (a doua jumătate a secolului XIX - începutul secolului XX) / Mircea Brie*. - Oradea : Editura Universității din Oradea, 2008.

2. Alice Reid & Nynke van den Boomen (2015) The faces of death: regional differentiation in cause-specific mortality in the past, *The History of the Family*, 20:3, 309-319; S. Ryan Johansson (2000) Macro and Micro Perspectives on Mortality History, *Historical Methods: A Journal of Quantitative and Interdisciplinary History*, 33:2, 59-72; Ines E. Kloke (2002) Highlights from a low-level area: infant mortality and social structure in eight East Frisian parishes, 1740–1839, *History of the Family* 7 (2002) 527–543.
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4. D. Tabutin and M. Willems, 'Differential mortality by sex from birth to adolescence: the historical experience of the west (1750-1930)', in United Nations Department of Economic and Social Affairs Population Division, *Too young to die: genes or gender?* New York, United Nations, 1998, 17-52; H. Beltrán-Sánchez, C. E. Finch, E. M. Crimmins, Twentieth century surge of excess adult male mortality, *Proceedings of the National Academy of Sciences of the U.S.A.* 2015 Jul 21; 112(29): 8993–8998.
5. Gh. Popoviciu, *Mortalitatea infantilă în Ardeal. Cauze și mijloace de combatere. Date și concluzii din ancheta internațională întreprinsă în plasa sanitară model Gilău (jud. Cluj) în anul 1931*, Cluj, 1933.
6. Raportul domnului dr. Dominic Stanca, dir. medic șef al Spitalului de femei din Cluj, despre ancheta sanitară făcută în Poiana Ampoiului din jud. Alba Inferioară (10-22 dec. 1921), p. 14-18, in *Sănătatea publică*. Buletin oficial al Inspectoratului general al sănătății publice, 1/1922.

### Abstract

#### Rhythms of dying in Transylvania, 1850-1914 (data on mortality from Historical Population Database of Transylvania)

This paper aims to investigate the opportunities offered by the Historical Population Database of Transylvania (HPDT) in the study of mortality. The database contains, so far, more than 35,000 deaths registration from localities from different geographic areas, with diverse ethnic and confessional structure. The available information refers to the name of the deceased, gender, age, information about his parents, place of death, sometimes the cause of it, burial, etc. Although there is a large amount of information, further research is needed in order to identify patterns of mortality. The existing type of data could address issues such as: a possible link between deaths and the settlement organization and the landform; the link between mortality and ethnicity or denomination; correlation between mortality and events such as epidemics, episodes of drought, floods etc.

### Keywords

Historical Population Database of Transylvania, mortality, patterns, gender, denomination