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## POSSIBILITIES OF STUDYING EPIDEMICS OF CHOLERA IN UPPER HUNGARY (CONTEMPORARY SLOVAKIA) IN THE 19TH CENTURY

**Abstract:** We can conclude that epidemics in the 19th century reached historical populations in a new way. Sources from this period increasingly show a growing proportion of childhood as well as the arrival of a new strong epidemic of the adult population. It was cholera that decimated the adult population of the European continent, primarily, in several waves. These epidemics can be studied on the basis of different types of primary and secondary sources. In this article, I will present the possibilities of analyzing the primary statistical sources created by churches and the state. Reactions to the course of infectious diseases, applied measures or recommendations for treatment.

**Keywords:** cholera, epidemics, 19th century, Upper Hungary, historical sources

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### INTRODUCTION

In the 19th century, the phenomenon of epidemics in historical populations reached a new level. Compared to the 18th century, an increase in epidemics can be seen, especially in the child population. These changes were the result of the modernization of the company, which was also reflected in the territory of Upper Hungary, today's Slovakia. Several reasons can be seen in the changes in the more intensive recording of victims of childhood epidemics in the 19th century. On the one hand, it was a matter of improving the statistical record of deaths and a specific focus on recording epidemics. The enlightenment rulers and their advisers saw the mass extinction of the child population as a problem they decided to face

with health, cultural and educational reforms (Kušniráková, 2017: 133–158). For their more effective targeting, it was necessary to streamline the registration of epidemiological waves of infectious diseases. The second significant factor in the increase in victims of childhood epidemics was, paradoxically, the improvement of hygiene and health care reforms. As a higher proportion of infants survived in Upper Hungary during the 19th century, epidemics statistically required more victims between the ages of 2 and 5 compared to previous decades (Kramer, 2011).

The issue of epidemics in the 19th century represents a special dimension, especially for the spread of cholera, which occurred in Europe in several waves and in some cases has spread in a pandemic way around the world. In Hungary, historiography records 5 waves of cholera, in the years 1831/1832, 1848/1849, 1854/1855, 1866/1867, 1872/1873, which copied the course of the disease throughout Europe (Mádai, 1983: 61). Their impact varied depending on the region of the country and its nature. Differences in the morbidity of individual waves are also visible in the territory of today's Slovakia (Liška, 2012a: 63–67; Golian, 2019a: 321–326). The rate of infections and casualties was higher at the borders through which the disease entered the country than in the regions that managed to prepare for the wave of the epidemic. Further differences between regions were caused by population density, the size of cities or the nature of livelihoods. The first wave of cholera in Upper Hungary in 1831 became a pretext for social unrest. However, the spread of cholera and, especially, the poor communication of anti-epidemiological measures was only the culmination of a long-lasting tension that grew into an uprising of the peasant population (Rapant, 1953). This was not an exceptional situation since, relatively often, epidemics in Europe were accompanied by public riots and revolutions (Evans, 1988).

Epidemic research in Hungary is more comprehensive by Hungarian colleagues. It was implemented, primarily, by Hungarian regions and counties. In historiography we find continuity between older analyses by L. Má dai, who dealt with the cholera epidemic in the regions of Baranya, Somogy, Tolna, Vas and Zala (Mádai, 1990). Recent research from today's Hungary is covered, particularly, by T. Faragó – Maramureş county – and P. Őri – Pest-Pilis-Solt-Kiskun county (Fazekas, 1996; Őri, 2007; Faragó, 2008). Research from today's Slovakia lags behind other parts of contemporary Hungary. Only a few authors dealt with it, whose analyses were rather individual probes to individual localities. Anton Liška's research (Liška, 2012a; 2013a) can be considered as the only exception to a more

comprehensive analysis of the first wave of the cholera epidemic from upper Hungary. He devoted himself intensively to several regions from the eastern part of today's Slovakia. Liška opened topics on the course and numbers of victims, church and state records, as well as anti-epidemiological measures issued by regional, church and professional authorities (Papáč, 2007; Liška, 2012b; 2013b). Other, particularly, isolated researches on cholera concern, mainly, the first wave of the epidemic, and in rare cases also later cholera epidemics (Nagyová, 2006; Lopatková, 2013; Derfiňák, 2016; Dobrotková, 2019; Golian, 2019b).

On the following pages, I want to address the possibilities provided by Slovak archives and sources in the analysis of cholera epidemics in today's Slovakia. I want to present in more detail as well as approach the possibilities of the analysis of statistical sources mapping the numbers of infected, cured and deceased. I will also focus on qualitative sources aimed at reducing the impact of epidemics and putting anti-epidemiological measures into practice. Especially in the second half of the 19th century, the impact of epidemics was reduced by advances in healthcare, the thickening of the network of doctors and hospitals and the awareness of the population, which really had a positive effect on the elimination of cholera in society.

## CHURCH BOOKS

Church registers were the primary source of the impact of the epidemics in the 19th century. In them, we find data on deaths from epidemics as their information on the number of deaths ought to be as accurate as possible. However, the results from practice are different from the theory, and even in the 19th century, mistakes in the registration of church books or absence of information occurred. These were the result of non-standard conditions that the intense epidemic brought with it, especially, the large number of deaths within a short period of time.

An overview of the availability of death registers will provide us with the possibilities of analyzing cholera epidemics in the upper Hungary. In the 19th century, the registry agenda in today's Slovakia was kept quite reliably. The registries were to be kept as a result of the Church Council of Trent. This process was completed in the following centuries and included the legal protection of registries, which had a positive effect on their preservation. Therefore, it can be stated that church registers from the ter-

ritory of Slovakia have been preserved continuously, commonly since the middle of the 18th century (Sarmanyová-Kalesná, 1991: 6). In those years, the “Enlightenment” rulers were intensively devoted to the registry agenda. Maria Theresa and her son Joseph II. devoted a number of reforms and measures to church registries (Cimmermannová, 1974: 79). At the turn of the 18th and 19th centuries, incomplete information disappeared from the church registers throughout Hungary. Incomplete data have rarely appeared, for example, the age of mortality of children (Golian, 2019a: 267). This practice stopped during the 19th century, and information in registries is generally complete and credible (Cimmermannová, 1974: 80). In the context of state protection, the registries have become public books, which is why they are, quite solidly, preserved from the 19th century onward.

More data can be shown by the analysis of the availability of Catholic church books registered in the territory of today’s central Slovakia. Almost 200 analyzed parishes were located in the whole territory of the Banská Bystrica diocese, part of the Spiš diocese and the Rožňava diocese (*Schematismus... Scepusiensis*, 1831; *Schematismus... Neosoliensis*, 1834; *Schematismus... Rosnaviensis*, 1834). This is about a third of today’s territory in Slovakia, where I checked the availability of registries buried from Catholic parishes. In examining availability, I focused on the complexity of data on cholera epidemics in Upper Hungary, the first of which appeared in 1831 and the last in 1873. Of the analyzed parishes, up to 87.8% have complete registries of those buried in the 19th century. In terms of the diversity of dioceses, the best-preserved registry books are from the Orava and Liptov regions of the Spiš diocese, the least preserved are from a parish of the Banská Bystrica diocese. In the table, we can see that most of the missing registers are from the year of the first wave of the cholera epidemic (1831), however, in the following years the spectrum of registries is more complex. The declining trend of the missing registers was not confirmed in 1873, which lacked more register books than in 1866.

Table 1. Complexity of church books of the buried during the waves of cholera epidemics in Upper Hungary (today’s region of central Slovakia, analysis of 197 parishes)

	Whole period	1831	1849	1855	1866	1873
Preservation of church books (%)	100	91,9	95,4	96,5	98,5	97,5

Source: own research.

Incomplete books are not the result of inconsistent records. In all the missing cases, it is a matter of not preserving the register books, which at the time of their creation fulfilled the role of church administration. In some cases, only some copies of the register books are missing, i.e., only some years are absent from the records, for example, the parishes of Dubová, Liptovské Kľačany or Žarnovica (Sarmanyová-Kalesná, 1991: 91, 193, 428). It is rather a rarity that there is a lack of records of deaths over a longer period. An exception is, for example, the parish of Krahule, from which church records of burials have not been preserved at all (Sarmanyová-Kalesná, 1991: 169). It is also difficult to find a comprehensively valid statement evaluating the preservation of registries from cities, versus registries from villages. In the list of incomplete sources you can find larger cities and villages, where several thousand believers lived together in an inter-confessional environment.

The form of registration of church books was heterogeneous in individual churches and localities. If we accept that every parish and registrar applied all state guidelines, the quality of church books also depended on the requirements of the local ecclesiastical authority – the episcopal office. And it also depended, to a large extent, on the level of education of the registrar, i.e. the local priest. Therefore, we find different information in individual registries in the same period. A good example is the first cholera epidemic in 1831 and the record of the cause of death. In the archives, we find registries in which the cause of death was recorded before the epidemic. Therefore, during the epidemic, the priests enrolled the victims in this category. Such an example is the parish of Hažín, in the district of Michalovce, today's eastern Slovakia (*Matricula... Hazin* 1831: 132). In localities where the cause of death was not stated, we find an interesting solution that proves that the authorities required the registration of cholera victims in the system that existed until the onset of the disease. This was done using the "Observations" notes section, in which the priest had the task of enrolling cholera victims "in cholera" and people who had died of another cause of "non-cholera" (SABB, *Matricula Defunctorum*: 73). A similar way of writing, i.e. writing the note "in cholera" to the name of the deceased, can be found in other registers during 1831 (*Matricula... Vasárhelyiensis* Ab 1831: 6–7).

Some researches confirm that even the cause of death as "cholera" may not always be correct. In the territory of today's eastern Slovakia, areas have emerged where, during the first cholera epidemic, registrars exchanged the real cause of death with dysentery, or recorded it with

symptoms of unknown disease (*morbus ignotus*), vomiting (*vomitus*), diarrhea (*diarrhoea*) (Liška, 2012a: 65). The first wave of the epidemic in practice required the introduction of a new column, which improved the quality of registry records. Therefore, it can be argued that the records of victims of all cholera epidemics are of better quality in the later period. When the epidemic returned, its identification was smooth, and so the data in the registries were of better quality.

Later waves of epidemics were kept more accurately in the registries, also because during the 19th century, the records in church books were modernized. In the middle of the 19th century, pre-printed books were widely introduced, in which, in addition to sections, lines and serial numbers for records were printed (Golian, 2019a: 268). This significantly reduced the possibility of mistakes in the numbers or omissions of the pages of the church book when it was writing. After a short period in the 1830s, when Hungarian language was used, church records returned to the Latin language (Kočíšová, 1981: 79). The priests were much better registrars and, therefore, the additional information was more accurate and richer in content. As a result, more qualitative information about the relatives of the deceased or other circumstances of death can be found in the registers. At the very end of the 19th century, civil registries were also introduced in Hungary that, in one book, recorded the deaths of all local residents without any difference in confessionality, which further improved the registration (Sarmanyová-Kalesná, 1991: 10).

## STATE AND CHURCH REGISTERS

In 1831, Cholera entered Hungary in an unprecedented way, to which the state administration had to respond as comprehensively as possible. In order for the country's apparatus to be able to intervene effectively against the spread of the disease, it was necessary to find out in which localities and how fast the disease spread. These questions were to be answered by the state administration in cooperation with the county offices. Thus, after the epidemic, summary reports on the infected and victims of the epidemic of 1831 were collected and later published (Linzbauer, 1860; 1861).

These reports were carried out during and after the epidemic. From a statistical point of view, those after the end of the epidemic are naturally more relevant. Therefore, records from August 1831, when the epidemic

culminated, show evidence of the course of the epidemic. Such a finding may be that the lists from the end of August 1831 were not complete perhaps due to non-delivery of statistics from various parts of Hungary. The example of Upper Hungary can be seen in the situation of the Orava county, the northern part of today's Slovakia. This region lacks any information on illnesses or deaths in the lists (Linzbauer, 1861: 269). The first diseases appeared in the region at the beginning of August 1831, as evidenced by a record of summary statistics after the epidemic (Linzbauer, 1861: 489). The list from the end of August 1831 contains data on the epidemic from the Central Hungarian counties, in which the first cases of cholera appeared later than in Orava, for example Baranya, Bihár or Mosony County.

In the current statistics from the end of August 1831, the whole of Hungary is registered according to the counties and royal cities. The country was divided into 45 counties and 22 royal cities. The statistics included the date of the first occurrence of cholera and other data related to the number of infected populations. These were divided into subcategories listing the numbers cured, deceased and those in need of health care. By the end of August, nearly 112,000 infected people had been registered across the country, half of whom died (Linzbauer, 1861: 369–270). In the complete statistics from the spring of 1832, the results were already in from all 48 Hungarian counties and almost 40 free royal cities. The authorities also slightly modified the data they asked for. The category of infected was in the final results divided into the records of the deceased and the cured. Since the epidemic was over, the date of the end of cholera was given in each county and city, and naturally the number of people currently being treated was no longer recorded (Linzbauer, 1861: 489–490). According to published statistics from the Kingdom of Hungary, more than 536,000 people became infected with the first cholera epidemic, of whom almost 238,000 died. In state statistics, there are also cases from specific regions, which record, in more detail, the course of cholera in more individual settlements. In contemporary statistics, more specific information can be found on the course of cholera in various localities in Upper Hungary. (Linzbauer, 1861: 272–273, 304, 347, 488, 433).

Anton Liška pointed out another type of statistical record of cholera victims in 1831 (Liška, 2013a: 7–11). In addition to state records, the priests of the Prešov Greek Catholic Diocese kept their own records and statistics of cholera victims. In September 1831, Bishop Gregor Tarkovič ordered the deans to draw up summaries of the victims, which were then sent to the diocesan. In today's Archive of the Greek Catholic Diocese,

there are reports for 9 deaneries out of 17, which formed a diocese, but the population accounted for 70% of the eparchy.<sup>1</sup> The territory of the diocese spread to seven Hungarian counties located mainly in present-day eastern Slovakia. Although the records were devoted only to believers from the Greek Catholic Church, throughout the diocese, approximately 174,000 people belonged to the church.

The summary record of cholera victims was not as consistent as state statistics, so it lacks information on the first or last occurrence of the disease or the number of infected and cured. The deans of the diocese summarized only the number of dead on the basis of parishes and rarely the number of branches, i.e. smaller villages. Hence, the possibility of analyzing this source is limited. Only the number of victims can be determined from it. This value can be calculated by population and, thus, determine the crude mortality rate of cholera. A. Liška's research showed that the higher mortality rate was manifested, especially, in the rural environment, where the impact of anti-epidemiological measures and medical care were weaker. This cause was also confirmed by the cases of deceased Greek Catholic priests who succumbed to cholera during the epidemic of 1831. In the whole eparchy, a total of 15 priests died, which represented 7% of the total number of 213 clergy working in the diocese. Virtually all deceased priests who died of cholera lived in the countryside, the youngest of whom was 28 years old and the oldest 83 years old (Liška, 2013a: 142).

## NORMS, REGULATIONS, MEASURES

Another area of sources on the basis of which cholera epidemics in Upper Hungary can be studied are the norms and regulations of the authorities. These need to be divided according to the authors from which they came. State authorities took action against the epidemic and against its spread. These, together with the regional administration, represented by the capital offices, were the most prominent authority and had the most comprehensive reach in the country. Measures and recommendations developed by the local church representation can also be found at the regional level. These were created primarily by local bishops or deans who instructed

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<sup>1</sup> The material can be found in the Archives of the Greek Catholic Diocese in Prešov, Archive Fund: Current Agenda (Liška, 2013a: 10, 146).



their priests. The topics of their documents did not only touch on pastoral practice, but were mostly “extended hands” of the state and confirmed the official regulations and recommendations of the monarchy. The third category of standards is the recommendations of experts, primarily doctors, university professors and government officials who had published measures developed on the basis of scientific knowledge. Folk and medical procedures can be discovered in their works on how to treat cholera, how to protect oneself from it and how to take care of those who have overcome cholera (Liška, 2013b).

The most plastic arrival of regulations can be traced to the example of the first cholera epidemic, when information about the disease and measures was only being generated. The danger of cholera and the risk of its spread, as early as the end of 1830, was written in the Hungarian regulations of the Governing Council. In them, the authorities drew attention to the risk of the arrival of a new disease, which had been observed in the army of Tsarist Russia a year earlier. An instruction from the imperial court warned that the key point would be Galicia, which bordered Russia and through which the army of tsarist Russia moved to suppress the revolution in Poland. The troops did spread the epidemic, so the borders between Galicia and Hungary were to be closed. Instructions for doctors in Galicia were drawn up centrally in Vienna, as it was in the state interest to prevent the epidemic from entering the country (Linzbauer, 1860: 523–530). Other specific regulations spoke of closing the borders with the infected region. The soldiers in the cordons were supposed to take care of this rule. The most endangered localities were the northeastern counties, namely the mentioned Trenčín, Liptov, Orava, Spiš and Šariš (Linzbauer, 1860: 511–523).

The whole series of measures in 1831 aimed to isolate the epidemic beyond the borders of Hungary. Other institutions also worked on the implementation of the cordon measures in the peripheral counties of Upper Hungary and border controls. The state apparatus appointed an anti-cholera commissioner for the whole of Hungary, Count František Zichy. At the beginning of the summer, he visited the country’s border areas to see for himself how the measures worked. A whole set of state regulations, which were issued in German, Hungarian and Slovak, informs about the preparation of measures against cholera (Liška, 2012b: 102–103). The authorities tried to make the measures comprehensible to all the inhabitants of the country, so unofficial official languages were also used (LA SNK, sign. K 3146). Although the measures slowed the spread of cholera, they did

not prevent it from entering Hungary. At the beginning of the summer, the disease entered the country, causing a wave of state regulations aimed at eliminating the spread of the disease. This is also confirmed by the state warning for the Spiš County of June 7, 1831 (Linzbauer, 1860: 732). It said that there was a risk of an epidemic for cities and, consequently, for the region as a whole, which would be fatal.

An important way to prevent the spread of the disease should be to inform about the first occurrences of the disease in the stool. When the county authorities registered a record of infected persons, they informed the relevant state and local authorities through a public notice. An important part of providing this information was to acquaint the neighboring counties, which were directly adjacent to the territorial unit. They had competence with the county, in which the disease had already appeared to close the passages and communications, and thus try to isolate themselves from the epidemic. This way of informing the authorities can be seen in the Turiec County, where the first diseases were observed in the first half of July 1831, and its authorities immediately informed the state authorities and the surrounding six counties (Linzbauer, 1861: 75, 95–96). Despite measures and enforcement, the disease still spread. Two weeks later, cholera was observed in neighboring regions in the Orava and Liptov counties (Linzbauer, 1860: 149).

A special type of regulation are documents from ecclesiastical authorities, which had to comment on several topics that the course of cholera required. In the episcopal decrees, one can find confirmation of state measures, against which people in rural areas in particular protested. In the eastern part of today's Slovakia, the first wave of the epidemic triggered massive riots. These were the result of long-term social problems in the country, but even so, in historiography, the uprising was given the adjective "cholera" (Rapant, 1953). The church authorities also devoted themselves to the pastoral ministry of the infected, who had to serve the sacrament of anointing the sick. These topics were opened in the so-called pastoral letters addressed to priests and believers (Liška and Borza, 2022: 71–73, 76–78). The bishops also commented on the issue of funeral arrangements, which were to respect state hygiene regulations. They also commented on the behavior of priests who worked in a highly infectious environment so that they would not be exposed to an unnecessary risk of infection (Liška, 2012a: 105–108).

With the arrival of further waves of the epidemic, quantitative and qualitative developments can be observed in Hungarian norms and

measures. Cholera had returned to Hungary repeatedly, but in today's territory of Slovakia we record four more cases when the morbidity has grown to pandemic proportions. This happened in 1847, 1855, 1866 and 1873. Of these years, several types of reports mapping the impact of cholera can be found in the archives. The reports were created according to municipalities or city districts and recorded the dates of the first disease, the number of infected, cured and deceased (SABB, sign. 418/36, y. 1873, k. 22). These reports were subsequently summarized and prepared for the whole county and municipal cities respectively. The regional archives contain interim summaries that interpret the partial course in the region both during and after the epidemic (SABB, sign. 75/380, y. 1867, k. 3).

The qualitative increase in regulations and measures in the last third of the 19th century can be seen on several levels. On the one hand, it can be evaluated on the basis of the content of anti-cholera measures, which are, fundamentally, more complex in comparison with materials from the 1830s. They addressed new issues that were indirectly related to the spread of the epidemic. State regulations more specifically themed what to do in case of infection as well as how to treat the infected and his immediate surroundings. The recommended hygiene measures after the death of the infected person, measures regarding his funeral or disinfection of the home can be assessed as better. The sign of a modernizing society can be observed in the increasing recommendations on how to behave in public space. They addressed, for example, the issue of garbage in public spaces or sewers. The materials were published primarily in the Hungarian language, which was the official language in Hungary, but Slovak translations can also be found (SABB, sign. 197/10025, y. 1887, k. 58).

## PRESS

A special source on the basis of which cholera epidemics in Upper Hungary can be analyzed is contemporary print and journalism. This type of source can also include printed brochures and information sheets that were written by private individuals, so they were not official standards. Newspapers and journals dominated the press, and it continued to grow during the 19th century. Therefore, the topic of cholera could take up more space in the public press discourse. If we focus only on 'journalism', which was published in the Slovak language, we will discover several phenomena in

them. In parallel with the first wave of the epidemic, the doctor from Nitra Ján Biatzovský published a short brochure on cholera and medical recommendations on how people can avoid cholera or effectively defend it. The chief physician of the Nitra County, Biatzovský, first published his manuscript in Latin and Hungarian, and a year after the end of the epidemic, the pamphlet was also published in Slovak (Biatzovský, 1832).

At the end of the 1840s, the second cholera epidemic also appeared on the pages of Slovak newspapers. Although, a revolution had taken place in the country, which filled the pages of newspapers, there was also room for cholera in them. In 1849, the cholera epidemic was a Europe-wide problem, and numerous victims reported the capitals of almost all European monarchies ('Wieden', 1849; 'Londín', 1849). The situation in Upper Hungary was compared in the newspapers with the situation in 1831. According to newspaper articles, it can be seen that cholera in public space had probably been completely forgotten. Therefore, the basic features of the disease, the possibilities of its treatment, but also of the fatal course in Slovakia can be found on the pages of newspapers ('Poučenia o cholere', 1849). This information was communicated, mainly, by the newspaper editors, but there were also situations where the country's anti-cholera committee communicated information about the infection and its treatment through the newspapers. In these materials, the public was informed about the basic symptoms of cholera. The aim was to distinguish the disease from other diseases and also the methods of its treatment, i.e. domestic, but also medical procedures ('Všeličo I', 1848; 'Všeličo II', 1848).

In 1855, journalism in today's territory of Slovakia had developed in several newspapers. Journalists dealt with the course of the disease throughout the monarchy and informed about the epidemiological situation beyond the borders of the country ('Přehled zuření cholery...', 1855). However, there are also more professional articles in the newspapers that deal with how to effectively prevent the infection ('O cholere jej poja-voch...', 1855).

The next wave of the cholera epidemic brought with it another wave of journalistic outcomes, which addressed the disease from various perspectives. In the mid-1860s, Slovak readers received articles, in more detail, aimed at presenting the disease and translating rational facts into a number of half-truths ('Niečo ku poznaniu...', 1865). Even during the outbreak of the epidemic, popularization articles can be observed in the discourse, which brought interesting facts and historical connections about cholera

(*'K dejepisu cholery'*, 1866). Notwithstanding, more editors and journalists focused on the course of the epidemic in the country. The topic of its impact on individual parts of the country was frequent, while in the territory of Slovakia it, especially, dominated in the western part (*'Doterajšie rozšírenie...'*, 1866). Similarly, recommendations, aimed at alleviating the course of the epidemic in Upper Hungary, were published (*'Najpotrebnejšie poučenie...'*, 1866; *'Niečo o cholere vôbec...'*, 1867).

The last and most devastating cholera epidemic in Hungary took place in 1873. Statistics and the contemporary press spoke of the devastating fatal course of the epidemic. Some reports said there were houses where "everyone died" (Kovalčík, 1874). The newspaper also analyzed the reasons for its rapid spread in various parts of the monarchy in the autumn of 1872. The reason was the very warm weather, which created suitable conditions in the capital of Hungary, in Budapest. The same causes were marked by the rapid spread of cholera in the border area of today's Slovakia, in Galicia, where epidemics had also occurred in the past (*'Mimoriadna teplota októbrova'*, 1872). Eventually, the disease spread enormously in Hungary in the summer of 1873, and the epidemic was fatal. This was later shown by statistical results in comparison with other waves of cholera (Mádai, 1983). Consequently, articles can be found in the newspapers that are believed to back the high proportion of dying people as well as the negative impact of the epidemic on the mental state of the population (*Vzájomný*, 1873).

In the following years, cholera returned to the country, but in Upper Hungary it did not erupt into an epidemic. It was the result of more effective measures and also the awareness of the authorities and ordinary people. The level of information in public space is shown by newspaper articles, the number of which naturally increased at the time of the discovery of the risk of another epidemic. Such articles, for example, appear in the mid-1880s, which warned of an impending epidemic (*'O cholere nostras'*, 1884; *'Opis asiatskej cholery...'*, 1886).

A similar situation occurred in 1892, when the epidemic returned to Hungary. The southern part of the country and the capital Budapest were severely affected by cholera (Mádai, 1983: 345). The infection did not manifest itself more strongly on the territory of today's Slovakia, i.e. in the northern regions of Hungary. To a certain extent, the efficiency of the authorities and information in the regions can be seen behind this. During the epidemic, newspapers wrote relatively frequently about the course of cholera and its occurrence (*'Najpotrebnejšie o cholere'*, 1892). A rela-

tively frequent topic during the epidemic was the advice of doctors and experts, whose goal was to eliminate opportunities for the spread of the disease ('Ako chovať sa...', 1892). This practice also appeared in the newspapers as the risk of the epidemic increased and reports of cholera across the country repeatedly appeared ('Bráňme sa proti cholere!', 1894).

## CONCLUSIONS

Research into cholera epidemics in today's Slovakia has not yet been more comprehensively grasped. With the exception of the research of the Greek Catholic diocese of Prešov (Liška, 2012a; 2013a), there are only isolated analyses in Slovak historiography, without significant regional or periodic overlap. The article presents the basic areas of sources that indicate the possibilities of analysis of cholera epidemics in the 19th century.

The church registers from the 19th century are, sufficiently, preserved in the territory of Slovakia and they enable the problem-free study of epidemics in all their phases. A small exception may be the first epidemic in 1831, when the registers on the causes of death were not yet firmly established in the registries. Therefore, in that year, there may have been inaccuracies in the number of victims or the age of the elderly, which is a continuous risk in church registries. Other waves of epidemics are captured more accurately and allow researchers more comprehensive analysis. Their preservation is excellent and their availability in state archives or via online databases is reliable.

The state registers of cholera infections are similarly affected. They record people affected by cholera. In addition to the number of victims, they also deal with the number of infected and cured. In the summary results or in published works, they show numbers for whole counties, royal cities and municipal cities respectively. Based on this information, trends in the spread of epidemics and their impact can be traced. In a more detailed analysis of smaller localities, researchers have the opportunity to analyze the geographical direction of the disease. In later epidemics, such as 1866 and 1892, one of the topics to examine was the effectiveness of the measures, thereby effectively reducing or even stopping the spread of the disease in the country. In addition to state registers, there are also regional church registers. We presented a summary of the Greek Catholic Church created by the Bishop of Prešov, Gregor Tarkovič, who also encouraged believers morally and spiritually in the time of cholera (Liška

and Borza, 2022). Although these summaries cannot be generalized to the entire population, they can be used to verify generally valid claims about the spread of the epidemic or its morbidity.

Standards and measures are perhaps the most plastic part of the sources, in which the intervention of the state, churches, experts and private persons can be seen. They all pursued a common goal of reducing the impact of the epidemic. In the case of the first epidemic in 1831, it can be argued that most measures had to respond immediately without the possibility of in-depth analysis and initially only on the basis of reports from abroad. Therefore, little rational claims can be found in the period of recommendations and regulations, which were rather counterproductive, especially for the treatment of the disease. The possibility of analysis is to compare these measures with the later period, especially with documents from the 80s and 90s of the 19th century. At that time, even on the basis of regulations and general information, cholera was eliminated. Scientific progress can already be seen, especially in health and hygiene regulations, which have objectively increased the patient's chances of survival or eliminated the spread of the disease.

Another area of sources on the basis of which it is possible to analyze the course of cholera epidemics is the contemporary journalistic discourse. It can be seen in the rather predictable fact that every epidemic in the country was reflected by editors and journalists and brought closer to ordinary readers. The analysis shows trends in topics that have changed over the decades of the 19th century. Especially since the 1860s, when harsh censorship ended in the country and many periodicals increased and new topics emerged (Rutt kay, 1977: 242–265). The journalistic work specialized and moved from journalism to professional analyses of cholera and recommendations on how to effectively avoid it. The topic became the most frequent in the final decades of the 19th century, when it appeared in Hungary, but in today's territory of Slovakia it did not erupt into an epidemic.

The presented areas of springs have considerable overlaps, on the basis of which the topic of the cholera epidemic can be analyzed more comprehensively, which could lead to general conclusions. By combining statistical and historical-social sources, the territory of Upper Hungary represents a suitable research sample for multi-layer analysis. In it, it would be possible to abandon the current regional direction and focus on a wider territory, from which it would be possible to draw conclusions contextualizing other parts of the Habsburg monarchy or Europe.

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