

PARISH REGISTERS FROM TRANSYLVANIA – SOURCES FOR THE HISTORY OF MEDICINE (LATE 18TH – EARLY 20TH CENTURIES)

ŽUPNE MATIČNE KNJIGE IZ TRANSILVANIJE – IZVORI ZA POVIJEST MEDICINE (OD KASNOG 18. DO RANOG 20. STOLJEĆA)

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SUMMARY

This paper aims to analyse the typology of medical-historical information provided by parish registers from Transylvania – a category of primary sources used mainly by historical demographers.

The approach is descriptive and prospective in character: it creates a typology of the medical information to be found in the sources, while highlighting possible research directions and approaching a series of methodological and interpretation issues.

The parish registers contain references to medical actors (the midwife, the physician, the death inspector), to medical activities (vaccination), and to events regarding the history of medicine (multiple births, infant mortality, death-causing diseases and accidents, epidemics, etc.). Despite the fact that they provide mainly demographic data, some epidemiological and medicine-related information can prove interesting for researchers in the field of the history

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of medicine. Such information is suitable for serial analyses and in some cases even for collective biography studies of the medical staff (e.g., the birth assistants and midwives), thus cross-referencing in many respects with cultural and social history. However, probably for reasons related to the sources' accessibility, medical historians have not seemed very interested in these data, a situation which will hopefully change in the near future due to the newly compiled historical population databases.

The conclusions reached in this paper point towards the variety of medical-historical information contained in parish registers, highlighting the need for reconsidering them as sources not only for historical demography, but also for medical history.

Key words: Transylvania; parish registers; vital registration; history of medicine; historical population database.

INTRODUCTION

THE EVOLUTION OF PARISH REGISTERS AS OFFICIAL VITAL REGISTRATION DOCUMENTS

Although benefitting from a relatively rich literature in the field, until now the history of medicine in Transylvania¹ has not included among its sources the parish registers. The information these documents offered has been left for the use of demographers and sociologists, probably due to the fact that it was difficult to discover and harness them, a process which only started in the 1950s in Europe² and the 1990s in Romania.³ This is the main reason why we considered it useful to offer an overview which would highlight the information regarding the history of medicine found in the parish registers, analyse and discuss the way in which data can be extracted, used and interpreted, as well as underline the main research directions opened up by such an endeavour.

The parish registers in Transylvania, as well as those from all over Europe, originate in the decisions of the Council of Trento (1563), which stipulated that it was mandatory for the Catholic priests to keep protocols of baptisms

¹ The term Transylvania refers, throughout the paper, to the central regions of Romania, forming between late 16th and mid-19th century the Principality of Transylvania, and included between 1867 and 1918 into dualist Hungary.

² Louis Henry, Michel Fleury, *Des registres paroissiaux à l'histoire de la population. Manuel de dépouillement et d'exploitation de l'état civil ancien*, Paris, INED, 1956. For the key role played by parish registers in the development of research on family and community in England see Michael Drake, "Infant mortality: some family and community approaches", in *Family & Community History*, November 2003, vol. 6, no. 2, 107–110.

³ Sorina Paula Bolovan, *Familia în satul românesc din Transilvania. A doua jumătate a secolului al XIX-lea și începutul secolului XX*, Cluj-Napoca, Centrul de Studii Transilvane, 1999.

and marriages. Subsequently, in 1614, through *Rituale Romanorum*, the provisions pertaining to these types of documents were detailed, introducing five types of protocols (baptisms, confirmations, marriages, deaths, parish censuses), and the spreadsheet structure of the records, instead of a narrative one.⁴ The system of registering vital events was shortly afterwards adopted by the Reformed confessions and its rigour increased as the church became a more and more valuable asset to the consolidation of the modern state.

From this point of view, Transylvania represents a special case, both through its complex ethno-confessional structure, and through the historical evolutions that have influenced the creation and preservation of the parish registers. Due to a lack of exact sources dating before the pre-statistical period (before 1850), the most pertinent estimates indicate for the 18th – early 19th centuries: 64% Romanian population, Orthodoxies up to the 18th century and later divided between Orthodoxies and Greek-Catholics; 24% Hungarian-speaking population (Hungarians and Székelys), mostly Calvinists and Unitarians up to the 18th century, later partially Catholics; 12% German population, almost entirely Lutherans up to the 18th century, with very few Catholic communities.⁵ The Israelite population, spread throughout the entire territory of the province, but mainly concentrated in urban centres, was insignificant in percentage at the end of the 18th century (0.14%), reaching about 1.2% in 1869.⁶ The ethnic structure and the confessional reconfigurations in Transylvania were also reflected in the creation and preservation of the parish registers. In this province, the oldest documents of this type date from the mid-17th century. Most of them come from German Lutheran communities and a few from Hungarian Calvinist parishes.⁷ Catholic registers only start to appear at the end of the 17th century and the beginning of the 18th century (related to the advancement of the Habsburgs).⁸ The oldest Greek-Catholic and Orthodox records date from

⁴ Liviu Moldovan, "Registrele confesionale de stare civilă din Transilvania", in *Revista Arhivelor*, 1958, I, serie nouă, 162; Cristian Tarcău, "Istoricul introducerii registrelor de evidență a populației din Transilvania, în parohiile greco-catolice și ortodoxe, în sec. XVII–XIX", in *Aletheia*, 2001, vol. 12, p. 204–208.

⁵ Paul Cernovodeanu (coord.), *Istoria românilor*, vol. VI, București, Editura Enciclopedică, 2002, 93.

⁶ Ladislau Gyémánt, *Evreii din Transilvania în epoca emancipării (1790-1867)*. *The Jews of Transylvania in the Age of Emancipation (1790-1867)*, București, Editura Enciclopedică, 2000, 26.

⁷ Alba County Archives Service, Parish Registers Collection, Registers 2192-2193 (Sebeș); Mureș County Archives Service, Parish Registers Collection, 182/3 (Voivodeni).

⁸ Harghita County Archives Service, Parish Registers Collection, Registers 50/27 (Ciucsângeorgiu), 20/336 (Odorheiu Secuiesc).

the second half of the 18th century, being mainly a result of the social discipline measures of the Austrian state.⁹ The oldest Jewish registers date from the early 19th century (1818)¹⁰.

In the beginning, the parish registers only contained basic information regarding vital events and those implicated (events, event-dates, anthroponyms, and toponyms)¹¹. Over time, however, the need for systematization and control, both by the church and state, led to the diversification of the registered data. An important role in this respect was played by the development of statistics as a science and its involvement in the construction process of the modern Austrian state.¹² It is worth mentioning that although the spreadsheet structured registers had already been in use during the 18th century, narrative records still persisted in some communities up to the first half of the 19th century.¹³

The increasingly important role played by population records in the internal organization of the state (in areas such as taxation, military recruitment, prevention of and fight against epidemics, etc.) led the authorities of the Austrian Empire (and Transylvania, implicitly), more timidly in the first half of the 19th century, more imperatively later on, to try to standardize church protocols. The process advanced slowly and it regularly met with impediments, generated on the one hand by confessional diversity, the low professional level of the priests, and the ignorance of the masses, and on the other hand by the opposition of the Catholic Church representatives, especially in those cases involving mixed marriages or the baptism of children born from such marriages.¹⁴ This situation continued to the end of the 19th century, when civil registration was finally imposed by law (1895 for Hungary and Transylvania).¹⁵ Although they have lost their position as official vital registration documents, parish registers continue to be maintained up to this day, by all confessions.

⁹ Braşov County Archive Service, Parish Registers Collection, Register 411 (Săcele).

¹⁰ Alba County Archive Service, Parish Registers Collection, Register 2750 (Vinţu de Jos).

¹¹ Cluj County Archive Service, Parish Registers Collection, Register 46/3 (Călăraşi-Turda).

¹² L. Moldovan, "Înregistrarea de către biserici a botezărilor, cununaţilor şi înmormântărilor", in Ştefan Pascu (ed.), *Populaţie şi societate. Population et société. Population and Society*, Cluj-Napoca, Dacia, 1980, 137.

¹³ Cluj County Archive Service, Parish Registers Collection, Register 69/2 (Stejeriş).

¹⁴ L. Moldovan, "Registrele confesionale de stare civilă din Transilvania...", 172–173.

¹⁵ Ioan Bolovan, Diana Covaci, Daniela Deteşan, Marius Eppel, Crinela Elena Holom (eds.), *Legislaţia ecleziastică şi laică privind familia românească din Transilvania în a doua jumătate a secolului al XIX-lea*, Cluj-Napoca, Academia Română – Centrul de Studii Transilvane, 2009, 91–103.

METHODS OF APPROACH

The research starts with the information gathered while building a complete catalogue of the parish registers from Transylvania. On the one hand, we intend to present a typology of the medical information to be found in these sources, using an event-based chronological description, starting with birth and ending with death-related data. The presentation will touch on both the normative aspect (what information was there supposed to be) and the descriptive one (its actual presence, quality and reliability). Based on this typology, the research follows a prospective approach whose main aim is to highlight possible research directions together with the main methodological and interpretation issues raised by the parish registers' data. In order to help the paper's internal cohesion, each type of event data will be analysed following the three steps: normative aspect (what should there be?), descriptive aspect (what can actually be found?), prospective aspect (what can be done with the existing data?), thus the *Results* and *Discussion* sections will be amalgamated.

RESULTS AND DISCUSSIONS

MEDICAL-HISTORICAL INFORMATION OFFERED BY PARISH REGISTERS

Among parish registers' recordings, one can find many demographic events directly linked to the history of medicine, sometimes even including the direct involvement of medical actors (physicians, midwives, death inspectors),¹⁶ but the medical information offered by these sources is not always structured and systemized. From a typological perspective, it can be explicit or implicit. The explicit one, in its turn, can be serial or occasional, while the implicit one is almost exclusively the product of findings based on serial analyses.

STEPPING INTO THIS WORLD: MIDWIVES AND INFANT VACCINATION

The serial explicit information targets three categories of records, regarding midwives (in baptism records), vaccinations (in baptism records or in the special lists of vaccinated people) and deaths (in baptism and death records). At first glance, the information regarding midwives is usually limited to serially repeated names. Probably because of this, the historiographical interest

¹⁶ Marius Rotar, "Death inspectors or the 'professionals' of death during the late nineteenth and early twentieth century Transylvania", in *Mortality*, August 2012, vol. 17, no. 3, 244–253.

in studying midwives using the data from parish registers was almost none.¹⁷ However, the reconstitution of midwives' biographical sketches using parish registers or family books/sheets (the family reconstruction method) is relatively easy, and the details potentially brought to light by a collective biography analysis cover a wide range of information, such as: social origin, professional training, age of professional debut, the frequency of assisted cases, elective affinities in choosing the midwife (usually there was more than one in a specific village/neighbourhood), demographic behaviour of the midwife group within a region, etc. All these analyses can be conducted starting exclusively from parish registers and family books/sheets, without appealing to other archive sources. In addition, the special situation of the midwives gave them a distinct place¹⁸ in the database of the historical population of Transylvania. In some special cases, the midwives do not only appear as actors mentioned in the documents, but also as document creators. Among the church registers from the city of Sibiu a protocol from 1894–1896 can be found, with notes made by midwives on newborns.¹⁹

Just as interesting for the history of Transylvanian medicine is the information regarding newborn vaccination. The oldest pieces of information about vaccination appear from 1803, and from 1811 the legislation stipulated the mandatory recording of vaccinated children.²⁰ However, serial analysis of the records and occasional mentions both reveal the population's reluctance to vaccinate children, together with the coercive measures taken by the authorities in this regard. A bishop order of 7th April 1809, kept in the Hungarian Calvinist registers of Armășeni (Harghita County), mentions that unvaccinated children were forbidden access to school, apprenticeships in guilds, and even marriage.²¹

¹⁷ While studies on midwives have been conducted for Hungary proper, especially for the 18th century (Krász Lilla, *A bába történeti szerepváltozása a 18. Századi Magyarországon*, Budapest, Osiris Kiadó, 2003), with regard to 19th century Transylvania they are almost completely lacking (Augustin Santai, *Contribuțiuni la istoricul practicei și învățământului moșitului în Transilvania*, Ph.D. Thesis, Cluj, Tipografia Fraternitas, 1927; Teodora Daniela Sechel, "The Emergence of the Medical Profession in Transylvania (1770–1848)", in Victor Karady, Borbála Zsuzsanna Török (eds.), *Cultural Dimensions of Elite Formation in Transylvania (1770–1950)*, Cluj-Napoca, EDR Foundation, 2008, 109–114) and none of them relates to the information offered by parish registers.

¹⁸ The Historical Population Database for Transylvania project (HPDT) closely follows the activity of midwives from the micro-zones covered by the database, so a catalogue of midwives from Transylvania is currently under development and will be available in a few years.

¹⁹ Sibiu County Archives Service, Parish Registers Collection, Register 114 (Sibiu), s. 1–19.

²⁰ C. Tarcău, "Istoricul introducerii registrelor de evidență a populației din Transilvania...", 205.

²¹ L. Moldovan, "Registrele confesionale de stare civilă din Transilvania...", 167.

Not only can there be found in the parish registers evidence of the peasants' lack of trust, but also the lack of accuracy or interest from the priests. For example, in the Romanian Orthodox community of Războieni-Cetate (Alba County), the rate of vaccination at birth surpasses 95% between 1814 and 1830, followed by a sudden reverse in percentage (95% unvaccinated) between September 1830 and October 1833. Next comes a decade of syncopated records, and from March 1843 up to March 1847, no newborn was vaccinated.²² Later, the serial analysis of the birth vaccination situation in this Orthodox parish seems to indicate that, up to the end of the 19th century, the percentage of unvaccinated children hugely surpasses that of the vaccinated ones, raising the question: why could the regularity of vaccination from the 1814–1830 period not be maintained half of century later, when the sanitary system was apparently better organized?²³ In a search for an explanation, we have directed our attention towards the Hungarian Calvinist parish registers of the same village, which, however, do not contain a section for this medical event. Further analysis of other parish registries in the same administrative unit (See of Arieș) revealed that in other villages the vaccinations were mentioned regularly (usually once per year, in May or June), throughout this entire period,²⁴ meaning that the syncopated records from Războieni-Cetate must be attributed to the poor recording of this event by the priest, rather than the administration's negligence or the peasants' opposition.

With regard to the lack of notes on vaccination in the Calvinist registers, we have to mention the possibility of vaccination lists having been drawn up separately and not having been preserved. However, without serial studies on this category of sources, it is hard to say how many of the registers and lists of vaccinations present in the archives' catalogues are real, since there are cases where baptism registers in which vaccination was accurately recorded²⁵ were presented as vaccination lists (as opposed to those where the section was left blank). Such shortcomings, which originate from the negligence of those responsible for the archives, represent only one of the major obstacles in the construction of a detailed overview of the parish registers from Transylvania.

²² Alba County Archives Service, Parish Registers Collection, Register 2066 (Războieni-Cetate), s. 1–54.

²³ Balázs Pálvölgyi, "Benefits of Lethal Pandemics: Direct Impact of Contagious Diseases on Public Administration in Hungary (1867–1914)", in *Acta Medico-Historico Adriatica*, 2013, vol. 11, no. 2, 220–222.

²⁴ Cluj County Archives Service, Parish Registers Collection, Register 190/1 (Poiana Arieș), s. 1–121.

²⁵ Mureș County Archives Service, Parish Registers Collection, Register 296/3 (Eremitu).

LEAVING THE WORLD BEHIND: DEATH RECORDINGS AND THE MAIN
QUESTIONS RAISED BY THEM

Serial information regarding deaths can refer to: stillbirths, infant and child mortality, age and cause of death, the time between death and burial. Stillbirths are more rarely documented, although some cases are explicitly recorded. They are easy to identify, since such a situation no longer requires baptism, hence the individual is recorded without a name, and depending on the age and medical condition of the foetus, even the information regarding gender can be omitted (Fig. 1).

No.	Date of birth	Date of baptism	Gender	Legitimacy	Name	Parents' names, denomination and profession
16	August 26 th 1863	ø	ø	Legit	Born dead	Buta Ioan and [Buta] Eudochie, Orthodoxies, servant

Figure 1. A stillbirth case from the baptism registers of the Războieni-Cetate Orthodox parish²⁶

Mortality represents one of the main attraction points for demographers, and its research for Transylvania manifests in two directions: a more general one, at province level, starting from secondary sources which are statistical in nature,²⁷ and a more particular one, through the local demographic monographs, starting from parish registers.²⁸ Moreover, the upsurge of research in thanatology in Romania in the last two decades completes the picture of the investigation of this natural phenomenon.²⁹ Up to the present, parish registers had only been used as sources for local historical demography research.

²⁶ Alba County Archives Service, Parish Registers Collection, Register 2067 (Războieni-Cetate), s. 17.

²⁷ Ioan Bolovan, *Transilvania între revoluția de la 1848 și unirea din 1918. Contribuții demografice*, Cluj-Napoca, Centrul de Studii Transilvane, 2000, p. 138-157.

²⁸ Selectively: Luminița Dumănescu, "Satul transilvan din perspectivă demografică. Studiu de caz – Parohia greco-catolică Mărgău, 1836-1890", in I. Bolovan, C. Pădureanu (eds.), *Populație și societate. Studii de demografie istorică a Transilvaniei (secolele XVIII-XX)*, Cluj-Napoca, Presa Universitară Clujeană, p. 177-182; Daniela Deteșan, "Mortalitatea în comitatul Cluj în a doua jumătate a secolului al XIX-lea și începutul secolului XX. Evoluții demografice locale", in S.P. Bolovan, I. Bolovan, Cornelii Pădurean (eds.), *Studii de demografie istorică*, Cluj-Napoca, Presa Universitară Clujeană, 2005, p. 89-122; Alina Ioana Șuta, "Aspecte privind evoluția demografică a orașului Câmpia Turzii (jud. Cluj) între anii 1855-1900", in *Ibidem*, p. 188-190; Ana Maria Vele, "Evoluția demografică a parohiei reformate Gilău (jud. Cluj), 1895-1903", in *Ibidem*, p. 289-294.

²⁹ For a detailed historiographical overview see *Bibliografia Istorică a României*, vol. 10-13, București, Editura Academiei Române, 2005-2012, section "Auxiliary sciences", sub-section "Historical demography and statistics. Epidemics. Natural disasters. Habitat".

However, in the future, the development of the Historical Population Database of Transylvania will allow the correlation of results from different micro-areas and a more in-depth understanding, through case studies, of the overall picture offered by the statistics of the era.

Within the field of mortality, special interest is aroused by infant and child mortality, the more so as information regarding this phenomenon is statistically greater, since it can be found both in the baptism registers and in the death registers. Statistics of that time indicate that there were sensible differences of this indicator depending on ethnicity, the highest rate being found within the Romanian communities.³⁰ Without a doubt, this reality signals, at an ethnic level, different horizons of hygienic and medical culture, as well as differences in the threefold relationship between the peasants, the physicians and the intercessors playing an educative role (priests, teachers, midwives). At this point, changing from overall statistical data to analyses of micro-areas based on parish registers can help for a better understanding of the causes that determined the ethnical differentiating, through the comparative study of ethnically unitary communities and mixed ones, as well as the relationship this indicator had with the situation and behaviour of the aforementioned intercessors (e.g., relation between the high fluctuation of priests in a parish and the rigour of medical records in parish registers). Of course, the ensemble of causes (social, economic, geographical, cultural, etc.) that influence the infant mortality rate is far larger and more complex than the information that can be deduced from parish registers. However, the latter should not be neglected, since the correct interpretation of apparently neutral, purely statistical information could reveal events and phenomena pertaining to the history of medicine.

For example, between February and April 1886, in the Orthodox community of Războieni-Cetate (ca. 550 people),³¹ the records show 23 deaths, out of which 19 infants, most of them under the age of three. The cause of all these is recorded as *common (ordinaria)*. For the same period of time, in the Calvinist community of the village (ca. 145 people) only two deaths are recorded, both infant deaths (three–four years of age), having as cause of death pertussis/whooping cough (*szamárhurut*). Should the medicine historian benefit only from the information in the Orthodox parish registers, he/she would deduce

³⁰ M. Rotar, *Moartea în Transilvania în secolul al XIX-lea. Vol. 2. 11 ipostaze ale morții*, Cluj-Napoca, Accent, 2007, 16.

³¹ For both parishes within the village estimations have been made according to data provided by Varga E. Árpád, *Erdélyi etnikai és felekezeti statisztikája 1850–2002*, online edition, last update 2010. <http://www.kia.hu>, last accessed 07.09.2014.

at most that within the months of February–April 1886, in Războieni-Cetate there was a very virulent local epidemic of a childhood contagious disease which killed about 4% of the parish population. However, by also consulting the Calvinist registers, the historian learns of two additional essential pieces of information: firstly, the type of the disease (pertussis/whooping cough) and, secondly, the significantly reduced percentage of mortality in the Calvinist community (under 1.5%). Knowing from other cartographic sources that the two parishes were not strictly topographically defined³², i.e., Romanians and Hungarians living together, the historian could draw the conclusion that the difference between the infant mortality rate generated by the small epidemic within the two communities was caused, most likely, by a more advanced medical culture among the Hungarians, which contributed to the understanding of the intra-community and household quarantine measures and their correct and strict application. Moving further on and analysing the form of the records from the two documents, it can be deduced that the Reformed priest was much more rigorous in identifying and noting the causes of death for the infants than the Orthodox priest, which also implies a more profound dedication and commitment in the medical education of the parish members. An additional step would be searching the parish registers of neighbouring Orthodox communities, in order to observe a possible propagation of the epidemic – which, in this case, did not happen.³³ It so happens that, by chance, the final conclusions of this case study (chosen absolutely randomly) coincide with the general image given by the Hungarian bureau of statistics for that period. However, the medical, cultural and anthropological perspectives it unveils are more nuanced, allowing us to foresee the level of knowledge that can be reached through the serial analysis of tens or hundreds of such local epidemic events.³⁴

As can be seen, appealing to the parish registers as sources for the history of medicine in Transylvania would mean, firstly, the immersion of medicine history into micro-history, together with assuming some inherent contextual limitations. Usually, in this type of source, the events or actors

³² <http://mapire.eu/hu/map/hkf.25e/?zoom=15&lat=46.41239&lon=23.88153>, last accessed 19.01.2015.

³³ Alba County Archives Service, Parish Registers Collection, Register 1224 (Lunca Mureş).

³⁴ Especially for urban areas, studies similar to Bo Burström, Finn Diderichsen, Eva Bernhardt, Lars Smedman, “Use of a historical register in social epidemiology: child mortality in Stockholm at the turn of the 19th century”, in *Scandinavian Journal of Social Medicine*, 1998, 26, 3, 166–172, or Arkadiusz K. Wrębiak, “Cholera and typhoid fever in 19th century Bielitzer Zion”, in *Anthropological Review*, 2010, 73, 37–46 could be easily conducted.

are serially mentioned, the enumeration offering an apparently linear and coherent chronological perspective, but whose topographical coordinates remain too vague to allow further deeper analyses. For example, there are only a few registers that mention the name of streets and houses, making it difficult to follow the topographic path of epidemics within the villages. The ideal case, in which all sections of the register contain the complete and correct information, is almost impossible to find, even for cities.³⁵ However, the same applies to other geographical areas in Central and Western Europe, where similar sources do not always supply a deeper level of information, limiting the topographical analysis to the centre–periphery relationship.³⁶ Since up to the present day, in Transylvania’s historiography, epidemics have only been studied mainly at the macro-area level,³⁷ the orientation towards medical micro-history can only be welcomed.

One of the key aspects of the aforementioned situation refers to the recording of the cause of death, where we deal with two realities. The first refers to the differentiated recording of the causes, while the second involves the accuracy of the diagnostic. The exact mentioning of the cause of death is a rather late innovation. Only after 1850 do we start to consistently see in the registers the section *Specifics of Death*, where the cause of death was supposed to be mentioned, while in the section *Reflections*, the priest was supposed to write details of the deaths that were out of ordinary. However, these regulations were not always applied in practice, especially in the countryside, where the intellectual level and the degree of interest of the priests were lower. The documents remind us also of such negligent situations even in the urban areas, and in the military (where adherence to the regulations was supposed to be at its greatest). For example, in 1875, the Sibiu military command highlighted the deficiencies of the records regarding soldier deaths. In the section regarding the cause of death, only *natural* or *unknown* were written, without the consulting of a physician in order to set an exact diagnostic. The fact that these imperative enforcements can also be consistently found in the

³⁵ See for examples the registers from the city of Ocna Mureș, for all denominations: Alba County Archive Service, Parish Registers Collection, Registers 1848–1849 (Jews), 1850–1858 (Greek-Catholics), and 1859–1861 (Calvinists).

³⁶ A.K. Wrebiak, “Cholera and typhoid fever in 19th century Bielitzer Zion”, 39–43.

³⁷ Ștefan Gămănescu, “Epidemia de holeră din 1873 în Banat și Transilvania”, in Gheorghe Brătescu (ed.), *Apărarea sănătății ieri și azi*, București, Editura Medicală, 1984, 175–180; Gheorghe Brătescu, Paul Cernovodeanu, *Biciul holerei pe pământ românesc. O calamitate a vremurilor moderne*, București, Editura Academiei Române, 2002; Toader Nicoară, *Sentimentul de insecuritate în societatea românească (1600–1830)*, Cluj-Napoca, Accent, 2006, 77–108.

memos of upper church forums indicates the impossibility of the authorities, either civil or clerical, to impose compliance to the regulations and legislation in an under-educated milieu.³⁸ Death without the establishment of the cause represents a widely spread characteristic for Transylvania during that period of time. It was not even eliminated after the introduction of the mandatory corpse verification by the death inspectors. Within the Habsburg Empire, Romanians (the majority of which were in Transylvania), occupy the second-to-last place on the list of ethnicities regarding the degree of official medical records of deaths.³⁹

Even when causes of death were recorded, we face the issue of the accuracy of the diagnostic, especially since its author remains unknown (the physician?; the midwife?; the death inspector?; the priest?; on the grounds of the oral information provided by the families?). There are more than a few occasions when we deal with the recording of generic causes, and their degree of generality makes it impossible to relate them to specific diseases. For example, in case of infant deaths, *weakness at birth* is often mentioned. Such records are of little help to the medicine historian. Other types of recordings, e.g., *madness* or *alcoholism*,⁴⁰ also leave great room for interpretation.

The level of accuracy for the registered causes of death could be somewhat settled depending on the ensemble of information provided by the source. In a fully compiled parish register, which shows the rigour and interest of the priest, in which there are registered a wide variety of causes of death, expressed in a language that is closer to medical terminology than to the popular one, the chances for the diagnostic to be correct are, obviously, higher. Such registers can mainly be found in urban areas, for the Reformed and Catholic confessions,⁴¹ where the physical proximity of a physician or death inspector represented one of the premises for correctly determining the

³⁸ C. Tarcău, "Istoricul introducerii registrelor de evidență a populației din Transilvania...", 205–206.

³⁹ M. Rotar, *Moartea în Transilvania în secolul al XIX-lea*. Vol. 2, 36–37.

⁴⁰ M. Rotar, *Moartea în Transilvania în secolul al XIX-lea*. Vol. 2, 30–31. While alcoholism is most certainly related to decreased life expectancy, its serial mentioning as cause of death does not really offer too much information on the specific disease generated or accelerated by alcohol abuse. The danger of such mentions being taken literally and quoted as such by some historians remains high, contributing furthermore to the foggy image of death causes provided by parish registers. E.g. Monica Mureșan, "Evoluția demografică a comunității Greco-catolice din localitatea Jucu de Jos între anii 1840-1890", in S.P. Bolovan, I. Bolovan, Corneliu Pădurean (eds.), *Om și societate. Studii de istoria populației României (sec. XVII–XXI)*, Cluj-Napoca, Presa Universitară Clujeană, 2007, 385.

⁴¹ See for example: Cluj County Archives Service, Parish Register Collection, Register 71/63 (Cluj-Napoca).

cause of death. In opposition to that, in rural areas, the chances of learning such correct information drop significantly, and where this information exists, there is need for careful analysis. For Transylvania, there are no comparative studies that start from the parish registers, between the causes of death recorded in urban and rural areas, nor depending on social stratification⁴² - aspects that the future Historical Population Database of Transylvania will have to take into consideration.

The most carefully and correctly recorded causes of death regard the deaths in special conditions: death by accident (usually details regarding the accident are provided), suicide, or murder. In fact the table headers demanded the differentiation between an *ordinary* and an *extraordinary* death, and this differentiation was usually respected, even when the conditions were unfavourable. For example, during the Revolution of 1848–1849, a number of Romanian Orthodox villagers from Războieni-Cetate were investigated and executed by the Hungarian revolutionary martial courts. In the deaths register, the priest, probably out of fear of Hungarian retaliation, did not explicitly mention the cause of death, but instead he marked their names in red pencil, so that those individuals could easily be nominally identified in other documents of the time – which was indeed the case a few years later.⁴³

Although formally imposed by the modern statistical necessities, the differentiation between the *ordinary* and *extraordinary* deaths has deep anthropological roots, which descend into the popular culture and link to the customs of assuring the peace of the deceased's soul.⁴⁴ This is one of the explanations for the priests' tendency to record in detail such situations. Another explanation, this time pertaining to the psychological register, would be human nature's increased appetite for events that are out of the ordinary. One such example would be the record from 1777 made by the Calvinist pastor from Beu (Mureș County), mentioning that the Catholic priest, his adversary, *died in the church, struck by apoplexy* (i.e., suffered a stroke).⁴⁵

⁴² For the same inquiries based on parish registers from Poland see Grażyna Liczbińska, "Diseases, health status, and mortality in urban and rural environments: the case of Catholics and Lutherans in 19th-century Greater Poland", in *Anthropological Review*, 2010, 73, 21–36.

⁴³ Dumitru Suciu (coord.), *Revoluția transilvană din 1848–1849. Date, realități și fapte reflectate în documente bisericești ortodoxe: 1845–1850*, București, ASAB, 2011, 287–291.

⁴⁴ Simeon Florea Marian, *Înmormântarea la români. Studiu etnografic*, București, Tipografia Carol Göbl, 1892, 18.

⁴⁵ L. Moldovan, "Registrele confesionale de stare civilă din Transilvania", 167.

CONCLUSIONS

FUTURE PATHS

The parish registers from Transylvania contain references to medical actors, activities or events regarding the history of medicine. They also contain serial information useful in research regarding heredity, such as the trans-generational family recurrence of multiple births and both geographical and family recurrence of some pathological manifestations that cause or accelerate death. None of these aspects has ever become the subject of research by historians of Transylvanian medicine. Their interest in these sources seems to have been limited, up until now, for reasons we can only guess at. Most probably, the difficulty of physically accessing the sources, the palaeographic barrier generated by the typological and linguistic variety,⁴⁶ the time-consuming process of building population databases, the mandatory appeal to serial analysis and the low appetite for micro-history are the key factors that caused this situation. The lack of an up-to-date and accurate catalogue of parish registers across the entire regional level⁴⁷ has almost certainly also contributed to the low level of interest.

Furthermore, the fact that parish registers offer mainly demographic and epidemiologic data, rather than classical medical-historical information, might have also lowered the medicine historians' interest. Difficulties in linking their information to general statistical data regarding the Kingdom of Hungary should also be borne in mind. For example, official statistical data were published regarding mortality and the causes of mortality in Transylvania for the period between 1901 and 1910,⁴⁸ but information for the previous decades is missing. While turning to parish registers could lead, in some micro-areas, to the construction of longitudinal series that can

⁴⁶ The majority of parish registers from Transylvania is written in four main languages (Romanian, Hungarian, German, Latin) and three main alphabets (Latin, Cyrillic, Kurrentschrift), with secondary languages, such as Armenian, also being used.

⁴⁷ Each County Archive Service in Transylvania has its own collection of parish registers, organized in a different manner and using a different catalogue style than those of other County Archives Services. A first unitary catalogue of their collections will be provided starting December 2014 at the internet address <http://transylvanianfamilyroots.com>, as a result of the REGEDIT project supported by 'Babeş-Bolyai' University Cluj-Napoca. From 2015 on, the task of keeping the catalogue updated will pass over to the large-scale project Historical Population Database for Transylvania (<http://hpdt.granturi.ubbcluj.ro>), coordinated by the Centre for Population Studies, 'Babeş-Bolyai' University Cluj-Napoca.

⁴⁸ T. Rotariu (coord.), Maria Semeniuc, Elemer Mezei, *Mișcarea naturală a populației între 1901-1910. Transilvania. Vol. II. Cauze de deces*, Cluj-Napoca, Presa Universitară Clujeană, 2005.

compensate such shortcomings,⁴⁹ the amount and complexity of the work implied by such endeavours would require the use of large databases, which lone researchers could not construct by themselves.

Having considered these premises, we estimate that the efforts of integrating the information provided by the parish registers into a historical population database should generate, in a few years, an increased interest by medicine historians in the medical data thus obtained. Overcoming the linguistic and palaeographic barrier by translating the information into English and using a coding system, facilitating the serial analyses through the use of an electronic interface, facilitating online access to the sources, collaboration with an inter-disciplinary team consisting of historians, demographers and sociologists are further steps that will have to be taken. Through these steps, we hope to draw the attention of historians from all over Central Europe to the up until now little-exploited medical-historical information contained within the parish registers.

⁴⁹ For such connections and the use of Genetics and Onomastics in social research see, for example, Roberto Rodríguez Díaz, María José Blanco Villegas, “Genetic Structure of a Rural Region in Spain: Distribution of Surnames and Gene Flow”, in *Human Biology*, 2010, vol. 82, no. 3, June, 301–314.

SAŽETAK

Ovaj rad ima za cilj analizirati tipologiju medicinsko-povijesnih informacija koje nude župne matice iz Transilvanije – kategoriju primarnih izvora koje koristi uglavnom povijesni demografi.

Pristup je po naravi deskriptivan i prospektivan: on stvara tipologiju medicinskih informacija koje se mogu naći u izvorima, pritom naglašavajući moguće istraživačke pravce i pristupaajući nizu metodoloških i interpretacijskih problema.

Župne matice sadrže reference o medicinskim akterima (primanja, liječnik, inspektor smrti), medicinskim djelatnostima (cijepjenje) te događajima vezanih za povijest medicine (više-struka rođenja, smrtnost dojenčadi, smrtonosne bolesti i nesreće, epidemije, itd.).

Unatoč činjenici da one pružaju uglavnom demografske podatke, neke epidemiološke i za medicinu vezane informacije se dokazuju kao zanimljive za znanstvenike iz područja povijesti medicine. Takve informacije pogodne su za serijske analize, a u nekim slučajevima čak i za istraživanja kolektivne biografije medicinskog osoblja (npr. asistentata pri porodu i primanja), presijecajući se tako u mnogočemu s kulturnom i društvenom poviješću. Međutim, a vjerojatno zbog razloga koji se odnose na pristupačnost izvora, čini se da medicinski povjesničari nisu bili jako zainteresirani za ove podatke. Nadamo se da će se takva situacija promijeniti u bliskoj budućnosti zbog svježe prikupljenih povijesnih baza podataka stanovništva.

Zaključak do kojega se dolazi u ovom radu upućuje prema različitim medicinskopovijesnim informacijama koje su sadržane u župnim matičnim knjigama, naglašavajući potrebu za njihovo preispitivanje kao izvora ne samo za povijesnu demografiju, već i za medicinsku povijest.

Ključne riječi: Transilvanija; župne matične knjige; životna statistika; povijest medicine; povijesna baza podataka o stanovništvu.