



Iwona Janicka

ORCID: <https://orcid.org/0000-0002-7922-8504>

University of Gdańsk, Faculty of History

email: iwona.janicka@ug.edu.pl

The Register of the Dead from Cholera in Vilnius Pohulanka Hospital in 1831 as a Source for Demographic and Social Studies*

Księga metryczna umarłych na cholereę w szpitalu na wileńskiej Pohulance w 1831 roku jako źródło do badań społeczno-demograficznych

Abstract

During the first cholera epidemic in Vilnius in 1831, a hospital for cholera patients was set up in the Pohulanka district. Over a thousand patients were treated there, of whom approximately half died. Although it was intended for the Roman Catholic population, people of various faiths were admitted. The article is an attempt at a demographic and social analysis of those who died during the epidemic, with the source for the research the Register of those who died of cholera, drawn

Abstrakt

W czasie pierwszej epidemii cholery w Wilnie w 1831 roku, w dzielnicy Pohulanka powstał szpital dla chorych na cholereę. Leczyło się w nim ponad tysiąc pacjentów, z czego około połowa z nich zmarła. Choć docelowo przeznaczono go dla ludności rzymsko-katolickiej, przyjmowano tu osoby różnych wyznań. Artykuł jest próbą analizy demograficznej i społecznej zmarłych w czasie epidemii chorych, a źródłem do badań była Księga metryczna zmarłych na cholereę sporządzona

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up and kept between April 10, 1831 and January 3, 1832 by Father Kazimierz Kontrym. Thanks to the preserved data, it was possible to determine the age structure of 553 men and women, their religion, social status, information on whether they received the last rites and where they were buried.

Keywords

register, cholera epidemics, hospital, Vilnius, Pohulanka, the dead, demography

i prowadzona w okresie od 10 kwietnia 1831 roku do 3 stycznia 1832 roku przez ks. Kazimierza Kontryma. Dzięki zachowanym danym odtworzono strukturę wiekową 553 mężczyzn i kobiet, określono ich wyznanie, stan społeczny, a także uzyskano informacje na temat przyjęcia sakramentów oraz miejsca pochówku.

Słowa kluczowe

księga metryczna, epidemie cholery, szpital, Wilno, Pohulanka, zmarli, demografia

The area where cholera occurred (and still occurs) endemically is north-eastern India, more precisely the river basins of the Ganges and Brahmaputra as well as the historic province of Bengal situated between them. Since the first confirmed outbreak of cholera outside that region in 1817 and its spread around south-east Asia and northern Africa, many chronological divisions of the pandemic have been made. Regarding the 19th century, most scholars distinguish five pandemics, although they would not always agree on their beginning and ending dates.¹ This article shall focus on one year only, 1831, from the period of the second pandemic which I date to the years 1826–1837.

¹ For instance, Myron Echenberg provides the following chronology: 1817–1826, 1828–1836, 1839–1861, 1863–1879, 1881–1896, 1899–1947. Christopher Hamlin distinguished pandemics from: 1817–1824, 1829–1851, 1852–1859, 1860–1875, 1881–1895, 1899–1923 and the seventh, which began in 1960. Richard Evans proposed another series, namely the years 1817–1823, 1826–1837, 1842–1859, 1863–1875, 1881–1896 and 1899–1923. According to Stefan Winkle, cholera pandemics occurred in the years 1817–23, 1826–1837, 1841–1862, 1864–1875 and 1882–1896, whereas according to the Lithuanian doctor and historian of medicine Vytautas Siudikas, they were in the years 1817–1823, 1826–1837, 1846–1862, 1864–1875, 1883–1896 and 1901–1926. It is worth quoting yet another version provided by Grigorij Arhangel'ski. In his doctoral MD dissertation, written in 1874, he described three pandemics with the first one encompassing the years 1817–1838 (hence for other researchers this is the first and the second pandemic), the second falling in 1841–61 and the third in 1865–1872. Myron Echenberg, *Africa in the Time of Cholera. A History of Pandemics from 1815 to the Present* (New York: Cambridge University Press, 2011), 15, 18, 23, 26; Christopher Hamlin, *Cholera. The Biography* (New York: Oxford University Press, 2009), 4; Richard J. Evans, "Epidemics and Revolutions: Cholera in Nineteenth-century Europe," in: *Epidemics and Ideas. Essays on the Historical Perception of Pestilence*, eds. Terence Ranger, Paul Slac (Cambridge: Cambridge University Press, 1992), 151; Stefan Winkle, *Kulturgeschichte der Seuchen* (Düsseldorf–Zürich: Komet, 1997), 161, 165, 188, 210, 215; Lietuvos nacionalinė Martyno Mažvydo biblioteka – Vilnius (hereafter: LNB) LI 98/18081: Vytautas Siudikas, *Choleros epidemijos Lietuvoje 1831–1921 metais*, daktaro disertacijos santrauka, mašinraštis (Kaunas: Kauno medicinos

The year 1831 was exceptional, since it was then that cholera occurred for the first time in the European governorates of the Russian Empire and in Europe itself, causing havoc, fear and mass psychosis everywhere. Initially, it embraced 48 Russian governorates, where 466,000 people fell sick and 197,000 of them (42%) died. In the meantime, the disease continued its march westwards. In January of the same year, it reached Galicia, in February the Kingdom of Poland (in Warsaw the first cases were reported in April), in May it arrived in Germany and Austria, by June it was in Hungary, Moldavia, Wallachia, Bulgaria, Romania and Constantinople, in August in Berlin and Vienna, and in October it reached England.² The “purple death”³ killed most victims there, where population density was the highest; therefore, in towns and cities. Before it arrived in the British Isles, from the 360,000 inhabitants of Saint Petersburg 9,247 became ill, with 4,757 (i.e., 51.4%) dying. It was a similar case in Moscow, where from 350,000 citizens 8,576 fell sick and 4,690 of them died (54.6%). As for Western European cities, in Vienna, from 300,000 inhabitants 3,980 became infected and 1,899 died (47.7%), in Berlin, from 240,000 inhabitants 2,220 caught the disease and 1,401 succumbed to it (63.1%), in Prague, where 96,600 people lived, there were 3,234 sick, of whom 1,333 died (41.3%).⁴

At that time, Vilnius was not as densely populated, since if we accept the accounts of Michał Baliński, in 1832 it had 35,922 inhabitants,⁵ yet even if it is compared with cities of 100,000 inhabitants, such as Prague or Hamburg, the incidence and mortality was much higher there. Within the 9 months of the epidemic in Vilnius, i.e., from April 5 to December 18, 1831, 3,706 people contracted the disease and 1,772 of them died. The incidence rate (per 1,000) totaled, therefore, 103.2, while the mortality rate amounted to 48.3 (per 1,000) and the morbidity indicator equaled 47.8%. It was by far the highest rate among all the cholera epidemics that the city experienced in the 19th century. In the same governorate, a similarly unfortunate situation occurred only in the land district of Vilnius,

akademija Lietuvos medicinos ir farmacijos istorijos muziejus, 1998), 3; Grigorij Arhangel'skij, *Holernyâ epidemii v Evropejskoj Rossii v 50-ti-letnij period 1823–1872 gg.*, dissertaciâ na stepen' doktora mediciny (S. Peterburg: Tipografiâ M. Stasûleviča, 1874), 90, 136, 169, 199.

² M.I. Afanas'ev, P.B. Vaks', eds., *Azâatskaâ holera. V szatom' monografičeskom' izložeenii* (S. Peterburg: Izdane žurnala Sovremennaâ Medicina i Gigena, 1904), 6.

³ Cholera was called “the purple death” due to the color of the afflicted person's skin which, in the advanced stage of the disease, turned purple. This is how it was referred to by, among others, Jürgen Osterhammel, *Historia XIX wieku. Przeobrażenie świata* (Poznań: Wydawnictwo Poznańskie 2013), 255.

⁴ S.L. Kotar, J.E. Gessler, *Cholera. A Worldwide History* (Jefferson, NC: McFarland & Co, 2014), 346.

⁵ Michał Baliński, *Opisanie statystyczne miasta Wilna* (Wilno: Józef Zawadzki własnym nakładem, 1835), 64.

where 4,492 fell sick, 2,091 died and mortality reached 46.5%.⁶ It must be highlighted that the data are only an estimate, since neither the actual number of sick nor deceased is certain (the Jewish population would oftentimes conceal cases of infection or even of death from the disease⁷), nor the precise number of inhabitants of the town or the province.⁸

It is difficult to say how the disease came to the city, yet it appeared in the Jewish population and the military troops stationed there almost simultaneously. Since for some time there was no certainty as to whether it was, in fact, the Asian cholera, on April 9, 1831 (four days after reports of the first cases), the civilian governor Dymitrij Michajłowicz Obreskow asked professors at the Medical Department of Vilnius University, Andrzej Śniadecki, Jan Berkman, Konstancy Porcyanko, Adolf Abicht and Józef Bielkiewicz, to examine the sick and to submit their conclusions to the medical faculty. By the following day, the professors had dispelled any doubts as to the nature of the disease and on April 11, under the leadership of Andrzej Śniadecki, the Governorate Committee for Cholera began its work.⁹ In accordance with an Announcement by the minister of home affairs, Count Arsenij Andreevič Zakrevski, from September 14, 1830, in Vilnius as well as in all of the governorate, recommended hygiene, sanitary and medical countermeasures began to be implemented.¹⁰ Unfortunately, none of these stopped the development of the disease, neither did the incidence or mortality decrease, which

⁶ In the whole governorate during the first epidemic a total of 15,436 people became infected, 6,548 of whom died, with a mortality rate of 42.4%. The data were calculated on the basis of weekly messages and reports of the health condition of the governorate inhabitants: Rossijskij Gosudarstvennyj Istorickij Arhiv – St Petersburg (hereafter: RGIA) f. 1297, op. 57, d. 157, k. 29, 37, 39, 41, 44, 47, 49, 54, 55, 57, 61, 63, 65–66, 67v, 68–69, 71, 73, 75–76, 78–79, 91–93, 98, 100, 105, 109, 111, 113, 115, 117, 125, 127, 129, 131, 133, 137, 142, 147, 149, 153–154, 161, 163, 165, 167, 174, 176, 178, 180, 182, 184, 188, 190, 192, 194, 196, 201, 205, 207, 212, 214, 216, 218, 220, 224; RGIA f. 1297, op. 57, d. 200, k. 145; Lietuvos Valstybės Istorijos Archyvas – Vilnius (hereafter: LVIA) f. 378, apr. b/s 1831, svnt. 1788 [mf, ds. 1], l. 179; Gosudarstvennyj Arhiv Rossijskoj Federacii – Moskva (hereafter: GARF) f. 109, op. 171, ed.hr. 107 mf, k. 8 ob., 19b, 25, 28; GARF f. 109, op. 171. ed.hr. 108 mf, k. 18; Rossijskij Gosudarstvennyj Voenno-Istorickij Arhiv – Moskva (hereafter: RGVIA) f. 846, op. 16, t. 1 č. 11/1 d. 5083, k. 25, 27; Lietuvos Mokslų Akademijos Vrublevskių Biblioteka – Rankraščių skyrius (hereafter: LMAVB RS), F318–220: *Księga metryczna umarłych z cholery w mieście Wilnie roku 1831 przez księdza Kazimierza Kontryma Zakonu Dominikańskiego Kapelana w Szpitalu Cholerycznym sporządzona*, l. 1–66.

⁷ LVIA f. 378, apr. b/s 1831, svnt. 1788 [mf, d. 2], l. 108v.

⁸ The population figures quoted by Michał Baliński were called into serious doubt by Adam Honory Kirkor. He recalls that in 1830 Witold Chodźko estimated it at 50,000, with 30,000 in Vilnius itself, whereas the governmental news in 1836 reported there were 56,135 inhabitants. Adam Honory Kirkor, “Ludność miasta Wilna,” *Teka Wileńska* 3 (1858): 201.

⁹ LVIA f. 720 apr. 1 svnt. 96, l. 103–103v.; Iwona Janicka, “Walka wileńskich lekarzy z pierwszą epidemią cholery,” *Forum Bibliotek Medycznych* 8 (2015), 2: 308.

¹⁰ LVIA f. 378, apr. b/s 1830, svnt. 463, l. 6–7v.

throughout the whole of the 19th century remained at approximately 30% practically everywhere.

There were many reasons behind such a high mortality rate and indeed, it was hard to decide which one was of highest priority. Apart from the condition of the patient (past diseases, resilience, strength, body build etc.), the method of treatment was also crucial. During the first and second pandemics, methods and medications tested by English physicians treating soldiers stationed in India were mostly relied upon.¹¹ Their articles were translated into Russian,¹² including one by a surgeon from the Doctors' Committee in Bengal, James Johnson, who wrote "The influence of tropical climates on European constitutions," (first published in 1818 in London and later in 1821). In Russia, the work was published under the title "Describing the Indian Cholera." The means recommended in it, including calomel and enemas, were used throughout the 19th century.¹³ The range of medicines was wide and depended on the sole discretion of the physician and the condition of the patient. The most often used drugs were laudanum (opium), ipecacuanha, camphor, ammonia and bismuth compounds¹⁴ as well as various drops, for example, Inoziemcev's, Botkin's, and Hofman's.¹⁵ Along with these, cupping therapy was applied (*wezykatorie* or *kataplazmy*), cold and steam baths were used, bloodletting was sometimes administered (in this case, physicians were not in agreement as far as the positive results of that method were

¹¹ In 1817 British physicians sitting on the Bengal Council of Doctors recommended treating cholera in four stages, an idea which they had partially taken from Indian Ayurveda practice. The therapy was based on serving alcohol in the first stage in order to invigorate the sick, applying laudanum in the second to calm the stomach and intestines; in the third stage laxatives such as calomel or various salts were administered to dispose of the "sickly secretions" and finally, in the fourth stage, a diet restoring the normal function of the bowels was followed. Echenberg, *Africa*, 10.

¹² In the first half of the 19th century, translations of medical literature constituted 75% of all the medical books published in Russian at the time. An increase in the tendency to translate occurred after 1820. While in 1811–1820 11 translations were published, in the next decade, i.e., 1821–1830, there were 69, while in the years 1831–1840 there were as many as 107. Nikoláj A. Semaško, ed., "Medicinskaâ literature," in: *Bol'shaâ Medicinskaâ Ènciklopediâ*, vol. 27 (Moskva: Sovetskaâ ènciklopediâ, 1936), 550.

¹³ James Johnson, *The Influence of Tropical Climates on European Constitutions* (Portsmouth: Mottley and Harrison, 1818), 222–224, accessed February 9, 2020, <https://wellcomelibrary.org/item/b21061129>.

¹⁴ Adam Szarszewski, "Epidemie cholery w Gdańsku w XIX wieku," in: *Dżuma, ospa, cholera. W trzechsetną rocznicę wielkiej epidemii w Gdańsku i na ziemiach Rzeczypospolitej w latach 1708–1711. Materiały z konferencji naukowej*, ed. Edmund Kizik (Gdańsk: Muzeum Historyczne Miasta Gdańska, 2012), 198–199; LMAVB RS F21–975: *Mediciniški užrašai: receptai, ligos, ligų gydymas, vaistų gaminimas ir t.t. nežinomo asmens surašyti apie XIX a. pradžią*, 38–38v.

¹⁵ Afanas'ev, Vaks, ed., *Azâatskaâ holera*, 78–79.

concerned).¹⁶ Despite the repertoire of treatments, many of the sick were beyond saving. The Russian Ministry of Home Affairs, having admitted to being helpless to some extent, had even announced something of a contest for the best treatise on cholera and the methods for its successful treatment.¹⁷ There was, however, a condition set, which was that the methods for its treatment should take into consideration the location, i.e., the Russian, not Indian, conditions the disease had developed in.¹⁸ The advertisement was successful, as in a short time innumerable entries began to flood the Medical Council: treatises, reports and even recipes, which the Medical Department was supposed to examine and recommend (or reject). Among the numerous cures suggested there were plenty referred to as “miraculous” or “the only effective”, which in reality were merely quack remedies, not only posing risks to health but also threatening the lives of patients. Such dangerous forms of treatment based on the “hit and miss” method were practiced all over Europe. Myron Echenberg notes that Parisian doctors would place hot iron on the spines or heels of their patients, replace electrolytes with hot or cold water orally or through the rectum or administer alcohol and morphine. As he writes, there was a “[m]isunderstanding of cholera’s mode of attack on the human body,” and applying the wrong therapy often led to the patient’s death rather than their recovery.¹⁹

The spread and the course of the disease were greatly influenced by the mismanaged prophylactics. They were nearly identical to that of a plague epidemic (quarantines, sanitary cordons, bans on public gatherings, travel bans). Some of the measures, quarantine in particular, had been criticized since the first epidemic, yet despite this, practically throughout the whole of the 19th century, they were introduced due to a lack of alternative ideas.²⁰ The living conditions of the population were also of importance. Hygiene and sanitary conditions in homes in villages and towns, as well as their surrounding areas, left much to be desired. Insufficient access to clean water was a common problem.²¹ Taking all these factors

¹⁶ Vilniaus Universiteto biblioteka – Rankraščių Skyrius (hereafter: VUB RS) F24–111: *Pietraszkiewicz Onufry, Laiškai*, 1830, 9; *Tygodnik Petersburski* 41, part 2 (October 15, 1830), 336; I.V. Popov’, *Ob’ aziatskoj holere i merah’ predohraneniâ ot’ neâ. Dlä selskih’ žitelej*, izd. 2 (Moskva: Tipografiâ D.I. Inozemceva, 1893), 16.

¹⁷ For the best treatise written in Russian, German, English or Italian the Russian government offered 25 thousand rubels (approx. 1000 pounds). Kotar, Gessler, *Cholera*, 36.

¹⁸ GARF f. 109, op. 170, ed.hr. 226 mf, k. 8–9.

¹⁹ Echenberg, *Africa*, 10.

²⁰ Arhangel’skij, *Holernyâ èpidemii*, 107–108; Anne Hardy, “Cholera, Quarantine and the English Preventive System, 1850–1895,” *Medical History* 37 (1993): 251, accessed on February 11, 2020, <https://www.cambridge.org/core/journals/medical-history/article/cholera-quarantine-and-the-english-preventive-system>.

²¹ In Vilnius the waterwork network was very poor and those that existed were in dire condition, especially the wooden ones built at the start of the 16th century. They began to be exchanged

into account, cholera found perfect conditions in Vilnius for its development and spread among the inhabitants.

Great attention has already been paid to both the clinical side of cholera in selected communities as well as its course.²² Despite this, there is still a shortage of partial research regarding demographic and social issues, especially the structure, age, gender and social status of the sick.²³ The *Register of the Dead from Cholera in the City of Vilnius in the Year 1831...* sheds more light on that matter, although only in terms of the deceased. Its author was the current chaplain of the cholera hospital in Pohulanka, a priest called Kazimierz Kontrym.²⁴ The *Book* is

with cast iron ones as late as the 1870s. Public reservoirs were spas – during the first epidemic only two existed – the university one at the tower of the Church of St. John and the other at the barracks of St. Ignatius. Due to a lack of control over their conditions they were badly neglected. It was a similar case with the sewage system, which began to be built at the end of the 18th century. One underground canal was constructed at the time (financed by the Jesuits) but until the 1880s there were only six underground canals in total. Henryk Jenz, *Wodociągi i kanalizacja miasta Wilna* (Wilno: Wydawnictwo Magistratu m. Wilna, 1932), 15; Iwona Janicka, *Kultura higieniczna miasta Wilna* (Gdańsk: Wydawnictwo Uniwersytetu Gdańskiego, 2009), 147, 155.

²² From among Polish writers, works by the following might be quoted: Marek Paweł Czaplinski, *Epidemie cholery w rejencji opolskiej w latach 1831–1894* (Rybnik: Stowarzyszenie Humanistyczne Europa, Śląsk, Świat Najmniejszy, 2012); Włodzimierz Kaczorowski, ed., *Zapobieganie epidemii cholery w rejencji opolskiej w latach 1831–1832 w świetle przepisów sanitarno-medycznych* (Opole: Archiwum Państwowe, 1996). In international historiography we have the works of Kseniâ Sergeevna Barabanova, *Ėpidemiâ holery v Sankt-Peterburge v 1831 g.: vlast' i graždane v usloviâh črezvyčajnoj situacii*, dissertaciâ na soiskanie učenój stepeni kandydata istoričeskikh nauk (na pravah rukopisi) (Sankt-Peterburg: FGBUN Sankt-Peterburgskij Instytut Istorii Rossijskoj Akademii Nauk, 2017), accessed on February 1, 2020, <https://www.dissercat.com/content/epidemiya-kholery-v-sankt-peterburge-v-1831-g-vlast-i-gorozhane-v-usloviyakh-črezvyčajnoj>; Echenberg, *Africa*; Kotar, Gessler, *Cholera*; Hamlin, *Cholera*; Richard J. Evans, *Death in Hamburg. Society and Politics in the Cholera Years 1830–1910* (New York: Penguin Groups, 1987).

²³ Such partial studies regarding Poland were conducted by, among others, Konrad Wnęk, “Epidemia cholery w Krakowie w 1866 roku. Analiza demograficzna i przestrzenna,” *Przeszłość Demograficzna Polski* 37 (2015), 3: 93–117; Leon Dudrewicz, “Cholera w Kałuszynie w 1867 roku – karta z dziejów epidemii w Królestwie Polskim,” *Rocznik Mińsko-Mazowiecki* 20 (2012): 219–224. The area of the former Grand Duchy of Lithuania was studied by, among others, LNB LI 98/18081: Siudikas, *Choleros epidemijos*.

²⁴ We do not have much information on the priest Kazimierz Kontrym. He was certainly a Dominican and in the 1840s was transferred by the diocese authorities to a newly built church in Werekji (Grodno gov.), of which he was the first rector: Stowarzyszenie Rodów Grodzieńskich, “Był sobie szlachcic niegodny pochówku...,” accessed on February 5, 2020, <https://www.rodygrodzienskie.pl/byl-sobie-szlachcic-niegodny-pochowku/>. Both in the hospital in Vilnius where he worked during the epidemic, as well as later in the parish church, he filled in the *Register* himself, attempting to provide as much of the required information as possible. Often, having got to know his parishioners, he would add acerbic remarks, such as “terrible drunkard”. In a letter to Michał Romer, Zofia Niesiołowska wrote of him: “a priest of great reason and prudence”. Despite that, he “had a misunderstanding with the Orthodox community surrounding us and the bishop was forced to get rid of him from there for the sake of everyone’s peace, promising that wherever he chooses his place to settle, he would not oppose.” Witold Karpyza, *Ziemia wolkowyska IV* (Lębork: Przemysław Stanisław Mikusiński, 2009), 24, accessed on February 5, 2020, <http://foto.volkovysk.by/wp-content/uploads/karpyza4.pdf>.

a notebook handwritten in Polish, where in tabular form the data on 553 people have been listed,²⁵ i.e., name and surname, age, place of death, gender, social status, information on “being given” last rites, the parish the given person belonged to and finally the place of burial and the people attending. Unfortunately, the information is not complete, yet the pieces we have allow us to deduce several significant demographic and social determiners.

First of all, it must be explained why these accounts were written from April 10, 1831 until January 3, 1832, although the cholera epidemic in Vilnius lasted from April 5 to December 18, 1831, according to the *News on the Health of Inhabitants*. The first date, the 10th of April, was the day when the first sick people were admitted to hospital. However, because cases had already been noted since the fifth of April, it was this day that the Governorate Committee for Cholera decided to recognize as the starting point of the epidemic. Unfortunately, determining the date of its conclusion was more challenging. As there were no governmental guidelines, committees would determine the period on their own. In the instance of Vilnius, incidences of cholera ceased on December 18, 1831; hence, that day was counted as the end of the epidemic. Meanwhile, a number of people would still remain in hospital care: those whose fate still hung in the balance.²⁶ Therefore, Kontrym kept his accounts until the demise of the last of the cholera victims, which was on January 3, 1832.

In the *Register*... 533 people were mentioned in total (the majority of whom came from the districts of Zarzecze, Śnipiszki, Łukiszki and Pohulanka); however, in the hospital in Pohulanka, 508 people actually died there. In the case of 45 people, Kontrym noted a different place of death, namely: 17 in town (with no detailed location), 9 in their own homes (the street name is not known), 2 on the street (unnamed), 2 on Tatarska Street, 2 on Zarzeczna Street, 2 on Garbarska Street, 1 in a charity home, 1 in the Benedictine nuns’ convent, 1 in the garden of the Discalced Carmelites, and 1 in the Carmelite nuns’ convent. Six people were described as “found”: in the cemetery for victims of cholera, 2 on Trocka Way, 1 “in the village in a meadow”, 1 “in the village near the inn”, and 1 in jail. There was also one annotation “brought dead to the hospital” (from where is not

²⁵ The dead in the *Register* were given consecutive ordinal numbers from 1 to 553. In fact, there are 552 entries, since Kontrym, most probably due to oversight, omitted number 368 and noted the next person under the number 369. Despite this, the number of deceased in the hospital is accurate and comes to 553, because under one number (494) a woman with her stillborn child was included. LMAVB RS F318–220: *Księga metryczna*, l. 1–66.

²⁶ Medical Offices in individual governorates had created their own guidelines until the minister of home affairs in 1848 agreed to the suggestion of the Mohylev Governorate Committee for Cholera to pronounce the epidemic as ended if no-one contracted the disease within a period of two weeks. Sources show, however, that it was not possible to follow the directions fully, since the epidemic could return even after a several-week break. RGIA f. 1297, op. 24, d. 1021, k. 97–97v.

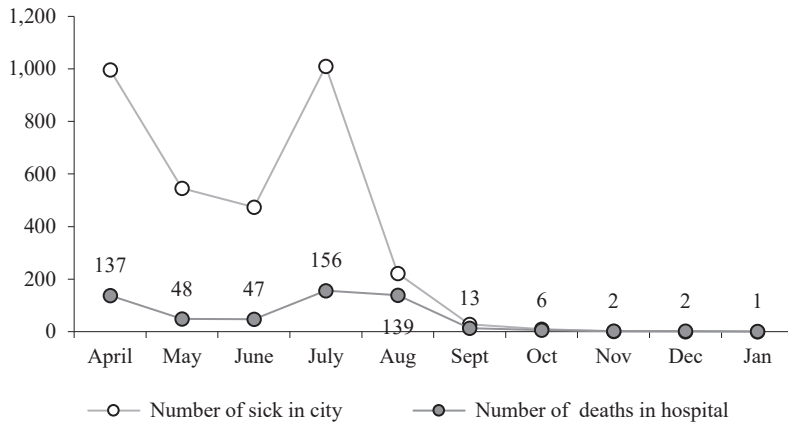
known). Additionally, two of these people did not die of cholera: the approximately 2-year-old girl found “in the village near the inn” was described as having “died of hunger after her mother was killed by Cossacks” and the 43-year-old prisoner “at Vilnius municipal police in section 3 of Zarzecze took his own life by hanging.” Thus, the number of dead should be lowered by two (the girl who died of hunger and the suicide victim), which gives us the number 551. The inclusion of these people in the *Register* of the hospital proves that the priest had taken up the duty of their burial due to the abandonment of their corpses, a lack of close family or the inability to find them. On the other hand, one must remember that during the epidemic there was a “state of emergency” and if a corpse was found, no matter whether they had died of cholera or not, for sanitary reasons they were to be buried as quickly as possible, which was then done at the expense of the city (hospital) or the state.

The 553 people included in the *Register* (or 551 without the two aforementioned cases) constitute 31% of all those who died in the epidemic of 1831 in Vilnius. Taking into account the high mortality rate of 47.8%, it may be assumed that in the hospital in Pohulanka up to a thousand sick people could have sought treatment throughout the whole period of the epidemic. Due to the character of the document, where only the date of death is given, without the date of infection or at least the day the patient had been admitted to hospital, it is impossible to determine how long the disease lasted and its potential dependence on age. We may, however, determine the number of deaths in the individual 10 months when the notes were taken, i.e., from April 10, 1831, to January 3, 1832.

From Figure 1 it appears that the largest number of deaths was noted at the very beginning of the epidemic, i.e., in April, and then during the summer months of July and August when the prevailing conditions fostered the multiplication of the bacteria. This coincides with the data regarding all the incidences in the city at the time²⁷. In winter cholera would usually subside. From all the choleraic summers in the governorate of Vilnius only once did the epidemic survive that period, which was in the land district of Nowy Aleksandrów. It began on December 5, 1837 and lasted until February 1, 1828, with an exceptionally warm winter at its root cause.

²⁷ In April 1831 in Vilnius 996 people contracted the disease, in May 546 more, in June 474, in July 1010, in August 420, in September 222, in October 28, in November 9 and in December 1. RGIA f. 1297, op. 57, d. 157, k. 29, 37, 39, 41, 44, 47, 49, 54, 55, 57, 61, 63, 65–66, 67v, 68–69, 71, 73, 75–76, 78–79, 91–93, 98, 100, 105, 109, 111, 113, 115, 117, 125, 127, 129, 131, 133, 137, 142, 147, 149, 153–154, 161, 163, 165, 167, 174, 176, 178, 180, 182, 184, 188, 190, 192, 194, 196, 201, 205, 207, 212, 214, 216, 218, 220, 224; RGIA f. 1297, op. 57, d. 200, k. 145; LVIA f. 378, apr. b/s 1831, svnt. 1788 [mf. ds. 1], l. 179; GARF f. 109, op. 171, ed.hr. 107 mf, k. 8v, 19b, 25, 28; GARF f. 109, op. 171, ed.hr. 108 mf, k. 18; RGVIA f. 846, op. 16, t. 1 č. 11/1, d. 5083, k. 25, 27.

Figure 1. Number of deaths from cholera* at the hospital in Pohulanka from April 10, 1831, to January 3, 1832



* The chart does not include 2 deaths from causes other than cholera.

Source: own work. Number of deaths based on: LMAVB RS, F318–220. Number of infected in the city after: RGIA f. 1297, op. 57, d. 157, k. 29, 37, 39, 41, 44, 47, 49, 54, 55, 57, 61, 63, 65–66, 67ob., 68–69, 71, 73, 75–76, 78–79, 91–93, 98, 100, 105, 109, 111, 113, 115, 117, 125, 127, 129, 131, 133, 137, 142, 147, 149, 153–154, 161, 163, 165, 167, 174, 176, 178, 180, 182, 184, 188, 190, 192, 194, 196, 201, 205, 207, 212, 214, 216, 218, 220, 224; RGIA f. 1297, op. 57, d. 200, k. 145; LVIA f. 378, apr. b/s 1831, svnt. 1788 mf, ds. 1, l. 179; GARF f. 109, op. 171, ed.hr. 107 mf, k. 8v, 19b, 25, 28; GARF f. 109, op. 171, ed.hr. 108 mf, k. 18; RGVIA f. 846, op. 16, t. 1 č. 11/1 d. 5083, k. 25, 27.

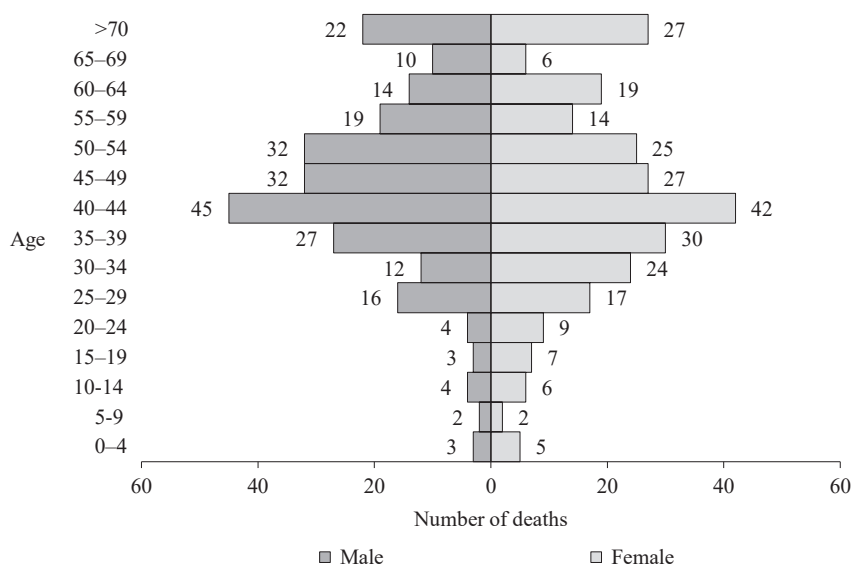
As far as the age and gender of the deceased is concerned, the number of deaths was nearly equal in men and women and came to 275 and 276, respectively. Their age pyramid was similar in its structure, although certain minimal differences may be observed. As the data show, the largest number of deceased males and females occurred in the group of 40–44 years of age. In terms of both sexes, it is clear that people of working age were most likely to contract the disease, and that most of them died. In the instance of men, the division falls to between 35 and 59 years of age, whereas in the case of women between 25 and 64 years of age.

Children aged 0 to 9 died least often in relation to the total number of deaths; there was also a relatively small number of older children and teens between 10 and 19 years of age, although there were more girls than boys in that respect. In the case of males, the death curve decreases after the 69th year of age and increases again after 70, whereas in females it rises in the 60–64-year-old age group and also over 70. Among men, the eldest case was a retired soldier (*odstawny*) of 103 who died in the Carmelites home.²⁸ Among women, the eldest victim

²⁸ In the *Register*, under entry 68.

was 92, who died in the hospital.²⁹ The data, although interesting, refer to a short fragment of time and a small research study, thus it is difficult to form a decisive conclusion that an equal number of men and women died of cholera. It happened to be so in this specific case, but results from other sources would suggest that men contract the disease and die more often than women. Such conclusions were drawn, among others, by Reginald Orton, a surgeon with English troops in Kolkata. He noticed that succumbed to the disease four times more often than women and that children were considerably more resistant to the disease, whereas the elderly were more vulnerable.³⁰ Similar observations were also made by doctors in Moscow and St. Petersburg.³¹

Figure 2. The age pyramid of men and women dying of cholera in the hospital in Pohulanka in 1831



Source: own work; LMAVB RS, F318-220.

Those more directly exposed to cholera included workers (especially those working on the river and migrating for work), people in trade (especially the

²⁹ In the *Register*, under entry 395.

³⁰ Hamlin, *Cholera*, 60.

³¹ Kotar, Gessler, *Cholera*, 35, 346; Frank G. Clemow, "A Contribution to the Epidemiology of Cholera in Russia," *Transactions. Epidemiological Society of London* 13 (1894): 63, 76, accessed on February 5, 2020, <https://europepmc.org/article/med/29419217>.

Jewish population) and also soldiers. The peasant population in the countryside fell victim to the disease considerably less often, which was fostered by the conditions prevailing in rural areas, i.e., the greater distance between households, the use of separate wells, occasions for gatherings being less frequent than in towns, and a certain self-reliance when it came to the food supply. Unfortunately, the *Register* provides data on the social status or occupations of only several dozens of people. Thus 12 people were described as “noblemen”, 1 as a “citizen”, and 1 as a “townswoman”. As far as occupation is concerned, the following jobs were mentioned: soldiers (including female soldiers, sentries and guards) were in total 29 people, 3 in hospital service, 3 doctors, 2 members of the fire brigade, 3 cobblers, 2 office-based civil servants (a secretary and a court employee), 2 carriage owners, 1 postal worker, 1 carpenter, 1 tanner, and 1 teacher. For 188 people, general information on their place of residence was given instead (e.g., a street or town district) and for 353 there is no information at all.

It is a similar case with parish affiliation, which was only given in just over 100 cases. So there were 32 from the parish of St. John, 11 from the Łukiska parish of Dominican priests, 1 from the Łukiska parish of Missionary priests, 10 from Łukiska parish (church unknown) 11 Bernardine priests, 7 from St. Casimir of the Missionaries, 6 from St. Raphael, 5 from St. Jacob in Łukiszki, 2 from the Discalced Carmelites, 6 from St. George, 4 from Montis Salvatoris of Missionaries, 5 from the Carmelite priests, 1 from the Carmelite nuns, 2 from St. Peter (in Antokol), 1 from the Cathedral, and 1 from the White Canonical Friars. With all the other deceased there is no information on which parish they belonged to. It may be assumed that the lack of data, like any other data, was caused by the inability to acquire that information from the patient (e.g., due to their serious condition) or perhaps some of the sick were not able to provide the answer to the questions (perhaps they did not want to?) or the answers were provided by the canon himself. Therefore, it is difficult to state on this basis alone whether all the deceased were Roman Catholics, for although the hospital was designated for them, people of various denominations were accepted there. The *Book* accounts for 21 people of Orthodox denomination, 5 Protestants, 2 Old Believers and most probably 1 Jew (since an Orthodox Jewish home was provided as his place of residence). Moreover, in the case of 2 people, even though their exact parish was determined, the section “given last rites” quotes “not”. It may be assumed that these patients refused to have last rites since it was noted. The same information may be found for other 15 people; thus, the total number of patients who refused the sacramental service was 17. A reason for the refusal was given only in three instances, with 2 cases noted as sudden death and in one case that, despite 6 hours of the chaplain’s work, the dying “did not show any sign, any repentance and did not confess, uttering the most grievous insults [...]” This victim was not buried

in the Roman Catholic cemetery but “at” an area designated as a graveyard. For 43 people, no information on the subject of the sacrament was provided and for the rest of the dead, “yes” was written, whereas what seems interesting is that the Catholic sacraments were also accepted by 4 Orthodox patients and 1 Protestant, even though with the others a “yes” or “not” was written instead of the name of the denomination.

The matter of determining denomination during the epidemic for the sake of a burial place and communion seems to have played a secondary role. The rules for burying the dead had been laid out in an all-Russian instruction for methods to secure against cholera issued on September 14, 1830. With the occurrence of the disease in the southern governorates of the Empire, it was sent to all the affected areas. Yet, since it was to be announced publicly, in order not to raise unwanted anxiety, the matter of burials was treated very perfunctorily.³² The extended and tightened *Zasady, których należy przestrzegać przy grzebaniu zmarłych na cholereę* (*Rules to be followed when burying those who have died of cholera*) were compiled by the Medical Council at the Ministry of Home Affairs on October 8, 1830 and sent to governorate authorities with the suggestion that only those officials (including the police) who were supposed to supervise their implementation should familiarize themselves with them.³³

The guidelines given here were based on both the current regulations practiced during various epidemics and the current state of knowledge, particularly on the experiences of English physicians who struggled with the disease in India.³⁴ The way a body should be treated was their special focus. Washing the corpses was forbidden. They were to be put into coffins in the underwear they had been

³² The issue of burying the dead was discussed in two points: p. 7 spoke of the bodies of the deceased to be buried in ditches of proper depth and covered with lime, whereas p. 8 forbade gatherings of greater numbers of people during funerals, limiting the number of participants allowed to only those required. LVIA f. 378, apr. b/s 1830, svnt. 463, l. 7.

³³ LVIA f. 378, apr. b/s 1830, svnt. 463, l. 37–37v.

³⁴ Sanitary regulations regarding the burial of the dead during epidemics were enshrined in the 1832 Medical Act (*Ustawa lekarska; Vračebnyj Ustav*); thus, after the first epidemic in the area in question. The *Medical Act* was drawn up on the basis of an instruction written for medical offices in 1797 by Stepan Semionowič Andreewski. In 1832, it was amended and became the legal basis for Medical Council operations as well as for the Medical Department in the Ministry of Home Affairs in the struggle against epidemic diseases. In fact, it was adopted only as late as in 1842 and first published in 1857 in volume XIII of the Full Collection of Laws of the Russian Empire (*Svod Zakonov Rossijskoj Imperii*, v. XIII: *Ustavy o narodnom prodovol'stvi i, obščestvennom prizrenii*, S. Peterburg 1857). For the second time the “Doctors Bill” including new annexes was passed in 1892, and for the third time in 1905. In its final incarnation, the new legal regulations were codified, and the legislative material grouping was changed. Despite already being out of date at the time of its introduction, the law remained in force until World War I. A. Uspenskij, “Vračebnyj Ustav,” in: *Bol'šaa Medicinskaâ Ėnciklopediâ*, accessed on February 2, 2020, <http://medencped.ru/vrachebnyj-ustav/>

wearing during their illness, yet it was to be soaked in a solution of salt and lime (alternatively, sulfuric acid, alum solution or iron sulfate). Also, the broadcloth in which the head would be wrapped should be soaked in a diluted solution. Then, the corpse was to be covered with charcoal up to the top of the coffin, and the lid nailed down. The rules did not, however, specify the depth of the grave; therefore, a solution applied in previous epidemics (such as the plague or smallpox) was adopted and a minimum depth was established at 2.5 arshin (1.8 meters).³⁵ The coffins were to be soaked in the available dilutions and buried up to half a foot or more in charcoal and only later covered with a “mound” of soil.³⁶

Nowhere were there provisions for the time when burial should take place. In that matter, local conditions and the opinions of physicians were followed.³⁷ Due to the specific course of the disease and the resulting fear that the sick could be pronounced dead prematurely and buried alive, doctors recommended the time of burial to be no sooner than 24 hours following the pronouncement of death. During that period the body was to be placed in a morgue or any other isolated cold room, which was sometimes hard to find. Thus, if postmortem signs of death were evident before day’s end, the burial could proceed on the same day.³⁸

Any ceremonial or traditional grand burials were banned or limited to the necessary minimum. The dead were not allowed to be buried in general cemeteries, although such cases occurred during the first epidemic. Regulations provided that separate areas should be used, oftentimes outside the city, alongside roads or in woods. The burial site was to be surrounded by a fence or hedge within a radius of 20 fathoms (ca. 42.7 m) from the graves or with a 2-arshin (1.4 m) mounded earthwork.³⁹ Unfortunately, in modern Lithuania, remains of choleraic cemeteries are hard to find. Most of them disappeared in Soviet times, ploughed over, replaced by residential projects or overgrown with trees.

In 19th-century Vilnius there were a few such graveyards. Information on them is found in the last column of the *Register* headed, Who and Where Buried (*Kto i gdzie pogrzebiony*). Nevertheless, their actual location is not disclosed. Instead, there is only “graves” (*mogilki*), naming only what religion they were or who organized the burial. The accounts conclude that the chaplain of the cholera

³⁵ “Vračebnyj Ustav,” kn. II, st. 926, w: Svod’ Zkonov’ Rossijskoj Imperii, izd. 1857, v. XIII, St. Petersburg 1857; LVIA f.383, apr. 1 svnt. 165, l. 712; Preface to *Medycyna do powszechnego użytku zastosowana przez dra Kazimierza Świdorskiego*, part 1 (Wilno: A.H. Kirkor, 1863), 46.

³⁶ LVIA f. 378, apr. b/s 1830, svnt. 463, l. 37–37 v.

³⁷ For more on the topic of detailed rules for burying the dead, see Iwona Janicka, “Kwestia pochówku zmarłych na cholere w północno-zachodnich guberniach Cesarstwa Rosyjskiego w XIX wieku,” in: *Dżuma, ospa, cholera*, 212–223.

³⁸ RGVIA f. 846, op. 16.t. 1, č. 9/2, d. 5083, k. 103v; LMAVB RS F255–312: *Apie kovą su cholera ir kitomis užkrečiamomis ligomis Vilniuje*, k. 1; Popov’, *Ob’ aziatskoj holere*, 18.

³⁹ LVIA f. 378, apr. b/s 1830, svnt. 463, l. 37v; “Vračebnyj Ustav,” kn. II, 911.

hospital in Pohulanka, the priest Kazimierz Kontrym, or the police, were those who presided over burials most often. The presence of a priest is understandable, since the hospital was aimed at Roman Catholics. However, because everyone brought in could count on being admitted and cared for, priests of other denominations appear, such as Russian Catholic, Orthodox or Protestant.

The people who were recorded as having been buried “by the police”, I counted as buried in communal graves for all denominations. Unfortunately, the *Register* does not provide information on their location, yet the *Book* mentions that a considerable number of Catholics found their resting place there, with people of unknown religion, and also 7 out of the 21 Orthodox Christians, 2 Old Believers, and perhaps also the Jew; 162 people in total. The police would bury people of other denominations in their cemeteries, such as Orthodox or Protestant, when their religion has been determined.

Table 1. Places of burial of cholera epidemic victims in 1831 according to the *Register*

Place	Number
Communal graveyard for all denominations	162
Graveyard on the road from Pohulanka to Łukiszki	4
Behind the earth wall of the communal graveyard	2
Graveyard on the left side of the road to Troki	363
Cemetery of the Bernardine friars	1
In the Orthodox cemetery	14
A place in the Roman Catholic cemetery	1
In the Protestant cemetery	5
Place of burial not recorded	1

Source: own work; LMAVB RS, F318–220.

The largest graveyard was on the road to Troki, where the burials of 363 Roman Catholics were conducted by priest Kazimierz Kontrym and other, Dominican, priests. The cemetery of Bernardine friars only took renowned persons for burial and only “with superior allowance”. In one case noted in the *Book* it was Dr Lucjan Walicki, MD, who contracted the disease during his work in the hospital.⁴⁰ In one instance, the place where a person was buried is not mentioned, for reasons unknown.⁴¹ Perhaps the account was simply overlooked, such as where there is a line where no person was written in.

⁴⁰ In the *Register*, entry no. 139.

⁴¹ In the *Register*, entry no. 277.

To conclude, the *Register* contains valuable information regarding age, gender, social status, religion and place of burial, which we will not find in the weekly *News* of the state of health of the governorate inhabitants which was sent to the Governorate Committee for Cholera. Although it is difficult to come to conclusions for all the epidemic when only this information is used, it does shed light on certain issues. As mentioned, the dead in hospital in Pohulanka, for which a document had been written, amounted to 31% of all the deceased in the first epidemic in Vilnius. Other sick patients were treated in the remaining hospitals (Jewish and military), and others in the confinement of their own homes. Interestingly enough, the number of men and women who died was nearly the same in this hospital (with a difference of only one). Most casualties came from the productive age group, i.e., working people in their prime. Therefore, we may assume that those people were mobile or occupied with jobs requiring contact with other people. The vast majority of casualties were Roman Catholics, yet the hospital would also admit sick patients of other creeds.

Abbreviations

- apr. (Lithuanian: *aprašas*) – description
 b/s – department of war affairs
 č. (Russian: *časť*) – part
 d. (Russian: *delo*) – archival unit
 ed.hr. (Russian: *edinica hronenā*) – archival unit
 f. (Russian: *fond*) – archival collection
 k. (Russian: *karta*) – page
 kn. (Russian: *kniga*) – book
 l. (Lithuanian: *lapas*) – page
 mf – microfilm
 op. (Russian: *opis*) – inventory unit
 svnt. (Lithuanian: *saugojimo vienetas*) – archival unit
 v. (Latin: *verte*) – reverse
 vol. (Latin: *volumen*) – volume

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The Register of the Dead from Cholera in Vilnius Pohulanka Hospital in 1831 as a Source for Demographic and Social Studies

Summary

The 1831 cholera epidemic was the first in the history of the governorate of Vilnius and the city itself. It turned out to be the harshest of all those that struck there in the 19th century. Over its 9-month course, the city saw 3,700 people infected, with 1,770 dying of it. Since routes of transmission were unknown, effective methods of treatment were scarce, personal hygiene poor and sanitary conditions in an appalling state, the mortality rate soared to as high as 47.8%. By way of a decree of the Vilnius Governorate Committee for Cholera, three large cholera hospitals were established there, including one for Roman Catholics in Pohulanka. Over the entire course of the epidemic, 553 people of different status and denominations died there. On the basis of the *Register of the Dead from Cholera* created and kept by Father Kazimierz Kontrym, an attempt was made to make a demographic and social analysis of the dead. It was found that the same number of men and women died in the hospital, with the highest number of victims of working age, in particular between the ages of 40 and 44. The vast majority of casualties were Catholics,

although there were also Orthodox or Protestant patients among them. 17 people refused last rites and for 43 no information on the subject is provided. The dead were buried in several designated places, the majority in a graveyard on the road to Troki, and in communal graveyards for all denominations.

Księga metryczna umarłych na cholere w szpitalu na wileńskiej Pohulance w 1831 roku jako źródło do badań społeczno-demograficznych

Streszczenie

Epidemia cholery z 1831 roku była pierwszą w historii guberni wileńskiej oraz Wilna. Okazała się też być najcięższą ze wszystkich, jakie tu panowały w XIX wieku. W ciągu 9 miesięcy jej trwania w mieście tym zachorowało 3,7 tys. ludzi, z czego 1,77 tys. zmarło. Z powodu nieznamości sposobu przenoszenia choroby, braku skutecznych metod jej leczenia, a także niskiej higieny osobistej i fatalnych warunków sanitarnych, w jakich żyła ludność, śmiertelność wyniosła tu aż 47,8%. Zgodnie z rozporządzeniem wileńskiego Gubernialnego Komitetu Cholerycznego zorganizowano tu trzy duże szpitale choleryczne, w tym jeden dla ludności wyznania rzymsko-katolickiego na Pohulance. W ciągu całego okresu epidemii zmarły tu 553 osoby różnych stanów i wyznań. Na podstawie *Księgi metrycznej zmarłych na cholere*, sporządzonej i prowadzonej przez ks. Kazimierza Kontryma, podjęto próbę dokonania analizy demograficznej oraz społecznej zmarłych. Ustalono, że w szpitalu zmarła taka sama liczba mężczyzn i kobiet, przy czym najwięcej zmarło osób w wieku produkcyjnym, zwłaszcza pomiędzy 40. a 44. rokiem życia. Wśród zmarłych zdecydowanie przeważali katolicy, ale znajdowali się między nimi również m.in. prawosławni i ewangelicy. 17 osób odmówiło przyjęcia sakramentów, a przy 43 nie podano żadnej informacji na ten temat. Zmarłych grzebano w kilku wyznaczonych miejscach, w tym najliczniej na mogiłkach przy drodze do Trok oraz mogiłkach wspólnych dla wszystkich wyznań.