Vladimir Abramović

PhD Candidate, Department of History
Faculty of Philosophy, University of Belgrade
Čika Ljubina 18-20, 11 000 Belgrade, Serbia
vabramov@f.bg.ac.rs

THE APPEARANCE OF PLAGUE IN TWO MINORITY COMMUNITIES:
HUNGARY AT THE BEGINNING OF THE 18TH
AND HAWAII AT THE END OF THE 19TH CENTURY*

Abstract: Throughout centuries, plague was the most dreaded disease that scourged humankind. The emotional and psychological imprint of its consequences left considerable evidences in arts, literature, music, film and even general consciousness. In this paper, however, we are concerned with the response of authorities to the occurrence of this disease by studying two examples of plague outbreak – one in Hungary in the early 1700's and another in Hawaii at the tail end of 1800's. The temporal and spatial distance between two observed examples is used to underline the similarity of governmental attitudes toward affected minority communities, especially those considered responsible for the plague outbreak. Besides literature which addresses the subject, the collection of the 18th century sources from archives of Court War Council and Court Chamber in Vienna, as well as sources from Hungarian archives, were used.

Keywords: plague, 18th and 19th century, Hungary, Hawaii, government, coercion

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Non MeSH: minority communities

Ključne reči: kuga, XVIII i XIX vek, Ugarska, Havaji, vlada, prinuda
Ne MeSH: manjinske zajednice

Introduction

“From plague, famine and war deliver us, O Lord” was a prayer that had been said through centuries by people stricken by those scourges. The “plague” here is understood as any disease that took numerous victims in the course of millennia of human existence. The great epidemic that had occurred during the reign of the Byzantine Emperor Justinian (541-542), the medieval Black Death (1348-1349) and later outbursts of this disease during early modern era were also referred as the “plague”.

The topic of this paper, however, is not the very nature of the disease, but the reactions of governments on its occurrence and the attitude of authorities toward stricken minority communities, and especially toward those communities that were somehow considered responsible for the outbreak and spreading of the disease. We shall try to draw parallels between two cases of plague outbreak: epidemic of plague amidst Serbian community in Hungary at the beginning of the 18th century (1708-1713) and the plague epidemic among Chinese community in Hawaii at the end of the 19th century (1900-1901). This temporal and spatial distance emphasizes that not only the attitude toward the communities in which plague first appeared is very similar, but shows that government escalated the use of means of coercion in the same way in order to implement its decisions. Those methods encompass a wide array of measures: introduction of quarantines and closure of the diseased or suspected of sickness into separate camps; imposition of doctors and medical staff; and in the end, use of the army, or the threats that it will be used. The governments always act authoritatively, regardless where they draw their legitimacy from.

It should be noted at the very beginning that, according to the newest research, [1] Black Death epidemic in the 14th century and the similar epidemics in the following centuries (up until 1670) weren't occurrences of bubonic plague caused by bacteria *Yersinia pestis*, but they were caused by filovirus which is related to modern-day Ebola. Numerous causes have been given to support this theory, such as: its high speed of transmission, a long incubation period, occurrence in unfavorable climatic

conditions, its appearance throughout the year and occurrence in latitudes that do not favor the survival of the fleas (Greenland, Iceland, Scandinavia) – which suggests that the Black Death wasn't caused by plague germ, which is much slower to spread between people and has a much shorter period of incubation. Also, plague would rarely infect several members of a household in which contagion had occurred, while the Black Death reaped the whole families. It is interesting to note the uneven results of the use of the quarantine, because it was very effective in preventing the spread of the Black Death, while it wasn't of great importance in stopping the plague. [1-4]

Historical background

In order to better understand the context in which these events occur, we shall briefly present the history of Eastern Europe in the early 18th century; than the history of American annexation of Hawaii; and in the end, the chronology of the last global pandemic of plague 1894-1950. At the dawn of the 18th century Europe was engulfed in flames of two great wars; in the West the War of Spanish Succession (1700-1714) was raging, while in the East Great Northern War (1700-1721) was fought. At the same time, the uprising of Francis II Rakocsi (Rákóczi Ferenc, 1676-1735) erupted in Hungary (1703-1711), which was one of the largest rebellions against the Habsburgs during centuries of their rule. As it's often the case, the ravages of war are inevitably followed by the epidemics. The plague appeared in the Balkan provinces of the Ottoman Empire, and then gradually spread through Hungary, than across Eastern Europe, Russia, Poland, Brandenburg, Sweden and the Baltic coast. The exact number of victims of this outbreak is not known. It is assumed that about 215.000 people died only in Brandenburg. It can therefore be assumed that the total number of casualties was over one million. [5-8]

As for the history of Hawaii is concerned, we can say that the U.S. expansion, when it reached the shores of Pacific in the late 19th century, naturally transferred itself over this vast ocean. From this perspective, the annexation of Hawaii can be viewed as an adventitious step. During the second half of 19th century Hawaii saw a large immigration of "white" Americans, who were rich merchants and plantation owners or missionaries who have set themselves the goal to convert the indigenous population to Christianity. In addition to this emigration, we should note that the Hawaii was also home to the large Chinese and Japanese community. As the American

settlers had much greater socio-political influence, they arranged a coup in collusion with part of Hawaiian aristocracy and overthrew the last Queen Liliuokalani and declared union with the United States. However, since this action was performed *ad-hoc* and without knowledge of Washington, both President Grover Cleveland and the Congress did not confirm the annexation. Only with the outbreak of Spanish-American War in 1898, strategic importance of Hawaii was realized, as a supply point on the way to the theater of war in the Philippines. Only then was the annexation officially proclaimed. The provisional government, pending the territorial status, was conferred to Sanford Ballard Doyle, who was prominent leader of annexationists. When the plague arrived by ship from Hong Kong, he established the Health Board manned by eminent physicians whose task was to combat the epidemic. [9]

One should bear in mind the distinction between the nature of government in the Habsburg monarchy and the post-annexationist authorities in Hawaii. The Habsburg government acts in an age where monarch ruled by divine right, which ultimately makes the character of his authority unquestionable. On the other hand, although the Hawaii Health Board had virtually unlimited power, the nature of their position actually acts as a limiting factor. They are essentially a group of citizens entrusted with the administration of the city in the time of crisis. Therefore, they were more susceptible to the influence of various formal and informal groups. [9]

Although the Habsburg government sees that its orders are carried out without much scruple, one must admit that its regime is, in certain aspects, much more favorable than the U.S. administration in Hawaii. Habsburg authorities are ambivalent: they are able to mitigate intolerance toward minority communities in case that, for example, well-being of Serbian merchants contributes to the state economy. Also, the endangered Serbs received firewood at the expense of the city or state budget. [10 pp 132,133,173] We should point out that this lenient attitude was influenced by the armed assistance rendered to the dynasty by Serbs during combat with Rakocsi's insurgents. In the contrast, the U.S. government in the Hawaii had a very different, more consistent view of the minorities, but it cannot be said that it was absolutely blind towards humanitarian problems – detainees in the camps were provided with food and clothing at the public expense. [9] However, government did not consider welfare of all its subjects as necessary for prosperity of the country. This problematic was viewed through racist prism, in the line with anti-Chinese legislation on the mainland United States, which were, in turn, in accordance with

then widespread racist attitudes. For example, quarantine enforced during epidemic was conducted in such a way that it hindered business of Chinese traders. [9]

The last plague pandemic and its chronology

How the plague did struck this Pacific island at the tail end of the 19th century? The last plague pandemic originated somewhere in Southern China in the middle of the 19th century. It was reported in Hong Kong in 1894 and from that point on it spread across the world via wide commercial networks and waterways. The epidemic had reached world's major ports: Buenos Aires (1900), Cape Town (1899), Porto (1899), Bombay (1896), Alexandria (1899), Sydney (1900), San Francisco (1900) and Honolulu (1899), among others. Apart from the suffering that it had caused directly, bubonic plague become an endemic disease (as it was transferred to the local population of wild rodents) in some parts of the world that it visited, namely the Argentine pampas, prairies of South-Western USA, South African savannas and parts of Indian subcontinent. It is estimated that the number of deaths around the globe from this outbreak counts millions and tens of millions. The last significant outbreak of plague associated with this pandemic occurred in Peru and Argentina in 1945. [11,12]

Methods used to prevent disease

Furthermore, we will show which measures were used in the prevention of epidemics. At first, we shall see what we can put together from 18th century sources. They say that the cities' authorities took action, but it's rarely stated what those actions actually were. In the dispatches sent by the Court War Council to the generals in the field or cities' administrations, instructions to take precautions are often mentioned, but again without indicating specific measures. Also, letters and reports from the officers to the Court War Council have been preserved; they mention that "all feasible measures" have been taken. However, apart from referring to the quarantine and the incineration of houses and clothing of the diseased, there are no reports on other actions. [10 pp160,161,170, 13 pp118,119,240,241,265,266,277, 14 pp65,69,168,183,189,190,238]

However, some things can be inferred from the Hungarian General Norm of Health, which was enacted in 1770. The procedures discussed there are: the prevention of contact between infected and healthy and the ban on all public gatherings.

At border crossings, cattle had to go upstream in shallow rivers or streams. Pets had to be tied and held in separate cages. Stray dogs and cats had to be driven away or killed on the spot, because they were considered as the main carriers of the disease. It is interesting to note that there is no recommendation to eradicate rats because of epidemiological reasons. Only the 20th century brought a shift in this regard, when the systematic destruction of rats was conducted during the plague epidemic in San Francisco in 1907. [2] Papers and letters were regularly disinfected with sulfur fumes. In the case of the outbreak of epidemic, letters were rinsed in the solution of vinegar (hot or cold). Sometimes, salt water (warm or cold) was used instead of vinegar. Naturally, the implementation of quarantine was worked out in great detail. Those who survived the quarantine would have to take a bath in vinegar before being released. Bales of cotton and wool were opened and exposed to the air for a period of forty days, the same time span as the duration of the quarantine. It was thought that the fresh air destroys the plague. It is interesting to note that this measure was very effective, because fleas - whether they are infected by the plague or not - cannot survive more than thirty-eight days without a host. Therefore, this measure effectively prevented the spread of the disease. [15]

Two hundred years later in Hawaii, hygiene measures have not significantly changed, although it was known that the bacteria *Yersinia pestis* was the cause of bubonic plague. Sulfuric fumes were still used as a means of disinfection of clothing of the diseased. Quarantine and baths were also lavishly used. Since Honolulu is the port city, special traps for rats were used, which were intended to prevent their movement across the bindings that connected ships to the quay. The only new assets applied are those that were created as a result of efforts of Koch and Pasteur in the field of bacteriology - the vaccine and serum against the plague. Unfortunately for the patients, serum was not proven effective, while the vaccine had only a half-effect. [9]

Governmental use of coercive measures

How the escalation of coercive measures used by the government can be followed in different eras, and what parallels can be drawn between the bearings of the two governments towards minorities? What can be said about the reactions of these communities? The immediately apparent thing is that the Serbian and Chinese populations were both living in the separate neighborhoods of their respective cit-

ies. It should be noted that these districts were not homogeneous. For example, in the Serbian quarters of Hungarian cities (although Buda and Pest are the most mentioned, the sources tell us about other areas, such as: Arad, Komoran, Szeged, Csongrad) along with Serbs lived Armenians, Cincars and other nations. A similar situation was in Honolulu Chinatown, where besides the Chinese, who were the most numerous, Japanese and Hawaiians also lived. This lodging arrangement enabled the authorities a simpler implementation of the quarantine. [9] In addition to the closing of vulnerable population in their district, authorities resorted to the transfer of patients and potential patients in the special camps. In Hungary existing lazarettos were used, while in Hawaii government built shacks and set up the impromptu tent village in which the vulnerable population was interned. Also, one must not overlook the conviction of state authorities and the general public that the minorities – Serbs and Jews in Hungary, and Chinese in Hawaii – were to be blamed for the epidemic. [9,13 pp311,312]

The burning of the houses of affected people was the most striking measure used. The government in Hungary soon resorted to this method, because they had previous experience with the plague. In addition to that, one of the reasons cited for resorting to the burning was the unwillingness of the Serbian community to enforce the decrees prescribed by the city government. That is, the Serbs did not want to empty the infected houses or take the medicine. [10 pp323,324] Board of Health in Hawaii had passed quickly through the array of means that were at its disposal, and finally decided to burn the homes of the afflicted, which was the most radical method of struggle against the epidemic. The special tragedy of this decision lies in the fact that, due to unforeseen circumstances (sudden changes in the direction of blowing wind), fire spontaneously affected much more space than previously anticipated, so the whole Chinatown was burned to the ground. [9] Although it seems that the intention of the Health Board was not to destroy the entire neighborhood, this event still provokes controversy. [11] One can notice the existence of the same sentiment in people who have lost their homes due to burning, regardless of era in question. Also, there was awareness in minority communities that implemented measures were used with particular severity against them. In order to illustrate this, we cite the words of a Serbian birovo (city official) from Buda: “We see that this disease affects others as well, but they are not subjected to the burning like we are.” [16,17]

The further evidence of the escalation of the means of coercion was a threat to use

the military, and ultimately its use. On several occasions the city authorities in Hungary issued warnings that the army will be activated to guarantee the enforcement of the regulations. We cite some examples below: Serbs in Buda were threatened that the army will intervene in the case that city porters refuse to transport infected patients. [10 pp 137, 138] Then, the Serbs were not exempt from payment of the contribution (war tax), in spite of the epidemic. This tax collection was conducted in Buda under the threat of military execution. [10 p150] Finally, Pest Magistrate took measures against the plague (ban on all public gatherings was issued, the quarantine proclaimed and the incineration of infected houses began) and threatened with use of the military in an event that Serbs try to resist the implementation of these decisions. [10 p324] Regarding the use of the military in Hawaii, things there were conducted in different manner. Initially a group of citizens - volunteers was used, but due to the extreme negative reaction of Chinatown residents, monitoring of the quarantine and implementation of other decisions of the Health Board was taken over the U.S. military. That work was eventually entrusted to the National Guard. [9]

Resistance of minorities towards measures taken

We can note that in both cases there was a rapprochement between the minority communities who had been unified in a certain way by the disease and governmental pressure. There are recorded cases of convergence between Orthodox Serbs and Calvinists in the cities of Hungary, as well as Serbs and Jews during the burial of victims of the epidemic. Court War Council strongly urged that these phenomena are not to be allowed. [13 pp319,320, 14 p197] In Honolulu, there was a joint demonstration of the Japanese and the Chinese community, who protested against the pressure to which they were exposed. [9]

An unusual type of resistance was the refusal to take medication. We do not know the exact reason why Serbs did not want to be treated, though refusal was mentioned in several reports. [10 pp323,324,401] We have a preserved report which says that a Serb prevented the treatment of his daughter with medicaments. She was then taken away to the quarantine, where she later died. There is, however, no mention of the reasons for the rejection of medical care. [13 pp304,305] We are better informed why the Chinese immigrants refused to cooperate. They favored their traditional

doctors; Western medicine was repugnant to them, and there was a widespread propaganda against the drugs of “white devils”. The particularly hated measure by the Chinese was the burning of dead bodies, because it undermined their taboo - they believed that cremation destroys both the body and the soul. [9]

Conclusion

Finally, we can conclude that the reaction of the authorities in the defense of public health did not change significantly between the two periods considered. We are not concerned with the emotional experience of the epidemic, because it remained the same throughout the millennia of human existence. It is important to note the observable immutability of the reactions of bureaucratic and administrative elites to the epidemic; we can even say that, over time, these actions turned to be even more repressive. Another noticeable trend is the escalation of the means of repression, which began with the declaration of quarantine, then use of the fire, and use of the military in the end.

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Rezime

Kuga je tokom vekova bila jedna od najužasnijih bolesti koja je pustošila čovečanstvo. Njene emocionalne i psihološke posledice su ostavile znatne tragove u umetnosti, literaturi, filmu, pa čak i u kolektivnoj svesti. Interesantno je posmatrati i kako su se državne vlasti odnosile prema ovoj pošasti. Proučavanjem dva primera epidemije - jedne u Ugarskoj sa početka XVIII veka i druge na Havajima sa kraja XIX veka - može se podvući sličnost odnosa državnih vlasti prema stanovništvu zahvaćenom epidemijom, pogotovo u slučajevima kada se to stanovništvo smatralo odgovornim za izbijanje epidemije. Možemo zaključiti da se reakcije vlasti u odbrani javnog zdravlja nisu značajno promenile između dve razmatrane epohe. Pri tome se ne misli na emocionalni doživljaj epidemije, jer je on ostao isti kroz milenijume ljudskog postojanja. Primećuje se postojanost u reakciji birokratskih i administrativnih elita na epidemiju, čak se može govoriti i o tome da vremenom te akcije postaju represivnije. Uočljiv je trend eskalacije primenjenih sredstava, koje su počinjale objavom karantina, zatim upotrebom vatre, do pretnje vojskom i na kraju njene upotrebe.

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