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**«ЧОРНИЙ ПРАПОР» 1892 р.: ЕПІДЕМІЯ ХОЛЕРИ ТА ПРОБЛЕМА СТАВЛЕННЯ СЕЛЯН ХАРКІВСЬКОЇ ГУБЕРНІЇ ДО МЕДИЧНОЇ ДОПОМОГИ**

**Анотація.** У статті розглядається проблема ставлення селян Харківської губернії до медичної допомоги наприкінці ХІХ – на початку ХХ ст. на прикладі їх відношення до протихолерних заходів 1892 р. Дана робота відноситься до історичного напрямку історії повсякденності, що актуалізувався в зв’язку з гуманізацією досліджень, переходом до людиноцентричної історії. На основі джерел досліджується сукупність заходів та їх практичний результат, реакція на них населення, забобони селянства щодо медичної допомоги. Загальною тенденцією був страх перед лікарями й лікарнями, відмова від лікування. Зроблено висновок про те, що селяни жили в світі міфів, а не раціонального знання, а тому чутки були для них вагоміші, ніж лікарські настанови. Медпрацівник був для них чужинцем, якому не довіряли. Саботажеві протиепідемічних заходів населенням сприяв його вкрай низький культурний рівень.

**Ключові слова:** селяни, повсякдення, охорона здоров’я, поведінка, холера, епідемія

**«ЧЁРНЫЙ ФЛАГ» 1892 г.: ЭПИДЕМИЯ ХОЛЕРЫ И ПРОБЛЕМА ОТНОШЕНИЯ КРЕСТЬЯН ХАРЬКОВСКОЙ ГУБЕРНИИ К МЕДИЦИНСКОЙ ПОМОЩИ**

**Аннотация:** В статье рассматривается проблема отношения крестьян Харьковской губернии к медицинской помощи в конце ХІХ – начале ХХ в. на примере их реакции на противохолерные мероприятия 1892 г. Данная работа относится к историческому направлению истории повседневности, которое актуализовалось в связи с гуманизацией исследований, переходом к человекоцентричной истории. На основе источников исследуется совокупность мероприятий и их практический результат, реакция на них населения, предрассудки крестьянства относительно медицинской помощи. Общей тенденцией был страх перед врачами и больницами, отказ от лечения. Сделан вывод о том, что крестьяне жили в мире мифов, а не рационального знания, а потому слухи были для них весомее, чем врачебные предписания. Медработник был для них чужаком, которому не доверяли. Саботажу противоэпидемических мероприятий населением содействовал его крайне низкий культурный уровень.

**Ключевые слова:** крестьяне, повседневность, здравоохранение, поведение, холера, эпидемия

**“BLACK FLAG” OF 1892: CHOLERA EPIDEMIC AND THE PROBLEM OF KHARKIV PROVINCE PEASANTS ATTITUDE TO MEDICAL CARE**

**Abstract.** The problem of an attitude to medical care of Kharkiv province peasants in the late 19th – early 20th century on the example of their reaction on anticholeraic measures of 1892 has been consedered in the paper. This work belongs to the historical direction of Alltagsgeschichte that became topical due to the humanization of research, the transition to human-centered history. The set of measures and its practical result, the response of population, peasantry prejudices on health care has been discovered on the basis of sources. The main trend was a fear of doctors and hospitals, refusal of treatment. The conclusion has been made that the peasants lived in the world of myths, not rational knowledge, so the rumors outweighed doctor’s instructions. Medic was a stranger for them which had no trust. Extremely low cultural level of population contributed to anti-epidemic measures sabotage.

**Keywords:** peasants, everyday life, health care, behavior, cholera, epidemic

Epidemic diseases in late 19th – early 20th century were a regular phenomena. It was particularly evident in the countryside, where the level of medical knowledge and common culture of the population had been extremely low. In 1892 cholera hit the villages of Kharkiv province, that became an illustration for specific behavior of peasants inherent throughout this period.

Historiography of the topic is not wide. Primarily, provincial capital was studied. In the imperial period it was reflected in the D. Bahaliy’s and D. Miller’s work and in the modern era by I. Robak. Therefore, the work is based on sources that deposited in funds of Kharkiv provincial zemstvo council. Mostly, this is a paperwork documentation which has a reportal character.

First of all, lets note that since 1879 all the peasants had a duty to imform about epidemic diseases. It was forbidden to use possibly contaminated things. Disinfection of houses and limiting access of outsiders were provided. It was also advised not to leave unattended even the slightest disorder of stomach in cholera time, to drink tea with lemon or 10 drops of hydrochloric acid, eat only fresh food, etc. Instruction was provided how to deal with the people with symptoms of cholera. Also measures were described how, following sanitation, not to be infected for caretakers. Meetings at funerals and commemorations etc. were banned. Detailed advertisments with the explanations how to combat cholera were hunged out [1, 6-36]. Districts had its own sanitary rules, that beared no practical result [2, 5-30].

It would be nothing if it was kept by the peasants. Rules caused negligible effect on public health. The main reasons were low cultural level of population and indifference to the sanitary requirements, lack of control by the police and sanitary caregivers. Almost all the rules were violated. It was possible to achieve only, that majority of people have not threw garbage near the wells [2, 31-32].

The appearance of cholera was accompanied by riots among uneducated peasants [3, 1]. Even in 1890-ies “cholera riots” has occurred in some areas [4, 3]. The eyewitness of the 1892 epidemic in Kharkiv province wrote about peasants’ behavior, “they will go neither in barracks nor in tents and will destroy it the same way” [3, 18]. The hospital houses in villages were not equipped enough, and relatives did not want to send there patients. The villagers did not trust hospitals because he had never seen it and was unfamiliar with its milieu. To put people here, using force, was inconvenient and even dangerous. This organization was ineffective, so treatment was provided mostly at home [5, 73]. For example, villagers of Vovchansk district considered that “if the ill person will die, but at home, not in plague house” [5, 194].

The problem of cholera has been associated with cultural development and poverty [3, 6]. Especially favorable conditions for it were in the yards of the poor, because, as doctors asserted, poverty, narrowness and dirt contributed to it greatly. Almost all of them were ill, the mortality rate was the highest, for example, from 6 family members 3 died [5, 50-51]. All instructions for care about ill people and themselves were nothing in the conditions of deeply rooted habit of population to a lack of sanitation. Hand washing was not carried out for weeks, and if carried out, without a soap. All the claims about the patients’ diet ignored or discarded at the first sign of relief. It caused unnecessary deaths. If it was no natural immunity, the quantity of cholera victims in such circumstances would have been a huge number [5, 28-29]. But after previous infection peasants immediately corrected their behavior, unkempt villager Krasnokutskiy, who had been hiding before and wanted no medication, drank water only from a samovar [5, 189].

The peculiarity of a cholera epidemic was that a black flag hunged out on the gate of each household, where ill people were. It was taken away only after disinfection and doctor’s permission. Pillars with these flags and local police posts were being installed on the roads to the village [5, 19]. It was called under the question by doctors that hanging of black flags increased peasants’ depressed mood. The reason was simple. In their opinion, those, who asked dying people to convey the news to deceased relatives, could not be afraid of black flags [5, 72]. As for the designation of buildings with patients, the population did this with reluctance, and signs were removed next day, because it was considered like something “shameful” [2, 32-33]. In addition, lower police officials supported distrust of people to measures, so insulation was conditional. Negligence of one person could make it possible for the infection to spread throughout the village in few minutes [5, 83].

The population was not able to recognize diseases, so it was usually not reported on. Such data could be provided only by outpatient clinics and medical staff. Things of infectious patients in reality were selling and gifting, it was impossible to prevent it. Disinfection after patients were not carried out, excepting cases when country doctor knew about the illness [2, 32-33]. People were slow to inform the doctor about the epidemic even if the whole neighbor family was ill. Typically, the first cases of epidemic diseases have been discovered in the ambulatory or during home visiting [6, 54]. In Vovchansk district relatives concealed patients, interfered treatment and disinfection. Consequently, the second medical district there had 42 deaths from 80 ill people [5, 134].

Local authorities from peasants could organise antiepidemic measures with great difficulty in the reasons of disorganization and luck of education, but they knew well that doctor can not punish for it [5, 71-83].

Here is an example of the epidemic, which spreading was caused by the ignorance of villagers. In 1892 cholera entered the village Mykhailivka in Valky district with workers who were returning from the Black Sea region. Infection was not recognized in time, and both were infectioned: those who brought the patient and those who looked after him. It became clear that it was cholera only after the death of the patient and disease of 6 people. 10 residents of neighboring houses in the middle of the village falled ill. Warnings were explained, the doctor came to the village every other day or every day. Disinfection of homes, burning or clothes were done. It was forbidden to launder in the pond. Warding was on duty near the infected households, the village fell under the quarantine according to the resolution of governor. In total, 18 people fell ill – 33% of the village population, 6 died [5, 2].

Attitude to health care at first was very suspicious and ignorant. This was reinforced by the fact that sometimes patients were recovering themselves without or with minimal treatment. Doctors were never sure about the exact compliance of instructions, even after winning the trust during the second phase of the epidemic, which was accompanied by relief. In many cases left medicines were not taken [5, 38].

In the village Oleksiivka contrary to priest’s prescription family of deceased held a commemoration. Half of the 20 guests died of cholera. The epidemic started to spread quickly. 243 people became ill, 88 died. The total population was 1200 people, so 12 % became ill [5, 61]. In the settlement Thernova peasants followed doctor’s personal claim not to hold commemorations, agreed on disinfection, but doubted in its necessarity [5, 152].

Going by train with someone who has had diarrhea and nausea, peasant managed to use his tableware. As the result, he died, his son suffered the same fate, and in village Shebelinka 22 people falled ill, 6 of them died. Soon, 8 people who lived on the same street, became ill and died [5, 62].

Villager Siryi, wanting to do Lenten Retreat and communion, conceal his illness for 3 days, which has led to a new outbreak among people, who did it with him. In total, 50 falled ill and 25 died [5, 63].

There were occasions of dissatisfaction and refusals of treatment in Vovchansk in the reason that the doctor was a Jew [5, 190]. Note, that although it was small, but urban settlement, where the population would have been subjected to prejudice less. In real it was the same rural mentality.

Treatment viewed as private restriction and excessive care, because peasants believed that there were no cholera. And if the patient feels worse, the reason is the powder given by a medical assistant. With this attitude a strict isolation and disinfection were impossible. The result was regular [5, 45-46]. By the way, in some cases, a long-standing hostility between neighbors prevented communication and played a positive role, because it guaranteed protection from infection [5, 52-53].

To convince the rural community of village Lyhynivtsi in Lebedyn district the case of ill boy Kuzma Pashchenko was used, who due to the hopeless condition was not treated. The doctor said to convened neighbors that the boy died without the treatment, this was not the reason of death. The doctor advised family members to move away immediatly to the barn to avoid infection. But people did not believe him. As the result, mother and sister dead too. Finally, the village community was persuaded in the contagiousness and danger of the disease, trust to medics emerged [5, 47].

Doctors noted, that whole families falled ill, or one person remained. Woe of people, who survived and endured the death of loved ones, was terrible. Encumber them by disinfection was considered inappropriate. Medics did it. For expensive items, such as fur coats, caution was necessary. It was washed by mercuric chloride and ventilated. Villagers sometimes demanded a payment for burned things. The accumulation of old rags by poor peasants for bed impeded disinfection. The patient was surrounded by a bunch of junk that was subject for disinfection. But for peasant it were valuable things. Villagers concealed it to avoid damage by aidmen [5, 12-18].

In the village Balakliya peasants were hostile towards sanitation and treatment, concealed cholera patients. They were sure of the veracity of rumors that it was decided to slack off ill people for a termination of the epidemic. Villagers saw the proof in the incident, when the doctor, despite the request of relatives, gave medicine to the girl who already was in agony. She died. And her father, who refused the medication, recovered. Therefore, it was assumed, that the doctor poisoned the girl. In the same way peasants poorly treated to the medical care in the village Borshchove, first patients were put to hospital-house using force [5, 65-66]. Patient from village Pryhorodne accused doctor in poisoning, because he had no nausea before receiving powder, and died saying it. Rumors distributed quickly. For the doctor, who treated those people for 12 years, these accusations became depressing. But after the epidemic hospital was besieged by patients,who wanted help, again [5, 185].

Patients in Balakliya flatly refused to take drugs, and relatives created obstacles. They have been said, “medicines it is not necessary, if this is God’s will, he will take him”. Coming of a doctor to the found patient made the last one afraid near to the death. Even comparatively educated parish clerk asked not to give medicines to his mother. Zemstvo medicine in Balakliya had never enjoyed the trust, and at the beginning of the epidemic peasants started to feud with local medical assistant [5, 65-66]. Rumors spoke about trumping up of cholera for doctors’ personal purposes, scalding of patients by hot water, so on [5, 276]. It had its roots in the first half of the century, when in 1830 in Kharkiv the rumors about deliberately poisoning of wells and burying people alive were spreading. Local doctor was almost killed by angry crowd [7, 98]. But then it has happened in the town. At the end of the century prejudices became the specifics of rural areas. In 1892 in Kharkiv it was not observed in significant scale, and due to the taken measures epidemic had no scope. But harboring of ill people by residents was detected because of ignorance and distrust to health care [8, 151-154]. The most vulnerable were the poorest and the most uneducated strata of the population, generally former villagers.

Doctors tried to fight against the ignorance and superstitions. Popular lectures on cholera were conducting in all over the villages of the 7th medical district of Zmiiv district, interlocutions with patients and also were doing. The doctor evaluated their effectiveness as high. After it peasants oversaw and reported about diseases, transmitted information heard from the doctor. Dark rumors disappeared [5, 80-81].

In some cases, depending on the locus, the situation could be radically different. For example, in the village Raiiske peasants proclaimed no protest, there were no refuses of treatment, and even with the least ailments they contacted the doctor [5, 59]. In the village Volokhiv Yar population reacted to the actions of the medics with trust. Patients completely submitted, and even the neighbors asked to carry out disinfection. For this situation epidemic personnel should be grateful to the local medical assistant who had great trust [5, 64]. In the village Bryhadyrivka peasants willingly contact the doctor, there were no hiding of patients. Every day to the seconded student came several people to ask an advice, all the instructions were exactly performing [5, 109]. In the settlement Hryhorivka near the Kharkiv population trusted the doctors, took predesignate medication neatly, was agree to move to the hospital. The population of the 3rd medical district in Valky district did not interfere disinfection, excluding rare cases of disaffection. They did not like black carbolic acid, but to other measures their attitude was normal [5, 246-253].

The nurses of mercy had between the villagers great trust. Sometimes peasants were agree to go to the hospital only if they will care about them [5, 22].

Local junior medical personnel was put to peasants. They had trust, so it could do powerful influence on the formation of medical consciousness [5, 82]. In the village Therny old woman demanded to be treated by the local medical assistant, because young medical assistant “has gave too much drugs” [5, 153].

Priests promoted antiepidemic measures between the rural population [9, 41]. They played a great role in supporting people and raising by their explanations the authority of health care. Doctors also explained how people can protect themselves from infections. In some cases, this measure was very effective [5, 68-72].

For example, on the village meeting in Therny doctor, priest and administration argued, that the population was infected by cholera, its infectiousness and great mortality from it. It was also discussed how to care ill peaple and what to do. But only well known reputable doctor could convince people in the necessity of taking action [5, 154-163].

In the conclusion, we should say, that the main reason for the ineffectiveness of antiepidemic measures was that peasants lived in the world of myths, not of rational knowledge. This is the root of the most incredible superstitions. Medical staff was viewed as an alien from the city – culturally different world. In this reason, misunderstanding, accuses of attempting to harm were presented. Villagers trust those who was known in their locus, and who proved his rightness. But generally it was an exception in that conditions. Low cultural and educational level of the population contributed to the spread of rumors and superstitions.

References

1. Державний архів Харківської області. Ф. 304 Харківська губернська земська управа. 1865 – 1914 рр. Оп. 1. Спр. 2101а. Обязательные постановления, изданные уездными земствами с 1894 года по борьбе с инфекционными заболеваниями населения. 1898 р., 44 арк. (State archieve of Kharkiv region. F. 304 Kharkiv provincial zemstvo council. 1865 – 1914. Inv. 1. File 2101a. Compulsory regulations issued by the district zemstvos since 1894 against infectious diseases of population. 1898, 44 sh.)
2. Державний архів Харківської області. Ф. 304 Харківська губернська земська управа. 1865 – 1914 рр. Оп. 1. Спр. 2103. Переписка с уездными управами о пересылке изданных уездными земствами до 1892 года постановлений о мерах оздоровления населения и санитарных. 1899 р., 35 арк. (State archieve of Kharkiv region. F. 304 Kharkiv provincial zemstvo council. 1865 – 1914. Inv. 1. File 2103. Correspondence with district zemstvos about the forvarding of regulations issued by district zemstvos until 1892 on measures for population health improvement and sanitarian. 1899, 35 sh.)
3. Державний архів Харківської області. Ф. 304 Харківська губернська земська управа. 1865 – 1919 рр. Оп. 1. Спр. 2158. Доклады Харьковской, Полтавской, Новгородской губернских земских управ чрезвычайным губернским земским собраниям и протоколы заседаний харьковского губернского врачебного совета и губернской земской управы совместно с председателями уездных управ по вопросу о мероприятиях по борьбе с эпидемией холеры. 1905 р.,133 арк. (State archieve of Kharkiv region. F. 304 Kharkiv provincial zemstvo council. 1865 – 1914. Inv. 1. File 2158. Reports of Kharkiv, Poltava, Novgorod provincial zemstvo councils to extraordinary province zemstvo meetings and protocols of the sessions of the Kharkiv provincial medical council and provincial zemstvo council together with the chairmen of districts councils on efforts to combat the cholera epidemic. 1905, 133 sh.)
4. Краткий очерк деятельности Харьковского губернського земства по медицинской части. – Харьков : Тип. Губернского земства, 1918. – 55 с. (A brief outline of the activities of the Kharkiv provincial zemstvo in the medical field. – Kharkiv: Provincial zemstvo press, 1918. – 55 p.)
5. Державний архів Харківської області. Ф. 304 Харківська губернська земська управа. 1865 – 1919 рр. Оп. 1. Спр. 614. Сведения о распространении эпидемии холеры в уездах Харьковской губернии и мерах борьбы с ней. 1892-1893 рр., 285 арк. (State archieve of Kharkiv region. F. 304 Kharkiv provincial zemstvo council. 1865 – 1914. Inv. 1. File 614. Information about the epidemic of cholera spreading in the districts of Kharkiv province and measures to combat it. 1892-1893, 285 sh.)
6. Державний архів Харківської області. Ф. 304 Харківська губернська земська управа. 1865 – 1919 рр. Оп. 1. Спр. 2105. Протоколы заседаний врачебно-санитарных советов Богодуховского, Валковского, Волчанского, Изюмского, Старобельского и Харьковского уездов за февраль-август 1901 г. Доклад о состояний земской медицины в Лебединском уезде за 1900 г. 1901 р., 59 арк. (State archieve of Kharkiv region. F. 304 Kharkiv provincial zemstvo council. 1865 – 1914. Inv. 1. File 2105. Protocols of sessions of medical and sanitarian councils of Bogodukhiv, Valky, Vovchansk, Izyum, Starobilsk, and Kharkiv districts in February-August 1901. Report on the state of zemstvo medicine in the Lebedyn district in 1900. 1901, 59 sh.)
7. Багалей Д. И. История города Харькова за 250 лет его существования (с 1655 по 1905-й год). В 2-х т. / Д. И. Багалей, Д. П. Миллер. – Харьков : Харьковская книжная фабрика им. М. В. Фрунзе, 1993. – Т. ІІ. ХІХ – начало ХХ века. – 1993. – 982 с. (Bahaliy D. I. History of the city of Kharkiv during 250 years of its existence (from 1655 to 1905). In 2 Vols. / D. I. Bahaliy, D. P. Miller. – Kharkiv: Kharkiv book factory named after M. V. Frunze, 1993. – Vol. II. XIX – early XX century. – 1993. – 982 p.)
8. Робак І. Ю. Історичні умови організації та специфіка розвитку охорони здоров’я в Харкові (XVIII – початок ХХ ст.) : дис. … доктора іст. наук : 07.00.01 / Робак Ігор Юрійович. – К., 2009. – 438 с. (Robak I. Yu. Historical conditions and specifics of development of health care in Kharkiv (XVIII – beginning of XX century.) : Thesis ... Dr. in hist. sciences : 07.00.01 / Robak Ihor Yuriiovych. – Kyiv, 2009. – 438 p.)
9. Медицинский отдел: Оттиски из «Харьковского календаря» на 1888 год / [сост. Н. А. Смирнитский]. – Харьков : Тип. Губернского правления, 1888. – 48, ІІ с. (Medical chapter: Reprints from “Kharkiv calendar” of 1888 / [Ed. by N. A. Smirnitskiy]. – Kharkiv: Provincial zemstvo press, 1888. – 48, II p.)