



Éva Bruckner

Countrywide Epidemics as “Visits of the Horseman of Death” in Hungary



Summary

For thousands of years Hungary has, for the most part, been a transit zone for other nations' armies or a target of conquest. As a result, the Four Horsemen of the Apocalypse: Conquest, War, Famine and Death were ravaging mostly at the same time. Among them, Death is “the deputy of hell”, which can destroy everything by diseases and epidemics. This study is a brief review of the infectious diseases which ravaged various regions in Hungary during the past centuries, followed by a more elaborate description of those that targeted the whole country: plague, cholera and Spanish flu. With the help of documents which have not been revealed so far, the study sheds light on interesting stories, like the way the plague helped the city of Pest to become the capital city, or how Hungarian doctors could successfully cure tuberculosis in the unique climate of the Tatra Mountains. At the turn of the 19th and 20th centuries, cholera triggered a development in public healthcare and hygiene that still has its impacts felt to date. The coronavirus, which has hit us in the 21st century, is studied with a focus on its effects on our current society.

Keywords: conquest, war, famine, death, epidemics, capital city, public healthcare, society.

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In 1498, on the eve of the Reformation and the German Peasants' War, in an atmosphere of all kinds of troubles, wars, disasters, diseases and epidemics experienced up to the turn of the century, Albrecht Dürer (1471–1528), of Hungarian descent, featured the terrifying doomsday visions from the *Book of Revelations* of the *New Testament* in a series of woodcuts. On one of its pages, four horsemen steer humanity toward the apocalypse. On a white horse, Conquest is riding with a bow in his hand; on a red horse the peace-breaking War with a sword; on a black horse, distributing Famine decimates food with a scales; and on a pale (green) horse Death is riding and defeats, indiscriminately, a crowned king, strong men crying for help, and women who want to protect their little ones, by disease and by epidemic. He is the strongest, the most ruthless one of them, “the messenger of hell,” Lucifer himself, and the end of it all.

Throughout its history, Hungary has been a transit zone and an nearly constant battleground for armies and conquering powers from various parts of the world (Tatars, Turks, Germans, Italians, Russians, Walloons, etc.). As a result, the four horsemen of the apocalypse mostly galloped through the transit country simultaneously (Schulteisz, 2020; Laszlovszky et al., 2006).

LEPROSY, MORBUS HUNGARICUS, FRENCH DISEASE AND SOME MORE

In every century, wars, conquests, and famines have repeatedly created a hotbed for epidemics, mostly fatal, which have defined the lives of the state, the family, and the individual to a great extent (Nékám, 1908, p. 54).

Already in the 11th century, the crusaders passing through Hungary with the approval of King Coloman (reigned bw. 1095–1116) brought with them not only new cultures, but also an infectious disease, *leprosy*, which the Hungarians referred to as “hell in the intestines”.¹ People who fell into this disease, which caused suffering for a long time until death, were exiled to leper colonies. From the 11th century onwards, such isolation stations and leprosories were built throughout Europe in increasing numbers, and in 1325, there were already 19,000 of them (Nemes, 2011). In these places, patients were only allowed to move around late in the evening, with their heads covered by a hood of a certain colour and with a sheep-bell around their necks. The communities were led by a magister, who was one of them, and they had their own administration. In Hungary between the 11th and the 13th century, leper communities were mostly established in areas where there were no other medical institutions. There were a few exceptions: The towns Esztergom and Buda. In the latter the Sáros Spa (“muddy” spa, today’s Gellért Spa)² and the spital accommodated lepers and later syphilis patients. Spitals (the forerunners of hospitals for the poor) did not lag behind their contemporary western counterparts. They cared for 6-20 patients, heated the rooms, bathed the treated people, and those who needed it were fed with a quill (corresponding to today’s probe, Józsa, 2008, pp. 13–15). With the Roman Pope’s approval, lepers were taken care of by members of the Order of Lazarus, founded in Jerusalem, who frequently got infected themselves. When the Lazarus Knights ar-





rived in Hungary, they took over leprosories in increasing numbers. In our old documentary sources, the path of the spread of this disease can be traced on the basis of the abundant toponyms containing the words “Lazar” and “hellish” (Csernus, 2015). However, since the number of lepers decreased from the 14th and 15th centuries onwards, their colonies also discontinued (Magyary-Kossa, 1929–1933). Archaeologists have suggested that there was also a leprosory on Margaret Island in the Middle Ages, where, for example, patients were treated with running water for hygienic reasons.³ In the 14th century, the knight king Louis the Great (1326–1382) was also presumed to have covered his hands, which had been withered by leprosy, by permanently wearing gloves, which was also captured in the miniature of the *Chronicon Pictum*. Based on the grave finds from this age, it is conceivable that people suffering from acute skin diseases (psoriasis, eczema or elephantiasis) or from diseases associated with truncation and distortion (skin tuberculosis, skin cancer, ergotism, etc.) were also closed up with the lepers in their communities (Józsa, 1996).

During the Turkish wars, the great pauperisation was followed with haunting precision by *spotted typhus*, to the extent that it was even given the name *morbus hungaricus*. “Because when the army, which had gathered from all the foreign nations under the Hill of Buda to liberate it, was disbanded and scattered, in addition to glory and prey, they also took home the curse of the scourged country, the spotted typhus. [...] Because this was our export, in which nothing foreign could compete with us” (Cholnoky, 1914, p. 54–55). The well-written description of the disease, commonly called Hungarian disease, by the journalist Viktor Cholnoky raises several questions. For example, why does he only mention German soldiers as infected and neither Hungarians nor Turks? There is a rich literature on the history and nests of the *morbus hungaricus*.⁴ Their unanimous opinion is that the conditions and customs found in Hungary (evaporation of the uncleared swamps and heavy Hungarian eating and drinking) had greatly weakened our German allies. Associated with all this was the hygienic condition of joint camps: life between unburied dead animals, poorly buried human bodies and waste that was not cleared away. The Turks did not eat pork, in the first place, and did not drink wine, and also cleaned camp sites carefully.

In Hungarian typhus was also called “hagymáz”, which comes from “had mása” meaning “copy of war”. This precisely referred to the fact that the soldiers could die not only with a weapon in their hands, but also of a disease. Camp medics also contributed to such deaths because instead of healing they mostly killed their patients. Their practices did not include more than purging and bloodletting. The most frequently administered drug was saffron mixed in whipped egg white, diluted with wine, which was recommended not only for drinking but also for rubbing the tongue and gums with the tips of the fingers until they started bleeding. After two or three occasions, this treatment was usually no longer applied (Győry, 1900, p. 19, 163).

Typhus widely spread again in Hungary during the Napoleonic conquests, and then, a good century later, it massively attacked the soldiers during First World War, who then transmitted the infection on the War Horse. The Great War became the hotbed of the epidemic, and after two years of rest, it returned as an epidemic caused





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by the decision of Trianon: the Hungarian population deported or fled from the annexed areas were compelled to live, for years, in miserable railway carriages on stations, where the living conditions and hygiene were reminiscent of the Dark Ages (Bruckner, 2017, p. 250).

Tuberculosis, also known as the white scourge or pulmonary consumption, is also recorded as a *morbus hungaricus*. Probably typhus was the first disease to be given this name, but there is no doubt that the latter infectious disease also spread with special passion in Hungary. The epidemic appearance of tuberculosis, which mainly concentrated in Budapest, peaked between 1896 and 1905. In the autumn of 1914, the hygienic conditions during the participation of the Hungarian division of the Austro-Hungarian Monarchy in the Galician standing war, which were considered to be hotbeds of typhus, also cultured tuberculosis bacteria. “I had my squadron dug themselves in after the battle until 24 hours at night, I had not eaten for 26 hours, and there is no water... Their flaming village, wounded... After six days, I washed my hands yesterday. It's been six or eight days since I haven't changed clothes or shoes, I haven't eaten... it keeps raining, I'm sitting in a wet hole, I relieve nature here”, we can read in Captain Imre Zámory's diary, often written on horseback in 1914 (Bruckner, 2014, p. 175). After the years of the World War I, due to the radical surgical treatment of the tuberculous osteitis, in addition to those who became invalid in battles, several amputated lung patients also required artificial limbs and crutches.

Before the turn of the century, there had been hardly any hospitals treating infectious patients. The St. Ladislaus Hospital, founded in 1892, received acutely infected people from 1894. In 1899, St. Gellért Public Hospital operated as a branch of St. Roch's Hospital. A decree obliged the legislature to establish separate epidemiological hospitals, but implementation was difficult. As lung patients were silently infectious, they were not given much care, and they were not segregated in hospitals until 1913, and consequently, hospitals became the foci of tuberculosis (Kiss, 2005a).

The systematic method of treatment for tuberculosis patients of the middle class was sanatorium treatment, widespread at the turn of the century. Thomas Mann's novel entitled *Magic Mountain* captures the life and treatments in the lung sanatorium at Davos. The “Magic Mountain” of the Austro-Hungarian Monarchy was in the Tatra Mountains. At the end of the 19th century, Dr Miklós Szontágh and his son established a world-class medical sanatorium at Ótátrafüred, and then Újtátrafüred (today: Starý Smokovec and Nový Smokovec, Slovakia), and Dr Mihály Guhr established a world-class medical sanatorium at Tátraszéplak (today: Tatranska Polianka, Slovakia). The treatment of lung patients in these places included hydrotherapy, “airbathing”, sunbathing and relied on the special climate of the Tatra Mountains (mostly dry atmosphere due to low rainfall, protection from winds, and lots of sunlight).⁵ According to the contemporary perception, the cause of lung disease was thought to be weakness of the heart and insufficient blood supply, as a result of which the tubers were thought to be deposited in the lungs (Domandy, 2002, pp. 174–175). In line with this concept, the goal of hydrotherapy was to ameliorate pulmonary anaemia. Although some





physicians did not attach importance to this method, this procedure, together with the unique climate of the Tatras, yielded results when a vaccine produced by Robert Koch in 1890, tuberculin, did not prove to be curative. (It was only improved to a vaccine much later). Up to the Treaty of Trianon (1920), the 80 suites of Mihály Guhr's sanatorium were the most successful destinations for medical tourism for tuberculosis patients in Europe, and during the Great War it was also the place of treatment for soldiers with lung disease. This disease "first befriends its victim, slowly, gently preparing it for the afterlife; gives strength to his thoughts, magic to his pen, and inspiration to his brush..." (Jókai, 1961). Jókai's words are confirmed by the fact that the sanatorium's patients included several Hungarian painters, who immortalised the Tatras, a lady who was then Miss Europe, and the Czech poet Jiri Wolker, but Dezső Kosztolányi also sought help here, although not for lung disease, but for cancer (Bruckner, 2019). After the enforcement of the Treaty of Trianon, the name of Dr Mihály Guhr sank into oblivion, but in Tatranská Polianka, Slovakia, his legacy, the sanatorium, is currently experiencing a renaissance (Kollárová, 2015).

In the 1490's, a fatal pandemic developed in several countries of Europe and spread sexually. Most likely the sailors of Columbus brought it from America to Europe. It was considered as a *genius epidemicus* until the 18th century (Forrai, 2020).⁶ *Syphilis*, also called pox or Neapolitan disease, appeared in Hungary in 1494. It spread fast and widely in the 16th to the 17th centuries, when the Spanish troops of Charles V were stationed in Hungary (Ferencz and Józsa, 1990, pp. 227–233). In contrast to previous epidemics, the Neapolitan disease was an illness of the elite, as it spread mainly among the upper strata of society and among soldiers. According to Erasmus, those who did not contract this disease were not considered as genuine noblemen. This makes it clear why King Ulászló II (1456–1516) left Buda, the royal seat, travelled to Zsámbék, and only returned to Buda when the epidemic seemed to be coming to an end. Nevertheless, he did not escape the infection. Primate Tamás Bakócz (1442–1521), who accepted celibacy and forbade fornication in line with the commandment, but he himself practiced it, and so was also infected, but he was one of the few who did not die of the disease.

Mapping the legal or illegal brothels made available to the military passing through Hungary during World War I enables one to follow the spread of the infection. The women of pleasure were available to the military in pike-grey clothing reminiscent of nuns.⁷ Their task was to satisfy the sexual needs of the staff and to educate them sexually. At the same time, however, by allowing their activities, the authorities intended to curb the development of homosexual predisposition (Kiss, 2011).

Mária Ormos analyses Hitler, Stalin and Lenin in terms of the extent to which cerebral lesions of syphilis may have influenced their actions (Ormos, 1997). In the Hungarian context, a task awaiting research may be to analyse how and when the advanced state of this disease is reflected in the works of e.g. the poet Endre Ady, and the painters Mihály Munkácsy and László Paál.

The most effective control method, i.e. vaccine injection, was implemented in Europe at the end of the 18th century, against *smallpox*. In agreement with the English





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historian Thomas Babington Macaulay (1800–1859), smallpox is considered one of the most horrible of all the servants of Death. Every year, half a million people were indiscriminately lost to small pox, including poor, rich, servants, citizens and kings (during the Rákóczi War of Independence, in 1711, Joseph I, Holy Roman Emperor, Archduke of Austria, King of Hungary and King of Bohemia also died of smallpox) and if someone was somehow healed, he or she lost sight, as happened to Ferenc Kölcsey, author of the Hungarian national anthem, in one eye, or scars disfigured his or her face and body for the rest of his or her life.⁸ Empress Maria Theresa encouraged the spread of the vaccine found against this disease in the Monarchy, including Hungary, by successfully vaccinating her own sons in 1768. However, general and compulsory vaccination was only prescribed by the Public Health Act of 1876 (Kárpáti, 2020, p. 68).

Some of the contagious diseases discussed briefly or not at all due to volume constraints (diphtheria, malaria, scarlet fever, measles, and polio) appeared mostly in cities or in the more densely populated, scattered rural foci in Hungary. Nationwide epidemics were caused by spectacular diseases that were devastating at a very rapid rate – plague, cholera, and Spanish flu.

DEATH SNEAKING IN THE FORM OF A PESTILENCE

Up to the 16th–18th centuries, there had been more thorough analyses of the devastation of the *plague* in Hungary since the Middle Ages, but more meticulous studies were only made of its last two major attacks in Hungary, in 1709–1711 and in 1738–1743 (Győry, 1906, p. 379–382). Based on several contemporary documents and historical sources – for example, the correspondence of Lajos Nagy and a report by the Venetian ambassador Bertalan Ursi (Mende, 2015, p. 136) – we know that similarly to other regions of Europe, in 1348–1349 a large number of people were lost to plague in Hungary. Our knight king, Louis the Great (reigned bw. 1342–1382) waged a campaign in 1347 to avenge the assassination of his brother, Endre, who had been heir apparent to the throne of the Kingdom of Naples. The plague reversed King Louis, and those who returned home with him also brought the plague. This can be concluded from the fact that in 1349 the Venetians did not dare to send their envoys to Hungary because of their fear of the plague that befell us (Németh, 2014).

Very few written records are known on epidemics in Hungary before the beginning of the 18th century. Since black death⁹ has almost always also associated with military campaigns, it is no coincidence that we already know more about the plague epidemic during the Rákóczi War of Independence. The disease broke out in 1708, probably from Turkey, and culminated in the spring of 1709. Rákóczi seems to have taken measures against the epidemic beyond his age. He called for plague hospitals in the cities and camp hospitals moving with the army. Only goods were allowed to cross the borders, not people, even if they were the carriers. Infected houses were sealed, disinfected by smoking, and the patient’s clothing was burnt. However, Rákóczi’s measures only helped cities (this is indicated by the fact that during the War





of Independence the destruction was “only” 10 per cent in the affected localities), but they were practically unsuccessful among his soldiers. The main reasons for this included their raiding battle tactic, which spread the infection, and the transit traffic in the open southern borderland, where Serbians and Germans came and went, but the absence of educated and trained physicians also contributed to it. A prominent role was played in healing by Jakab Ambrus Lang, a physician of German descent (1663–1725), who was the prince’s physician and then his companion in hiding. Of the army of 16,000 Kuruc insurgents, only 3,000 people had survived by the end of the War of Independence. According to Count Miklós Bercsényi, General of the War of Independence: “We were not beaten down by the Germans, but by the plague” (Kapronczay, 2004, p. 48–56; Takáts, 2003; Szállási, 2004).

MISFORTUNE FOR BUDA, GOOD LUCK FOR PEST

Plague, which was also scattered by the soldiers of the Rákóczi War of Independence, also attacked Pest and Buda, and had a greater chance for destruction in the latter. Extinction in Pest after the conquest elicited such a cry from the historian: “Oh, you forlorn Pest! It should rather be called a plague” (this is a pun on the words Pest and the Latin word “pestis” for plague; Bél, 1985, p. 11). The Pest side of the Danube was “a mere sandy shore... if the wind blows, the tousled sand won’t let you see anything, and a swamp stinks over there” (Ráth-Végh et al., 1957, p. 5). Buda, the former royal seat, was then the second largest city in historical Hungary. Its population exceeded 13,000, and the Italian, German, Armenian, Jewish, and Muslim merchants who arrived at its fairs occasionally even multiplied this number. However, its streets and squares, like all medieval towns, were covered with sewage and faeces spilled through the windows, rodents romped, and even in the more upscale castle, pigs and dogs swirled (Poór, 1998). When the plague, which hit Hungary from several directions, arrived at Pest, barely found a person suitable for infection, and quickly moved to the right bank of the Danube: in October 1709 demanded twenty-one lives in Tabán district alone (Géra, 2012, p. 139).

Defence against the disease was implemented on the basis of a regulation by Count Lipót Kollonits (1631–1707) ordering anti-plague measures (*Ordo pestis*, 1692) compiled in accordance with the contemporary state of medicine and previous experience (Vámossy, 1901). The fairgrounds were placed outside the walls, and sales were repeatedly suspended, the public spaces were cleaned, and individual begging was forbidden, only the representative of all the beggars was allowed to beg. Houses inhabited by infected people were marked by one cross and patients by two crosses. Public gatherings were banned and pubs were closed. At the city gates, inspectors stood in the way of the aliens, and several quarters of the city were quarantined for months. A pest-house called “lazarenum” was established for the poor at the foot of Gellért Hill (Korbuly, 1939). Information posters were affixed with the following and similar texts: “Plague will not spare people of any age, gender or class, it strikes young and old, poor and rich, master and servant, brave and coward, strong and weak, whether





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in good or bad health. It follows the runners... Like any other disease, it starts with colds, fever and shivers... only scientists in the medical sciences know... its certain sign: each breathes a strange odour.”¹⁰ However, in Pest and Buda, there were very few trained doctors and they were expensive, and none of them undertook treatment for plague.¹¹ The treatment included the use of arsenic balls, brandy and ginger taken into the mouth, emetics, sudation, and having the patient drink tinctures made of urine.

In contrast to Pest, where the milder epidemic had ceased by the beginning of the summer, from June 1710, another outbreak of the plague followed in Buda. After the quarters Tabán and Víziváros, a large number of dead were registered in October in the Castle, and then in the following month in Horvátváros and Országút (Géra, 2012, p. 150). Meanwhile, thanks to the four annual national fairs patented in 1690 by Emperor Leopold I (1640–1705), trade increasingly boomed in Pest.¹² Therefore, the traders who had been transporting to fairs in Buda so far, avoided the infected city and chose to take bypass roads or crossed the river by a folding bridge to the Pest side to sell their goods. As a result, the national fairs held at Pest slowly caught up with those of Leipzig and Frankfurt, and the centuries of good fortune had passed for the people of Buda. In 1775, the Buda City Council made one last attempt to boost fairs and requested the king to set new dates to adapt to the markets in Pest. This was received five years later, but no results were obtained (Bruckner, 2014, p. 17).

Between 1740 and 1744, the black death made its last journey all over Hungary and Buda was also severely affected. The consequences of its destruction (population decline, impoverishment and famine) and the natural disasters that followed in its aftermath (fire, floods, etc.) led to the loss of the city’s leading role in the country. And while the Buda Castle was inhabited by the king, the city of Pest was home to the merchants who settled there, and expanded the city by new districts. The quarters called Lower Suburbs (renamed as Józsefváros for Emperor Joseph after 1777) and Upper Suburbs (renamed Terézváros for Empress Maria Theresa from 1777) were established in the 1730’s, and had become the most populous parts of the city by the 19th century. Lipótváros, founded mainly by fair merchants, was built on the banks of the Danube and had been completed by 1790. In the 18th century Pest had already preceded Buda as a rapidly developing business centre, and in the 19th century its population also exceeded that of the already dormant Buda. This is how the plague reversed the role of Buda and Pest in the country.

In the first half of the 19th century, Pest, with a population of one hundred thousand, became the most populous city in the country, and a commercial centre, where “the crowd was swaying and surging like sea tossed by the wind” (Garay, 1902, p. 15) and where foreigners came like to a New America, where gold can be found. In the city of developing fairs, however, horse-flies and flies mingled in the rising dust from the horse fairs held on the sandy plains, covering the kitchens and wards of the nearby military hospitals.¹³ All this allowed *cholera*, the epidemic that spread from India to Europe, to get its foot in this crowded, oriental-style city and hit it again and again for a century.





THE “ANGEL BRINGING DEATH”: THE CHOLERA MORBUS

The epidemic known as yellow horror, bile vomiting and bile duct, hit Hungary in 6 waves. People in the 19th century almost always felt as if they were being persecuted. It is no coincidence that the writers of the time could not avoid mentioning it. “Whoever is grabbed by the morbus doesn’t even have the time to look behind him; he simply falls and dies. He falls over and shuffles off” the teacher informs the schoolchildren about the appearance of the epidemic in Jókai’s novel *Sad Days*. A few decades later, writer Kálmán Mikszáth (1847–1910) still paints a similar picture: “You are like being persecuted. You don’t know where to go. You can’t escape from cholera, as you would from a bullet in battle, because perhaps it hits you just while escaping. [...] And moreover, the newspapers, when you take a seat in the coffee house: all are funeral cards. Cholera is working with increasingly fat numbers. The letters smell of cemeteries, and the pious, innocent characters seem to transform into grave crosses” (Mikszáth, 1992).¹⁴

In the spring of 1831, cholera spread from Galitia to the northern parts of Hungary, including Zemplén County, which had an established emergency committee chaired by Lajos Kossuth. At the beginning of July, the disease appeared and caused great “horror” in Zemplén County. Neologist linguist Ferenc Kazinczy (1759–1831) reports: “Zemplény has been shut down, and I live in Abaúj, some 600 steps from the edge of that county, and no more than an hour’s walk to Ujhely, and so all intercourse between Zemplény and me is closed.”¹⁵ On August 23, 1831, Ferenc Kazinczy also fell victim to the disease. The memory of cholera victims in Zemplén County in 1831, unique in the Carpathian Basin, is preserved in Erdőbény by a so-called cholera column. This is a stone monument made of local rock, connected with iron straps, which was erected in 1832.

The measures against the epidemic essentially repeated the actions taken against the plague, and their implementation was also regulated by the epidemiological part of the 1770 health decree adopted by Empress Maria Theresa (1717–1780) (Balázs, 2007, pp. 65–92). To this date the most remarkable passage of this regulation addresses the responsibilities of senior officials in the epidemiological administration. If they were negligent, five years of strict confinement was to be expected, and those who did not comply with the regulations could face severe penalties: for example, if someone left the quarantine prematurely, they could end up hanged. A milder punishment could have been a minimum of two years of forced labour. The most common method of defence was the already proven lock-up, however, the period of lock-up had to be in balance with trade and economic affairs (Balázs, 2007, pp. 83–92).¹⁶

The borders of the country and the affected localities were blocked by gates and guards. “On the first day they reached Mezőkeresztes. Already at that point they noticed that the gates were not opened to them with great hospitality. All sorts of unfit people demanded a passport from them very much. But, since time immemorial no one has ever travelled with a passport within the borders of Hungary. But after arriv-





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ing under Eger... at the outskirts of the city the arriving troupe was simultaneously surrounded by people equipped with rifles and iron forks. No one was allowed to get off the wagon, everyone on the cart, along with their companions, was driven to the compartments of break-away cattle, and was officially informed that they would not be allowed to enter the city until the two-week lock-up was lifted”, we can read in Jókai’s interpretation (Jókai, 2010). And even gallows were erected along the borders to intimidate travellers. They also revived the Cordon Act of 1772, which stipulated that anyone who does not stop at a three-time call could be “shot dead”.

The passengers of the arriving ships were sentenced to forty days of quarantine, and those staying there had to pay special attention to cleanliness, using soap, alkali made from wood ash, and milk of lime. It was only possible to receive or exchange a package or any kind of goods through a grill. Great care was also taken in the delivery of letters and other items: “All mail from above should be intercepted at the house assigned for this purpose, and the postmaster... should open the packages, and each letter should be pierced first and smoked by a surgeon in the presence of the future city official, before it is taken to the post office”, stipulated the decree (Daday, 2002, p. 232). However, the measures did not produce the expected results. Epidemiologists were assigned, but pastors, priests, and anyone who had the slightest idea of medicine was engaged in healing. The most important means of disinfection were chlorine and vinegar (Bálint Nagy, 1931, pp. 1217–1219).

The reason why the cholera morbus was so prevalent among the people was summed up by a facilitator as follows: “And this morbus is present in this year’s melon, apricots and the pulp of all fruits; therefore he who does not want die should not dare to relish even a single piece of them” (Jókai, 1961, p. 75). However, until in England epidemiologist John Snow discovered that contaminated water caused cholera, the composition of air and of the soil had been considered as the main culprit.

In the first half of the century, the disinfection of water was expected of bismuth dust sprinkled in the wells. The epidemic was much more devastating among the poor than among the wealthier, but when they saw this practice they suspected that the intention was to poison them. “The gland will knock out at several premises at a time; and wherever dead bodies will be found, the living will take up arms and seek revenge” (Jókai, 1961, p. 85). This assumption was confirmed by the fact that on 17 July, the students of Pest also broke through the Buda cordon. The so-called “cholera uprising”, which spanned several counties, was eventually put down by the police.

Since Hungary was considered as a country with poor healthcare at that time and doctors could not treat the disease, for a long time there were more deaths with the treatments used than without them. In his *Short Education*, published in the summer of 1831, Mihály Lenhossék, Chief National Physician, suggested bedrest, sweating, and vomiting, which not only not cured a disease that caused an enormous loss of fluid, but rather accelerated death. In 1831, the *Medical Repository* recommended the preparation of the following anti-cholera agent: “Place 17.5 g of finely powdered dry green limestone in a small rectangular vial not bigger than an inch and made of soft





and unglued paper; wrap it in a piece of cotton... and close it in a purse. Place such purses in every pocket of your robe, vest and trousers when you leave the house, and keep one in your hand at all times, grasp all handles and accept all money using them, and in addition also place one in your pocket and wipe every letters and other pieces of paper with it.” Apart from the fact that the implementation of this method of defence was rather complicated, it did nothing to help the patient. To alleviate diarrhoea, many were given opium mixed with some essential oil. Leipzig doctor Johann Schubert swore by herbs and, for their effect, he banned his patients from consuming alcoholic drinks, coffee and acidic foods, warning them against colds and “strong tempers”. The only method that was of some use was applied by Bernát Harszt, a physician at the village Dég: in addition to a special sweating technique, he made his patients drink 1-1.5 litres of tea per hour (Kiss L, 2005b). “Those who drank only cold water and did not take any medicine recovered sooner”, was the contemporary opinion (Rechnitz, 1848, p. 109).

Between 1835 and 1837, cholera hit Hungary with a milder force, but in 1848 it returned and in 1849 its second wave destroyed not only the civilian population but also the soldiers of the Russian and Hungarian armies, opposed in the War of Independence. “And there the war in front / Is only the minor trouble; the sadder one, / Standing behind, / Is pestilence” – grieved the poet Petőfi in his last poem (Petőfi, 2007). Although cholera was not the main cause of the fall of the War of Independence, it certainly did contribute to it (Fazekas, 2020).

Next time death arrived again in 1866, in the form of a “genocidal angel” along the Danube, following trade routes. The launching of steam navigation on the Danube accelerated its spread, followed by the gradual construction of domestic railway lines from 1846–1847. The economic policy of the time of the Austro-Hungarian Monarchy enabled the building of a European-level railway network with a strong concentration of capital, and with Pest emerging as a transport centre. However, this increased the number of people visiting the city and accelerated the spread of the infection. In the autumn, two thousand of the four thousand infected died in three months. Its spread was also aided by large troop movements associated with the Prussian-Austrian War (1866), and in the cities the foci became houses accommodating soldiers (Fónagy, 2020, p. 52). The cholera epidemic that began in 1872 raged for two years. “There is an iron fork at the end of the village, and yet cholera strikes”, the saying went among those going to the cities, when they reached the border of a location, as a man holding an iron fork signalled if the epidemic had broken out at the location, and after disinfectant smoking, prospective visitors mostly thought it better to go further. The *morbus* was spreading at an extent that the graveyards of Pest in Váci Street, Kerepes and Ferencváros could no longer accommodate the dead.

The devastation caused by cholera in the 19th century did not change the course of Hungary’s history. The resulting uprising that erupted in 1831 did not shake the existing social order. However, the efforts made at researching its origins resulted in great strides in the development of medicine and in general public health.





THE APOSTLE OF PUBLIC HEALTH
AND THE REVOLUTION OF HYGIENE

Based on the experience of cholera, Dr József Fodor (1843–1908) made efforts at the modernisation of Hungarian healthcare. The importance of his work was already recognised in his life: although he did not receive a Nobel Prize, he was nominated for it. He focused on the control of infectious diseases. “Physicians in public service took action enthusiastically, placing patients carefully in cholera hospitals, but more negligence hampered the success of the cure”, he noted.¹⁷ Thus, for example, the house of an infectious patient was not closed, the patient’s caregiver was not monitored, and the infected person was frequently sent to rural relatives during the incubation period or, if staying at home, he or she was only temporarily isolated from the family. He criticized the outdated healthcare practices of the institutions. He called for the theoretical and practical training of health administration experts, including medical officers, in particular. He also published a lot about the hygiene of houses and flats. One of his interesting observations was that houses were built to the Czech and German style, forming blocks like barracks, and so the city was almost an enclosed castle with intolerable health conditions. It was no coincidence that typhoid reared its ugly head mainly among urban residents, and the number of cholera patients was also increased by these places. In 1860, with Frigyes Korányi (1827–1913) and Dr Lajos Markusovszky (1815–1893), he established the principles that were subsequently incorporated in Hungarian public health laws.¹⁸ At the Faculty of Medicine he set up a department for public health, where he himself taught health science. In concert with Markusovszky, in 1886, he established the National Public Health Association, with the aim of developing modern hygiene (Kapronczay, 1986, p. 1713–1717). Immediately after his death, in 1909, a bronze bust made by sculptor György Vastagh Jr. was erected on Gutenberg Square in District VIII of Budapest, with the inscription “For the first apostle of the case of public health”. He is remembered by a statute in Kaposvár, and a bust at his birthplace, Lakócsa, in Somogy County.

In Hungary, in 1892, a disinfection institute was established on Gyáli Road. Those who worked there were also responsible for the disinfection of homes, including flats and houses (Hammer, 1916, p. 731). Professional disinfection has also been precisely specified for individuals. In 1894, the St Ladislaus Hospital was opened as a specially epidemic hospital, where housing was also provided for healthcare workers. Prior to this, infectious patients were cared for in St Roch’s Hospital up to 1870, and if there were too many of them, they were accommodated in rented houses and later in barracks (Domonkos, 2019).

In the second half of the 19th century, the installation of English toilets in Pest buildings became the trend. Feather dusters have been used in households since then (Magyar, 2006, p. 37). In larger homes of the more exigent blocks of flats in Budapest, the construction of bathrooms began in the 1880’s. By 1890, water had already been introduced into 70 per cent of the houses in the capital city. And hand washing, which had not really found followers since its advocate Dr Ignác Semmelweis, was now in vogue.





Cholera visited Hungary once again in the 20th century, during the World War I. A living memory of this period in Miskolc is the cholera graveyard, which was established at the same time as a cholera hospital as a “military observation station”. In the hospital’s 78 larger, 8 smaller barracks and 7 stone outbuildings, 50 doctors and 100-200 nurses cared for those injured in the battles and those who fell ill in the epidemic. The cholera graveyard provided a resting place to 962 Hungarian, Russian, Romanian and Italian soldiers killed by the cholera. Similarly to the Mária Valéria estate in Budapest, after World War I, this hospital became a slum. From then on the graveyard fell to disrepair and was only renovated in 2019 (Sasváriné, 2020).

THE THREE-DAY FEVER, OR SPANISH FLU

In addition to cholera, in the early 20th century, during the First World War, death galloping on a pale horse took its tolls all over the world, including Hungary, by a new, previously unknown disease called “three-day fever or three-month-old fever” in England due to its short period, and “Spanish flu” elsewhere, as news of the contagion first came from Spain. Spanish flu¹⁹ is an influenza A virus, but this was discovered only long after it was able to spread worldwide. In Hungary it set out on its murderous journey in the summer of 1918, and it was probably introduced by Hungarian soldiers fighting on the Italian front. They were transported to the Zita Military Hospital or to the branch hospital in Telepi Street in Budapest. They transmitted the virus to their fellow patients, and frequently to also doctors and nurses (Bödök, 2020, p. 89).

As its symptoms were similar to flu, doctors considered it no more important than flu. “As medicine stands today, it is impossible to say what we are up against. The disease has a mild course, we isolate the patients, but we cannot do anything else”, said Chief Physician Sándor Szabó in July (Valentiny, 1918). In the summer, the epidemic seemed to be easing, but it had to be noticed again in September. The Chief Medical Officer of Budapest convened the city’s district medical officers to discuss how to defend. He instructed them to monitor schools, inspect common areas, and, if something happened, take strict precautions (*8 Órai Újság*, 1918b).¹⁹ In October 1918, the daily *Pesti Hírlap* reported that it could receive a “20,000 crown fee for undertaking research into the pathogen of Spanish fever” (*Pesti Hírlap*, 1918). Although there were some who undertook research, but they remained unsuccessful. Meanwhile, more and more news came from the countryside – from Nitra County, Kosice, Subotica and Bratislava – came to an end – and the number of daily deaths began to skyrocket. The disease caused pulmonary haemorrhage even without complications, and the infected lived for only 1 or 2 days.

Dezső Kosztolányi’s short story *Esti Learns the Death News* already reflects the shock caused to people by the reported data on the epidemic. “His hand reached for the morning paper... only mourning reports stared at him, with black crosses like a forest of headstones in a cemetery. 178 new deaths... the Spanish epidemic peaking. Not Spanish, he thought. Plague, pestilence. This is the doom, the doom” (Kosztolányi, 1936). These lines suggest the mystical and prophetic divination of a doomsday air,





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brought to life in Dürer’s woodcuts. Throughout the country the epidemic situation was much more serious than claimed by official bodies. The victims included poor and rich, at all ranks and ages, and in all occupations. And the story of their deaths was short and shocking. “The war mowed men, while the Spanish flu mostly swept women and men out of the ranks of the living”, writes Ilona Harmos wife to poet and writer Dezső Kosztolányi in her memoirs (Kosztolányi, 1988). Brides just a week before their wedding, and beloved young wives (e.g. Etel Judik, the first wife of Frigyes Karinthy) boarded Charon’s boat, and death did not spare even entire families (Géra, 2020). It sought and killed our writers, poets, artists with special care, in the prime of their life and work. Mentioning only the biggest ones, the victims included poet Endre Ady, writer Margit Kaffka and painter Tivadar Csontváry Kosztka. Death also overtook the last Hungarian king, King Charles IV (1887–1922), who had fled to Madeira, Portugal. Charles, who had become emaciated and weakened in exile, returned to his home on the hill in March 1922 with his two children from the city of Funchal, and was then assumed to have got cold due to the temperature difference between the two levels. However, a few days later he developed a high fever and coughed. The doctor treated him with flaxseed compress, camphor, caffeine and turpentine. He later also cupped blood around his spine to remove the infection from the patient. In his final hours, the man who had since been beatified and considered holy, prayed for his family and for the happiness of his people.²⁰ As a final attempt at his rescue, doctors injected blood into the lungs (Dékány, 2020, pp. 96, 97; Nagy, 1995), but to no avail.

It was difficult to find a doctor competent in treating Spanish flu patients not only on the island of Madeira, but all over the world, including Hungary. According to the assumptions of the contemporary physicians, it was caused by bacteria, and there were even some who, despite protest by the lung specialist Sándor Korányi (1866–1944), identified the disease with lung plague. Hospitals were also poorly equipped and unprepared. As a medicine, the newspapers recommended Marty cognac medicine, Franz Joseph Epsom salt water, wines from Syrmia, Anacot pastilles for disinfecting the oral cavity, and a disinfectant called Lyzol for mopping the floor (Bödök, 2020, p. 90). Meanwhile, the trains, departing from and terminating in the capital city, kept carrying infected soldiers. A piece of news published in September 1918 sheds light on the displeasure triggered among the population by the conduct of the capital’s mayor, who shifted responsibility in such a turbulent period of an epidemic: “The trouble is nationwide, and citing that reason, the capital’s leadership seems to be passing on the task of action to the government. However, at that point, let us ask: Where is Mayor István Bárczy at such a time of danger? He is the representative of the executive power, so it would have been his imperative duty to watch over the timely taking of precautionary measures in the public interest of the capital. He also has the right to supervise hospitals, but István Bárczy is nowhere to be found. Well, of course, no toast may be given to Spanish flu...” (*8 Órai Ujság*, 1918a, p. 4).

In October, the Metropolitan Assembly finally took a pivotal action: theatres, cinemas and nightclubs were ordered to close for 2 weeks, cafés two hours earlier, and colleges and universities indefinitely, and a maximum of 4 people were be allowed





to stay on railway platforms at a time. The most significant decision was to exempt a hundred doctors from military service (Géra, 2009, p. 220). In the counties, deputy-lieutenants issued successive instructions to implement more stringent procedures. “I order that wherever there is a shortage of doctors due to mass illnesses and the collective epidemiological treatment of several serious patients is absolutely necessary, on the basis of an authorisation from the administration... any educational institution shall be equipped as an epidemiological hospital and urgently appoint an epidemiologist. If the population does not voluntarily supply it with equipment, the Minister of the Interior may grant permission for compulsory requisitioning”, reads in a letter from the Bihar County deputy-lieutenant to the chief judges and medical officers (*Biharvármegye Hivatalos Lapja*, 1918, p. 34).

However, during the Károlyi Government (1918–1919), the order on closing down public places, theatres, etc. and on the earlier closing of cafés was abolished at the end of October. Contributing to the revocation of the measures was that PM Mihály Károlyi was afraid that if he carried on with the strict bans, he would lose his popularity (Bödök, 1920, p. 90). Crowded public transport contributed to the spread of the infection because the old types of vehicles had already been removed from service before the epidemic.

In January 1919, the virus disappeared all of a sudden, but it merely gathered strength to attack again in 1920. “The Spanish epidemic is spreading. Yesterday, 57 and today 73 patients were transported to St Gerard’s Hospital. Ten people died yesterday. The authorities took the measures they had taken in 1918” (*Miskolci Esti Lap*, 1920, p. 2). However, the epidemiological committees did not dare to take more stringent measures, they did not dare to publish data about the facts, and the newspapers also informed the public only in minor articles. The powder keg was obvious in everyday life: if a tram driver or a conductor did not allow a parent to board with an infected child, most of the passengers turned against them. The epidemic took life from the already destitute population. From those who had had enough of the ticket system, who lined up for hours every day, at the risk of infecting each other, lined up to buy or obtain something. From those who were waiting on the railway platforms for their family members, their sons to return from the battlefields or just the news of their deaths. And while the epidemic ravaged, a revolution broke out, then they were exposed to a dictatorship, and finally a peace treaty was imposed on them that completely shattered the country.

“TO-DAY THY TURN; TO-MORROW MINE, FAIR ONE”
(IMRE MADÁCH)

One hundred years after the Spanish flu, the attack of the coronavirus opened a new chapter in world history. Unexpectedly and unknown, it entered people’s lives in but moments. It shook the world.

In history most of the epidemics commenced primarily from the large populations of cosmopolitan cities that had evolved as a result of civilization. The globalised





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world created an opportunity for the Spanish flu at the beginning of the 20th century, and then for the coronavirus to flourish 100 years later. COVID-19 races through the borderless continents and countries by means of transport travelling nearly at a wind speed, and wreaks havoc at places where modern-age migration also contributes to population growth and to the contamination of distant regions.

In this fundamentally shaken world, Hungary is similar to a “island country”, free of migration and relatively spared from the coronavirus (Békés, 2020). The history of Hungary has served as a lesson and has taught us that the role of a transit zone, i.e. when foreign nations infested the country and crossed it, frequently with the intention of conquest, has always made Hungary a hotbed of diseases and a field for the horsemen of the apocalypse. “Now the Mongol arrow flew / Over our devoted heads; / Or the Turkish yoke we knew, / Which a free-born nation dreads. / O, how often has the voice / Sounded of wild Osman’s hordes, / When in songs they did rejoice / O’er our heroes’ captured swords!” Kölcsey recalls these events in the National Anthem, and points out the tragic consequences a Hungarian may expect: “Even a home he finds he lacks.” At the time of the crises intensified by the coronavirus, Hungary is – as so many times during its history – currently in a phase that saves the country’s life and then lays down new foundations, and its successful implementation requires attention to historical lessons and their messages.

The main source of human knowledge is the experience conveyed by historical traditions. For a solution to problems and tragedies that have already been experienced, one should start from them as a base line, not from abstract ideas out of touch with reality (Egedy, 1998). The consequences of the events of our past show, among other things, that uniform action is required from the representatives of the various conceptual trends to prevent migrants, who may already carry and transmit the virus and also involve the risk of statelessness, from crossing our country or from finally settle here as a result of the eventual fulfilment of the admission quota imposed on us, the latter being, unfortunately, difficult to imagine. There was already strength in the nation to unite in 1848 and in 1867, because in its absence our War of Independence would not have begun or a compromise would not have been reached with the House. Certainly there was also such a minimum in the autumn of 1956. These episodes may provide hope for an escape from the mutually reinforcing web of the coronavirus and migration. However, there are also alarming, “neuralgic points” in history with effect to the contrary (the battle of Mohács, the matter of understanding our origin, and several events in the 20th century, most prominently the Treaty of Trianon, cf. Pritz, 2016). When from the protection of his political convictions, one undermines the historical consciousness of one’s society, he can hinder the successful shaping of a nation’s future. Contrary to seemingly innovative endeavours, national, historically established values can be saved by the ideological system of conservatism – “which is not a party programme, but a method” (István Bethlen quoted by Békés, 2019).

Although the virus was born of globalisation, it may well dig its grave. However, the first casualty, also in Hungary, will be liberalism. Instead of individual rights and unlimited room for manoeuvre, sanctions, limited option for action, agendas managed





by an operative staff and prohibitions have come into force. These changes have had and continue to affect all areas of our daily lives – work, education, social relationships and health. Thus, we are victims of the epidemic not primarily as EU citizens, but as individuals, whose fate is strongly determined by the problems that the country has been facing in an undermined world at present and in the times to come.

Exactly 160 years ago, on 26 March, 1860, Madách completed his immortal work, entitled *The Tragedy of Man*. In a drama about all the troubles, curses, and responses to humanity, the infected Hippias complains: “O woe is me, I writhe in agony, An icy sweat, the flames of Orcus burn! The plague, the plague, my life is gone from me! Is there not one of you to succour me Who have with me so much of pleasure shared?” Lucifer’s response is sarcastic, reminiscent of gallows humour: “To-day thy turn; to-morrow mine, fair one” (Madách, 1956, p. 92).

This dialogue could well be heard today, its topicality is almost eternal. The questions an individual may ask in relation to the panic caused by the epidemic are the same as Hippias’s in the *Tragedy of Man*: Does the coronavirus tear us away from our friends and communities? Are we not completely left to ourselves for the future no one knows for sure what holds in store? Will Lucifer’s prophecy materialise for us, the members of society or for our country?

Sociologists attach great importance to shared experiences in shaping collective consciousness and emotion. The father of sociology, Émile Durkheim (1858–1917), for example, sees the possibility of creating a collective state of mind, as he calls it, “collective effervescence”, in church ceremonies (Durkheim, 1978). Harvard University professor Mario Small said sporting events are the best way to create a community experience in which participants recognise that they are part of a larger whole that is bigger than them. In today’s Hungary, as an “island state,” such and similar experiences (concerts, theatrical performances, etc.) can only be implemented within limits, with a limited number of people, with faces hidden by masks, separating the individual from his or her peers who accept the common experience. However, as a result of events, the deeds and attitudes that have been manifested these days have made the individual aware that everything he does or does not do, complies with or does not comply with, no longer just applies to him or her. In other words, instead of an ideologically and emotionally cohesive narrower group, the individual has become a member responsible to a much larger community, perhaps made of his or her compatriots.

It is conceivable, although it is disputed among experts (Bernschütz, 2020; Szabó, 2020) that the coronavirus brings with it the formation of a new, historical generation, which may be called the V generation, i.e. the virus generation.²¹ The basis for the evolution of this assumption may be the spread of the present coronavirus into a pandemic. The experiences lived directly and collectively during the epidemic can help them to evolve into a cohesive generation. “Stay at home!” – “perhaps this is the most important thing, which means the same experience for everyone” (Szabó, 2020). In addition, our society, whether or not called a “virus generation” in the future, will also be motivated by global events as a result of the effects of the coronavirus. Specifically,





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for example, the conflicts that are now circulating on the world stage, with protagonists like the weakening United States and the new force facing it, the embodiment of a new economic momentum, China (Lentner, 2019). It is necessary to recognise that COVID-19 can bring about a paradigm change in every respect – social, political and economic –, and the success of its outcome depends, also in Hungary, on the community’s orientation in the periods between crises. It is no less interesting to what extent the identity of the society of the future (the new Generation V?) will be shaped by the fact that the place where we live will be appreciated and the role of borders will become important. The home, which was threatened with destruction, comes to the fore. If multiple layers of the social hierarchy move away from the perception of the nation’s continuity and survival, our traditions may be lost, cultures may be transformed, and the paradigms that have happily shaped our private and family lives over the past 10 years may disappear.

Our anthem, heard somewhere every day, draws attention to the fact again and again that Hungarian solutions should be sought to problems in the Hungarian reality, and we must not imitate or copy bad examples in the relationship between Hungary and the rest of the world (Tőkéczi, 2000).

In 2020, the coronavirus gave the green light to the four horsemen of the apocalypse. The figures in Dürer’s woodcuts are once again lurking among us, creating a doomsday atmosphere, anxiety, restlessness, fear, panic, a hopeless vision of the future. If we follow the path they point out, Lucifer’s prophecy may easily be fulfilled for both the individual and the nation: “To-day thy turn; to-morrow mine, fair one.”

NOTES

- ¹ László Józsa relieves the Crusaders of the blame of introducing the disease claiming that there had been lepers in the country already before the Crusaders entered Hungary (Józsa, 2008).
- ² On the site of today’s elegant Gellért Spa, the Sáros (“muddy”) Spa operated up to as late as the 19th century. It was a place for the “despicable hetaeras” and the soldiers of the garrison (Szviesényi, 1963).
- ³ Linguists support this presumption by claiming that at that time this island was called the Island of Rabbits, while a leporosorium was called an island, or “insula leporum” in Latin. Rabbit is called “lepus” in Latin, with a similar word in the possessive case, and if the copying monk omits a letter “r” from the name of the island, it will become: insula leporum, i.e. the island of rabbits (Trogmayer, 2005, p. 53).
- ⁴ For a summary of almost the entire literature on morbus hungaricus, see Győri, 1900.
- ⁵ During hydrotherapy for tuberculosis patients, initial, febrile, and highly febrile conditions were distinguished. The first case, sweating, evaporation and then refreshment were used, the second included wet rubbing followed by a cold shower a few hours later. During “airbathing”, patients did exercises naked in the cool mountain air. Sunbathing took place during the hottest hours. The patient, covering his head, lay naked for hours in the sun in an enclosed courtyard. While sweaty, he or she was wrapped in a blanket, and then after a while he or she took first a lukewarm and then a very cold bath (Bruckner, 2019, pp. 106–109).
- ⁶ The age of witch hunts coincides with the period of syphilis, as women were primarily blamed and punished as sources and transmitters of the disease.
- ⁷ The courtesans were classified as first- or second-class according to whether they were available to officers or to foot-soldiers.
- ⁸ Elizabeth I, the legendary Queen of England, tried to cover her pitting and face marked by smallpox sites for the rest of her life, as did Haydn, Robespierre, or Stalin.





- ⁹ “Black death” was a name for bubonic plague.
- ¹⁰ OSZK Poster and Small Print Library, Small Print, 1795.
- ¹¹ Report on the spread of the plague. MNL. PML. IV. 1-c/2. 1710/No. 8.1. r.
- ¹² The national fairs in Pest were held on St Joseph Day in March, on St Swithin’s Day Saint in June, on St John’s Day in August, and on St Leopold’s Day in November, and lasted for two weeks.
- ¹³ BFL. IV. 1208. Minutes of the Fair Committee of the City of Pest, 12 March 1806.
- ¹⁴ The history of cholera epidemic in Hungary is one of the most elaborated topics among historians dealing with epidemics. The destruction of cholera is well described in almost every county in historical Hungary. For a brief description of these, see Havasdi, 2011.
- ¹⁵ Correspondence by Ferenc Kazinczy. K 621. Kazinczyana – Kolera morbus. Spine title: Kazinczy Kazinczyana Cholera 1831. Manuscript Library of the Library and Information Centre of the Hungarian Academy of Sciences.
- ¹⁶ The 40-day lock-up was already questioned by Adam Chenot (1721–1789), who came from Luxembourg and worked in Transylvania, on the grounds that it was detrimental to the economy and to trade. Emperor Joseph II also made his decree on the basis of this principle, but since, among other things, he revoked it, Chenot was also forgotten (Spielmann, 1971, p. 106).
- ¹⁷ József Fodor: *Defence against infectious diseases*. Hungarian National Museum, Semmelweis Museum of Medical History, Library and Archives Personal documents. Documents of József Fodor, box 133.
- ¹⁸ Frigyes Korányi was an internist, university professor, correspondent member of the Hungarian Academy of Sciences, and one of the early key personalities in Hungarian medicine. His name became synonymous with the establishment of the Association of the Sanatorium for Poor Lung Patients and the Elizabeth Sanatorium. Dr Lajos Markusovszky was one of the organisers of modern Hungarian health education, a member of the Hungarian Academy of Sciences.
- ¹⁹ As the disease was reported in the press of Spain, a country that was neutral in World War I, hence the name “Spanish flu”. According to the news at the time, in Spain a very high number of people fell ill, but not fatally. Grippe-Katastrophe von 1918/19 “Nehmen Sie alle Tischler und lassen Sie Särge herstellen”. *Der Spiegel*, 2019. április 27.
- ²⁰ King Charles IV was beatified in 2004.
- ²¹ The father of generational theory is Karl Mannheim (1893–1947) of Hungarian descent (Mannheim, 2000, pp. 307–365), and the theory was then further developed by William Strauss (1947–2007) and Neil Howe (1951–) in the 1990’s. Simplifying the point: certain historical conditions are suitable for the creation of distinct generations. It may also be a starting point for the development of the V-generation. However, the direct effects on the generation vary across age groups, with the exception of the “stay at home” (tantamount to online education for young people, home office for middle-aged people, etc.), which calls into question the creation of a cohesive community for some (for a different view, see Szabó, 2020; Bernschütz, 2020).

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