

CHANGE YOUR HABITS!
HEALTH AND HYGIENE ISSUES IN BUKOVINA
DURING THE 19TH CENTURY

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Rezumat: Schimbați-vă obiceiurile! Probleme de sănătate și igienă în Bucovina secolului al XIX-lea

Igiena și sănătatea publică în Bucovina secolului al XIX-lea îmbracă anumite caracteristici ale modernității, caracteristici care sunt mai mult sau mai puțin evidente, potrivit marilor schimbări socio-politice și economice ale vremii. De cele mai multe ori, sănătatea (sau lipsa ei) a fost pusă pe seama condițiilor naturale și biologice, în timp ce răspândirea bolilor era puternic influențată de statutul socio-economic al indivizilor, de credințele și tradițiile entice sau de alți factori culturali; cu toate acestea, câteva documente istorice preferau să pună vina îmbolnăvirilor mai mult pe seama individului decât pe cea a societății. Oricum, proiectele legislative și ordonanțele aplicate în Bucovina au ilustrat că transformările s-au produs nu numai la nivelul gândirii medicale, ci și în transferul modelelor de sănătate și igienă. Cu siguranță, doctorii au jucat un rol cheie – atât în orașe, cât și la sate – în explicarea strânsei legături dintre igiena personală și sănătatea comunității. Acest articol explorează modul în care discursurile despre sănătate construiesc sau rezistă identităților sociale, centrându-se pe impactul sfaturilor disciplinatorii asupra comportamentului de viață al populației în provincia austriacă Bucovina.

Abstract: *Hygiene and public health in Bukovina during the nineteenth century take on some characteristics of modernity, characteristics which are more or less evident, according to the major socio-political and economic changes of the epoch. Most of the time, health (or lack of health) was attributed to natural and biological conditions, while the spread of diseases was heavily influenced by the socio-economic status of individuals, ethnic traditions or beliefs, and other cultural factors; yet, some historical documents were more likely to blame health issues on the individual rather than society as a whole. However, the legislative projects and the ordinances applied in Bukovina illustrated that shifts occurred not only at the level of medical thought but also in transference of healthcare and hygiene patterns. Doctors were certainly key players – both in cities and villages – by explaining the close interrelationship between personal hygiene and community health. This article explores how the health discourses construct or resist social identities, focusing on the*

impact of disciplinary exhortations on the population lifestyle behavior in the Austrian province of Bukovina.

Résumé : Changez vos habitudes ! Problèmes de santé et hygiène dans la Bucovine du XIX-ème siècle

L'hygiène et la santé publique dans la Bucovine du XIX-ème siècle prit certains traits de la modernité, traits plus ou moins évidents, conformément aux changements majeurs sociopolitiques et économiques de l'époque. Plusieurs fois, on mit la santé (ou son manque) sur le compte des conditions naturelles ou biologiques, pendant que la propagation des maladies était puissamment influencée par le statut socioéconomique des individus, par les croyances et les traditions ethniques ou par des autres facteurs culturels; malgré cela, quelques documents historiques préféraient à blâmer plutôt l'individu que la société. En tout cas, les projets législatifs et les ordonnances appliqués dans la Bucovine illustrèrent que les transformations se sont produites pas seulement au niveau de la pensée médicale, mais aussi dans le transfert des modèles de santé et hygiène. Certainement, les médecins jouèrent un rôle clé – en ville, mais aussi à la campagne – dans l'explication de l'étroite liaison entre l'hygiène personnelle et la santé de la communauté. L'article ci-joint explore la manière dans laquelle les discours sur la santé construisent ou résistent aux identités sociales, étant centrés sur l'impact des conseils de discipline sur le comportement de vie de la population dans la province autrichienne de la Bucovine.

Keywords: *health, hygiene, Bukovina, behaviour, lifestyle, disease*

Introduction

The influence of medical authorities on privacy depends on the nature of the relationship established between the state and its subjects; it also depends on the historical period. In Bukovina, up to 1880, the physician's advice regarding the health care and hygiene was preceded by the cultural habits of a traditional way of life. The diseases were mostly considered a divine punishment because of people's sins or simply a fact of life. The people's mind was not occupied with negative thoughts and fears concerning the common health issues, with the exception of frightening epidemics and potential contagion. Yet there was a link between dirt, hygiene and disease, but it predated the second half of the 19th century. The traditional fatalism, poor food, nakedness, alcoholism, long fasts and other „curiosities religious”, the minuscule houses „without aeration” and garbage gathered for a long time in the yards or tossed on the streets remained a disagreeable reality of Bukovinian society, casting shadows over its idyllic image.

Soon after the annexation of Bukovina, the sanitary measures applied during the military administration were mostly driven by epidemics, while the sanitation and hygiene-related issues were neglected or treated as a secondary

matter. However, the behaviour of the severe epidemics of the time (the pest and cholera) had a special way of intensifying anxiety. In order to avoid the epidemics' outbreaks, some public health measures were implemented until 1850. As the official requirements could not be fully understood, the authorities turned their attention to church ministers and priests, asking them to help educate „the people of Bukovina”, shaping and adapting these measures to the local realities. The Bishops Dosoftei, Daniil Vlahovici, and Isaia Balosescu used the church pulpit to present the health risks caused by ignorance or disobedience, stressing over the danger of contamination¹. Afterwards, Simion Florea Marian taught his students to beware of „various epidemic or endemic diseases” (rheumatism, „shortness of vision”, „body's drowsiness”, or that illness „the name of which could not be pronounced because is too disgusting”) caused or facilitated by an unhealthy environment. The main reasons of illness among students from Suceava high school were, according to Marian, „the small, narrow, low, and dark houses in which they live”, and „the uncleanness and lack of concern about their bodies”². In other words, the public healthcare became not only a duty of the state, but equally a civic education and self-discipline³. The „top-down” interventions became an embodiment of the provincial and local authorities' healthcare policy and social discipline⁴.

Smell of unhealthiness: poverty and ignorance

By the late 19th century, the sanitary practices were explained by the *miasma theory of diseases*; as the word *miasma* came to be used as a term for the

¹ Ioan Iețcu, Vasile Demciuc, *Retrospectivă epidemiologică în Ducatul Bucovinei. Noi date în legătură cu situația epidemiologică din Bucovina la începutul secolului al XIX-lea*, [Epidemiological Retrospect in Duchy of Bukovina. New Data about the Epidemiological Situation in Bukovina in the Early Nineteenth Century], in "Revista de medicină și chirurgie", Iași, 1986, vol. 90, nr. 4, p. 747; Mihai-Ștefan Ceaușu, *Bucovina Habsburgică. De la anexare la Congresul de la Viena* [The Habsburg Bukovina. From Annexation to the Congress of Vienna], Iași, 1998, p. 140, 215.

² Paul Leu, *Simion Florea Marian*, Suceava, 1996, p. 220-221.

³ *Curățenia casei și a trupului omenesc – povește pentru popor date de Dr. O. G.* [House and Human Body Cleaning – Advice for People given by Dr. O. G.], "Calendar pe 1911", Cernăuți, 1910, p. 49.

⁴ Teodora Daniela Sechel, *Healthcare Policy and the Social Discipline Promoted by the Habsburgs in Transylvania (1740-1830)*, in Wolfgang Schmale (ed.), *Multiple kulturelle Referenzen in der Habsburgermonarchie des 18. Jahrhunderts. Jahrbuch der Österreichischen Gesellschaft zur Erforschung des achtzehnten Jahrhunderts*, vol 24, 2010, p. 240.

foul airs and atmospheres that were thought to cause disease⁵, the illnesses were thought to be provoked and spread to vulnerable people due to the inhalation of vapours emitted by rotting animal and vegetable materials⁶. Trying to improve the healthcare and living conditions, the so-called *miasmatists* stated that „all smell is disease”, consequently motivating both authorities and ordinary people to tackle malodor sources and thereby unintentionally improving sanitation⁷. In 1806, a gubernatorial decree demanded all the peasants of Bukovina to build (near their houses) „stables, chicken coops, and shelters for cattle, calves, horses, sheep, goats, pigs, poultry, and other domesticated animals”⁸. This legislative measure was necessary because during the winter the villagers used to share the same room with their calves, lambs or foals, this „habit” leading to „weaken bones” and causing „cough, dizziness, colds”⁹. Nevertheless in the early 20th century, an article published in a Romanian Calendar mentioned that the „stable and barn, then the pigsty are often too close to home, even joined with it or under the same roof”. As a result, the „manure and other refuse contaminate the surrounding air and the households are forced to breathe these stenches”¹⁰.

According to the *Medical and Topographical Sketch of Bukovina*, published in the mid-19th century by the military physician of Czernowitz, Carl Hampeis, the „gastro nerve” and lymph system disorders (as well as the typhoid, tuberculosis, and even the cholera epidemic episodes) were caused not only by the temperature differences – especially in spring and autumn – or by the unbalanced diet – with an excessive consumption of grain-alcohol, but furthermore by „the miserable housing, supersaturated with the polluted air”¹¹. The unsanitary dwellings described by Hampeis were „small wooden huts, covered with straw”. Consisted of

⁵ Valerie A Curtis, *Dirt, disgust and disease: a natural history of hygiene*, "Journal of Epidemiology and Community Health", 2007, August 61(8), p. 662.

⁶ Patricia J. Bulsing, Monique A.M. Smeets, Marcel A. Van den Hout, *The Implicit Association between Odors and Illness*, "Chemical Senses", 2009, vol 34, issue 2, p. 117.

⁷ *Ibid.*, pp. 117-118.

⁸ Corneliu Grigorovici, *Unde sunt feciorii Bucovinei. Mușenița – studiu monografic* [Where are the Boys of Bukovina. Mușenița – Monographic Study], Cluj Napoca, 2012, p. 48.

⁹ *Ibidem*.

¹⁰ *Curățenia casei și a trupului omenesc...*, p. 51.

¹¹ Carl Hampeis, *Medizinische Topographische Skizze der Bukowina mit besonderer Berücksichtigung des Jahres 1844*, in "Österreichische Medizinische Zeitschrift", 1846, 57 Band, apud Octavian Lupu, *Aspecte din istoria medicinei în Bucovina sub dominația habsburgică* [Aspects of the History of Medicine in Bukovina under Habsburg Domination], ms., Biblioteca Bucovinei "I.G. Sbiera", fond *Bucovina*, inv. 253.528, f. 43.

only one room¹², the houses had no light, and no fresh air supply; there was the bake-stone that allowed their modest food preparation, in some clay pots. That small room was quickly filled with smoke flue, which covered the human faces. By bringing small animals indoors, the fetid odour became breathable only for the indigenous, accustomed to such conditions.

In the same description, the highlanders' huts seemed even more meager: the walls were made of boards, and the roof was reinforced with stones, not to be blown away. Each house had a bench, called „divan”, placed along the walls, and covered with a tattered carpet, or a filthy pile of straw lying in a corner. The interior was also shared by the people with a few goats and sheep which represented their „only wealth”¹³. Consequently, the writings of Hampeis showed the image of rural Bukovina, a few decades after the imposing of the mentioned gubernatorial decree of 1806.

In 1854, in his *Visum et Repertum*, Dr. Eduard Exelbirth, the physician of Radautz district, described the house of Mr. Golembiowki¹⁴ of Shipot in the following terms: it „has two rooms and a pantry, with walls made of planks stacked horizontally one above the other, and not covered with clay plaster, nor with another shelter against the external atmosphere. Within the joints and cracks of these resinous wood bars, directly exposed to the internal heat, many insects built their nests, infecting the air and scattering the inhabitants sleep. The floors are not paved with planks or any other hard materials, but simply by battered clay, which spread moisture and dangerous exhalation”¹⁵. In such conditions, the Golembiowki's house was considered by Dr. Exelbirth „harmful to the health of its occupants”, all the more so as „the older members of the family were often suffering from disorders of the pectoral organs, and the younger – two children – were affected by eczema”¹⁶.

In less than three decades, another physician reviewed the serious health problems and grossly unsatisfactory living conditions in the the easternmost crown land of the Austrian Empire. The Provincial Sanitary Referent, Karl Denarowski explained why the „medical condition” of Bukovina was linked to the lack of concern for hygiene and nutrition. In his monograph, the physician mentioned that scrofula

¹² Ion Nandris, *Satul nostru Mahala din Bucovina* [Our Village Mahala of Bukovina], Sibiu, 2001, p. 72.

¹³ Octavian Lupu, *Aspecte din istoria medicinii...*, p. 44.

¹⁴ The Greek Orthodox priest Iraclie Golembiovski was the father of Romanian composer, Ciprian Porumbescu.

¹⁵ Paul Leu, *Simion Florea Marian...*, p. 174.

¹⁶ *Ibid.*, p. 175.

or tuberculosis of superficial lymph nodes was prevalent both in the cities and the villages, especially among the Jews and other poor people who had overcrowded, damp, mould, narrow and dirty houses¹⁷. Even if the epidemics were inevitable in Bukovina due to its geo-climatic and meteorological particularities, the doctor believed that their expansion could be „starved” with some simple hygiene measures and practices related to water and sanitation in housing settlements, and particularly in towns¹⁸. According to his observations, „the long and heavy epidemics were caused by the heavy neglect of *sanitary* politeness measures, as happened in Czernowitz where there were abundant, irregular latrines and full of garbage pits located near wells. The cemented cesspool almost did not exist in all towns. The yards were filled with heaps of rubbish that were often thrown into the street”. In many cases, the slops of houses were directed to the ditches of the streets. In addition – wrote Denarowski – no one seemed to be interested in sanitation and hygiene of the town. Public latrines did not exist, and people of the town's periphery kept many cattle in their yards, not in stables. The cemetery was situated in a swampy region and the water from there was drained to a public swimming pool”¹⁹. A survey conducted by the Czernowitz town hall, in 1877, showed that of 863 houses, located in the center of the town, 473 had latrines and cesspools with the walls made of planks, and 390 with masonry walls (but only 132 of these were appropriate); other 58 houses in downtown Czernowitz had no cesspools, and the same conditions were in the suburbs²⁰. As there was no regulation to stop these „demonstrations of libertinism” against hygiene, practices of stretching animal skins on fences occurred in smaller towns.

Living (un)healthy in fragile shelters

Denarowski believed that the precarious environmental health conditions in the rural area of Bukovina were caused by „pauperism” that became the most important impediment in achieving health reforms. The poverty was also a constant source for the emergence and spread of the epidemics²¹. That is why, the Provincial Sanitary Referent urged the people to improve their hygiene behaviour, and the officials to keep the principles stipulated by the „Imperial

¹⁷ Karl Denarowski, *Commentar zur Sanitätskarte der Bukowina*, Wien, 1880, apud Octavian Lupu, *Aspecte din istoria medicinii...*, p. 75.

¹⁸ Heinrich Rohlf, Gerhard Rohlf (eds.), *Deutsches Archiv für Geschichte der Medizin und medizinische Geographie*, Leipzig, 1880, p. 362.

¹⁹ Octavian Lupu, *Aspecte din istoria medicinii...*, p. 76.

²⁰ *Ibid.*

²¹ Karl Denarowski, *Commentar zur Sanitätskarte...*, p. 207.

Sanitary Act" (*Reichs-Sanitätsgesetz*). Conforming to the law of 1870, the Communes took „charge of the streets, roads, markets, places for public meetings, habitations, sewers and their cleansing, drinking-water, foods and the vessels which contain them, public baths”; they also had to „build and inspect mortuaries, places of burial, cattle markets [...], to carry out the measures prescribed by the administration for the prevention of infectious diseases, and to see that the sanitary regulations were enforced”²².

Some legislative measures were adopted in the 1880s as controlling tools with respect to the health conditions in the provinces of Austrian Empire. Although each province of the Crown had its general regulations regarding housing and health, the most general principles were as follows: „New houses, and houses which had undergone extensive repairs, could not be inhabited until they were inspected by competent persons, delegated by the communal authority, and declared satisfactory from the sanitary standpoint”²³. Latrines had to be built so that it could give free access to air and light. The depots for manure had been placed at a safe distance from wells”²⁴. As for Bukovina, one of the contributors to the Romanian journal „Revista Politică” wrote in 1887: „it had to pass 17 years until the draft law on the organization of health service in the Communes of Duchy of Bukovina was born”²⁵. Through its provisions relating to the peasants’ health, the law would have removed „all causes that dig at the root of people’s health”, only if it had been „severely applied”²⁶.

Despite the efforts of the Local Sanitary Commission (which was created to monitor the streets and wells cleanliness, to inspect the housing conditions, and to enforce the health rules and regulations)²⁷, the discipline of public health remained challenging, impacted by poverty and ignorance. Publishing an article in a Bukovinian periodical, the Romanian physician O. G.²⁸ observed many deficiencies and lifestyle risk factors; among them, he mentioned the unhealthy and stressing living conditions of the rural areas. The specific wood houses

²² Albert Palmberg, *A Treatise on Public Health: And Its Applications in Different European Countries*, London, 1893, p. 415.

²³ The damp houses have repeatedly been linked to a number of health outcomes, including "scrofula, festered bones, most ugly eye-diseases, rheumatism", cf. *Curăţenia casei și a trupului omenesc...*, p. 50.

²⁴ Albert Palmberg, *A Treatise on Public Health...*, p. 419.

²⁵ *Legea sanitară în comunele rurale* [The Health Law in Rural Communes], "Revista Politică", II, nr. 16, 31 December 1887, p. 2.

²⁶ *Ibid.*, p. 3.

²⁷ Corneliu Grigorovici, *Unde sunt feciorii Bucovinei...*, p. 48.

²⁸ Probably Dr. Octavian Gheorghian (1874-1929).

system was intended „to shield from the cold weather and chilly winds”, but not from the health problems and diseases. The entrance of the house, „placed to the south, is leading to a porch; on right side is the household room, low, with two windows to the south and one to the east, through which the daylight barely permeates. Towards the north is the windowless wall. Near the door are the bake-stone and the stove; from the stove to the east wall is a wider bed. There are benches and boxes for various things along the walls, and a table in the middle of the room. Most of the houses have no more than one room, and some other – inhabited by a large family, or even two families – have a small chamber, placed to the left of the porch [...] The plank floors are still rare, and the beaten earth floor is greased from time to time to time with perishable things, because the dry waste becomes dust, entering the most delicate parts of the body and bringing many diseases”²⁹.

The belief that poverty and habitual behaviour causes diseases was reflected by Dr. O. G. in the following lines: „Children, old women and old men lie on the top of the stove, for there is warmer in winter. About 5-8 souls have to spend the night in that heat and smell of so many people, on a 1½ meters oven, so high that sitting on it, you can reach the ceiling. There is concern about warmth, but not about the health; and fresh air is better than excessive heat. During any type of illness, the sick person sleeps next to others. None of the houses have a spare bed or a free place where the patient may rest. In this respect, when a householder is going to build a house, he should think about large windows, floors and enough room for bed”, thereby avoiding the „huddled nights” and „the bad air of a tiny chamber”. The avoidance of infectious threats was also motivated by the emotion of disgust: „On the stove are usually spread old tatters, some rugged woollen coat or a bad, old sheepskin coat. The bed has a sack of straw covered with a saddle blanket, then pillows and a duvet, or (as a substitute) a thick long woollen coat. There are no bedspread, neither duvet covers, which often can be washed. All filths, all impurities and sweats from healthy and sick stick to the beddings, that the oiled mattress and especially pillows – because of the hair soaked in rancid butter – can hardly be cleaned”³⁰.

What emerged from these observations was that the connection between housing and health was multi-faceted; yet, the house cleaning could have been easily improved if during the winter, the women „who deals daily with spinning and weaving, would make canvas pillow covers, bed sheets and duvet covers. This bed linen can be regularly undone and washed. The cleanliness would be

²⁹ *Curăţenia casei și a trupului omenesc...*, p. 49-50.

³⁰ *Ibid.*, p. 50.

appreciable, the people much healthier, and the foul diseases not as wide as before”³¹. But beyond these general opinions that emphasized the housing risk factors in predisposing families and communities to different diseases, this approach indicates the transition from the *poisonous miasmas* to the tiny particles that can cause diseases.

Do I need to wash this? Cleaning clothes and bodies

The clear relationship between poverty, ignorance and disease reinforced the paradigm of *medical moralism*. The information or advices published in popular magazines and calendars contained warnings against poor personal hygiene and unsanitary practices. For example, in order to ameliorate the impact of diseases in the rural areas, the peasants had to be encouraged to live a good, decent, and industrious life. Women were charged with keeping their families healthy and clean. They had to ensure that members of their families had clean clothes to wear. Not just the poor, but peasants in general engaged in personal imprudence in their daily lives. Washing once a week became the established norm, so the laundry and clothes were changed only on Sunday³². Dr. G.O. mentioned one of the unhealthy habits of peasants: „During the summer, when a man works hard, he sweats, and when he comes home at night, his wife does not give him a clean shirt, so he sleeps in that coat, full of sweat and dust. The man gets up early in the morning, goes to the field and works up a sweat, wearing the same shirt. You can imagine how much dirt is gathered in the worker’s shirt, from Monday to Saturday”³³. New or old, the clothes should have been aired, because of their „stench”.

Customs and practices regarding headwear were also applied to the personal hygiene. The married women continued to wear oblong cotton scarves, square scarves, triangular scarves or bonnets. Sometimes, they were accused for wearing „half a dowry” on their heads, whether it was summer or winter: „first, a handkerchief or a cap, then a light fringed headscarf, then an ostentatious headscarf, and finally the oblong cotton scarf”³⁴. The heat caused by wearing these accessories could also affect the women’s comfort and health. Apart from this „unhealthy weirdness”, the footwear hygiene constituted another major problem

³¹ *Ibid.*

³² Vasile Boca, *Monografia satului Botoșana* [Monograph on Botosana Village], Cluj Napoca, 2001, p. 125. Filimon Rusu, *Amintiri. Oameni și locuri din Țara Fagilor* [Memories. People and Places of the Land of Beech Trees], București, 2009, p. 73.

³³ *Curățenia casei și a trupului omenesc...*, p. 51.

³⁴ *Ibid.*, p. 52.

for the „disciplinary agents”. Even if the shoes were durable, the way they were worn was disgusting. The foot, „usually unwashed”, was wrapped in some cloths made from remnants of an apron or skirt. These foot-wraps, full of dirt and rigid as the bark of a tree, were worn until they fell to pieces, but rarely cleaned³⁵.

In the 19th century the hands, feet and face were regularly washed, and the rest of the body every few weeks or longer. Most people believed that hand washing represents „a sufficient measure of personal hygiene”. On one hand, at least three reasons turned it into a habit; the hand washing was necessary to remove the „dirt, smell or sticky residues”, and to give „a good appearance” before going to church, visiting or when visitors were coming. On the other hand, there were some guidelines sprang from the principles of health and safety. From simple admonitions to scientific explanations, the matters of healthy behaviour during meals included hand washing compliance: „More care must be given to hand washing and fingernails cleaning, because our people do not eat with fork and knife, but with fingers; especially polenta is hand kneaded. All the filths from the hand enter the stomach along with food, causing health damages”³⁶. The feet were also neglected, although they tend to get dirtier and sweatier than other parts of the body.

Rinsing hands and feet with cold water alone was more common than washing them with soap. But even the water could have been avoided; the lack of hair hygiene was often invoked as well as the belief that water is „injurious” to the hair. Many of the 19th century explanations of hair care habits have emerged from a social biology perspective. For some people, the hair represented an expression of their personal identity, acting as a surface barrier to protect them from social dangers, such as marginalization. Sometimes the management of men’s hair became an enactment of status control³⁷: shorter hair often signified servitude and peasantry, while long hair was often attributed to freemen³⁸. Besides, long hair symbolized strength and vitality since the Middle Ages, according to historical sources³⁹. Nonetheless, the long male hair has been denounced by many for being impractical and unhygienic. Without soaps or herbal ointments, people were forced to use common household products.

³⁵ *Ibid.*

³⁶ *Ibid.*

³⁷ Joanne Finkelstein, *Fashion: An Introduction*, New York, 1998, pp. 14-15.

³⁸ Norman J. Cohen, *Masking and Unmasking Ourselves*, Woodstock, 2012, p. 38.

³⁹ Maria Holban (ed.), *Călători străini despre Țările Române* [Foreign Travellers about the Romanian Countries], București, vol. I, 1968, p. 30. Dan A. Lăzărescu, *Imaginea României prin călători* [Image of Romania by Travellers], București, vol. I, 1985.

Butter or other kitchen fats were used to condition and soften the hair, prepare it for straightening and make it shine. The smell of rancid butter on the hair, along with that of sweat, was not only disgusting, but also sickening. Faced with scalp diseases and hard labour in the hot sun, the men were encouraged to cut their hair short: „How well it would be if men would change their shaggy, smelling hair with a suitable trimmed head, easily and daily tidied up; then the various headaches caused by heat on the shaggy head would disappear”⁴⁰. The same precautionary principle of hygiene and health justified the school regulation about the boys’ haircut. In spite of the legislative intrusions and administrative requirements, the boys’ mother felt compelled to express their objections since „only the recruits are forced to cut their hair”, arousing both laughter and sympathy⁴¹.

There was also a cultural resistance to warm baths – which was still around in the early 19th century – and a widespread belief that bathing in warm water could be harmful to health. Pores were seen as openings in the skin and many people thought that bathing made it possible for diseases to enter the body. As the century progressed, this idea has been corrected, but bathing was rarely mentioned simply for the sake of hygiene. However, by the end of the century, the Bukovina’s middle class had formed a pattern of cleanliness that ranked alongside typical modern concepts, such as respectability and social progress. The basins and pitchers represented the standard wash equipment all through the period and it was desirable to find it in every house, no matter how poor it was. Because it required little effort to arrange for a bowl of water, this sort of „general cleaning” could be done by all family members, one at a time, replacing the weird habit of spitting water into the hands to wash the face.⁴² Everyone was encouraged to bathe in warm water, in wooden tubs⁴³, as they could be found in rural areas and towns.

Even so, in rural areas, the mobilization of medical care was insufficient to remove the archaic mentality and the unhealthy conditions of hygiene. The rivers and streams were used as the villagers’ summer bathing place⁴⁴. Yet, in his work, Hampeis noted that children’s „skin was covered with thick crusts of

⁴⁰ *Curățenia casei și a trupului omenesc...*, p. 51.

⁴¹ Filimon Rusu, *Amintiri...*, p. 73.

⁴² *Curățenia casei și a trupului omenesc...*, p. 51.

⁴³ *Ibid.*, p. 52.

⁴⁴ Iacob Felix, *Istoria igienei în România în secolul al XIX-lea și starea ei la începutul secolului al XX-lea* [The History of Hygiene in Romania in the 19th Century and Its State at the Beginning of the 20th Century], I, București, 1901, p. 236.

dirt"⁴⁵, and the scabies „spread in the whole circle of Bukovina, both in the cities and villages, in the mountains and lowland areas"⁴⁶. In addition, the head lice infestation was seen as a „plague”, becoming the butt of jokes, of sarcasm and bitterness on allegations of unhygienic behaviour: „When lice climb onto the wagon wheel, there's nothing to do but to get them into your bosom”, or „the lice walk with straws in their mouths"⁴⁷. The only way to get rid of them was giving up old clothes and washing the body with soap and warm water⁴⁸, even if the soap was generally reserved for cleaning laundry. Women were advised to wash with soap their body and their newborns' scalp, protecting them of the „black crust” which was not a disease, but simply a soil or filth sticking on the skin⁴⁹.

Obvious, the advice on health and hygiene continued with new powers that were strengthened in the following decades. Yet this positive approach did not signify a categorical victory against ignorance, poverty and diseases. While the hygiene reclamations of physicians, priests, teachers, and other public officials confirmed that health care was taken seriously, two questions still remained: when ordinary people will understand that they have to change their habits in order to protect their health, and how long it will take them to achieve modernity?

Conclusions

The 19th century public health movement in Bukovina could be seen in terms of the drive to expand the state's power to regulate the province environment. Initially focused on the unsanitary conditions of housing, the crusade against unhealthy practice and the beliefs about the importance of domestic and individual hygiene represented one of the instances in which the information (about the origins and prevention of diseases) led to widespread changes in popular behaviour through the medium of mass education.

The observations and statements of the civic-minded citizens underlined the causal link between poverty, ignorance and sickness, claiming that diseases are provoked by precarious environmental conditions and lack of hygiene. The legislative measures and educational works of the 1870s, 1880s and 1890s laid the groundwork for the public health care of following decades, highlighting the growing influence of medical science on cultural habits of a traditional way of life.

⁴⁵ Octavian Lupu, *Aspecte din istoria medicinei...*, f. 45.

⁴⁶ *Ibid.*, f. 43.

⁴⁷ Vasile Boca, *Monografia satului Botoșana*, p. 134.

⁴⁸ *Ibid.*

⁴⁹ *Curățenia casei și a trupului omenesc...*, p. 52.