SICKNESS, HYGIENIC EDUCATION AND VILLAGE PRACTICE: TUBERCULOSIS IN THE LIFE OF A COBBLER

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ABSTRACT
The understanding of sickness and health depends on culture and age and is a part of our worldview. Sickness and health are thus in a central position in human life. Tuberculosis, for example, was formerly a common disease in Finland. Before the Second World War there did not exist medicines that cured people of tuberculosis. The first concord of antibiotics was received in 1947. Vaccinations against tuberculosis started on a mass scale in the following year.

The article focuses on one person, who suffered from tuberculosis. He was a village cobbler called Juho Mäkäräinen (1892–1967). The study draws on a variety of sources including the villagers’ interviews, Juho Mäkäräinen’s autobiography and letters. All sources deal with the writers’, their relatives’ or neighbours’ health. Life in a village society was concentrated on health and its care. Very much attention was focused on hygienic education, as well. Because infectious diseases like tuberculosis were feared, most people tried to hide their disease in order not to be ostracised. Thus tuberculosis and its influence on the course of human life is a part of our common history of everyday life.

KEYWORDS: health • tuberculosis • village society • everyday life

The understanding of sickness and health depends on culture and age and is a part of our worldview (Honko 1994). Sickness and health are thus in a central position in human life. All our actions depend on our state of health. Fear of falling ill affects our everyday life, our relationships with other people and our decisions. One of the many diseases which have generated enormous fears all over Europe is tuberculosis. It was known as the “White Plague”. In the nineteenth century, more people in the Western world died of tuberculosis than of any other disease (Hays 1998: 154).

Tuberculosis may be caused by bacteria, which is passed from person to person, most often via the respiratory system. However, some people enjoy more resistance to tuberculosis than others. Many people infected with the bacteria do not develop consumption at all because their immunological reactions prevent the further spread of the bacteria through the body. Many people show symptoms after only a long period of infection. The disease may not break out until weeks or years after the infection. The major symptoms of phthisis in its later stages are coughing, blood-flecked phlegm, progressive weakness and debility and loss of skin colour (Hays 1998: 154–155).

Tuberculosis was formerly a common disease in Finland. Before the Second World War, the country was underdeveloped. Even 90 % of its population was infected with the bacteria although there were regional differences in the tuberculosis situation. During the 1930s almost half of those who contracted the disease and were of working age,
died of tuberculosis, because effective medicines did not exist before the first concord of antibiotics was received in 1947. Vaccinations against tuberculosis started on a mass scale in the following year (Savonen 1931: 12; Härö 1998: 27).

Pulmonary tuberculosis and its influence on the course of human life is a part of our common history of everyday life. Some Finnish researchers have investigated how tuberculosis affected the life of people of a certain region. Folklorist Aili Nenola edited, in 1986, a collection entitled Parantolaelämää [Life in a sanatorium], which contains the memoirs and folklore of tuberculars. In the year 2000, historian Maria Lähteenmäki published an article regarding how the prevention of tuberculosis changed the way of life of common people.

My paper focuses on one person, who suffered from tuberculosis. He was a village cobbler, Juho Mäkäräinen, also known as Heikan Jussi. He was born in 1892 and died in 1967. My study draws on a variety of sources including interviews, Heikan Jussi’s autobiography, letters and other written material, and family photos. All the informants were local people who had personally known Heikan Jussi. He was well remembered in 1989 when the interviews were recorded.

All my sources deal with, among other things, the writers’, their close relatives’ or neighbours’, health. Tuberculosis was one of the common themes in my informants’ memories of Heikan Jussi. Finnish historian Kai Häggman has also noted, in his research of the 1800s upper-class family life that in addition to work and family, life was concentrated on health and its care (Häggman 1994: 70–71).

Heikan Jussi was born in the village of Herrala, which is situated in the locality of Hollola in Häme, southern Finland. Heikan Jussi was the son of a poor cobbler. Jussi’s parents were Henrik and Natalia Mäkäräinen. They also had a daughter, Anna Maria, born in 1886. Two daughters from Natalia’s first marriage were already young ladies when Jussi was born. The elder had a family of her own and the second one moved away when Jussi was an infant.

When Jussi was 12 years old he became employed as an errand boy in a bakery in Helsinki during his summer holiday. In the autumn, Jussi returned to his home village for the last school year, but was taken ill with a cough and a temperature. The disease was supposed to be pulmonary catarrh; the chest X-ray was not in use for the diagnosis of early tuberculosis at that time. In the spring of 1905, after a dangerous outpouring of blood, it was ascertained that Jussi’s disease was tuberculosis. He was the only one who contracted the disease in the family.

Jussi might have caught it in Helsinki or from his home village (Forsius 1993: 91), because he wrote to his sister in 1904: “A few people are ill here, they have that wasting illness”. However, it is not possible to indicate the source of his infection, because the disease may not break out until weeks or years after the infection (Tala 1996: 426). According to an old inhabitant of Herrala, Mrs. Hilma Malinen, who was born in 1905, 44 persons had died of pulmonary tuberculosis in the village, but many people may have lived who suffered from tuberculosis during their lives and recovered afterwards.

For want of effective medicines, Jussi was treated with cod-liver oil, which was formerly used as a common medicine for pulmonary tuberculosis. Jussi was a chronic sufferer and never totally recovered. However, he gained strength to some extent as time went on but tuberculosis caused him long periods of sickness and permanently low ability to work. He learned the cobbler’s work under the guidance of his father.
According to English historian Eric Hobsbawm, cobbling was a common profession for men, who were physically weaker, of a small stature, or handicapped (Hobsbawm 1998: 27–29).

Jussi had all of these features – weak, small and handicapped – and on top of that tuberculosis mangled his body and turned him into a hunchback. Tuberculosis may also occur in other parts of the body than the lungs, such as the lymphatic system or bones and joints and cause deformity (Härö 1998: 44–46). Hunchbacked children were common in Finnish schools in the 1920s and 1930s (Savonen 1931: 10; Härö 1998: 49).

Tuberculosis was the most significant factor which affected Jussi’s life. Coughing blood weakened considerably the condition of his health, when he was 15, during the period of confirmation. That period of life should have marked the happy transitional period to adulthood for his age-group bringing with it the right to sexual intercourse, use of alcohol or smoking (Järvinen 1993: 117; the use of alcohol as initiation, see Apo 2001: 228–229). Jussi’s physical strength was insufficient for masculine entertainment or working. He had to acquire mental refreshment from elsewhere like self-studying or humour, which made him later famous. According to Aili Nenola, macabre humour was a characteristic way for patients in sanatoriums to treat death or the possibility of it (Nenola 1986: 134).

The organised fight against tuberculosis in Finland had started about 100 years ago. The first significant measures were the opening of sanatoriums and giving health education; each citizen was supposed to understand that tuberculosis is an infectious disease, which can be prevented by improved hygiene (Härö 1998: 96–97). For example, spitting on the floor or coughing towards other people increased risk of infection and was definitely forbidden, but did the common people follow the directions? One of my informants stated that he was around ten years old in the 1920s and was taking care of his infant sister while their mother was working in the fields. The children suffered from deficiency diseases and were eating building mortar, coal and sand and the brother took his sister to the pile of sand next to Jussi’s home and gave the little girl a spoon so she could eat the sand for her heart. Their mother, who had got some health instructions, warned the children not to play there, because she was afraid that Jussi, who spent time with the children, might spit on the sand and thus infect the children with the disease. Their mother’s denial did not change the mind of the children and they kept on playing in the pile of sand like all the other children in the neighbourhood (SKSÄ 134. 1989: 3).

If the children did not take warnings seriously, it was even more difficult to change the adults’ attitude towards hygiene. Finnish ethnologist Hilkka Helsti has studied the educational campaign which the midwives launched when trying to improve both the level of personal hygiene and the cleanliness of Finnish homes in the late 1800s and early 1900s. Homes were as dirty as the inhabitants, who had not the simplest toilet training and lacked even toilet paper. There were no clean clothes, sheets or towels, or wash basins and the dishes were washed once a week (Apo 1995: 166–169; Helsti 2000: 358, 438; see also Saarinen 2003: 201–202). The Finnish agrarian majority lived in overcrowded houses, which greatly facilitated the spread of bacteria from one person to another. Hygienic education had been given for several decades, but it met with some opposition (Hays 1998: 161–162; Härö 1998: 96–99; Helsti 2000: 354, 438). Washing and cleaning were considered unnecessary (Helsti 2000: 353–354).

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Washing on Saturdays and changing into Sunday clothes was ritualistic with the purpose of making a distinction between weekdays and Sunday, as Swedish ethnologists Jonas Frykman and Orvar Löfgren have concluded (Frykman, Löfgren 1984: 134). The folk had its own opinion of the causes of the illness. According to Aili Nenola, tuberculosis was believed to be a punishment for sins (Nenola 1986: 140).

Many infected people tried to hide their disease in order to not be ostracised. Jussi was not a desired fiancé, because his infectious disease was dreaded. In one instance, for example, patients suffering from tuberculosis were advised not to marry at all (Elmgren 1914: 18–20). Jussi’s disease caused him to lead a singe life. Tuberculosis victims had also certain difficulties in being used as servants (Savonen 1931: 97–98; Nenola 1986: 15–18; Halmesvirta 1998: 118; Hays 1998: 155). However, it seems that the warning signs of tuberculosis were not taken as seriously in the villages as in the towns and cities. Jussi was not particularly avoided in everyday situations. Jussi’s sickness was probably something to which his closest friends and relatives were so accustomed that they did not think of it as a threat for themselves. Jussi was never left without care.

Jussi was not avoided because of his occupation, too. As a cobbler he was a necessary craftsman and the villagers could not, for example, neglect to mend their shoes. In Jussi’s lifetime, shoes were costly or were rationed during and after the Second World War, and they had to be worn and repaired as long as possible. Jussi practised his cobbler’s trade when his physical condition was well enough, but he was also a shop-keeper on a small-scale, in spite of the fact that as a tubercular he had no official permission to handle food products (Härö 1992: 48; Pesonen 1980: 481–482). Tuberculosis meant also growing control: all the citizens had to submit to medical examinations (Lähteenmäki 2000: 161). Being under control might also have caused anxiety; at least Jussi suffered from psychological consequences of tuberculosis like insomnia, depression and nightmares12. In 1927 Jussi described his mood to his sister in a letter:

“The night before Christmas Eve I had a dream that I was sentenced to death. I only had to empty the goblet of poison. There were also other known and unknown citizens of Herrala, who had the same fate as me. A certain statute had come into force that all weak and sickly people will be destroyed. I urged the other people not to take the poison”13.

In the 1960s, Jussi was taken to a hospital for treatment with antibiotics, but obviously against his own will (SKSÄ 93. 1989: 40, 42; SKSÄ 108. 1989: 32). An informant told me that Jussi soon fled from the hospital — and probably cut short the antibiotic treatment, which was supposed to last for months (SKSÄ 120. 1989: 35).

Because Jussi was indigent he was entitled to free sanatorium treatment, which he had availed himself of five times between 1910 and 1929. Tuberculosis did not cause Heikan Jussi death, although 50–60% of the patients having received treatment in a sanatorium became deceased due to their illness (Härö 1992: 66).

Before the Second World War, there existed no medicines that cured people of tuberculosis. The treatment was based on improving the condition of the patient by means of rest in the open-air wing and versatile nourishment. The normal treatment of tuberculosis was based until the early 1960s, on hospitalisation for 8–12 months (Härö 1998: 57). When Jussi was treated at a sanatorium he put on weight14. Because Jussi’s father had died in 1912, the family had no breadwinner, and could not afford to observe the recom-
mended diet. Therefore Jussi again lost weight. The commune of Hollola had granted him a temporary allowance, but it failed to meet the expenses of Jussi and his mother. According to the autobiography which Jussi wrote for the Finnish Board of Antiquities in 1964, mother and son had had to be six years without milk in the 1910s\(^1\). The failings in Jussi’s diet after the death of his mother in 1925 were caused by the fact that there was no able housekeeper to cook any more.

Some of Jussi’s later troubles during the 1960s, such as heart and renal disease, might have been complaints of old age\(^1\). In addition, Jussi suffered from rheumatism, because the hut his parents had built was already hopelessly dilapidated and draughty. Jussi had an outpouring of blood again when he was 70 years old\(^2\). His close neighbour told in an interview how she was called for help when Jussi had a sudden blood release. She mentioned that Jussi ought to have been taken to a first aid station, but he refused to leave. The neighbour had heard that when the blood flow occurs, one should put salt in the patient’s mouth and let it stay. Then the patient ought to swallow it slowly and keep quiet. The neighbour did not know whether the practice was magical, but it helped. She might have learnt it during the war when she volunteered in the front line area as a member of the women’s auxiliary services (SKSÄ 102. 1989: 23–24).

Jussi had contracted tuberculosis at the beginning of the 1900s and lived a long part of his life as a chronic invalid during a period, when the social security system hardly existed. Those who had no relatives taking care of their welfare were reliant on their neighbours’ charity. The social situation of the persons suffering from serious infectious diseases was difficult. Jussi had had to resort to financial aid from his sister. It seems that Jussi was very happy for his last years, despite blood problems and heart disease, because he had, at the age of 65, become entitled to a pension. He wrote in his autobiography: “I have never earned from any of my work such a big income as this present pension” although the Finnish pension has always been rather low and other pensioners usually complain that it is impossible to live on it. He had also been afflicted with various other illnesses, and his former anxieties seemed minor as he wrote to his sister: “And how lightly I reproached God for my little adversities and could not think that I was healthy and I had everything fine”\(^1\). Jussi died of a heart attack at the age of 75 on 4th of August, 1967.

The written sources about Jussi told a lot of both Jussi’s sickness and health. The interviews, which I recorded in 1989, contain, however, a lot of hindsight because the informants told about the past. There had been a great change in their understanding of personal health care and hygiene as well as rapid change in methods of treatment. Nowadays, only few people contract tuberculosis in Finland and the tuberculosis situation is about the same as in other Western European countries (Härö 1998: 25, 61)\(^1\). But earlier there were diseased people in almost every family or acquaintances. Tuberculosis is not a threat in Finland today, where other diseases are taking its position in oral tradition. It is more possible to come across, for example, more folklore of aids than of tuberculosis. Fear of aids has also poisoned the relationships after it came to public awareness in 1983 and was one central topic in Finland in the 1980s. People, for example, might have watched each other’s health and joked about their different symptoms, which they connected with aids (Pöysä 1987). Their attitude towards aids reminded of the past attitudes towards tuberculosis (see Nenola 1986: 139–140). Tuberculosis still maintains its position as one of the important factors, which affected our grandparents’ life in the early 1900s.
SOURCES

Juho Mäkäräinen’s letters to Anna Mäkäräinen 1904–1927; 1965.
The Finnish Board of Antiquities (Museovirasto) / Juho Mäkäräinen’s autobiography 14th August, 1964.
Martti Saarinen’s letter to Tuija Saarinen 9th February, 1999.

REFERENCES


**NOTES**

1 The concept “tuberculosis” appeared in print for the first time around 1840. It has been in public use about 100 years. Other names like the “White Plague” or “wasting illness” have also been used. Although the word is of recent origin, the disease itself is as old as mankind. Bone lesions probably caused by tubercle bacilli have been recognised in the mummified body from a tomb of 1000 BC and descriptions that fit the symptoms of pulmonary tuberculosis occur in the legends of many primitive people (Dubos, Dubos 1992: 5).

2 Heikan Jussi is also the subject of my doctoral theses “Poikkeusyksilö ja kyläyhteisö. Tutkimus Heikan Jussin (Juho Mäkäräinen) elämäästä ja huumorista” (“Exceptional person and the Village Society. Research of Heikan Jussi’s (Juho Mäkäräinen) life and humour”) (Saarinen 2003).


5 Juho Mäkäräinen’s letter to Anna Mäkäräinen 8th February, 1904.

6 Martti Saarinen’s letter to Tuija Saarinen 9th February, 1999; Martti Saarinen, born in 1913, is my grandfather who was a close friend of Heikan Jussi. Mrs. Malinen is still alive.


8 The Finnish Board of Antiquities / Juho Mäkäräinen’s autobiography 14th August, 1964.


10 The Finnish Board of Antiquities / Juho Mäkäräinen’s autobiography 14th August, 1964.


12 Juho Mäkäräinen’s letter to Anna Mäkäräinen 18th March, 1915.
Härö also mentions that resistant strains of bacilli are quite uncommon in Finland.