The

Hungarian Historical Review

New Series of Acta Historica Academiæ Scientiarum Hungaricæ

Medicine, Knowledge, and Power: Central European Perspectives

VOLUME 10 NUMBER 2

2021

Institute of History,
Research Centre for the Humanities,
Eötvös Loránd Research Network

The Hungarian Historical Review
New Series of Acta Historica
Academiae Scientiarum Hungaricae

Volume 10 No. 2 2021

Medicine, Knowledge, and Power: Central European Perspectives

Special Editors of the Thematic Issue
Janka Kovács and Viola Lászlófi

Contents

ARTICLES

BOOK REVIEWS

Hungarian Historical Review 10, no. 2 (2021): 189–210

Hypochondria as a Poetic Disease: Medicine and Ethics in the Case of an Early Nineteenth-Century Hungarian Poet

Gábor Vaderna
Eötvös Loránd University / Research Centre for the Humanities
vaderna.gabor@abtk.hu

Medical knowledge reached a wider range of social strata in the eighteenth and early nineteenth centuries. Popular medical books described diseases and how to cure them, and the press regularly addressed the topic of having a healthy body. Meanwhile, representations of the perfect body became an increasingly important problem for neoclassical art. This case study investigates how Dániel Berzsenyi (1776–1836), one of the important Hungarian poets of the early nineteenth century, thought about the human body. For him, the representation of the body was, on the one hand, an artistic problem which raised questions concerning manners of imitation and, on the other hand, an artistic problem which was associated with the display of human virtues and thus with ethical discourse. Berzsenyi gave an account of his illnesses, which can be traced back to hypochondria, in a private letter. His self-analysis has three layers. First, his private letter could be read as part of a sensible epistolary novel. I argue that Berzsenyi introduced himself as a sensible hero, who was ill because of his own uncontrollable emotions. Second, hypochondria has a medical context. Considering the continued influence, in Berzsenyi's time, of the ancient doctrine of bodily fluids, I demonstrate that this disease may have become a mental illness associated with poets. The reason for this is that the emotions entertained by the sensible man led to the emergence of physical symptoms which were associated with the hardly definable concept of hypochondria. Third, one's relationship to one's body could be a moral issue. Berzsenyi attempted to assert his own moral superiority by describing his own illness. Thus, his letter also fit into a moral context of the contemporary theoretical debates in which he was involved. My paper shows how aesthetics, ethics, and medicine were interconnected and how different forms of knowledge circulated between the forums of the arts and other social forums.

Keywords: hypochondria, sensibility, poetry, medicine

 DOI 10.38145/2021.2.189

Morieris, non quia aegrotas, sed quia vivis
Seneca (Ep. 78,6)

Self-Fashioning and Psychology

"What a task it is to build a bridge between contemporary psychology and the perception of the historical world!" Wilhelm Dilthey wrote enthusiastically in 1894, though he then cautioned that this goal could only be reached step by step. We can capture the individual together with history by looking for the inner meaning that connects them.[1] This approach has had a significant influence on modern literary history and theory and also on the ways in which we converse about literature in everyday life. History determines the subject, while the subject's intellectual achievement influences history. However, what is the relationship between the historical subject's psyche and the psyche of the person who is now thinking about him? I. A. Richards gave his Cambridge students poems to analyze without telling them anything about the origins or authors of the text. In his 1929 *Practical Criticism*, he claimed that thanks to the persistent work of his students who first encountered serious difficulties in text comprehension, he became able to conduct a close analysis of the poems. Richards thus distanced himself from the abuse of psychology, and he proposed that the literary text should only influence the reader's psyche, and we should ignore the psychology of historical subjects.[2] Still, can we exclude all factors that lie outside the literary text so easily? Although twentieth-century literary theory, which primarily focused on the linguistic achievements of literary works, tried to relegate the psychological contexts to the background (or at least to tame psychology), talk of history meant that elements of psychology were sneaked back into the discussion, nonetheless.

The problem thus has a dual nature. On the one hand, historical agents thought something about themselves, and they also expressed their opinions about their own essence. This is the problem of self-fashioning, research on which was initiated by New Historicism.[3] According to New Historicism, historical subjects construct their identities within the constraints of their opportunities, and they fashion the social image through which others perceive them. On the other hand, pre-modern subjects are very difficult to interpret

1 Dilthey, "Ideen über eine beschreibende und zergliedernde Psychologie," 240.

2 Richards, *Practical Criticism*, 321–23.

3 Greenblatt, *Renaissance Self-Fashioning*.

without considering modern psychological constructs. When historical agents write about themselves, it can easily tempt us to force familiar psychological clichés onto our "victims."[4]

In the following, I will present a case that can be understood through the concept of modernity, but which precedes Freudian psychology and its institutionalization.

It is the year 1820, and we will peek into the private correspondence between two Central European poets. One of them was sick, and he was attempting to decipher his illness. We will see how medicine, aesthetics, and ethics were intertwined in his writings.

Sensible Self

In the discussion which follows, I introduce several nineteenth-century Hungarian poets. Hungarian literary history at the beginning of the twentieth century (*Geistesgeschichte* in particular) paid considerable attention to our protagonist, Dániel Berzsenyi (1776–1836), who researched the relationship between psychology and history. Berzsenyi was an ideal candidate to make this connection. We know very little about his life, and what he claimed about himself is occasionally based on verifiably false facts. He came out of nowhere, no one knew who he was or where he came from, and no one knew how or from whom he had learned to write poems. The best-known poet of the era and the other character in our story, Ferenc Kazinczy (1759–1831), published Berzsenyi's poems, though they never met in person. Berzsenyi's volume of poetry was published in 1813, followed by the expanded version in 1816. The poems instantly became an important part of Hungarian poetry (and continue to be so to this day). But no sooner had Berzsenyi arrived on the literary scene in Hungary than he suddenly disappeared from the prying eyes of the public. In 1817, Berzsenyi received a negative review from a young man named Ferenc Kölcsey (1790–1838) which upset him, and so he barely spoke to anyone afterwards. Kölcsey was also a poet (he later wrote the poem that became the current national anthem of Hungary). When Berzsenyi died in 1836, Kölcsey apologized to him in his eulogy.

The lack of sources concerning the details of Berzsenyi's life became the point of departure for psychological explanations of his poetry. At the

4 For criticism on the problem see McGann, "Rethinking Romanticism."

beginning of the twentieth century, Dániel Berzsenyi was popular as an author among the supporters of a thriving *Geistesgeschichte* (as well as among those who, although they distinguished themselves from the adherents of *Geistesgeschichte*, were still engaged in something very similar). I will mention only a few examples. Gábor Halász attributed the breakdown to the clash between the poet's true nature and his principles,[5] while Ferenc Fejtő attributed it to the lack of self-confidence.[6] László Németh analyzed the connections between brilliance and an allegedly melancholic character.[7] Mária Rónay, in her article *A rejtélyes Berzsenyi Dániel – a pszichopatológia tükrében* (The mysterious Dániel Berzsenyi – In the light of psychopathology), described his poetic career as the work of a man who was a sickly father who suffered from anxiety and was also stingy and, in his advanced age, anti-Semitic.[8] Henriette Szirmay-Pulszky, in her monograph entitled *Genie und Irsinn im Ungarischen Geistleben*, classified Berzsenyi as schizoid, and concluded, on the basis of his alleged physical and spiritual characteristics, that he was a psychopath prone to melancholy and was deeply depressed.[9] The list goes on and on. One almost gets the impression that Berzsenyi was looking for trouble, as if, even if unwittingly, his life goal had been to gnaw at his own soul and provide work for psychoanalysts, as if the physician and historian Sándor Puder's following statement made in 1933 were true: "Real literature is analytical, and it was already so at the time when psychoanalysis was nowhere to be found. Even as early as at that time, [Berzsenyi] unconsciously used the method of psychoanalysis in his analytical, psychologizing literature."[10]

I disagree with this. If we stick to Dilthey's original idea, i.e., if we seek not only to define, build out of fragments, or develop the inner ingredients of subjects from an inner meaning (psychology) but also to define the comprehensive framework and meaning *(Geistesgeschichte)* into which the individuality fits, it does not suffice to provide a psychological portrayal of Berzsenyi. And, although the inner psychological meaning of a personality cannot be uncovered in enough depth in my opinion, no matter how hesitant we are to take the slippery route of psychologization, I will attempt to reconstruct Berzsenyi's disease, or more specifically, one of his mental illnesses.

5 Halász, "Berzsenyi lelkivilága."
6 Fejtő, "A 'sinlődő álóé.'"
7 Németh, *Berzsenyi Dániel*, 87–129.
8 Rónay, "A rejtélyes Berzsenyi Dániel."
9 Szirmay-Pulszky, *Genie und Irsinn im Ungarischen Geistleben*, 20–22.
10 Puder, *Mit köszönhet az irodalom az orvostudománynak,* 55.

Berzsenyi ceased all communication with Ferenc Kazinczy in 1817, following Ferenc Kölcsey's critical review. He simply did not write to him anymore. Kölcsey was Kazinczy's student, and when Berzsenyi asked about him, Kazinczy defended him. Thus, the issue at hand was one of human relationships, as is documented in the correspondence until the friends stopped communicating with each other. Three years later, in the winter of 1820, an old friend of theirs notified Kazinczy that Berzsenyi was in Sopron: "We only rarely see each other. He, as he says, became sick two years ago and was mistreated; the consequence of which became one of the greatest building blocks of his hypochondria, which not even the Buda spa could improve, but only the Füred one, or rather, sour water. Now, he says he is in passable condition, but he dare not read: he spends his time in the theater and the café, and we also visit each other sometimes."[11] Possibly after having communicated with this common friend, Berzsenyi grabbed his pen and wrote one of the letters which is cited the most often in the secondary literature on Berzsenyi.

Overall, we do not know much about what Berzsenyi was doing in Sopron. We also do not know too many details about his illnesses beyond what he (and their common friend) claims, namely that he was plagued by *hypochondria* and that he visited the baths in Buda and Balatonfüred. The contents of the letter are startling and unexpected, and it also rhetorically expresses the state he said he was in. The letter reads as follows:

> Dear Sir,
> You did not visit your dying friend; and behold, his shadow shall come upon you. His shadow, I say, because the soul you once bothered with so much is no more. Yes, Dear Sir, even though I am beginning to live again, my soul has long since died, and it has been replaced by a new unknown soul, dark and cold as night, and still as the grave. The horrific disturbance that has turned my whole nature upside down could have had no other result than this half-death. And since this half-death can easily become complete, and since my headache still often tolls the bell of death in my ears, I did not want to die as your imagined enemy but wanted to let you know that whatever crime I committed against you, I did it amidst the deepest hypochondria. For the same reason, pity me or laugh at me as you please, but do not hate me, rather attribute everything to my cruel illness, which has often made me half-crazy and half-mad. The causes of my illness were a quinine-treated inflammation of my gallbladder and a dangerous fall in which my

11 "János Kis to Ferenc Kazinczy, Sopron, December 10, 1820." In: Kazinczy, *Levelezése,* vol. 17, 299.

shoulder was dislocated, and my shoulder blade was fractured, and my head also suffered a large bruise, all of which caused me to be confined to bed for six months. The rude criticism [by Kölcsey] perhaps also belongs here, which provoked me into thinking in a state when I was most incapable of doing so. You can imagine what a tremendous job it was for me to aestheticize with a confused head, an angry heart, and without any books, even though I have never read aesthetics or poetry other than Rájnis's *Kalauz* (Guide to poetry). Now I'm reading and smilingly reviewing my feeble attempts of the time. You should smile at this, too! This is how I have always been: I did not think I needed to study, and therefore I did not study.[12]

A friend of yours from Pest once told me that you would not even be capable of writing a scholarly work like Kölcsey's critique. Now I think you could not write such a rude one. But whether you wrote it or not, it does not matter to me now. You could have had dark hours like I have, and you were free to treat me like all my friends throughout my life; you did nothing new to me. This is how I now feel about Kölcsey, whose abuse I would tolerate just as much as I have tolerated that of *Mondolat*, had I not written that hypochondriac countercriticism;[13] but since I did write it, I must also write another, for it would be quite a ridiculous conclusion to my literary life. This is also how I feel about Thaisz, Szemere, and Vitkovics, who mocked me to my face in my miserable state,[14] and who found it appropriate to trample on my ashes even in the *Tudományos Gyűjtemény* (Scientific collection); this is how I feel, I say, because I know very well that those who torture the pitiful with such insults will be helped by neither rhubarb, nor the sour water of Füred, nor my text.

And so, Dear Sir, I live and write again, and behold my very first letter is Yours. Accept my cold hand once again with the calm soul with which I offer it to you. I am well aware that there could be no reason, no desire, for you to fraternize with a deteriorated hypochondriac; but it is not friendship I am coming for, since, believe me, my resignation is also complete both towards you and towards the whole world, and my heart desires, knows no good but the serenity of this resignation; I just wanted to let you know that my state has improved so that you think better of me and do not consider me your enemy, and do not hate me.

12 Berzsenyi suggests that he wanted to respond to Kölcsey's criticism, for which he had to study aesthetics. Rájnis's *Kalauz* is a collection of poetic examples, and so it is not a regular work on aesthetics.

13 *Mondolat* was an infamous pamphlet published in 1813 which criticized both Kazinczy and Berzsenyi in a satirical manner. Countercriticism was the first version of Berzsenyi's response to Kölcsey. Berzsenyi withdrew his text, but the manuscript reached Kölcsey, who published it in his journal. This was not nice of him. In any case, Berzsenyi refers here to his bad reputation after the incident.

14 András Thaisz, Pál Szemere, and Mihály Vitkovics were followers of Kazinczy and friends of Kölcsey.

> Be fortunate, be happier than I am, and do not experience the misery I have endured.[15]

We are between life and death, in a paradoxical half-death: still in this world but already beyond the death of the soul. This is a surprising *transmutatio*: the immortal soul is already dead, but the mortal body is still alive. And the dead soul is replaced by another, possibly death itself, with its metaphors crowding around it: shadow, darkness, cold, night, the grave, the cold hand. Very much like the protagonists of sensible epistolary novels, Berzsenyi eliminates the difference between life and death, between body and soul. On the one hand, life has become just as problematic as death through his illness; on the other, by this era, the physical and spiritual symptoms of an illness appeared as each other's complements. It is no coincidence that the poet first lists his physical symptoms and returns to his spiritual problems in the following sentence. Much as the body does not exist without the soul, health does not exist without illness. István Mátyus, the author of a popular medical handbook of the era, a six-volume edition on dietetics, writes "people in perfect health are quite rare in this world, and if someone does manage to step up to this state for an hour or two, he cannot stay there for long, due to the miraculous structure of nature. Instead, good health starts to deteriorate, so that we have to extend health to certain limits." From the eighteenth century on, the natural state was not the healthy one, i.e., health was not a clearly defined, enclosed whole, "there are smaller and larger illnesses, but there is also lesser and greater health."[16]

Part-whole relations also disrupt narration, and metonymic story-building is disrupted in the letter, with metaphorical relations foregrounded instead. This is again a popular method of the epistolary novels of the era: frustrated and fragmented narration. The metaphorical construction of the text (text built on some image and the associations surrounding it) is also present here (through the metaphors of death); however, the train of thought is not coherent, and consecutive paragraphs are only loosely connected to each other (although there is no switch between the topics). The frequency of salutation and the deixes pointing to the addressee are of course not surprising at all, sensibility also viewed openly owning up to one's feelings and displaying uncontrolled virtuous impulses coming from deep down as an anthropological feature, which also meant the fragmentation of the text.

15 "Dániel Berzsenyi to Ferenc Kazinczy, Sopron, December 13, 1820." In: Berzsenyi, *Levelezése*, 532–34.
16 Mátyus, *Ó és új diaetetica*, 40.

At times we almost reach incomprehensibility. For example, in the break in thought between the second and third paragraphs: while in the first he dismisses his friendship with Kazinczy, among others, he begins the second by addressing Kazinczy as a friend. Immediately after the impossibility of recovery, only signaling the break in his thought by a line break, he writes about his resurrection: the notion of death alternates with the possibility of a fresh start throughout the letter. Complete death does not take place because it would also mean the end of the self-narrative, and the writer and narrator (uniquely, these two are one and the same here) do not wish that. He does not wish for his story to end with a sick hypochondriac text in front of the public, and so he first needs to write the missing ending to the novel of his life. The act of writing is thus only an excuse for self-fashioning; in other words, a kind of fictitious, imaginary life and a lived life, assumed to be real, are all mixed up here. Evoking the other also directs attention to the *self* in the letter. Friendship becomes the territory of absence, and the letter may make up not only for the lack of personal encounters but also for the avoidance thereof. Namely, imitating an in-person meeting quickly turns into an analysis of resignation. Resignation thus deletes notions of friendship and animosity and enters the same intermediate borderland located between body and soul, life, and death.

So far, I have listed the characteristics of the Berzsenyi letter that connect it to the popular epistolary novels of the era in terms of narrative technique. However, at the beginning of the paper, I set out to talk about Berzsenyi's disease and mental illness, so let us thus leave the territory of aesthetics and enter dietetics.

Hypochondria

The second half of the eighteenth century was the heyday of medical anthropology, and around this time, philosophical anthropologies were also written by physicians for physicians in large quantities, thus man becomes a patient in a representative manner through anthropological nosologies and the birth of clinics. This is best illustrated by the large number of medical handbooks written for laymen in the second half of the eighteenth century, including in Hungarian.[17]

17 In the wake of the medical reform measures launched in the mid-eighteenth century, both the Habsburg government and physicians realized that disseminating knowledge in the vernacular could improve health consciousness, foster trust in "official" medical practices, and consequently advance the overall health of

If we ask what hypochondria could have meant, at least roughly, in the first decades of the nineteenth century, we will not receive a clear answer. Burgeoning medicine offers so many different solutions; it describes the different symptoms in great detail (often through interesting stories), processes so many different medical ideas and provides so many seemingly sure-fire formulas that we can easily encounter problems upon evaluating a disease.

István Benedek, in his short essay on Berzsenyi's melancholy, wrote about the difficulties of interpreting hypochondria in 1982. "Just as it will not be easy to orient oneself in the substance and interpretations of today's schizophrenia in the next century, erstwhile hypochondria is also a large umbrella. It is related to what today lies behind psychopathy, neurasthenia, psychasthenia, neurosis, and many other, less popular expressions, it is related to apathy, melancholy, amentia, and the expression 'dementia', used in French-speaking areas. Instead of the many foreign expressions, it is easier to approach it through a simple-minded definition: a melancholic affliction that sinks you into inertia. It is not insanity, not a reaction to external circumstances, but an enigmatic constitutional characteristic, God's curse."[18] Although these various types of madness may not be as blurred in early modern times as Benedek claims,[19] hypochondria is quite a "large umbrella," and accordingly, a popular topic of contemporary medical literature. A German historian of medicine, for example, counted that in the Jena *Journal der praktischen Arzneykunde und Wundarzneykunst* edited by Christoph Wilhelm Hufeland, one of the best-known medical professors of the time, ten percent of the literature on nosology is on hypochondria.[20] This is a high ratio, and although it is equally interesting, and I do not have precise data on the Hungarian material, the four Latin-language dissertations published in Hungary that discuss hypochondria exclusively, and the chapters of the popular medical handbooks that discuss hypochondria show that the Hungarian medical-anthropological discourse was also keenly interested in the issue.

In the case of hypochondria, even the classification of the disease in terms of nosology is difficult to determine. This is because we cannot disregard the

---

the population. From the 1780s onwards, as part of the general tendencies of the medicalization of society, psychological knowledge was gradually filtered into medical books written in the vernacular to rationalize and normalize everyday experiences with mental illnesses. See Kovács, "Lélektudományos ismeretek közvetítése."

18 Benedek, "Berzsenyi búskomorsága."

19 See for example Immanuel Kant's classification: Kant "Versuch."

20 Schwanitz, *Die Theorie der praktischen Medizin*, 27. Cited by Birtalan, "A felvilágosodás mentálhygiénéje," 49.

fact that initially, based on the typological classification of ancient humoral pathology, melancholy, which had enjoyed a long career in the history of European medicine and culture, also included hypochondria. Namely, Galen sees the origins of melancholy as lying in a disorder of the *hypochondrium*, the upper part of the abdomen, and this connection seemed logical until the beginning of the eighteenth century.[21] For example, Ferenc Pápai Páriz still wrote about "Hypochondriaca Melancholia" in his popular medical handbook *Pax Corporis* in 1690.[22] Since "in the age of Reason," a shift of emphasis within the concept of hypochondria can be detected, i.e. "a dynamics of the corporeal space gives way to a moral theory of sensitivity,"[23] we can observe how hypochondria and its related feminine disease, hysteria, replaced the pair of melancholy and mania, and how these structures operated and divided in parallel with each other. However, according to Michel Foucault, "physicians of the classical period did try to discover the qualities peculiar to hysteria and hypochondria, but they never reached the point of perceiving the particular coherence, that qualitative cohesion which gave mania and melancholy their unique identity."[24] Hypochondria cannot be defined or located, and it is difficult to specify. For example, in Immanuel Kant's 1764 treatise *Versuch über die Krankheiten des Kopfes* we find the following: "The hypochondriac has a disease which, in whatever place it is chiefly located, is nevertheless likely to wander intermittently through the nervous system to all parts of the body."[25] Its seat cannot be located, and it is in constant motion and, thus, difficult to catch.

Let us instead allow Foucault to classify and meticulously analyze "figures of hypochondria"[26] and examine the function this disease plays in the patient's life. Through his disease, the hypochondriac enters the territory between body and soul, life and death, a place that cannot be detected. First, this disease makes

21 Földényi, *Melancholy*, 49–55.

22 Pápai Páriz, *Pax Corporis*, 239–40.

23 Foucault, *History of madness*, 286. The popularity of hypochondria and hysteria in Foucault's description is just one sign of the end of the Age of Reason (l'âge classique). (Foucault's l'âge classique is ahead of the era I am studying, in Racine's century.)

24 Ibid. 280.

25 Kant, "Versuch," 266.

26 Foucault, *History of Madness*, 277–96. Eighteenth-century medical discourses were characterized by the inconsistency and eclecticism of the concepts of health and disease, such as mechanistic theories, animism, vitalism, neurophysiology, and -pathology. Consequently, the place and function of the soul, its impact on the human body and vice versa, or the boundaries of different mental disorders or rather clusters of symptoms were hard to define. On these discourses see: Porter, "The Greatest Benefit to Mankind," 245–303.

life similar to death, which is no surprise after having read Berzsenyi's letter. This problem is so central that the Hungarian István Mátyus, for example, illustrates the difficulties of defining life with the frequent phenomenon that happens to hypochondriac men and the hysterical women related to them: "What life is, is not as easy to determine as it seems at first glance. Namely, many died a long time ago who were thought to be alive by society; at the same time, many lived who were thought to be dead for sure. Examples of these are the many *hysterical* women and *hypochondriac* men who, having fainted […], hardly seemed to be alive, what is more, oftentimes seemingly having died completely, they were placed under the dissecting knife or in the coffin; but after some time, they came back to life on their own or with the help of some external tool, much to everyone's surprise."[27] The comatose and the hypochondriac are closely related to each other. On the other hand, the close connection between the body and soul also surfaces in hypochondria, and in this period, probably no disease of the mind existed that would be independent of particular physical processes. The *hypochondrion* (in Latin: *hypochondrium*), as mentioned above, is the upper part of the abdomen, the right and left part of the abdominal cavity enclosed by the arches of the diaphragm. This was the part of the body where diseases of the mind had been located since Galen. It is still a widespread view in popular medicine to this day that different gastric problems, primarily stomach ulcers or irritable bowel syndrome, are consequences at least in part of an overwrought, stressful life. In his popular handbooks on dietetics, Mátyus looks for the causes of various diseases in the incorrect flow of different humors. Yet, if hypochondria is a disease that also affects spiritual life, the humors also reach the mind; in other words, the direct causes of the illness are the "frequent strong spasms in everyone's weakened internal parts, driven by the thickened, rancid humors that have collected and settled in them, which wander around the whole body and cause a sudden multitude of changes both in the body and the mind. *Its more distant causes*, on the other hand, are all that weaken the stomach, thicken and sour the blood, and do not allow it to flow freely inside the internal parts."[28] The internal space of the body is freely permeable, obstacles and obstructions are created at different points, different humors slow down and decrease the speed of life functions and disturb the quality of life,[29] for the sensible person *pax corporis* is already an unattainable ideal. Christoph Wilhelm Hufeland recounts

27 Mátyus. *Ó és új diaetetica*, vol. 1, 16–17.

28 Mátyus, *Diaetetica,* vol. 2, 1766, 363.

29 See Zacharides, *Dissertatio*, 16.

one of the teachings of Dutch professor Herman Boerhaave from Leiden, who lived approximately one hundred years before him and remained a dominant figure in European medicine in the eighteenth century: "Boerhaave says that the blood that flows onto the brain makes people see bloody ghosts and rainbows."[30] This means that physical and mental illnesses are closely related, and we cannot separate medicine from psychology. As Christian Friedrich Richter put it very eloquently at the beginning of the eighteenth century, "The matter or the body is attracted by the soul through the union to such an extent, mixes with it so much, so to speak, as if the soul became material-like or corporeal, and as if the body became spiritual."[31]

Material and spiritual things, these two good friends, alternated between tightening and loosening their friendship, and they also drifted apart from each other after a while. This is how hypochondria slowly turned from an illness of sensibility into an illness of the imagination. This change can also be detected in Hungarian popular medicine. For example, in Sámuel Köteles's *Philosophiai anthropologia* (Philosophical anthropology), published posthumously in 1839 (and written some time during the 1820s), these two diseases still appear after each other, but they are already separate diseases. As he writes about hypochondria, "This disease is a fear, restlessness, and despondency resulting from some impending indeterminate harm. The hypochondriac indeed experiences some illnesses which originate from the irregularity of bodily functions, especially in the bowels. These illnesses are not such that some serious illness or even death would result from them, but the lively imagination of the hypochondriac nurtures them. Thus, hypochondria becomes the source of many diseases.[32] This is how an imaginary invalid becomes a hypochondriac (Molière's Argan is not yet a hypochondriac but merely a *malade imaginaire*), and by the second half of the nineteenth century, imaginary illness also became an illness of its own. The expansion of nosological literature first resulted in the appreciation of hypochondria, while soon afterwards, being unable to earn its own place within the framework of this system, it was devalued into a meta-disorder. This place for hypochondria was created by the overgrowth of the system to which it owed its existence. It is no coincidence that hypochondria, i.e., the disease that was looking for its place in the human body, appeared as some kind of

30 Hufeland, *Az ember' élete*, 172.

31 Richter, *Erkenntniss des Menschen*, 80.

32 Köteles, *Philosophiai anthropologia*, 216.

civilizational, particularly urban disease.[33] While Hufeland could still make fun of one of Boerhaave's students without mentioning hypochondria, because he literally loved the Dutch professor's teachings and was thus "an animated lesson,"[34] the Viennese physician, Baron Ernst Feuchtersleben already calls hypochondriacs "the volunteers of medicine," "who have dug themselves into the entire pathology, who write themselves prescriptions from books."[35] It was somewhere around this time when the context of Dániel Berzsenyi's illness, to be interpreted in the discourse of sensibility, became blurred, and this is where the psychological descriptions of modernity floundered.

Constipation

Or maybe that context did not disappear completely. A common characteristic of disease and related mental illnesses, which continued for a long time, is that mental instability (the illness of the head or the heart, depending on the person) and abdominal (constipation-related) illnesses are linked. In 1830, József Horvát, a doctor of medicine and arts, translated Franz Richter's book into Hungarian and rewrote the parts on hemorrhoids and related illnesses, including hypochondria. He discusses the abdominal consequences of madness in the chapter *Az aranyérnek gerjesztő vagy távolabb okairól* (On the inflicting or other causes of hemorrhoids). He thinks it is obvious that no explanations are needed: "Everyone knows the influences mental illnesses have on health in general and on the functioning of the organs of the lower body in particular so well that we should not say anything it." According to Horvát-Richter, "people prone to anger and irritation already suffer from illnesses of the lower body anyway, or at least they are on the verge of thereof, and so they are also more or less likely to have hemorrhoids," while the more hidden mental illnesses, the so-called "discouraging affections," such as worry, sadness, fear, listlessness, timidity (all of these are characteristic of hypochondria), also influence processes in the lower body, even if more slowly. However, these do not cause any serious physical problems, only digestive disorders and "obstructions": "These, weakening

33 See for example Zay, *Falusi orvos pap*. For the philosophical-sociological context of melancholic diseases see Lepenies, *Melancholie und Gesellschaft*, 76–114.

34 Hufeland, *Az ember' élete*, 175.

35 Feuchtersleben, *Die Diätetik der Seele*, 71. Cited by Birtalan. "A felvilágosodás mentálhygiénéje," 53.

the circulation of blood, are particularly harmful to digestion, and they cause obstructions especially in the abdomen."[36]

The obstructions disrupt the *entire* body. For example, in Berzsenyi's letter to Kazinczy, he also mentions his headache: "my headache still often tolls the bell of death in my ears." Franz Schedel (a Hungarian literary historian known as Ferenc Toldy), in his lecture notes on dietetics prepared for his medical students, still links headaches to gastrointestinal disorders in 1839: "Constipation causes wind and cramps, and if it lasts, it obstructs the unimpeded circulation of blood in the lower body and causes it to amass in some parts and causes aches, more specifically, obstructions towards the head: headaches."[37] In Sámuel Rácz's 1776 *Orvosi oktatás* (Medical training), it is sadness that is linked to these physical processes, again without mentioning hypochondria: "Those who often suffer from stomach cramps are glum, sad, withdraw from merry amusements, become weak, are happy to sit, become pale and have difficulty breathing whenever they have to move: the stomach is often obstructed; the digested matter is formed into pellets."[38] A little headache, some sadness, constipation and blockages (obstructions), and occasionally unexpected wind are all not so fatal here anymore, and although nosology has changed here and there, the interfaces and contacts within the system have remained the same.

In my opinion, by emphasizing hypochondria, Berzsenyi provides Kazinczy with a key to reading his letter. He offered it not, or not only, as some weak explanation as to why he committed his crime (that he had written his *Countercriticism*), rather than offering a way to read his sensible epistolary novel, in which he is also a character. In illness, the border between life and death dissolves, while in the illness of hypochondria, it is the border between physical and mental illness that dissolves. It is no coincidence that Berzsenyi's (the narrator's, the hero's) physical injuries (overturned car, broken bones) and mental injuries (confused head, angry heart, and ignorance) appear next to each other, even if it is somewhat unexpected. The energy of the opposites straining on each other (I live and die, write, and do not write, selfless friendship and no friendship, scholarship and amateurism, etc.) can be channeled into

36 Richter, *Tanácsadó*, 43.

37 Schedel, *Dieteica' elemei*, 56.

38 Rácz, *Orvosi oktatás*, 128. Rácz later translated and rewrote Baron Anton Störck's *Praecepta medico practica* (1776), in which the famous Viennese doctor tried to complete the system with a list as detailed as possible by mixing different theories. He collected eight possible causes of melancholy (one of which is "hypochondriac disposition" and another "abdominal congestion," but he also includes, for example, scabies, sadness, or "device defects" in the brain). Störck, *Orvosi praxis*, 469–70.

hypochondria. Analyzing Johann Ulrich Bilguer's 1767 essay entitled *Nachrichten an das Publikum in Absicht der Hypochondrei*, László F. Földényi concludes that existence thickens around hypochondriacs, but just like in the case of all vortices, everything turns into nothing beyond a certain point.[39] If Berzsenyi is heading towards something in his letter, it is the serenity of resignation. The complete dissolution and elimination of opposites.

Ethics

Berzsenyi's letter is an unfriendly letter to an old friend: the salutation is formal ("Dear Sir"), Berzsenyi floats the idea that it was in fact Kazinczy who wrote (or at least suggested) Kölcsey's criticism, etc. In the second paragraph, friendship is presented as a possible opposite to hypochondria. In social life, problems are dissolved, while loneliness creates a sense of absence, and in loneliness, the balance of the body and soul is disturbed. However, a disloyal friend punishes not only us but themselves as well. According to Berzsenyi, "those who torture the pitiful with such insults will be helped by neither rhubarb nor the sour water of Füred, nor my text," i.e., the disease will catch up with them too. Namely, discarding one of the main spiritual virtues, i.e., friendship, is one of the main symptoms of hypochondria (as this is what the next paragraph is about, i.e., how he replaced Kazinczy's friendship with resignation). And it is also probably no coincidence that he recommends the water of Füred and rhubarb to András Thaisz, Pál Szemere, and Mihály Vitkovics. Kölcsey agrees that this is no coincidence. He was familiar with the text of the letter, and this is where he sensed the biggest insult: "That he [Berzsenyi] believed that he did not have to study, that he is already studying and he wants to replace his hypochondriac Countercriticism with a better one, that he considers Thaisz, Vitkovics, and Szemere as people who mocked him to his face and who trampled on his ashes, and when talking about them, he keeps mentioning rhubarb and Füred water: these, my dear friend, are the words of deepest hypochondria. But this hypochondria comes not only from the quinine-treated inflammation of the gallbladder, or from tipping over, it is feared that its biggest lair is in the mistaken idea of the pretended invincibility of genius."[40] But why exactly are these the deepest words of hypochondria?

39 Földényi, *Melancholy*, 200.

40 "Ferenc Kölcsey to Pál Szemere, Cseke, April 6, 1823." In: Kölcsey, Ferenc. *Levelezés II*, 49–50.

Rhubarb is an old medicine, and in *Házi orvos szótárotska* (A small dictionary of home medicine), a compilation of sixteenth-century herbaria written by the infamous Hungarian charlatan of the time, Mihály Nedliczi Váli, it is primarily recommended as a remedy for stomachache; what is more, boiled in the juice of Hungarian aszú grapes, it not only eases the dryness of the throat, but it can also be used to treat dysentery, bloating, stomachache, hiccupping, and of course, melancholy.[41] And mentioning the Füred water which was considered to be a medical miracle cure in the era in question, may also be of significance.[42] The different sour waters and baths often served as treatments for various illnesses of obstruction, such as constipation and the hemorrhoids related to it, as well as melancholy and hypochondria.[43] The best-known of these is probably the Füred water, which Hungarian physician János La Langue's book on waters recommends for curing the most diverse illnesses of constipation, including hypochondria: "this water has strengthening, releasing, and digestive powers, so it helps the weakness of the stomach and the abdomen, third and fourth-day chills, blockages of the liver, spleen, kidney and uterus, and hypochondria."[44]

Does Kazinczy understand the language of hypochondria? In a letter written seven years later, he enthuses to an aristocrat friend of his: "Your letter would horrify me with the news that your soul has been plagued by hypochondria. But you lament about it in such a beautifully written letter that if hypochondria was capable of making one write in such a way, I would ask the Gods to release it on me as well; not even the healthiest soul can write such a letter."[45] Hypochondria is thus characterized as a condition which brings up something that had been

41 Váli, *Házi orvos szótárotska*, 141. Mihály Váli was a notorious charlatan, almost summoned before the Milan Inquisition for befriending the devil, although he was patronized by influential Hungarian aristocrats. Count György Erdődy even recommended him to the ruler, and he eventually became Prince Miklós Esterházy's court physician and accompanied him on his western tour. See Magyary-Kossa, *Magyar orvosi emlékek*, 98–99. The plagiarized works: Beythe, *Fives-könüv*; Melius, *Herbarium*.

42 At Maria Theresa's instructions, Henrik Crantz prepared a report on mineral waters in Hungary, where the water of Füred was given a prominent role (Cranz, *Analyses*, 88). Under the instruction of Joseph II in 1782, Jakab Antal Winterl and Ignác Ádám Prandt prepared a mineralogical report (see Zákonyi, *Balatonfüred*, 305–11). In his decree of January 18, 1784, Joseph II regulated the consumption of sour waters (Linzbauer, *Codex* Tomus III., Sectio I., 70–80). After that, the introduction of one royal decree after another indicates a growing interest in mineral waters (between 1783 and 1800, Linzbauer collected 27 decrees regulating the use of medicinal waters in Hungary, ibid. 930). On the waters of Füred, see Daday, "A régi Balatonfüred."

43 It recommends spas against strains and melancholy e.g. Csapó, *Orvosló könyvetske*, 21–25; Frank, *Az orvos mint Házi-Barát*, 75.

44 La Langue, *A' Magyar Országi Orvos Vizekről*, 74–75.

45 "Ferenc Kazinczy to Count József Dessewffy, January 10, 1828." In: Kazinczy, *Levelezése*, vol. 20, 452.

closed off below, much as the language of Foucault's *déraison*, or pain, creates an independent discourse in the era of sensibility.[46] In his response to Berzsenyi dated 18 January 1821, Kazinczy rejoices over his fortunate recovery from the illness and the restoration of the balance of his mind: "Truth and time finally lift the fog, and what is clear is known as clear."[47] This is the paradox of hypochondria: the more we want to help the patient, the deeper we push them. Everything can be reversed. We may even behave ethically towards our patient in the long run; at the same time, this cannot be the method to treat the symptoms that are currently perceived.

The end of their friendship is the beginning of the disease. In Berzsenyi's 1820 letter, we can first read how true friends (Kazinczy and his followers in Pest) betrayed Berzsenyi and pushed him into illness, and then how now there is no point in making friends with him: what is more, it is impossible to make friends with him anymore. The disloyal friends may suffer all that the one they betrayed had to suffer. Kazinczy's response letter wants to resolve this tension, and as a good friend, he consoles him, since patients always need hope:[48] "You call your state a half-death. Your letter exposes this claim as untrue, because you did not write more enthusiastic ones in your healthy days either, life and strength sparkle within. I would be inconsolable if this hope did not revive you. Nec dis amicum est, nec mihi te prius obire, my dear friend."[49] The Latin quote comes from the first strophe of Horace's ode written to the sick Maecenas (Carm. 2,17), which has been considered the ode of intimate friendship for centuries, and in the next strophe of which Horace attributes half of his soul to his friend. In other words, Maecenas–Berzsenyi's "half-death" would also bring death to Horatius–Kazinczy: "ibimus, ibimus, / utcumque praecedes, supremum / carpere iter comites parati." Their friendship, their shared astrological sign ("utrumque nostrum incredibili modo / consentit astrum") imposes responsibility on both friends, if one of them is sick, their illness is also shared (as the parallel stories of the last three strophes of the Horace ode suggest), and a shared sacrifice is necessary: "Reddere victimas / aedumque votivam memento: / nos humilem feriemus agnam."

46 See Rey, *The History of Pain*, 89–131.

47 "Ferenc Kazinczy to Dániel Berzsenyi, Széphalom, 1821." In: Kazinczy, *Levelezése*, vol. 27, 364.

48 The often cited ancient example of this behavior comes from a letter of Cicero to Atticus: "aegroto dum anima est, spes esse dicitur." Ad Att. 9,10,3.

49 "Ferenc Kazinczy to Dániel Berzsenyi, Széphalom, 1821." In: Kazinczy, *Levelezése*, vol. 17, 363–64.

The end of their friendship is the beginning of the disease. The flip side of this may also be true: friendship is a balm for illness. It is literally medicine. Sir Francis Bacon writes this on friendship: "We know diseases of stoppings, and suffocations, are the most dangerous in the body; and it is not much otherwise in the mind; you may take sarza to open the liver, steel to open the spleen, flowers of sulfur for the lungs, castoreum for the brain; but no receipt openeth the heart, but a true friend; to whom you may impart griefs, joys, fears, hopes, suspicions, counsels, and whatsoever lieth upon the heart to oppress it, in a kind of civil shrift or confession."[50] The constipations and stoppages of the body orifices and the constriction of the soul happen parallel with each other, and a good friend can resolve our problems. However, the hypochondriac does not have friends. Kazinczy also knows what can be read in a popular medical book, that "sad, listless persons need to be cheered up, and we should try to take them to merry companies," but also that "such patients […] are broody, fearful, skittish, mistrustful, and they often become quite dejected if someone contradicts their foolish opinions or does not believe them."[51] Kazinczy wishes to relieve Berzsenyi by listening to him, but an obstruction that he cannot unplug stands in his way.

***

When Berzsenyi chooses a literary form for his letter (the sensible epistolary novel), he consciously enters a medical discussion in which aesthetics and morality are interconnected. In this essay, I attempted to describe the narrator's illness with the help of the contemporary practice of medicine and anthropology, and I eventually located its place in a moral-ethical discourse. I concluded that these three seemingly different areas are linked very closely, and those who only reconstruct Berzsenyi's psyche can only enrich the psychological literature of their own horizon, while they will necessarily draw the wrong conclusions, since Dániel Berzsenyi himself cannot lie on the psychoanalyst's couch. I tend to believe the cautionary note of the abovementioned Christian Friedrich Richter, who warned that those who "wish to place the body only in the jurisdiction of medicine and the soul in that of the humanities and place intellectual life in the theological faculty are wrong."[52]

50 Bacon, "Of Friendship," 113–14. Contemporary Hungarian translation: Bacó, "Gondolatjai."

51 Frank, *Az orvos mint Házi-Barát*, 75, 73.

52 Richter, *Erkenntniss des Menschen*, 412.

Bibliography

Bacon, Francis. "Of Friendship." In *The Essays or Counsels, Civil & Moral,* 112–23. London: T. N., 1673.

Bacó, Verulámi Báró. "Gondolatjai külömbféle tárgyakról" [Thoughts on different subjects]. *Felső Magyar-Országi Minerva* 2, no. 10 (1826): 905.

Benedek, István. "Berzsenyi búskomorsága" [Berzsenyi's melancholy]. *Egészségügyi dolgozó* 25, no. 10 (1982): 4.

Berzsenyi, Dániel. *Levelezése* [Correspondence]. Edited by Gergely Fórizs. Budapest: EditioPrinceps, 2014.

Beythe, András. *Fives-könüv* [Herbarium]. Vivaratt: Manlius, 1595.

Birtalan, Győző. "A felvilágosodás mentálhygiénéje külföldön és Magyarországon" [The mental health of the Enlightenment abroad and in Hungary]. *Communicationes de historia artis medicinae* 102–104 (1983): 45–74.

Crantz, Heinrich Johann Nepomuk von, *Analyses Therm. Hercvlanarvm Daciae Traiani.* Vienna: Joseph Kurzböck, 1773.

Csapó, József. *Orvosló könyvetske, melly betegeskedő szegény sorsu ember számára és hasznára készűlt* [Medical booklet which was created for the use and benefit of sickly and afflicted people]. Pozsony–Pest: Füskuti Landerer Mihály, 1791.

Daday, András. "A régi Balatonfüred történetéhez (1815–1818)" [On the history of old Balatonfüred, 1815–1818]. *Communicationes de historia artis medicinae* 44 (1968): 117–24.

Dilthey, Wilhelm. "Ideen über eine beschreibende und zergliedernde Psychologie (1894)." In *Gesammelte Schriften.* V. Band, *Die geistige Welt. Einleitung in die Philosophie des Lebens: Erste Hälfte: Abhandlungen zur Grundlegung der Geisteswissenschaften*, edited by Wilhelm Dilthey, 139–240. Stuttgart–Göttingen: B. G. Teubner–Vandenhoeck & Rupprecht, 1894.

Fejtő, Ferenc. "A 'sinlődő álóé': Berzsenyi Dániel halálának századik évfordulójára" [The 'suffering aloe': For the hundredth anniversary of Dániel Berzsenyi's death]. *Szép Szó* 1 (1936): 9–18.

Feuchtersleben, Ernst Freiherr von. *Die Diätetik der Seele.* Wien: Carl Gerold, 1851.

Foucault, Michel. *History of Madness.* Edited by Jean Khalfa, translated by Jonathan Murphy, and Jean Khalfa, foreword by Ian Hacking. London: Routledge, 2006.

Földényi, László F. *Melancholy.* New Haven–London: Yale UP, 2015.

Frank, Lajos Fridrik. *Az orvos mint Házi-Barát vagy egy orvosnak az atyák- 's anyákhoz intézett barátságos oktatásai, minden gondoltatható nyavalyákról akármelly korban* [Physician as a family friend, or the friendly teachings of a physician to fathers and mothers, on

all conceivable ailments in any age]. Second, revised edition. Translated by József Horvát. Pest: Hartleben C. Ádolf, 1830.

Greenblatt, Stephen. *Renaissance Self-Fashioning: From More to Shakespeare*. Chicago: University of Chicago Press, 1980.

Halász, Gábor. "Berzsenyi lelkivilága" [Berzsenyi's psyche]. *Symposion* 2 (1926): 77–107.

Hufeland, Christoph Wilhelm. *Az ember' élete meg-hoszszabbításának mestersége* [The art of prolonging life]. Translated and expanded by Mihály Kováts. Vol. 1. Pest: Patzko Ferenc, 1799.

Kant, Immanuel. "Versuch über die Krankheiten des Kopfes." In *Kants Werke. Vorkritische Schriften II. 1757–1777. Gesammelte Schriften*, vol. 2, 259–71. Berlin: Reimer, 1905.

Kazinczy, Ferenc. *Levelezése* [Correspondence]. Edited by János Váczy. Vol. 1–21. Budapest: Magyar Tudományos Akadémia, 1890–1911.

Kovács, Janka. "Lélektudományos ismeretek közvetítése a magyar nyelvű orvosi irodalomban a 18. század második felében" [Mediation of psychological knowledge in the late eighteenth-century medical works in Hungary]. In *Fenntartható tudomány. Hagyomány és újrahasznosítás a felvilágosodás előtt,* edited by Ildikó Mária Bene, Annamária Molnár, Kata Ágnes Szűcs, Csilla Virág, and Márk Vrabély, 121–47. Budapest: Reciti, 2020.

Kölcsey, Ferenc. *Levelezés II* [Correspondence II]. Edited by Zoltán Szabó G. Budapest: Universitas, 2007.

Köteles, Sámuel. *Philosophiai anthropologia* [Philosophical anthropology]. Buda: Magyar Királyi Egyetem, 1839.

La Langue, János. *A' Magyar Országi Orvos Vizekről, és a' Betegségekbenn azokkal való élésnek szabott modjairól* [On the medicinal waters of Hungary and the prescribed manners of using them in diseases]. Nagy-Károly: Klemann Iósef, 1783.

Lepenies, Wolf. *Melancholie und Gesellschaft*. Frankfurt am Main: Suhrkamp, 1998.

Linzbauer, Franciscus Xav. *Codex Sanitario-Medicinalis Hungariae*. Tomus III. Sectio I. Buda: Typis Caesareo-Regiae Scientiarum Universitatis, 1853.

Magyary-Kossa, Gyula. *Magyar orvosi emlékek* [Hungarian medical recollections]. Vol. 1. Budapest: Eggenberger, 1929.

Mátyus, István. *Diaetetica*. Vol. 2. Kolozsvár: Páldi István, 1766.

Mátyus, István. *Ó és új diaetetica* [Old and new dietetics]. Vol. 1. Pozsony: Mihály Landerer, 1787.

McGann, Jerome. "Rethinking Romanticism." *ELH* 59, no. 3 (1992): 735–54. doi: 10.2307/2873450

Melius, Peter. *Herbarium Az Faknac Fvveknec nevekröl, természetekröl, és hasznairol* [Herbarium: The names, nature, and uses of trees and herbs]. Colosuárat: Heltai Gáspárne, 1578.

Németh, László. *Berzsenyi Dániel.* Budapest: Franklin-Társulat, [1939].

Pápai Páriz, Ferenc. *Pax Corporis.* Edited by Ferenc Szablyár. Budapest: Magvető, 1984.

Porter, Roy. *The Greatest Benefit to Mankind: A Medical History of Humanity from Antiquity to the Present.* London: Fontana Press, 1999.

Puder, Sándor dr. *Mit köszönhet az irodalom az orvostudománynak? Az orvostudomány és a szépirodalom. Művelődéstörténeti és irodalomtörténeti tanulmány* [What has literature given medicine? Medicine and fiction. A study in the history of culture and literature]. Az Orvosi Hetilap Tudományos Közleményei. Különlenyomat. Budapest: Centrum Kiadóvállalat R.-T., 1933.

Rácz, Sámuel. *Orvosi oktatás, mellyben a' leg Gyakrabb és leg közönségesebb nyavalyáknak jelei és orvosságai röviden le-iratnak* [Medical teaching, in which the signs and medications of the most frequent and common ailments are described briefly]. Vol. 1. Buda: Landerer Katalin, 1776.

Rey, Roseleyne. *The History of Pain.* Translated by Louise Elliott Wallace, J. A. Cadden, and S. W. Cadden. Cambridge–Massachusetts–London: Harvard University Press, 1998.

Richards, I. A. *Practical Criticism: A Study of Literary Judgement.* Second edition. London: Kegan Paul, Trench & Co. Ltd., 1930.

Richter, Christian Friedrich. *Erkenntniss des Menschen, sonderlich nach dem Leibe und natürlichen Leben, oder ein deutlicher Unterricht von der Gesundheit und deren Erhaltung* […]. Leipzig: Johann Friedrich Gleditsch, 1741.

Richter, Franz. *Tanácsadó mindazokra nézve, a' kik az aranyérben kissebb vagy nagyobb mértékben szenvednek* [Guidance for all who suffer from hemorrhoids to a lesser or greater extent]. Translated and expanded by József Horvát. Pest: Hartleben K. Adolf, 1830.

Rónay, Mária. "A rejtélyes Berzsenyi Dániel – a pszichopatológia tükrében" [The mysterious Dániel Berzsenyi: In light of psychopathology]. *Pesti Hírlap,* February 2, 1936.

Schedel, Ferenc. *Dietetica' elemei: Hallgatói' számára* [Elements of dietetics: For students]. Buda: M. Királyi Egyetem, 1839.

Schwanitz, H. J. *Die Theorie der praktischen Medizin zu Beginn des 19. Jahrhunderts.* Cologne: Pahl-Rugenstein Verlag, 1979.

Störck, Anton von. *Orvosi praxis* [Medical practice]. Translated and expanded by Sámuel Rácz. Vol. 1. Buda: Pesti Királyi Universitas, 1801.

Szirmay-Pulszky, H. von. *Genie und Irsinn im Ungarischen Geistleben.* Munich: Ernst Reinhardt, 1935.

Váli, Mihály. *Házi orvos szótárotska* [A small dictionary of home medicine]. Győr: Streibig József, 1792.

Zacharides, Georgius. *Dissertatio Inauguralis Medica de Diaeta et Regimene Hypochondriacorum.* Halae Magdeburg: Joannis Christiani Hendel, 1750.

Zákonyi, Ferenc. *Balatonfüred: Adalékok Balatonfüred történetéhez a kezdetketől 1945-ig* [Balatonfüred: Additions to the history of Balatonfüred from the beginnings until 1945]. Veszprém, 1988.

Zay, Sámuel. *Falusi orvos pap, vagy olly orvosi útmutatás, mellynél fogva leginkább a' Falukon uralkodni szokott nyavalyák orvoslatnak* [Village physician priest, or medical guidance through which diseases dominant mainly in villages are remedied]. Pozsony: Wéber Simon Péter, 1810.

Hungarian Historical Review 10, no. 2 (2021): 211–242

Making Sense of Madness: Mental Disorders and the Practices of Case History Writing in the Early Nineteenth Century

Janka Kovács
Eötvös Loránd University
kovacs.janka@btk.elte.hu

The article focuses on interpretations of madness in early nineteenth-century Hungary medical practice from a comparative perspective. By relying on the methodological approach of the anthropology of writing and the analytical considerations offered by Michel Foucault's 1973–1974 lectures on *Psychiatric Power*, the article discusses the formalized and standardized practices of case history writing. It draws on sources from the teaching clinics at the universities of Pest and Edinburgh, as well as the largest mental asylums in the Habsburg Monarchy in Vienna (est. 1784) and Prague (est. 1790), and the ideal type of mental asylums at the turn of the eighteenth and nineteenth centuries, the York Retreat (est. 1796). In doing so, an attempt is made to reconstruct both the physicians' gaze and (to a certain extent) the patients' view, and by examining the therapeutical regime of each hospital and its correlations with the institutional background, uncover whether madness was perceived as a pathological *somatic* or *psychological* state in the medical practice of these institutions. This is in and of itself a fundamental question if we seek to understand changing attitudes towards the mad and their curability in a period of transition from a "world without psychiatry" to a "world of psychiatry," when specialized care was still not an option for many, especially in the East Central European region.

Keywords: history of psychiatry, case history, medical gaze, clinical practice, medical writing

On July 20, 1812, Anna Maria Navratil, a 50-year-old female patient afflicted with a serious illness, was taken to the teaching clinic of the Medical Faculty at the University of Pest. Upon admission, she was diagnosed with an enigmatic disease, *hysteria*, the interpretation of which requires caution.[1] She was undernourished and had a weak bodily posture, and she presented the following symptoms: heavy palpitation and pulse, stiffness in the neck, slow metabolism, hard stool, plentiful but watery urine, and *globus hystericus*, the suffocating feeling of a lump in the throat, typical of hysteric patients. She was also melancholic, sad, and sensitive, and her face mirrored desperation. The woman's road to

1 SEL, 50/a, Historiae Morborum (referred to henceforth as HM), 246.

 DOI 10.38145/2021.2.211

recovery (or at least an asymptomatic state) was followed closely by the medical students completing their clinical practice in the wards, as was done in the cases of hundreds of patients treated at the clinic. These day-to-day observations were recorded in case histories, the length and detailedness of which varied according to the personal habits and preferences of each student. The structurally strict and tight narratives consisted of the following standard elements: the day of admission and basic personal data (age, sex, occupation, religion), the anamnesis encompassing the patients' family history and life events pertaining to illness, the diagnosis and etiology of the disease, the progress of the disease, and the day of death or discharge. In case of discharge, the patient's current condition was also recorded *(perfectus or imperfectus)*.

Observation as the practice of collecting and interpreting data is age-old. In medicine, however, the epistemic method of writing, the aim of which is the accumulation, recording, and structuring of information, became common only in the sixteenth century, and in medical education it was introduced as a formalized practice as late as the eighteenth century.[2] Compulsory case history writing was introduced at the teaching clinic at the University of Pest in 1784[3] in order to counterbalance the dominance of "bookish knowledge" in dissertation writing, and it remained a prerequisite for a medical degree until the 1840s. Beginning in the 1810s, mentally ill patients, among them hysteric or melancholic individuals, were admitted to the clinic in increasing numbers, and their progress was recorded in the standardized and prescribed observational categories of case histories. This study delves into these materials and by juxtaposing them to case histories written in diverse institutional settings, It also explores patterns and tendencies in the interpretations of "mental" disorders in an era when the early forms of mental normalization were already underway.

2 On this, see for example: Becker and Clark, *Little Tools of Knowledge*; Blair, "Reading Strategies"; Daston, "Taking Note(s)"; Daston, "The Empire of Observation"; Goody, *The Logic of Writing*. On the anthropology of writing and psychiatry, see Aaslestad, *The Patient as Text*; Andrews, "Case Notes, Case Histories"; Andrews and Scull, *Customers and Patrons of the Mad-Trade*; Berkenkotter, *Patient Tales*; Craig, "Enquire into All the Circumstances of the Patient Narrowly"; Hess, "Formalisierte Beobachtung"; Hess and Ledebur, "Taking and Keeping"; Hess and Mendelsohn, "Case and Series"; Hunter, *Doctor's Stories*; Hurwitz, "Form and Representation"; Ingram, *The Madhouse of Language*; Kennedy, *A Curious Literature*; "Empiricism in the Library"; Pomata, "Sharing Cases." On the historical anthropology of medical writing in Hungary, see Krász, "Az adatoktól az információig"; Krász, "Táblázatokba zárt tudás?"; Krász, "'Observing to describe, describing to observe'."

3 Krász, "Theoria medica és praxis medica," 1035–36; Rédei, *Historiae morborum*.

In the case of Hungary, the insights offered by the case histories are unique in certain respects. First, there are comparatively few hospital case histories which shed light on the day-to-day experiences of healing. Second, since Hungary had no special institution (either an asylum or a designated hospital ward) to provide at least rudimentary care for the insane until the establishment of the first wards in the Buda hospital of the Brothers of Mercy in the 1830s, the Schwartzer Private Lunatic Asylum (which opened in 1850), or the Lipótmező Royal National Asylum (which opened in 1868), municipal general hospitals, policlinics, and hospitals operated by religious orders (the Brothers of Mercy and the Sisters of Saint Elizabeth) admitted them. Therefore, however sparse the available materials are (and thus the number of mentally ill patients on which some information has survived), the diagnostic and healing practices of the Pest policlinic can be taken as representative for "mental normalization" in Hungary in the period under study.

The primarily somatic approach to mental disorders might also be a direct consequence of the way in which knowledge concerning psychology was disseminated in medical education. From the early 1800s onwards, gradually replacing the dominant approach of Hippocratic and Galenic medicine, more modern theoretical and practical approaches were introduced at the medical faculties at the universities of Vienna, Prague, and Pest. Though individual courses on psychology/psychiatry were not offered until the 1840s, when in Prague and Vienna the first proposals were sent to the Court Commission of Studies *(Studienhofkommission)* by the primary physicians at the Vienna and Prague asylums, increasing attention was being paid to knowledge concerning psychology. Knowledge of psychology was part of the compulsory training in philosophy (itself a prerequisite of medical education) at the two-year and three-year programs offered by colleges and the philosophy faculties of the universities, either incorporated into courses on logic or taught individually as empirical psychology. Furthermore, from the turn of the eighteenth and nineteenth centuries, basic psychological knowledge was filtered into core medical courses on physiology, pathology, therapy, medical police, and forensic medicine, with the body-soul problem and the problem of mental disorders often being explained from neurological and "social" points of view.[4] The latter, gaining ground in the subsequent decades, viewed mental disorders either as

4 On psychological knowledge in medical education in the Habsburg Monarchy at the turn of the eighteenth and nineteenth centuries, see Kovács, "Az orvostudomány 'legsetétebb mezeje'."

diseases of civilization (for example, the consequences of an urban or scholarly lifestyle) and considered the mentally ill in their broader social contexts as individuals to be defended from and also a "danger" to society at large. This, however, as the case histories reveal, rarely surfaced in the context of hospital practice. It remained within the domain of theoretical discourses in textbooks or dissertations.

In attempting to grasp the interpretations of mental disorders recorded in case histories, I focus on the case histories' layout, seriality, formalized structure, and the cognitive practices written into the narratives and their links with knowledge production and the interpretation of different phenomena in medical practice. The means of interpretation, however, cannot be understood without paying close attention to the correlations between the methodology of writing and the institutional background, which could shed light on whether the "mental" disorders appearing in the case histories under discussion were indeed understood, approached, and handled as *mental* disorders with a psychological elucidation in mind or whether they were seen and treated as first and foremost *somatic* diseases disguised as mental maladies. To make sense of the practices at the teaching clinic in Pest, comparative materials, among them the records of hospital administration, statistics, case histories, and patient records will be explored from different types of institutions, ranging from the teaching clinic at the Royal Infirmary of Edinburgh, which operated in a similar configuration as the Pest clinic, to the early asylums of the Habsburg Monarchy in Vienna and Prague and the model of mental asylums in the period, the York Retreat, which was founded in 1796.

In addition to drawing on the methodological approach of the anthropology of (medical) writing, the study's inquiries are also informed and inspired by Michel Foucault's lectures on psychiatric power held at the Collège de France between 1973 and 1974[5] and Roy Porter's seminal 1985 article advocating the inclusion of a patient's view in medical history writing,[6] which has been introduced and applied in research with more or less success for the past few decades.[7] Taking their argumentation as a starting point, I will focus on the following aspects: 1. the ritual of questioning and confession, and the incorporation of the physician's gaze and the patient's perspective into the narratives, 2. the

5 Foucault, "23 January 1974"; Foucault, "30 January 1974."

6 Porter, "The Patient's View."

7 See Bacopoulos-Viau and Fauvel, "The Patient's Turn"; Condrau, "The Patient's View Meets the Clinical Gaze"; Reaume, "From the Perspectives of Mad People."

importance of pathological anatomy and "family history" in making diagnoses, 3. the applied therapeutical regimes and the length of stays in hospitals, which could be revealing with regards to the preferences of either a psychological or a somatic approach in "mental" normalization.

Managing Mental Disorders: Approaches from Teaching Clinics to Lunatic Asylums

As the layout and structure of the case histories and patient records on the basis of which conclusions can be ventured concerning the physicians' gaze, the patients' progress, and the interpretations of diseases depended heavily on the given institutions' administrative practices, the following section will provide a summary of the most significant institutional tendencies and the nature of the surviving sources.

The richest collection of case histories survives from the teaching clinic at the University of Pest, where the purpose of recording the patients' cases was twofold. First, case histories were written in partial fulfilment of medical degrees from 1784, following the Viennese example. For his final exam, each student had to summarize the progress of two or three patients chosen from a larger pool with a wide array of diseases.[8] The structure of these narratives is in most cases clear and logical, and the main points are well articulated. Second, case history writing was also a compulsory part of clinical practice for fourth-year and fifth-year medical students, as testified by a diverse group of materials on hospital administration (patient records, statistics, case histories, meteorological observations) in Ferenc Bene's (1775–1858) collection, which was preserved in the Manuscripts Archive of the National Széchényi Library in Budapest.

The teaching clinic was led by Ferenc Bene, chief physician of Pest, dean of the medical faculty (1807–1809) and rector of the University of Pest (1810), and a propagator of smallpox vaccination in Hungary between the 1810s and the middle of the 1840s. In this period, students were required to write case histories on a monthly basis, and these histories were then handed in to him for evaluation (in many cases, the documents were signed by him). In comparison with the exam materials, these narratives are less detailed and less well-structured, but in all cases they mirror the given medical student's individual style, preparedness, and diligence, and they also show the everyday "raw" experiences involved in

8 SEL 50/a, Historiae Morborum. See the two case histories on hysteria: SEL HM 246, HM 313.

working in close proximity to diseases, the students' progress, and the physicians' approaches to the students.[9] In addition to the longer case histories, on which the second part of this study draws, shorter summaries and reports *(synoptica relatio)*, sometimes reflecting on the same cases as the longer narratives and clinical journals encompassing hospital statistics, were also prepared, in most cases by the assistant physicians at the clinic. Depending on the habits, erudition, and individual preferences of the physicians, the clinical journals had different layouts, and they often varied in the extent to which they went into detail, but their structure remained the same, including statistics (the number of all admitted patients in the previous six months or year, as well as the number of discharged and remaining patients and deaths) and a narrative part summarizing "interesting" or "curious" cases arranged into seven categories.[10]

As highlighted earlier, the two types of case histories, the practice and exam materials, were similar in their structure but could mirror different everyday experiences of hospital life and the progress of individual cases, as well as the physicians' individual approaches to health, illness, and therapy. However, both types offer a glimpse into how, sometimes breaking with the "bookish" tradition of medical education, medical students, observing their patients' progress, documented and at the same time interpreted and approached "madness" and the most frequently described and diagnosed mental maladies in the period and the connections these interpretations had with the content of their curriculum.

From among the case histories written at the teaching clinic at Pest between 1787 and 1847, I have chosen to focus on a narrower period between 1812 and 1828. Prior to 1812, no case histories were written on mental patients, while after 1828 the approach to mental disorders altered in medical education, with changes in both quantitative and qualitative factors, as shown, for example, by the number of admissions, changes in the curriculum, and the thematic spectrum of dissertations. I chose cases for further exploration in which the diagnoses were fully or partially related to mental disorders, mostly the four

9 The longer case histories written during clinical practice were later organized into 44 volumes. Today, they are held in OSZK Kt., Quart. Lat. 2164. Vols. 1–44.

10 The categories (for example, fevers, inflammations, rashes and skin diseases, the disorders of the excretory system) are based on Johann Peter Frank's classification used in *De curandis hominum morbis* (1792–1820). This is referred to in OSZK Kt., Quart. Lat. 2168. Vol. I, 2v. See the clinical journals and patient statistics in OSZK Kt., Quart. Lat. 2166; Quart. Lat. 2169; Quart. Lat. 2172; SEL, 1/g, Annual Reports of the Clinics of the Medical Faculty, 1825–1835, Boxes 1–3.

most common "traveling concepts,"[11] hysteria, hypochondria, melancholy, and mania, which were familiar since Antiquity but which have been reimagined and interpreted over the course of the centuries in light of newer theories, such as dualism, mechanical theories, animism, vitalism, and the findings of neurology. As revealed by the Hungarian clinical cases, these maladies were still commonly diagnosed in the early nineteenth century, even though this period saw a slow and gradual transition towards a more nuanced classification of mental disorders (at least in Western Europe and, as we will see in the discussion of diagnostic practices at the Vienna and Prague asylums, to some extent in the East Central European region too) with the work of German physician Johann Christian August Heinroth (1773–1843), the French Philippe Pinel (1745–1826), and his pupil, Jean-Étienne Dominique Esquirol (1772–1840). According to their classifications, some of the categories partly became devoid of their original meaning or were reconsidered and "fell apart."[12]

In some of the cases I have selected, mental disorders were concomitant with other diseases and developed in relation to or as a consequence of either neurological (debilitating headaches, epilepsy, St. Vitus's dance, also known as Sydenham's chorea) or gastrointestinal diseases. However, the neurological disorders that were not identified as mental maladies and were not accompanied by mental symptoms were not considered. After taking these factors into consideration, I chose 22 longer case histories which include the standard categories of observation (anamnesis, diagnosis, etiology, prognosis, the progress of the disease, therapy).[13]

As the policlinic of the University of Pest mostly admitted surgical cases, pregnant women, patients with fevers, skin diseases, or inflammations that could make good teaching cases, the low number of mental patients in the statistics, clinical journals, and case histories should not come as a surprise. Furthermore,

11 In approaching disease concepts, especially those classified as "mental," I find it useful to apply the term introduced by Dutch cultural theorist Mieke Bal. Bal characterizes concepts as intellectual tools which, by traveling from one context or discipline to another, could gain new meanings in their different cultural, linguistic, and social settings. At the same time, they can retain some of their older interpretations in the process. The representations of the age-old concepts of mania, melancholy, hysteria, and hypochondria, which were still the four most commonly diagnosed mental disorders at the turn of the eighteenth and nineteenth centuries, can be interpreted in this framework. Cf. Bal, *Travelling Concepts*, 22–55.

12 Chase, *The Making of Modern Psychiatry*, 29–30.

13 From among the 22 cases, the progress of four patients was recorded in both the longer case histories and the brief, synoptic summaries. Cf. OSZK Kt., Quart. Lat. 2168. Vol. I, 36r–38r. (Elisabetha Szabó); Quart. Lat. 2168. Vol. III, 44r–v. (Anna Obst); Quart. Lat. 2168. Vol. XI, 30r–v. (Anna Skarlein); Quart. Lat. 2172. Vol. II, 7r–v. (Barbara Roletsky).

if we consider the dominance of one particular disease, hysteria (and to a lesser extent its "male counterpart," hypochondria), the number of mental diseases approached from and diagnosed based on a psychological framework are even fewer in number. As opposed to mania or melancholy, which were primarily diagnosed based on mental and behavioral symptoms, at the time hysteria and hypochondria could easily be interpreted as somatic diseases that could yield physical therapeutics if we consider their symptomatology, even though they were more often than not accompanied by mental symptoms. The dominance of the somatic approach, thus, is pinpointed by the low proportion of mental maladies and high incidence of maladies *disguised* as such. From among the 22 patients, 18 were diagnosed with hysteria, one with hypochondria, one with erotomania (a disorder characterized by an individual's delusions of another person being infatuated with them), one with melancholy, and one with delirium tremens.[14] Hence, the case histories of the teaching clinic of Pest shed light on interpretations of hysteria and the practice of diagnosing and healing along the lines of somatic medicine, lacking a psychological approach which was, to some extent, already in use in the diagnostic and therapeutic practices in the first asylums of the Habsburg Monarchy or in model institutions, such as the aforementioned York Retreat.

Among the universities operating a teaching clinic in Europe at turn of the eighteenth and nineteenth centuries,[15] the teaching wards at the Royal Infirmary of Edinburgh showed remarkable similarities with the policlinic in Pest. Very much like the reform measures launched by Gerard van Swieten (1700–1772) in the mid-eighteenth century in Vienna, which also had a profound impact on medical education in Hungary, the reform of the Medical Faculty of the University of Edinburgh established in 1726 was also implemented by three pupils of Herman Boerhaave (1668–1738), Alexander Monro primus (1697–1787), John Rutherford (1695–1779), and William Cullen (1710–1790). Following the Leyden model, both in Vienna (and later in Pest) and Edinburgh emphasis was

14 OSZK Kt., Quart. Lat. 2165. Vol. I, 336v–359v (Elisabetha Szabó); Vol. III, 326r–330v (Anna Obst); Vol. V, 134r–136r (Klara Verl); Vol. V, 229r–231v (Cunigunda Gramlin); Vol. V, 235r–240v (Julia Tergoth); Vol. VI, 69r–70v (Elisabeth Enzmann); Vol. VIII, 165r–169v (Barbara Roletsky); Vol. VIII, 295r–296v (Rosalia Hany); Vol. XII, 170r–171v (Maximilianus Hirschl); Vol. XIII, 176r–178v (Anna Skarlein); Vol. XV, 139v–140v (Susanna Schedner); Vol. XVII, 136r–136v (Catharina Kohánė [Mrs. Catharina Koha]); Vol. XVII, 219r–220v (Maria Steiner); Vol. XIX, 252r–253v (Franciscus Schober); Vol. XXI, 119r–124r (Anna Streditzin); Vol. XXIII, 43v–45v (Fekete Sigismundus); Vol. XV, 196v–198v (Julianna Koszonits); Vol. XVI, 161v–163r (Anna Beck); Vol. XVIII, 122r–125v (Johannes Slavik).

15 On Berlin and Paris, see Hess, "Formalisierte Beobachtung."

put on bedside teaching and empirical observation, creating the most modern spaces of medical education in Europe.[16] By this time, Edinburgh diverged from the English model still followed in Cambridge and Oxford, which relied on an outdated system of theoretical lectures and observation, eliminating clinical teaching almost completely.[17] As for the practices of admission, capacity, and patient numbers, there are further similarities between the teaching wards of the Royal Infirmary and the teaching clinic of Pest: in Edinburgh, 20 to 50 patients were admitted on a monthly basis, whereas in Pest the figures were between 20 and 40.[18] The clinical case histories written in Edinburgh between the 1790s and the 1810s[19] reveal rather similar tendencies to what we have observed in the case of the Pest policlinic. Though medical students in Edinburgh played a somewhat more passive role in the actual treatment of patients, empirical observation, the recording of day-to-day experiences, and the practice of case history writing were at the heart of medical education from the mid-eighteenth century onwards.

The collections of case histories, however, were preserved in a different format: while in the case of Pest, student reports were edited into volumes posteriorly, in Edinburgh, each medical student kept his own books, in which they recorded (or in some cases, copied) their case histories in a different structure from what we have seen in the case of Pest. Though the standard categories of observation also prevail and govern the physicians' gaze here, medical students in Edinburgh followed different editorial practices. They recorded their daily observations chronologically in the form of diary-like entries in volumes, which allowed them to follow the treatment of different patients simultaneously. Therefore, the case histories follow a rather fragmented structure, with cross-references and indices. This less clear-cut structure, however, allows the researcher to catch a glimpse into the cognitive practices written into the broken narratives. As for the representation of mental disorders in the casebooks, though the Royal Infirmary admitted mental patients in lesser

16 See Risse, "Clinical Instruction in Hospitals."

17 Craig, "Enquire into All the Circumstances"; Geyer-Kordesch, "Comparative Difficulties"; Risse, *Hospital Life*.

18 Risse, *Hospital Life*, 272; SEL, 1/g, Boxes 1–3.

19 Risse, *Hospital Life*, 272–73; Craig, "Enquire into All the Circumstances." See the case histories RCPE DEP/ABJ/1–2: Men's Cases (1800–1801); DEP/1/1/5–9: Women's Cases (1801); DEP/AWP/2/1–6: Cases taken from the Clinical Journals of the Royal Infirmary of Edinburgh (1809–1811); DEP/AWP/2/7–8: Clinical case notes (1811); DEP/HOT/1: Clinical Casebook (1796–1797); DEP/LID/1: Clinical Case notes (1812).

numbers, I have found similar ratios as in the case of Pest. The notebooks of John Abercrombie (1780–1844), who later practiced medicine in Edinburgh, William Pulteney Alison (1790–1859) and Thomas Charles Hope (1766–1844), the two Presidents of the Royal College of Physicians in Edinburgh in the following decades, and David Lithgow (?–?), a practitioner in Dublin, reveal that even though neurological diseases, especially epilepsy, counted as fashionable diagnoses in Edinburgh at the turn of the eighteenth and nineteenth centuries,[20] mentally ill patients were either not admitted or were not properly diagnosed in the teaching wards. Altogether, seven patients were admitted with hysteria, two with hypochondria, and one with mania.

As a counterpoint to the policlinics and their primarily somatic approach, the early mental asylums of the Habsburg Monarchy in the late eighteenth century began to use a partially psychological approach in diagnostics and healing by the first decades of the nineteenth century. As we will see, the asylums of the Monarchy occupied a middle ground between the policlinics and model asylums, such as the York Retreat, which played a pioneering role in introducing moral therapy. Furthermore, since the hospital network and the early asylums of the Habsburg Monarchy provided the most important model for the organization of Hungarian hospitals and also the first (private) psychiatric institutions later in the nineteenth century, their practices must be taken into consideration as an immediate context of the trends in Hungary.[21] Though it would be ideal to compare the general wards of the Vienna General Hospital *(Allgemeines Krankenhaus)* to the teaching clinic of Pest, the number of available case histories written by medical students is rather low, and the number of mental patients among them is even lower. Short case histories and the summaries of therapeutic measures in the general hospital were published based on the courses of Anton de Haen (1704–1776) and Maximilian Stoll (1742–1787). These narratives, however, rarely deal with either mental or neurological diseases, and even if they do, the "case histories" often do not follow the standard categories of observation that would enable us to fully grasp the ways in which the maladies were interpreted.[22]

20 See for example the following cases RCPE DEP/ABJ/1 78–81. (Andrew Smill); DEP/ABJ/1/1/2 29–31. and DEP/ABJ/1/1/3 18–25. (Robert Brown); DEP/ABJ/1/1/3 56–60. (Adam Armstrong)

21 On the hospital network, see Krász, "From Home Treatment to Hospitalisation"; Scheutz and Weiss, "Spitäler im bayerischen und österreichischen Raum"; on the institutional treatment of the insane, see Watzka, *Vom Hospital zum Krankenhaus*; Watzka, *Arme, Kranke, Verrückte*.

22 See for example Stoll, *Heilungsmethode 2/1*, 103–4 *(Phrenesis)*; 111–14 *(Raserey)*; 162–65 *(Hysteria)*; Stoll, *Heilungsmethode 3/1*, 230–32 *(Hypochondria)*; Stoll, *Heilungsmethode 5/1,* 23 *(Hypochondria)*; 131–33; 1775–78.

As for the two most significant mental asylums in the Monarchy, only printed case histories remained, which require a somewhat different approach than the manuscripts from the teaching clinics in Pest and Edinburgh. The first decades of the operation of the first purpose-built asylum on the continent, which was established by Joseph II (1780–1790) as part of the Viennese General Hospital in 1784, and the asylum, the establishment of which was initiated by Joseph II and opened under the reign of Leopold II (1790–1792) in 1790 in Prague, were summarized in two accounts published by Joseph Gottfried von Riedel, the secondary physician of the Prague asylum, in 1830 and by Michael von Viszánik, the Hungarian-born primary physician of the Viennese asylum, in 1845.[23] The printed accounts reflecting on the spatial organization, operation, healing activities, and patient statistics of the asylums contain twelve and 13 long case histories each, following the diagnostic categories included in the seventeenth-century, eighteenth-century, and early nineteenth-century nosologies of Thomas Willis (1621–1675), the English physician who played a pioneering role in neurology, François Boissier de Sauvages (1706–1767), the professor of physiology and anatomy at the University of Montpellier, and Johann Christian August Heinroth, the first professor of psychiatry.[24] By applying a diverse array of categories and subcategories to describe mental disorders, the narratives of Riedel and Viszánik reveal how early psychiatric diagnostics worked in practice and how the treatments of these ailments were approached. Though Viszánik's account was published well into the nineteenth century, later than the other materials examined in this study, the structure and logic of his book mirror Riedel's account, which must have been a source on which he drew. Furthermore, he had been a long-serving physician at the institution by then, with a keen eye to its development from the early years. Also, since the Narrenturm, tcontinental Europe's first purpose-built psychiatric hospital, found in Vienna, played a central role in the developing network of asylums in the Monarchy and served as a model institution, its diagnostic and therapeutic practice are indicative of the regional approaches to "madness."

(Hysterie) Further case histories were written by medical students in the wards of the Josephinian Military Academy of Surgery, see for example the following cases: UAW Sonstige Archive, Josephsakademie (k. k. medizinisch-chirurgische Militärakademie) und Garnisonsspital, Wissenschaftliche Elaborate, Krankengeschichten, JOSEF I, no. 60; no. 61; JOSEF 3, no. 13; no. 37.

23 Riedel, *Prag's* Irrenanstalt; Viszánik, *Leistungen und Statistik*.

24 Heinroth, *Lehrbuch der Störungen des Seelenlebens*; Sauvages, *Nosologia methodica*; Willis, *Pathologiae cerebri et nervosi generis specimen*, 1667.

A more specialized approach to mental normalization is revealed by the short case histories included in the patient register of the York Retreat kept from 1796. The Retreat was founded by the Quaker Tuke family, and it remained in their operation in the subsequent decades: the founder, William Tuke (1732–1822), was followed by his son, Henry Tuke (1755–1814), his grandson, Samuel Tuke (1784–1857), and his great-grandsons, James (1819–1822) and Daniel Tuke (1827–1895). According to the somewhat idealized accounts published by Samuel Tuke in 1813 and 1815, the institution and its practices exerted significant influence, and the Retreat served as a model institution for other asylums both in England and on the continent, especially on account of the theory and practices of moral therapy.[25] As pinpointed by treatises on medical police and hospital administration, the English model and, especially, the York model had also had an impact in the Habsburg Monarchy.[26] The Retreat, which devoted significant attention to religion, philanthropy, a humane approach to mental disorders, the incentive of meaningful occupation, natural environment, and conversations,[27] played a vital role in introducing a psychological approach to the treatment of the insane. As for the admission, administration, diagnosing, and recording of the patients' progress, the York Retreat with its integrated practices serves as a unique example. The rather laconic, usually one-page entries in the casebooks[28] of the Retreat briefly summarize the dates of the patients' admission, readmission, discharge, or death, and also their sex, occupation, the anamnesis, and the progress of their disease. As a sample, I have chosen 100 cases altogether from between 1796 and 1800 and 1815 and 1820[29] which reveal the almost complete lack of a somatic approach and the dominance of the psychological (moral) approach to diagnostics and therapy.

25 The most thorough summary of the York Retreat's operation and principles is found in Digby, *Madness, Morality, and Medicine*.

26 See Kovács, "Elmebetegügy."

27 See the idealistic reflections on the operation of the asylum and the theory and practice of moral therapy in Tuke, *Description of the* Retreat; Tuke, *Practical Hints*.

28 See the casebooks of the York Retreat in: Borthwick Institute for Archives, University of York, York Retreat Casebooks, 1–3. RET 6/5/1/1/A (Volume 1, 1796–1828); RET 6/5/1/1/B (Volume 2, 1803–1820); RET 6/5/1/2 (Volume, 1828–1838). In the article, I focus on 100 cases chosen from the first volume.

29 Borthwick Institute for Archives RET 6/5/1/1/A, no. 1–50; no. 183–236.

From Soma to Psyche: Interpreting Mental Disorders

If we seek to identify the differences between the somatic and psychological approaches to the diagnostics and the treatment of "mental" maladies recorded in the case histories, with some modifications, Michel Foucault's thesis, introduced in his lectures on psychiatric power between 1973 and 1974, could serve as a good point of departure. In his lectures held on January 23, 1974 and January 30, 1974, Foucault called attention to the peculiarities of psychiatric diagnostics which distinguish it from other fields of medicine and medical knowledge in general. He argues that diagnostic practice in psychiatry is only seemingly based on the methodology of differential diagnostics, meaning that a diagnosis is made based on the anamnesis, the observed symptoms, and possible underlying reasons. Foucault argues that, in reality, "medical knowledge in psychiatry functions at the point of the decision between madness and non-madness."[30] Furthermore, he describes psychiatry as a field which does not focus on the body/soma, even though the development of psychiatry was dominated from the beginning by the pursuit of determining the underlying physiological causes of madness (neurological disorders, injuries). But even if psychiatric knowledge is constituted based on the medical observation of signs and symptoms, the question as to whether a patient is mad or not, whether they are simulating their symptoms or not, remain at the core of psychiatric diagnostics. And to determine this, doctors need procedures that could serve as substitutes for the techniques applied in general medicine in order to accept the individual as a *patient* and for the patient to accept them as *doctors*.[31] This approach, however, disregards the fact that, from the 1820s to the 1860s, especially in the first decades, the very period Foucault discusses, we can only talk about "psychiatric power" and the success of such techniques if the people who were diagnosed with mental disorders were in fact admitted to institutions *specializing in* psychiatric problems, where madness was evaluated, described, and treated as, first and foremost, a psychological (mental, behavioral) problem. But what about those institutions where "mental" disorders were diagnosed without the intentions and especially the means of psychiatric normalization? How did *general physicians* approach the problem in the first half of the nineteenth century?

30 Foucault, "23 January 1974," 251.

31 Foucault, "23 June 1974," 250–51.

As mentally ill patients with different diagnoses, especially but not exclusively in the East Central European region, were more often than not taken into the care of policlinics, general hospitals, poor houses, and other non-specialized institutions, in short, *outside the world of psychiatry*, the problem of psychiatric diagnostics and the treatment of patients in need of specialized treatment brings up a set of issues and has further implications for (proto)psychiatric care and institutionalization in the region. To underpin this argument, I have chosen to focus on several factors (the naming of the disease, as well as its description and progress, the anamnesis, including the body of the "suffering family," the point of view of the narratives, and the length of stays in hospitals) that help us determine whether the diagnostic and therapeutic practice of the different institutions pertained to a somatic and/or a psychological approach to mental disorders.

From among the five institutions examined in this study, it is, not surprisingly, the practice of the York Retreat that conformed more or less to the requirements described by Foucault, as far as one can tell on the basis of Samuel Tuke's idealistic accounts and the casebooks. In almost all cases, the entries in the casebooks serving both as patient registers and clinical journals with short synoptic case histories contained a diagnosis. These diagnoses,[32] instead of using common nosological categories and, if viewed from the Foucauldian perspective, somewhat "artificial" medical terminology, reveal a decision concerning whether the patient in question was mad or not. The patients received their diagnostic labels based on their temperament or behavioral and mental symptoms, such as *derangement, deranged*; *insane, insanity*; *of the melancholiac kind*; *melancholic derangement*, or *mental anxiety*.

The practice of the physicians in the early asylums of the Habsburg Monarchy, however, following the nosologies of Willis, Sauvages, and Heinroth, suggest that they relied more closely on differential diagnostics and less on the decision as to whether a given patient was mad or not. This observation on my part might of course be distorted, as both Riedel and Viszánik included model cases in their accounts, including accurate indications of which physicians' nosologies they were following. The everyday, raw experiences of diagnostic practice are thus lost here. Among the case histories, they labelled patients with (by early nineteenth-century standards) modern categories, such as melancholic monomania *(monomania melancholica)* and more common and older categories, such

32 See the naming of the diseases in Table 2.

as puerperal mania *(mania puerperalis)*, acute mania *(mania acuta)*, pure or simple melancholy *(reine Melancholia, melancholia simplex)*, or mania *(reine Tollheit, mania simplex)*.[33] In case of the policlinics, where somatic medicine prevailed, almost all patients were diagnosed either with hysteria, hypochondria, or, in a few cases, delirium tremens (confusion or mania caused by the withdrawal of alcohol). The leading diagnosis, hysteria, an elusive disease which could have significant mental symptoms and was classified as a neurological or mental disorder, could also be interpreted, as underlined by the case histories, as a somatic disease with typical symptoms, such as *clavus* and *globus hystericus*, gastrointestinal, and menstrual problems.

Foucault's other suggestion about the pre-history of patients and its correlations with diagnostic practice, however, could be relevant here with some modifications. According to Foucault, the decision between madness and non-madness (or, depending on the context and situation, the method of making differential diagnoses) required the technique of questioning or the search for signs in one's family history to identify the moments when madness surfaced in some way or another. This, though rather fragmentarily, surfaces in the case histories, though probably requiring a slightly different interpretation than the original Foucauldian take on the problem.

Closely related to the above point, Foucault also suggests that questioning served as a substitute for the methodology of pathological anatomy in making a differential diagnosis. When it came to mental disorders, as the tools offered by pathological anatomy were not sufficient to decide between madness and non-madness, family history gained a special significance. Constituting the body of the "suffering family" by extending the scale of examination beyond the individual, a physician could discover signs and connections suggesting one's predisposition to madness.[34] Interrogating patients about their family history has been a common method in general medicine for centuries. In psychiatric diagnostics, however, as Foucault argues, it is of vital significance for the right choice between madness and non-madness. As suggested earlier, however, Foucault ignores the frequent use of labels in the 1820s and 1830s (and in Hungary, even later[35]), such as melancholy, mania, hypochondria, or hysteria,

33 Riedel, *Prag's Irrenanstalt*, 50–109; Viszánik, *Leistungen und Statistik*, 91–143. See the cases in Tables 3 and 4.

34 Foucault, "30 January 1974," 271.

35 In Hungary, even after the first asylums were opened (such as the Schwartzer Private Asylum or the Lipótmező Royal National Asylum), patients diagnosed with mental disorders, mostly insanity, hysteria,

or simply madness, *outside of* specialized institutions. Even though questioning and the family history were fundamental parts of the case histories, connections between madness, the suffering family, and the patients' status at the time are rarely revealed.[36]

At the university clinic of Pest, the medical history of the mentally ill patients' parents was recorded in 17 cases.[37] If we consider those patients only, whose diagnosis was, as revealed by the narratives, based on behavioral and mental symptoms, very laconic references are made to the early signs of madness described by Foucault. Sigismundus Fekete, a 26-year-old patient who suffered from erotomania, a peculiar delusional disorder, was admitted to the clinic on July 19, 1826. Johannes Slavik, a 23-year-old melancholic patient, was admitted two years later, on November 27, 1828. According to his case history, Sigismundus Fekete had healthy parents, and the only health-related event in his anamnesis was that he had received the smallpox vaccine as a child.[38] Johannes Slavik, however, had a more detailed family history and anamnesis: according to the records, his father died of tuberculosis *(phthisis)*, and ten years prior to his hospitalization he had already had a melancholic episode, and his current episode had begun ten days earlier.[39] Here, the signs to which Foucault referred are clearly identifiable both in terms of the distant past and recent events. The hereditary nature of the disease surfaces in only one anamnesis: the mother of Anna Nagy, a 25-year-old hysteric patient, also suffered from hysteria *("ex mater hysterica")*, however, as hysteria was approached as a primarily somatic disease in these case histories, the phenomenon described by Foucault applies to this case with restrictions.

References to the patients' mental state in other significant, standard sections of the case histories, such as their health status upon admission *(status praesens)* and the progress of the disease *(decursus morbi)*, are also relatively scarce. In early nineteenth-century medicine, which did not have modern diagnostic measures

---

and delirium tremens, were admitted to the wards of general hospitals. After admission and observation, they were either referred to the Lipótmező asylum or remained in the general hospital, so several of them were treated and discharged from institutions that provided care for them but were outside the realm of psychiatry. See for example the patient records of the St. John's Hospital in Buda: BFL 1103.a. St. John's General Hospital, General Administration, vols. 4–15. Patient Records (1857–1873).

36 At the Edinburgh policlinic, the anamneses contained references neither to family history nor to mental symptoms. Only the physical symptoms preceding hospitalization were recorded. See the cases of the Royal Infirmary in Table 5.

37 See the cases of the teaching clinic of Pest in Table 6.

38 OSZK Kt. Quart. Lat. 2165. Vol. XXIII, 43r.

39 OSZK Kt. Quart. Lat. 2165. Vol. XXVIII, 122r–v.

and tools, the patients' own reflections on their conditions and symptoms were vital for making the correct diagnosis. In cases of mental disorders, getting to know the inner world of patients is all the more important, as the observable (behavioral) phenomena are insufficient to give a reliable account of their condition, its seriousness, and its curability. At this point, the patients' or their relatives' perspective[40] often filtered into the narratives. In the case histories of the teaching clinics of Pest and Edinburgh, the patients' complaints are often recorded in the third-person singular *(accusat, complains)*. And even though these utterances are filtered and mediated by the physicians' perspective and are organized into coherent narratives by them, in these instances, however rare they may be, the physician's gaze orienting the narration and the "lived" experience of patients are juxtaposed.

In most cases, the physicians' perspective prevails. When the hysteric or hypochondriac patients' mental symptoms are reflected on briefly, we have characterizations like "choleric, nervous and anxious behavior and proneness to sadness" in the case of Elizabeth Szabó,[41] who was admitted to the clinic on January 30, 1815, or "sadness with misanthropy" in the case of Ferenc Schober,[42] admitted on December 19, 1823.[43] Sometimes, however, the patients' complaints are clearly discernible from the narratives, and though they mostly give accounts of their physical pain, they sometimes reflect on their mental state, such as Elizabeth Enzmann, a 40-year-old patient, who was admitted to the teaching clinic of Pest on November 25, 1817 with severe emesis and hysteria. Enzmann complained of anxiety *("accusat anxietates")* to the medical student examining her. As for the teaching wards of the Edinburgh Royal Infirmary, the patients complained of a wide array of symptoms, from toothaches to *globus hystericus*. However, their inner lives, feelings, and mental pain either remained concealed from their doctors or the doctors did not consider them important enough to record in the case histories. Whichever the case, this clearly indicates the absence of a psychological approach, and even though there are counterexamples to this tendency, by and large, the same conclusions hold for the teaching clinic of Pest.

40 SEL 50/a, HM 313. 8.

41 The role of relatives is clearly discernible from the anamnesis of the eleventh case of the Prague asylum *(reine Willenlosigkeit, abulia simplex)*. According to this, nobody in the family had paid attention to the mental problems of the patient, only her older sister, who had also provided the necessary details for the anamnesis. ("Sie war traurig, doch achtete Niemand auf ihrer Zustand, als eine ältere Schwester, die die Erzählerin der hier gegebenen anamnetischen Verhältnisse ist.") Cf. Riedel, *Prag's Irrenanstalt*, 92.

42 OSZK Kt. Quart. Lat. 2165. Vol. 1, 336v–359v.

43 OSZK Kt. Quart. Lat. 2165. Vol. XIX, 252r–253v.

The case histories recorded in the asylums, also in the third-person singular, allowed slightly more space for the patients' own perspectives. In the casebooks of the York Retreat, in the synoptic summaries of the patients' condition, complaints were rarely included, and even if they were, the entries mostly gave accounts of physical pain. Michael Viszánik and Josef Gottfried von Riedel, however, often devoted more space to the patients' experiences of (mental) pain and recovery. These tendencies are most discernible from the anamneses and the progress sections. The anamneses not only detail the health-related events of the patients' lives from childhood to adulthood but also reflect on the sociocultural settings from which they came. Their path to the asylums, organized into a narrative by the physicians, reveal much about the conditions, family background, and chances of (re)integration into society. Some of the experiences point towards the accidental nature of madness and its underlying reasons, such as changes in one's personal environment. This is well illustrated by the case of an unnamed female patient admitted to the Prague asylum on January 28, 1828. Her melancholic sadness, boredom, and suicidal tendencies were induced by her husband's alcoholism, even though she had led a happy, cheerful life before.[44] On the other hand, through these narratives, we can catch a glimpse into how a patient's attitude and mental condition changed over the course of treatment and how they gradually opened up to their caretakers. A female patient admitted to the Prague asylum in December 1829 with pure madness *(reiner Wahnsinn, ecstasis simplex)*, completely unaware of her condition, responded well to the treatment, and on the seventh day of her stay, she shared the unknown details of her path to the asylum and began to accept her condition.[45] And even if she is not heard, the narrative, the case history's progress and therapy sessions illustrate that moral therapy and one of its most important components, *conversation* with patients, was known and practiced in the Prague asylum, in a setting still dominated mostly by somatic medicine.

Observation and therapy at the policlinics of Pest and Edinburgh were often influenced by the bookish knowledge which the students were expected to acquire during their theoretical courses, neither of which were specialized in the practical approaches to empirical psychology or psychiatry.[46] Though

44 Riedel, *Prag's Irrenanstalt*, 80–87.

45 Ibid., 57–58.

46 The pathology textbook of Johann Nepomuk Raimann (1780–1847), which was in use in Pest, Vienna, and Prague, contained the distilled definition of hysteria based on popular descriptions of the disease. Raimann classified hysteria as a neurological disorder and considered it essentially the same as

mental symptoms, along with lifestyle and sociocultural dimensions, were part of the textbook definition of hysteria, in the clinical setting, these aspects were seemingly negligible and were not considered fundamental for identifying and diagnosing a certain disease. In case of both Pest and Edinburgh, there seem to have been two dominant sets of symptoms. One of these clusters included gastrointestinal symptoms, excessive stool and urine, pains, and severe cramps. Though it is not mentioned explicitly in any of the sources, this was probably understood in the context of the theory of vapors, which (it was thought), by rising from the stomach and bowels, were responsible for disturbing the mental faculties.

On the other hand, case histories point to the unyielding persistence of the gynecological interpretation of hysteria, with regular references to the disturbances of the menstrual cycle. From among the 18 hysteric patients in Pest, the date of the first period is recorded (between 11 and 17 years of age), and the changes or disorders of the cycle (excessive bleeding or the lack of periods for longer of shorter intervals) were directly linked to the appearance of hysteria and its progress. Other textbook symptoms included lockjaw or *trismus*, *globus* and *clavus hystericus*, and the so-called hysteric fits, the nature of which are rarely reflected on in the case histories, even though they were rather common. In Edinburgh, almost all case histories contained some reference to them.[47]

Therapeutic measures matched the dominant symptoms of the disease at the policlinics. As the therapy sessions in the case histories testify, the theoretical basis of healing was based on the Hippocratic and Galenic system of medicine, still dominant in the early nineteenth century, aiming to restore the balance of the four humors with bloodletting, clysters, and emetics (wild senna, ipecacuanha,

hypochondria, but while hypochondria was considered as the disease of young male patients, hysteria was seen as exclusive to women. In Raimann's description, the nature of the disease was rather changeable and elusive, and diagnosing it was a challenge, only possible when a cluster of symptoms could be observed together. As their naming shows, hysteria allegedly originated in the womb *(hyster)*, whereas hypochondria was the result of disturbances in the upper two regions of the abdomen *(hypochondrium)*. Their common symptoms were fear of (abnormal) bodily changes, delusions, pain, and cramps localized at certain points of the body (periodic or permanent), gastrointestinal symptoms, changes in temperature, skin problems, weak and uneven pulse, nausea, hearing loss, changes in taste and smell. Typical of hysteria were *globus hystericus* (lump in the throat) and *clavus hystericus* (sharp headache localized at one point as if a nail was driven into the skull). Cf. Raimann, *Handbuch*, 634–35.

47 The 14-year-old hysteric patient, Jane Murray, who was admitted to the Royal Infirmary on March 3, 1801, suffered from multiple fits during her 22-day hospitalization (she then ran away from the hospital). One of these fits was induced when she saw another patient falling into a hysterical fit. Its nature, however, is not detailed by the case history. Cf. RCPE DEP/ABJ/1/1/9, 30–37.

asafetida). These measures were complemented with herbal remedies (valerian, chamomile, lemongrass, opium, or henbane) and chemically distilled oils (peppermint, cinnamon, and wild orange) serving as sedatives, which became widely popular in the eighteenth century with the spread of the neurological approach.

As for therapeutics, the early asylums of the Habsburg Monarchy were transitional between two poles on our scale, the two policlinics and the York Retreat, where references to the practice of moral therapy surface not only in Samuel Tuke's accounts, but also in the case histories.[48] In Viszánik's and Riedel's case histories, the more traditional, somatic approach is complemented by some components of moral therapy, typically those that were feasible in an urban setting. In the two asylums, in addition to the abovementioned therapeutics, cold baths were also in use as an early form of hydrotherapy.[49] Since one of the cornerstones of moral therapy, the assignment of activities to the patients in a natural setting and useful occupation in, for example, gardens, was not necessarily possible in Prague or Vienna, the two physicians, especially Riedel, paid attention to conversations with patients and to the task of making the environment more bearable by, for example, furnishing and equipping the wards in a "friendlier" manner.[50]

As a final aspect, it is worth looking at the lengths of stays in hospitals. By the turn of the eighteenth and nineteenth centuries, most physicians realized that mental disorders could be rather persistent, and since healing (if possible) or at least subduing symptoms in general took much longer than the treatment of other (somatic) ailments, patients usually needed longer periods of hospitalization. The length of stay (LOS) is thus a good indicator of both the approaches to mental

48 Rachel Raw, a 43-year-old patient haunted by wild visions, could take walks regularly and was given smaller tasks during her long stay in the asylum, while the 36-year-old Abigail Smith spent her time making pincushions, a meaningful activity that was supposed to advance her recovery. The 54-year-old Mary Atkinson and the 46-year-old John Young, both of whom were labeled "deranged," were cured with baths in the sea. There were, however, cases in which the superintendents of the asylum had to turn to restrictive measures and punishment due to the danger the patients posed for themselves and the people around them. The 29-year-old maniac Lydia Brown, for example, was restrained and observed continuously, whereas the 43-year-old John Baker was put in a straitjacket. Cf. Borthwick Institute for Archives RET 6/5/1/1/A, no. 2 (Rachel Raw); no. 18 (Mary Atkinson); no. 34 (John Baker); no. 35 (John Young); no. 183 (Abigail Smith); no. 189 (Lydia Smith).

49 Viszánik, *Leistungen und Statistik*, 115–16 *(melancholia cum convulsionibus)*; 141–42 *(monomania anglica)*.

50 "Nun (den 16. Februar) war der Zeitpunkt gekommen, wo von einer Aenderung des Lokals aus der düstern Kammer in ein freundliches Zimmer in voraus eine günstige Wirkung erwartet werden durfte." Riedel, *Prag's Irrenanstalt*, 83.

normalization and the possibilities hospitals had in offering treatments for patients inflicted with mental disorders. From the perspective of this last consideration, the average length of hospitalization underpins the tendencies observed in the respective sections of case histories, such as the anamnesis (illness-related events in one's family or personal history), diagnosis (especially the naming of the disease), or the progress and therapy sections including the applied curatives and other measures (conversation, change in environment, etc.).

The teaching clinics of Pest and Edinburgh were on the low end of the scale: in the case of Pest, the length of hospitalization can be calculated in 19 of the 22 cases, with the average length of stay (ALOS) being 47 days (approximately 1.5 months). The shortest period of hospitalization was five days (Rosalia Hany, diagnosed with hysteria[51]), while it was the melancholic Johannes Slavik[52] who spent the longest time in the clinic, 228 days altogether. This, at the same time, reflects on the differences between the interpretations of hysteria (primarily a somatic disease and curable as such) and melancholy (primarily a mental disorder, identifiable on the basis of mental and behavioral symptoms). Similar tendencies prevailed in Edinburgh, with the average length of stay being even lower (23 days). The shortest stay was the hysteric Elisabeth Erskine's[53] (six days), whereas the maniac John Williamson[54] stayed for 50 days in the teaching ward of the Royal Infirmary.

As for the two asylums considered "transitional" institutions, the ALOS differed significantly: in Vienna it was only 62 days (ca. 2 months) and in Prague it was twice this, 134 days (ca. 4.5 months). The highest ALOS was, as expected, in the York Retreat. However, it must be noted that the dates in the casebooks are rather unreliable due to the frequent readmissions and follow-up care provided for the patients (when it was possible, the superintendents of the asylum paid attention to their patients even after they were discharged). It is therefore in most cases impossible to work with exact numbers, and that is why I have chosen to rely only on 42 cases in which the dates of admission and discharge were given precisely (a further twelve cases ended with death, among them one suicide). Basing my calculations on the selected cases from between 1796–1800 and 1815–1820, the ALOS was 632 days (ca. 21 months), with the lowest stay being 34 days and the highest being 2,790 days (ca. 93 months).

51 OSZK Kt. Quart. Lat. 2165. Vol. VIII, 295r–296v.

52 OSZK Kt. Quart. Lat. 2165. Vol. XXVIII, 122r–125v.

53 RCPE DEP/ABJ/1/1/5, 37–39.

54 RCPE AWP/2/5, 90–94.

Table 1.
Lengths of stay and average lengths of stay in the hospitals

Institution	Shortest LOS	Longest LOS	ALOS
University clinic of Pest	5	228	47
University clinic of Edinburgh	6	50	23
Vienna asylum	12	180	62
Prague asylum	15	273	134
York Retreat	34	2790	632

If we consider the length of stay a good indicator of the seriousness of a disease and the efficacy of mental normalization, these numbers clearly show that, from among the institutions under discussion, it was indeed the model asylum that could fulfil its function of conducting *therapy*, the two asylums of the Habsburg Monarchy integrated the newest approaches and older methods (purging, bloodletting etc.), while the two policlinics only took on the responsibility of subduing (somatic) symptoms and offering a temporary asylum for those showing the symptoms of disorders classified as "mental." As for the teaching clinic of Pest in the focus of my inquiry, both the methods of identification and therapy indicate that the medical students who were completing their practical semesters and who did not take practical courses on psychiatry could only rely on knowledge they gathered from the rather scattered material in diverse courses (introductory courses on empirical psychology focusing on the basic outlines of the cognitive faculties, physiology, pathology, therapeutics, medical police, and forensic medicine). Thus, even though psychological knowledge gradually filtered into the curricula and textbooks of the Medical Faculty of the University of Pest, in the absence of a specialized institution, a psychological approach would have been impossible to implement in practice, and this necessitated the fundamentally somatic approach to the treatment of patients labeled as mentally ill (or diagnosed with maladies disguised as such). However, it must also be underlined that the period between the end of the eighteenth century and the 1830s marks a turning point in the history of psychiatry in Hungary, and even if we can only talk about a belated introduction of the psychological approach in medical practice, the mere fact that patients with these conditions were even accepted into the policlinic after the 1810s was a great step towards reconsidering the attitudes towards their treatment, which was addressed in both theoretical approaches and practice more intensely after the 1830s.

Archival Sources

Archiv der Universität Wien (UAW)

Sonstige Archive, Josephsakademie (k. k. medizinisch-chirurgische Militärakademie) und Garnisonsspital, Wissenschaftliche Elaborate, Krankengeschichten.

Borthwick Institute for Archives, University of York

York Retreat, Casebooks, 1–3.

RET 6/5/1/1/A (Volume 1, 1796–1828)

RET 6/5/1/1/B (Volume 2, 1803–1820)

RET 6/5/1/2 (Volume, 1828–1838)

Budapest Főváros Levéltára [Budapest City Archives] (BFL)

1103.a. St. John's General Hospital, General Administration, vols. 4–15. Patient Records (1857–1873).

Országos Széchényi Könyvtár Kézirattár [Manuscripts Archive of National Széchényi Library] (OSZK Kt.)

Quart. Lat. 2165. Historia morborum, in clinico medico... Scientiarum Universitatis ab anno scholastico 1815/1816. usque ad annum 1838/1839. tractatorum, descriptae per candidatos medicinae, Pestini.

Quart. Lat. 2166. Relationes de aegris in instituto chirurgico-practico... Universitatis Scientiarum... tractatis Pestini ab anno scholastico 1816/1817. usque ad annum 1840/1841. descriptae per assistentes ac auditores.

Quart. Lat. 2168. Conspectus synopticus in clinico medico practico Regiae Scientiarum Universitatis Hungaricae ab anno 1814. usque ad annum 1824. pertractatorum, per assistentes et auditores conscriptus, Pestini.

Quart. Lat. 2169. Synopsis observationum practicarum circa aegros in instituto medico-practico Regiae Scientiarum Universitatis Hungaricae, sub auspiciis domini professoris Joannem Pozsonyi assistentes. Pestini, 1818–1821.

Quart. Lat. 2172. Brevis eorum expositio, quae et quomodo in clinico medico Regiae Scientiarum Universitatis Hungaricae manu ducente... professore Francisco Bene acta sunt... Descripta per Josephum Krieger (1818).

Royal College of Physicians of Edinburgh Archives (RCPE)

DEP/ABJ/1–2: Men's Cases (1800–1801)

DEP/1/1/5–9: Women's Cases (1801)

DEP/AWP/2/1–6: Cases taken from the Clinical Journals of the Royal Infirmary of Edinburgh (1809–1811)

DEP/AWP/2/7–8: Clinical case notes (1811)

DEP/HOT/1: Clinical Casebook (1796–1797)

DEP/LID/1: Clinical Case notes (1812)

Semmelweis Egyetem Levéltára [Semmelweis University Archives] (SEL)

1/g, Annual Reports of the Clinics of the Medical Faculty, 1825–1835, Boxes 1–3.

50/a, Historiae Morborum

Bibliography

Primary sources

Heinroth, Johann Christian August. *Lehrbuch der Störungen des Seelenlebens oder der Seelenstörungen und ihrer Behandlung, 1–2*. Leipzig: Bei E. H. F. Hartmann, 1818.

Raimann, Johann Nepomuk von. *Handbuch der speciellen medicinischen Pathologie und Therapie für akademische Vorlesungen, zweyter Band, zweyte vermehrte und verbesserte Auflage*. Wien: Bey Friedrich Volke, 1826.

Riedel, Joseph Gottfried. *Prag's Irrenanstalt und ihre Leistungen in den Jahren 1827, 1828 und 1829*. Prag: Calve, 1830.

Sauvages, François Boissier de. *Nosologia methodica sistens morborum classes, genera et species juxta Sydenhami mentam et Botanicorum ordinem*. Amsterdam: Frère des Tournes, 1763.

Stoll, Maximilian. *Heilungsmethode in dem praktischen Krankenhause zu Wien. Zweyter Theil, Erster Band*. Breßlau: Bey Johann Friedrich Korn, dem ältern, 1784.

Stoll, Maximilian. *Heilungsmethode in dem praktischen Krankenhause zu Wien. Dritter Theil, Erster Band*. Breßlau: Bey Johann Friedrich Korn, dem ältern, 1786.

Stoll, Maximilian. *Heilungsmethode in dem praktischen Krankenhause zu Wien. Fünfter Theil, Erster Band*. Breßlau–Hirschberg: Bey Johann Friedrich Korn, dem ältern, 1793.

Tuke, Samuel. *Description of the Retreat, an Institution Near York for Insane Persons of the Society of Friends*. York: Printed for W. Alexander, 1813.

Tuke, Samuel. *Practical Hints on the Construction and Economy of Pauper Lunatic Asylums*. York: Printed for William Alexander, 1815.

Viszánik, Michael von. *Leistungen und Statistik der k. k. Irrenheilanstalt in Wien seit ihrer Gründung 1784 bis 1844*. Wien: Mörschner, 1845.

Willis, Thomas. *Pathologiae cerebri et nervosi generis specimen, in quo agitur de morbis convulsivis et de scorbuto*. Oxford: Hall, 1667.

Secondary literature

Aaslestad, Petter. *The Patient as Text: The Role of the Narrator in Psychiatric Notes, 1890–1990*. Oxford: Radcliffe 2009.

Andrews, Jonathan. "Case Notes, Case Histories, and the Patient's Experience of Insanity at Gartnavel Royal Asylum, Glasgow, in the Nineteenth Century." *Social History of Medicine* 11, no. 2 (1998): 255–81.

Andrews, Jonathan and Andrew Scull. *Customers and Patrons of the Mad-Trade: The Management of Lunacy in Eighteenth-Century London, With the Complete Text of John Monro's 1766 Case Book*. Berkeley, CA–Los Angeles, CA–London: University of California Press, 2002.

Bacopoulos-Viau, Alexandra and Aude Fauvel. "The Patient's Turn. Roy Porter and Psychiatry's Tales, Thirty Years On." *Medical History* 60, no. 1 (2016): 1–18. doi: 10.1017/mdh.2015.65.

Bal, Mieke. *Travelling Concepts in the Humanities: A Rough Guide*, 22–55. Toronto–Buffalo–London: University of Toronto Press, 2002.

Becker, Peter and William Clark, eds. *Little Tools of Knowledge: Historical Essays on Academic and Bureaucratic Practices.* Ann Arbor, MI: The University of Michigan Press, 2001.

Berkenkotter, Carol. *Patient Tales. Case Histories and the Uses of Narrative in Psychiatry.* Columbia, SC: The University of California Press, 2008.

Blair, Ann. "Reading Strategies for Coping with Information Overload, ca. 1550–1700." *Journal of the History of Ideas* 64, no. 1 (2003): 11–28. doi: 10.2307/3654293.

Chase, Ronald. *The Making of Modern Psychiatry*. Berlin: Logos Verlag, 2018.

Condrau, Flurin. "The Patient's View Meets the Clinical Gaze." *Social History of Medicine* 20, no. 3. (2007): 525–40. doi: 10.1093/shm/hkm076.

Craig, Stephen C. "Enquire into All the Circumstances of the Patient Narrowly": John Rutherford's Clinical Lectures in Edinburgh, 1749–1753." *Journal of the History of Medicine and Allied Sciences* 72, no. 3 (2017): 302–27.

Daston, Lorraine. "Taking Note(s)." *Isis* 95, no. 3. (2004): 443–48.

Daston, Lorraine. "The Empire of Observation." In *Histories of Scientific Observation,* edited by Lorraine Daston and Elizabeth Lunbeck, 82–113. Chicago, IL: The University of Chicago Press, 2011. doi: 10.7208/9780226136790-005.

Digby, Anne. *Madness, Morality and Medicine: A Study of the York Retreat, 1796–1914*. New York, NY: Cambridge University Press, 1985.

Michel Foucault. "23 January 1974" In *Psychiatric Power: Lectures at the Collège de France, 1973–1974,* edited by Jacques Lagrange, translated by Graham Burchell, 233–54. Basingstoke: Palgrave Macmillan, 2006.

Michel Foucault. "30 January 1974." In *Psychiatric Power: Lectures at the Collège de France, 1973–1974,* edited by Jacques Lagrange, translated by Graham Burchell, 265–95. Basingstoke: Palgrave Macmillan, 2006.

Geyer-Kordesch, Johanna. "Comparative Difficulties: Scottish Medical Education in the European Context (c. 1690–1830)." In *The History of Medical Education in Britain,* edited by Vivian Nutton, and Roy Porter, 94–115. Amsterdam–Atlanta, GA: Rodopi, 1995.

Goody, Jack. *The Logic of Writing and the Organisation of Society.* Cambridge: Cambridge University Press, 1986.

Hess, Volker. "Formalisierte Beobachtung. Die Genese der modernen Krankenakte am Beispiel der Berliner und Pariser Medizin (1725–1830)." *Medizinhistorisches Journal* 45 (2010): 293–340.

Hess, Volker and Sophie Ledebur. "Taking and Keeping: A Note on the Emergence and Function of Hospital Patient Records." *Journal of the Society of Archivists* 32, no. 1 (2011): 21–33. doi: 10.1080/00379816.2011.563102.

Hess, Volker and Andrew J. Mendelsohn. "Case and Series: Medical Knowledge and Paper Technology, 1600–1900." *History of Science,* 48, no. 3–4 (2010): 287–314. doi: 10.1177/007327531004800302.

Hunter, Kathryn Montgomery. *Doctor's Stories: The Narrative Structure of Medical Knowledge.* Princeton, NJ: Princeton University Press, 1991.

Hurwitz, Brian. "Form and Representation in Clinical Case Reports." *Literature and Medicine* 25, no. 2 (2006): 216–40. doi: 10.1353/lm.2007.0006.

Ingram, Allan. *The Madhouse of Language: Writing and Reading Madness in the Eighteenth Century.* London: Routledge, 1991.

Kennedy, Margaret Ann. "A Curious Literature: Reading the Medical Case History from the Royal Society to Freud." PhD Diss., Brown University, 2000.

Kovács, Janka. "Elmebetegügy a 18–19. század fordulóján: elméleti keretek, koncepciók, megoldási javaslatok." [Mental health policy at the turn of the eighteenth and nineteenth centuries: Theoretical framework, concepts, proposals]. *Korall* 71 (2018): 7–26.

Kovács, Janka. "Az orvostudomány 'legsetétebb mezeje': Pszichológiai ismeretek a Habsburg Birodalom orvosi fakultásainak tananyagában a 18–19. század fordulóján." [The "darkest field" of medicine: Psychological knowledge in the curricula of the medical faculties of the Habsburg Monarchy at the turn of the 18th and 19th centuries]. *Gerundium Egyetemtörténeti Közlemények* 11, no. 3–4 (2020): 78–103.

Krász, Lilla. "From Home Treatment to Hospitalisation: General Trends in the Development of Hungary's Hospital Network." In *Europäisches Spitalwesen. Institutionelle Fürsorge in Mittelalter und Früher Neuzeit / Hospitals and Institutional Care in Medieval and Early Modern Europe,* edited by Martin Scheutz, Andrea Sommerlechner, Herwig Weigl and Alfred Stefan Weiss, 455–73. Vienna–Munich: Böhlau, 2008.

Krász, Lilla. "Az adatoktól az információig, az információtól a tudástermelésig: Az egészségügyijelentés-írás gyakorlata(i) a XVIII. századi Magyarországon." [From data to information, from information to knowledge production: The practice(s) of writing medical reports in 18th-century Hungary]. *Századvég* 70 (2013): 155–87.

Krász, Lilla. "Theoria medica és praxis medica: A tudásközvetítés változó útjai a medicinában a 18. század második felében" [Theoria medica and praxis medica: The changing methods of knowledge transfer in medicine in the second half of the 18th century]. *Századok* 151, no. 5 (2017): 1025–42.

Krász, Lilla. "Táblázatokba zárt tudás? Az orvosi tudásszervezés gyakorlatai a 18. századi Magyarországon" [Knowledge arranged into tables? Practices of knowledge organization in 18th-century Hungary]. *Kaleidoscope* 13 (2018): 223–50.

Krász, Lilla. "'Observing to describe, describing to observe': The Epistemic Turn of Medical Writing in the 18th Century." *Hungarian Studies* 33 (2019): 175–84.

Mendelsohn, Andrew J. "Empiricism in the Library." In *Science in the Archives: Pasts, Presents, Futures,* edited by Lorraine Daston, 85–109. Chicago, IL: Chicago University Press, 2017.

Pomata, Gianna. "Sharing Cases: The *Observationes* in Early Modern Medicine." *Early Science and Medicine* 15, no. 3 (2010): 193–236.

Porter, Roy. "The Patient's View. Doing Medical History from Below." *Theory and Society* 14, no. 2 (1985): 175–98.

Rédei Ildikó. *Historiae morborum: Kórtörténetek a 18–19. századból* [Historiae morborum: Case histories from the 18th and 19th centuries]. Budapest, Semmelweis Kiadó, 2016.

Geoffrey Reaume. "From the Perspectives of Mad People." In *The Routledge History of Mental Health,* edited by Greg Eghigian, 277–96. London: Routledge, 2017.

Risse, Guenter B. *Hospital Life in Enlightenment Scotland: Care and Teaching at the Royal Infirmary of Edinburgh.* Cambridge: Cambridge University Press, 1986.

Risse, Guenter B. "Clinical Instruction in Hospitals: The Boerhaavian Tradition in Leyden, Edinburgh, Vienna and Pavia." *Clio Medica* 21, no. 1–4 (1987): 1–19.

Scheutz, Martin and Alfred Stefan Weiss. "Spitäler im bayerischen und österreichischen Raum in der Frühen Neuzeit (bis 1800)." In Scheutz et al. eds. *Europäisches Spitalwesen*, 185–229.

Watzka, Carlos. *Vom Hospital zum Krankenhaus: zum Umgang mit psychisch und somatisch Kranken im frühneuzeitlichen Europa.* Cologne–Vienna: Böhlau, 2005.

Watzka, Carlos. *Arme, Kranke, Verrückte: Hospitäler und Krankenhäuser in der Steiermark vom 16. bis zum 18. Jahrhundert und ihre Bedeutung für den Umgang mit psychisch Kranken.* Graz: Steiermärkisches Landesarchiv, 2007.

Appendix

Table 2.
Cases of the York Retreat

Name	Age	Diagnosis
Margaret Holt	65	–
Rachel Raw	49	–
John Ellis	26	maniacal
Sarah Merill	50	insanity
Anne Noble	25	insanity
Joseph Reynolds	26	epileptic (falsely diagnosed as a lunatic at first)
Mary Evens	26	melancholic insane
Mary Pyle	50	insane
John Bower	45	disorder is of the melancholy kind
Mary Bayes	58	religious insanity
Elizabeth Thompson	56	insanity of the melancholy kind
John Waltonford	30	–
Thomas Ellein	39	religious melancholy
Sarah Delves	55	insanity, lowness of spirits
James Hashold	32	derangement
William Carcott	45	derangement
John Richardson	74	insanity
Mary Atkinson	54	deranged
Susanna Reynolds	72	–
Hannah Dumbleton	n. a.	incurable
John Fawcett	45	
John Gundrey	24	derangement
Hannah Ponsonby	56	derangement
Abigail Sheppard	20	–
Mary Prideaux	45	derangement
Katharine Patchett	45	–
Joshua North	n. a.	violent derangement
James Blouse	24	disorder of the melancholy cast
Hannah Forster	24	–
Solomon Chapman	50	a mixture of melancholy and mania alternating
Sarah Wood	64	derangement

Name	Age	Diagnosis
Samuel Clemesha	60	derangement
Ann Wallis	22	dementia
John Baker	43	derangement
John Young	46	derangement
Nathaniel Samms	54	derangement
Ann Gibbins	38	derangement
Judith Robert	30	insanity due to epileptic fits
Charles Spencer	50	his disorder is of the melancholic kind
Thomas Wellington	48	hypochondriacal melancholy
Richard Gunn	60	deranged
Mehitabel Moore	24	derangement
Elizabeth Flint	20	of the melancholic kind
Elizabeth Frith	40	melancholy
Hannah Woodewille	19	–
Susannah Winter	n.a.	epileptic fits, mental derangement
Hannah Bradshaw	c. 30	incurable
Mary Dearman	27	melancholic Insanity
Hannah Young	22	hysteria
Joseph Lupton	60	of the melancholy kind
Abigail Smith	36	in a state of insanity
John Fawcett	64	insanity
John Akins	51	melancholy
George Simpson	23	religious enthusiasm
John Lees	25	weak capacity, insanity
Sarah Cork	44	melancholy
Lydia Brown	29	insane
Elizabeth Bagg	41	melancholy derangement
Mr [?] Simmson	?	great confusion of ideas
Samuel Merill	22	–
Mary Mantle	57	many nervous affections
Charles Lloyd	42	insanity
John Smith	20	–
John Littlewood	38	melancholy kind
John Curtis Bentley	20	insanity of the melancholy kind
Rachel Evans	24	derangement
Chris Choat	57	palsy fit
Elizabeth Hamburg	42	–

Name	Age	Diagnosis
John Coleby	78	melancholy
Henry Perkins	30	melancholy derangement
Sybela Mallinson	57	insane, melancholia
Elizabeth Lancaster	?	imbecile state of mind
Jane Heslop	62	disordered imagination, insanity
Thomas Broadbent Bland	44	nervous & hypochondriacal symptoms
Mary Simms	44	drinking
Henry Bearle	23	furious mania
John Hall	69	mania
Martha Broadhead	17	insanity
George Tichell	29	mental derangement
Mary Fletcher	?	mental derangement
Ann Anderson	24	–
Elizabeth Jardine	38	low melancholy state
Susan Woodwille	35	deranged
Owen Weston	24	deranged
Ann Groves	22	–
Joseph Ruston	47	insanity melancholy
Joseph Russel Warwick	74	religious melancholy
John Payne	48	maniacal symptoms
Sarah Midwinter	31	–
Elizabeth Dickinson	71	–
Jane King	57	–
Edward Night	16	deranged
George Arger	74	–
Aaron Richardson	43	insanity
Jane Biggs	35	aberration of mind
Hannah Laycock	21	deranged
Mary Oddie	28	weak intellect
Edwin Swan Rickman	30	insane
Sarah Field	48	insane
John Kingston	28	imbecility of mind
Rebecca Bland	39	mental anxiety

Table 3.
Cases of the Prague Asylum

Name	Age	Diagnosis
N. N.	24	reiner Wahnsinn (ecstasis simplex)
N. N.	–	Wahnsinn mit Tollheit (ecstasis maniaca)
S. W.	41	Wahnsinn mit Wahnwitz (ecstasis paranoia)
J. F.	44	Wahnwitz (ecnoia)
P. J.	46	Verrücktheit mit Tollheit (ecnoia maniaca)
B. M.	40	reine Tollheit (mania simplex)
R. R.	40	religiöse Melancholie (melancholia religiosa, melancholia supersitiosa)
W. B.	44	reine Melancholie (melancholia simplex)
H. D.	27	Blödsinn mit Krämpfen (anoia simplex)
F. R.	28	reine Willenlosigkeit (abulia simplex)
F. S.	25	melancholia metamorphosis, melancholia zoantropica
A. U.	37	daemonomania
R. A.	23	reine Scheue (panphobia)

Table 4.
Cases of the Vienna Asylum

Name	Age	Diagnosis
A. Fr.	30	mania
W. J.	39	delirium tremens potatorum
B. G.	31	mania
W. Al.	26	mania acuta
M. Th.	32	melancholia cum convulsionibus
K. Al.	20	mania
V. Const.	16	mania ex onania
F. Fr.	24	mania
H. M.	27	mania acuta
P. T.	36	monomania melancholica
G. J.	30	mania puerperalis
S. J.	30	monomania anglica

Table 5.
Cases of the Edinburgh Royal Infirmary

Name	Age	Diagnosis
Elizabeth Erskine	28	hysteria
Betty McKay	53	hysteria (incurable)
Jane Murray	14	hysteria
Pringle Young	53	hypochondria
Jane Mitchell	23	hysteria
Margaret Christie	25	cephalagia from hysteria
Daniel Hill	65	hypochondria
John Williamson	35	mania
Christiane Scroggie	11	hysteria
Barbara Johnstone	20	hysteria

Table 6.
Cases of the teaching clinic of the University of Pest

Name	Age	Diagnosis
Elisabetha Szabó	17	epilepsiae cum hysterismo
Anna Obst	37	hysterismo cum infarctibus abdominalibus
Klara Werl	22	hysteria
Cunigunda Gramlin	23	hysteria
Julia Tergoth	18	hysteria cum methrorragia
Elisabeth Enzman	40	vomitus chronicum cum Hysteriasi
Barbara Roletsky	20	Hysteria cum Epilepsia
Rosalia Hany	18	Hysteria
Maximilianus Hirschl	31	Delirium Tremens
Anna Skarlein	21	Hyperkinesia Hysterica
Maria Havrekerin	26	Hyperkinesia hysterica
Susanna Schedner	27	Gastralgia cum Hyperkinesia Hysterica
Catharina Kohánė	50	Hyperkinesia hysterica
Maria Steiner	24	Hyperkinesia hysterica
Franciscus Schober	33	Hyperkinesia hypochondriaca
Anna Streditzin	36	Hyperkinesia hysterica
Fekete Sigismundus	26	Erotomania
Juliana Koszonits	26	Rheumatismus cum hyperkinesia hysterica
Anna Beck	16	Hysteria spasmorum hystericorum
Johannes Slavik	23	Melancholia
Anna Nagy	25	Paralysis rheumatica extermitatum superiorum et hysterismus
Anna Maria Navratill	50	Hysteria

Hungarian Historical Review 10, no. 2 (2021): 243–266

TEKA: A Transnational Network of Esperanto-Speaking Physicians

Marcel Koschek
University of St Andrews
mk314@st-andrews.ac.uk

The Tutmonda Esperanta Kuracista Asocio (Worldwide Esperanto Medical Association, TEKA) was founded in 1908 at the Fourth International Esperanto Congress in Dresden and was the international medical association of the Esperanto movement. The aim was to "facilitate practical relations between Esperanto-speaking doctors of all countries." The interest within the Esperanto movement was immense: after one year, TEKA had more than 400 members all over the world with a focus on Europe; one year later, there were more than 600 members with official representatives in about 100 cities. In Europe, a medical press in Esperanto had already been established. The approach of these journals was both simple and brilliant: the doctors presented the latest medical findings from their home countries in a peer review system and critically examined the articles in their vernacular. This made each issue a compendium of the most important and pioneering findings of national research. The numerous experts also had many other connections with, for example, the Red Cross and similar organizations. Thus, after a short period of time, TEKA brought together the expertise of countless physicians. This paper examines TEKA as a transnational network of experts before World War I. The history of the association and the role of Medicine within the Esperanto movement are briefly discussed. The focus is then on the various association journals and the circulation of knowledge. Finally, the essay offers a look at TEKA's cooperative endeavors with the Red Cross. It works from a transnational perspective and takes a close view of the actors and their personal backgrounds at appropriate points. Furthermore, lists of members and journal subscribers are provided in map form to make the global spread of the movement within medicine visible.

Keywords: Esperanto, transnationalism, internationalism, network of physicians

Introduction

The end of the long nineteenth century was a dynamic time during which groundbreaking changes were taking place in all areas of life. The decades before World War I were characterized by networking and internationalization as well as inventions and technical progress.[1] Even in medicine, the peak of internationalism

1 The following volume can serve as an introduction and overview of the internationalization of many areas of the time: Geyer and Paulmann, *The Mechanics of Internationalism*. The idea of an international

 DOI 10.38145/2021.2.243

did not pass without leaving its mark. In 1863, the Red Cross was founded, and in 1881, medical assembly began with the first International Medical Congress in London. At the time, Ludwik Lejzer Zamenhof, an ophthalmologist in Warsaw, also had thoughts on medicine, internationalization, and networking. In 1887, he published a brochure entitled *International Language*.[2] This booklet, which he published under the pseudonym *Dr. Esperanto* (literally meaning, "the one who hopes"), joined the list of numerous inventive and stirring writings of this period. With his idea of devising a simplified language, Zamenhof presented a solution to the problem of communication; his pseudonym quickly became the name for the language itself. Esperanto harmonized with the prevailing zeitgeist among educated elites, who soon began to gather internationally and develop platforms for exchange. The language quickly gained a foothold in medicine, as outbreaks of cholera and typhus and new fields such as bacteriology led to a strong need for exchange in the medical community.[3]

The majority of Esperantists in the early period before World War I came from urban middle classes, which "had the money and leisure to look beyond their own communities."[4] The exact proportion of physicians among the club members is very difficult to determine. For example, the address book of Polish Esperantists from 1909 provides lists of members but only incomplete professional information. Large university cities such as Lviv (15.6 percent), Warsaw (11.4 percent) and Krakow (6.3 percent) had the highest proportions of physicians among their members. In contrast, rural Esperanto societies only rarely had doctors among their members.[5] Nevertheless, the Esperanto doctors hoped that international cooperation with foreign colleagues would foster valuable exchange and progress. One of the arguments for learning Esperanto was the simplicity of the language and the claim that the vocabulary was "three-quarters known to anyone halfway educated."[6] The 1933 *Encyclopaedia of Esperanto* lists early mentions of the language in medical journals. These mentions include

language also emerged at the time, in particular Volapük from 1880 and the Esperanto descendant Ido from 1907. On science and language around 1900, see: Gordin, *Scientific Babel*. On the competing artificial languages: Garvía, *Esperanto and Its Rivals*.

2 Zamenhof, *International Language*.

3 Medical internationalism developed particularly in connection with the pandemics of the nineteenth century. This movement of sorts initially urged the fight against the new diseases at international sanitary congresses and led to the institutionalization of the Medical Society. Huber, "Pandemics," 394–407.

4 Tonkin, "Invented cities," 92.

5 Brzostowski, *Adresaro*.

6 Rosenberg, "Internationalismus," 203. All translations are made by the author.

a series of articles in the Russian journal *Vrach* in 1899 and, from 1900, primarily mentions in French journals. There were also discussions concerning Esperanto at two medical meetings in Russia in 1898 in Borisoglebsk and Voronezh.[7]

As the language spread internationally and was propagated by and among physicians, there were both positive and negative reactions. The example of *The British Medical Journal* can even be used to show a shift. In 1904, the language was described as a "body without a soul,"[8] and in 1906, it was characterized as useless, since "when learnt nothing has been acquired but a mixed 'pigeon' jargon."[9] In later years, the journal devoted more lines to the Esperanto movement. The report on the International Medical Congress in Budapest in 1909 contains a separate paragraph on the attempt to introduce the language. Although the author of the report writes with praise on the number of participants at the meeting of Esperantists, he notes that the group did not arouse any further interest among other participants. Furthermore, he also states that the need for a new language was not felt at the congress.[10] The journal also gave space to the following International Medical Congress in London in 1913. The dates of the meetings were announced before the congress, and a report on the meeting was published afterwards.[11] In contrast to Budapest, the London Esperanto Club held a reception which was not only attended by Esperantists but also attracted other congress participants.[12] Other large, internationally prominent medical journals such as *The Lancet* also printed submissions on the subject of Esperanto from 1905 onwards and abstained from making any critical remarks concerning the language that might have resembled the remarks found in *The British Medical Journal*.[13]

The Esperanto movement took a big step towards international cooperation in 1905 when it held its first World Congress in Boulogne-sur-Mer. After principles of the language and the movement were discussed in Boulogne, expert meetings were held at the congresses from 1906 onwards. At the second World Congress, Henri Dor, who later served as TEKA president, chaired the joint session of physicians and pharmacists. The discussion centered on an anatomical

7 Ŝirjaev, "Medicino," 364–65.
8 "An International Language," 321.
9 "The International Medical Congress," 34.
10 "The Sixteenth International Congress of Medicine," 888.
11 "Seventeenth International Medical Congress," 263.
12 "Esperanto," 427.
13 Whitaker, "An Esperanto Society for Men," 1292.

dictionary compiled by a group of French Esperantists.[14] In 1907, during the congress in Cambridge, the doctors were already meeting separately. There, the assembled doctors decided to join the Internacia Scienca Asocio (International Science Association), an Esperanto science society founded the previous year, as a specialist section. A proposal was made to contact an existing multilingual medical journal and request that it publish an Esperanto supplement.[15] The following congress in Dresden in 1908 led to the founding of TEKA.

The Creation and Development of TEKA

The institutionalization and organized unification of Esperanto physicians were achieved with the founding of TEKA. In TEKA's self-portrayal, the Polish doctor Wilhelm Róbin[16] is often listed as the initiator and founding father.[17] The reason for this was his article published in *Voĉo de Kuracistoj*[18] (Voice of Physicians, henceforth *VdK*) calling for the foundation of an Esperanto Medical Society before the World Congress in Dresden.[19] However, Róbin was not present at the congress and Leon Zamenhof took over the presentation of the project there.[20] The fact that the idea came from Róbin is not mentioned in the minutes of the Dresden congress. Furthermore, it must also be pointed out that Róbin was not the first Esperantist with the idea of founding an Esperanto Medical Society. This idea had already been advocated by Bronisław Skałkowski, Szczepan Mikołajski, and Izrael Fels in an appeal in the Polish Medical journal *Głos Lekarzy* (Voice of Physicians, henceforth *GL*) in November 1907.[21] Whether Róbin was aware

14 *Dua Universala Kongreso de Esperanto,* 111–12.

15 *Tria Universala Kongreso de Esperanto,* 125–26.

16 Wilhelm Róbin was a committed Esperantist since the establishment of the first Esperanto circle in Warsaw in 1893. There, he was engaged as secretary of the *Polish Esperanto Association* and official delegate of the *Universal Esperanto Association* (UEA) for Warsaw. At the international level, he participated in the World Congresses in Cambridge (1907) and Krakow (1912), as well as the International Medical Congress in Budapest 1909 and the UEA Congress in Augsburg in 1910. In addition to his TEKA involvement as secretary, he wrote other articles for *VdK* and later became editor of the periodical *Kuracisto*. Like many other Warsaw TEKA members, Róbin worked in the Jewish Hospital in Czyste as a gastrologist. During the interwar period, he was the first president of the Polish physicians association and vice president of Polish gastrologist association. Golec, *Słownik,* 185–87.

17 Dor, "Al Sinjoro," 10.

18 For technical reasons of the printing house, the first volume was published without a circumflex under the name "Vocho de Kuracistoj."

19 Róbin, "Organizo de kuracistoj-esperantistoj," 63–64.

20 Zamenhof, "Kuracistoj," 145–48.

21 Skałkowski, Fels, Mikołajski, "Odezwa do Lekarzy Esperantystów," 4–5.

of this appeal is not known. This is also contradicted by the fact that his name is not found among the subscribers to *GL* in 1907. Although the first appeal in *GL* did not lead to the founding of TEKA, the goals were consistent. The authors identified the first and most important task as the foundation of an association of Esperanto physicians in all countries. This association should represent the interests of their members at international medical congresses and advocate the introduction of Esperanto as a congress language. The creation of an international organ for the worldwide members was also planned. At the end of the appeal, it was noted that it should be sent to all the doctors listed in the *Tutmonda Jarlibro Esperantista 1907* (Worldwide Esperantist Yearbook). Furthermore, everyone should forward this appeal and publish it in their native languages in national journals.[22] We do not actually know the extent to which this suggestion was actually implemented or the idea was circulated in other national medical journals.

Due to the rapid increase in the circulation of *VdK* in the summer of 1908, an increasing number of physicians formed an alliance in favor of Esperanto. Mikołajski presumably remembered his proposal from the previous year and again suggested the creation of an official association in July.[23] In the following issue, which appeared only a few weeks before the upcoming congress in Dresden, Mikolajski's idea was elaborated by Róbin and presented to the subscribers.[24] As the official representative of the Universal Esperanto Association in Warsaw, he approached the headquarters and suggested the creation of the federation. At the second meeting of the Medical group at the Dresden Congress, an association was founded with the name *Tutmonda Esperanta Kuracista Asocio* on August 21, 1908. From the report in the official congress records[25] and a more detailed version of this report in *VdK*,[26] the founding of TEKA appears to have been a mere formality. Only the discussion about the future of *VdK* as an organ of the association was extensive, and the association to be founded was mentioned in the course of the discussion as a guarantee for the journal.

TEKA, as formulated in point 1 of its regulations, strived to promote "practical relations between Esperanto physicians of all countries."[27] The reports

22 Ibid.

23 Mikołajski, "Organizo de la kuracistoj-esperantistoj," 45–47.

24 Róbin, "Organizo de kuracistoj-esperantistoj," 63–64.

25 Zamenhof, "Kuracistoj," 145–48.

26 Krukovski, "IV. Kongreso Esperantista," 82–86.

27 Zamenhof, "Kuracistoj," 146.

of the president, Prof. Henri Dor from Lyon, and the secretary, Dr. Wilhelm Róbin from Warsaw, in the first official yearbook of 1909 explained further goals and working methods. Dor reported the hope that all larger cities and health resorts would have at least one TEKA contact person who would supply the local physicians with information.[28] Róbin added contacts in university towns to the list.[29] He also mentioned the goal of propagating the language at the International Medical Congress in Budapest in 1909. For this purpose, an independent congress commission was formed, which had to demonstrate at the meetings in Budapest that it was possible "to hold a scientific speech and free discussions in Esperanto."[30] As a final goal, Róbin added medical excursions to various health resorts, which were to take place before the Esperanto World Congress in Barcelona or the International Medical Congress in Budapest in 1909.[31] The positions already mentioned were supplemented with the addition of two vice presidents and a treasurer. These individuals formed the Central Committee. Ludwik Zamenhof also belonged to the Committee as Honorary President, as did his brother Leon Zamenhof as Honorary Consul.[32] Furthermore, TEKA had seven honorary members at the beginning.[33] At the national level, TEKA had consuls for 19 countries, including representatives for non-sovereign states such as Algeria and Poland. As further contacts, official representatives in 38 cities are listed in the yearbook.[34]

The Central Committee and the other members developed their own organizational structure of consuls and representatives. In 1910, the year in which membership was at its largest, TEKA had consuls in 29 countries, including non-sovereign territories, such as Bohemia, Galicia, and the Polish part of Russia.[35] Representatives were found in 115 different cities.[36] The representatives and

28 Dor, "Al Sinjoro," 10.

29 Róbin, "Kion ni faris?" 15.

30 Ibid.

31 Ibid., 16.

32 In addition to Ludwik and Leon Zamenhof, their brothers Aleksander and Henryk were also active as doctors and members of TEKA. The brothers' involvement in TEKA differed in manner and scope: Ludwik attended meetings during the Esperanto Congresses as honorary president, but he did not hold executive positions. Leon was honorary consul of TEKA and wrote for *VdK*. Aleksander contributed to the journal *Kuracisto* in 1913. No particular involvement can be ascertained on the part of Henryk, nor can it be proven whether he was still a member of TEKA after 1910. *T.E.K.A.-Jarlibro 1909*, 41. See also: Wincewicz et al., "Language and medicine," 287–92.

33 *T.E.K.A.-Jarlibro 1909*, 19.

34 Ibid., 19–23.

35 *T.E.K.A.-Jarlibro 1910,* 13–15.

36 Ibid., 15–21.

consuls had the task of collecting membership fees from the physicians in their regions and sending them to the treasurer. The representatives in health resorts were later highlighted separately, with the indication that doctors could send their patients there. In 1911, 18 representatives from health resorts were listed, most of which were located in German-speaking countries.[37]

Due to the financial hardships TEKA incurred in order to publish its own journal, membership classes were introduced in 1912. The TEKA membership fee in 1912 was 2 Spesmilo;[38] an Esperanto currency where 1 Spesmilo was the equivalent of half a dollar, 2.50 Swiss francs, or one ruble. First, the category of so-called protectors was created, who paid 10 Spesmilo a year.[39] By the end of 1912, 28 members of the TEKA had earned the title of protector through their fees.[40] In 1913, 21 members received the rank.[41] Despite the additional financial support from the protectors, the expenses in 1913 could only be covered with reserves from the previous year. The difference was around 600 Spesmilo, which was equivalent to 300 more membership fees. As the Executive Committee was aware that a doubling of membership was not feasible, further membership classes were introduced. In the form of a "grant fund," two further categories were introduced in addition to the protectors. The highest level became the patron, with an annual contribution of 30 Spesmilo, and the second highest level was the subventionist, with a contribution of 20 Spesmilo. In return, three issues of *Kuracisto* (Physician) were sent to the protectors, six to the subventionists, and 10 to the patrons for propaganda purposes. Furthermore, the groups of subventionists and patrons were given the right to elect their own TEKA vice president, who defended the interests of the journal in the Central Committee and cooperated with the editor-in-chief of *Kuracisto*.[42] The last issue of *Kuracisto* before the war lists five patrons, two subventionists, and 22 protectors as of June 1914, which amounts to a further 410 Spesmilo in income and could have ensured *Kuracisto*'s continued existence.[43]

37 "Alvokoj de la Komitato," 17.

38 The Spesmilo was an Esperanto currency where 1 Spesmilo was the equivalent of 0.5 US Dollar, 2.50 Swiss Francs, or 1 Russian Rouble. Within the Esperanto movement, international payments often took place via the *Ĉekbanko Esperantista* (Esperantist Cheque Bank), which undertook banking transactions with the Spesmilo in London from 1907 to 1917.

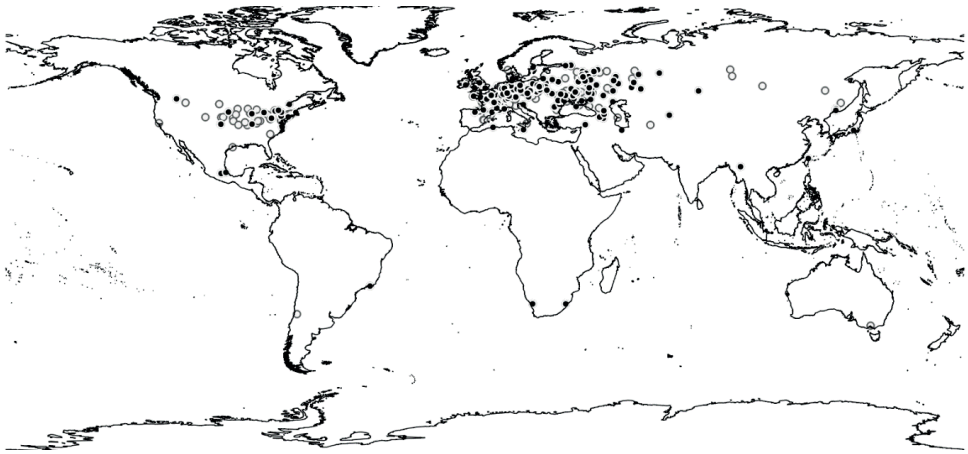
39 Róbin, "Kelkaj vortoj," 58.

40 Johnston, "Kasa Raporto," 48.

41 Ibid., 204.

42 Jameson Johnston, Ŝidlovskij and Weiss, "La centra komitato de T.E.K.A.," 203–4.

43 Alexander, "Kasa Raporto," 93.



Map 1. TEKA members around the world in 1909 (black dots) and new members in 1910 (white dots).

From the outset, the geographical distribution of TEKA members had its main concentration in East Central Europe.[44] One of the reasons for this was the fact that the first official TEKA journal, *VdK*, was based in Lviv and had reached both Polish and Russian Esperantists even before TEKA was founded. As an early Esperanto stronghold with many academic Esperantists, France was the second hotspot. From these centers, a strong propagation of the language took place after the foundation, which is reflected above all in the far reaches of Russia and North America. The subsequent period led to the opening up of new cities and their medical communities and also in increase in the number of

44 The map shown here is based on TEKA yearbooks from 1909 and 1910. The membership lists were converted into a database on the basis of which this map was made using Geographic Information Systems. I conducted my research at the Institute for Transnational and Spatial History at the University of St Andrews. Many scholars argue for the analysis of spaces and the use of transnational history as a point of view, and they support the use of maps and other visualizations. My broader project links these strands and applies them to technical methods in practice. By creating different maps, this work combines the concept of space with the perspective of transnational history. This is a novel blend of approaches and goes beyond previous methodical work and closes an existing gap in historical research. Based on membership lists, it is possible to link individuals with their places of residence and thereby represent the distribution within a town, a region, or globally. Despite the recent rise of interest in transnational spaces and networks, visualizations on this basis have never been done in this way for a historical movement. In a heuristic manner, the sparse information concerning names, addresses, and professions can result in extensive networks. Pierre-Yves Saunier also confirms this benefit, pointing out the importance of maps as historical tools. He argues that maps would help further understandings of the topographical dimension of flows in the world and that they unravel the intra-national process of centralization. Furthermore, maps can frame the analytical and narrative process and serve as an effective means of understanding and narration. See: Saunier, *Transnational History*, 126–27.

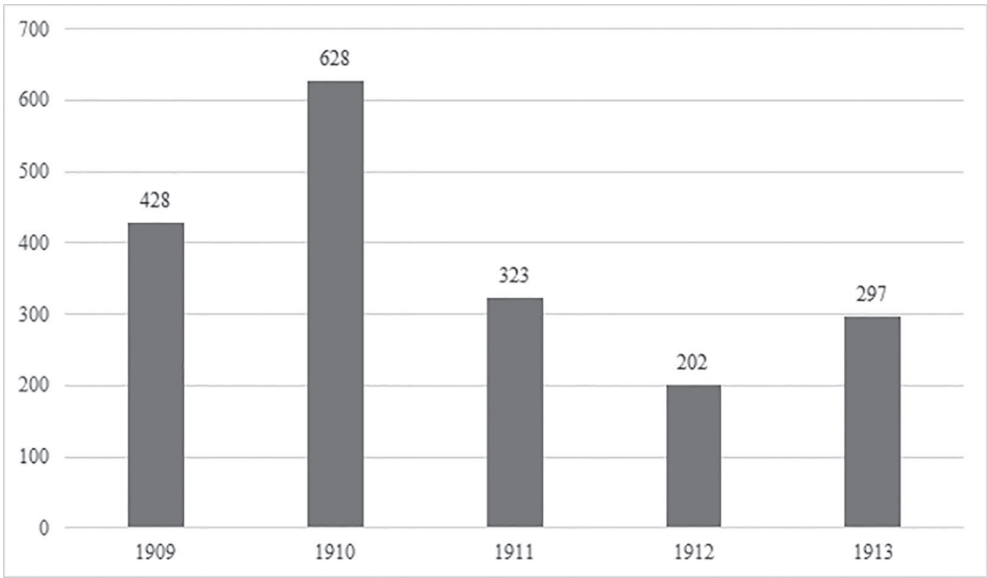


Table 1. Development of TEKA membership 1909–1913

TEKA members on the ground. Depending on the activity of the local group and the commitment of the members, the dissemination of TEKA varied. From Warsaw, the method of Wilhelm Róbin is known, who contacted all the Esperanto doctors he knew with the simple sentence: "If you want to subscribe to the newspaper, please sign your name on the list and pay one ruble."[45] Almost all his colleagues signed, and this method was presented as an effective example at the TEKA meeting in Dresden.[46]

The membership development of TEKA can be traced through the official publications of the association. After the foundation in Dresden in August 1908, the first yearbook with an extensive list of members was published in spring 1909. Another yearbook was published for the year 1910, showing an increase of about 200 new members. A new yearbook with the membership list for 1911 was announced but never published.[47] Therefore, for the following years, the list of paid members in the treasurer's reports is used to trace membership development. What is particularly striking about the overview is the rise towards 1910 and the drastic fall in the following year, which was caused by the discontinuation of *VdK* as the official journal. The 1909 yearbook presented the membership figures shortly after the foundation of TEKA. In 1909, information about the

45 Krukovski, "IV. Kongreso Esperantista," 84.

46 Ibid.

47 "T.E.K.A.-Anaro," 29.

existence of the association spread worldwide. A decisive factor was the official organ of the association, *VdK*, which had been in existence since the spring of 1908 and had almost 800 subscribers in 1909. At the end of 1910, however, cooperation between TEKA and *VdK* came to an end. At the beginning of 1911, the association had a new organ, but it was suspended after two issues. It was not until August 1911 that a new members' magazine was published. The *Oficiala Bulteno de TEKA* (Official Bulletin of TEKA) contains a critical report on membership development by Wilhelm Róbin, who was secretary at the time:

> The activities of the TEKA Committee were *paralyzed*[48] in 1911 in the full sense of the word. We did not propagate the Association because we could not do so due to the known major obstacles that occurred on the part of Dr. Th[alwitzer] (regarding the *Oficiala Bulteno*). We did not dare recruit new members and promise them regular delivery of the official organ... We experienced a terrible period. From all sides, complaints, protests, and just demands! […]
> The number of TEKA members is constantly growing, but unfortunately, this year we have lost many members who have been offended by the inaccuracy of our *Internacia Medicino* organ and by the stubborn silence of its publisher, who did not even respond to letters and prepaid telegrams.[49]

The publication of *Internacia Medicino* (International Medicine) under Adolf Thalwitzer as editor led to various problems. The first edition was published without proofreading and without TEKA's consent, resulting in several errors in quotations and mention of authors. Before the second issue, Thalwitzer had already received money in the amount of 186 membership fees for further publication, but he then no longer replied to letters from the committee, so cooperation between Thalwitzer and the TEKA was discontinued.[50] Compensation for this long period of declining membership could only be made through the constant publication of the journal *Kuracisto* from 1912 onwards. For the year 1914, *Kuracisto* contains evidence of 215 membership subscriptions received; however, the journal ceased to exist in June 1914, so the complete membership figures for the year are not known.

The further general development of TEKA remained unchanged. In 1910, a separate TEKA Congress was held at the UEA Congress in Augsburg.[51] The

48 Italicized in the original.

49 Róbin, "Raporto," 26.

50 "Cirkulero al T.E.K.A.-anoj," 1–3.

51 Ibid.

official Esperanto World Congress took place in Washington. It was attended by only a few Europeans because of the long distance. In the period just before the outbreak of the war, TEKA congresses were held during the World Congresses, with frequent visits to local institutions and clinics. Two lines of development were of particular importance: first, the TEKA medical newsletter as a link among the members, and second, cooperation with the International Red Cross.

Esperanto Medical Journals

The Esperanto-speaking medical community urged for correspondence journals early on in order to present their national findings to an international audience through the multitude of different nations. The first medical articles were published in *Internacia Scienca Revuo* (International Science Review), a generic scientific journal in Esperanto which was published in Paris from 1904. The Parisian Esperantists noticed the lack of a medical journal and began to publish *Internacia Revuo Medicina* (International Medical Review, *IRM*) in 1906.[52] This journal presented original articles in German, English, or French in one column and the respective translation in Esperanto in another column. Four issues of this journal were published that year before it ceased to exist. The editors' reports mentioned complaints about high subscription prices. Furthermore, it seemed that the desired number of subscribers and the general scope of the journal had not been achieved, as most of the articles were from French medical publications and thus French subscribers had little reason to subscribe.[53] The *IRM* is mentioned in the dissertation by Pierre Corret about the adoption of an international auxiliary language in medicine. According to Corret, it failed due to the lack of an interested audience.[54]

Voĉo de Kuracistoj,[55] on the other hand, was more successful and long-lived. This journal emerged from an existing Polish medical journal, *Głos Lekarzy*, which had already been successfully published in Lviv for several years. The editor, Dr Szczepan Mikołajski,[56] initially planned only the introduction of an

52 Vallienne, Verax, "Nia programo," 1.

53 Corret, "Utilité et possibilité," 71.

54 Ibid.

55 All issues of *VdK* have now been digitalized. The first volume is available in the online collection of the Austrian National Library. The other volumes can be found on the site of the Catalan Esperanto library Ramon Molera Pedrals.

56 Szczepan Mikołajski was a Polish physician from Krakow who was also active as a politician and journalist. Since 1902, he was working in Lviv, where he founded the journal *Głos Lekarzy*, which he

Esperanto section in his journal, but he was then encouraged by the high number of favorable responses to publish an independent journal. Two issues appeared in 1908 as free supplements, and from May 1908, the journal existed until its last issue in November 1911. Mikołajski also made use of the contributions from *VdK* for his newspaper *GL* and published Polish translations. He thus enriched his journal with many international contributions. The first issue of *VdK* from April 1908 was primarily aimed at Polish-speaking doctors, who had already been subscribers to *GL*. In an appeal to his fellow physicians, Mikołajski therefore formulated the aim of the journal to give Polish medicine and its achievements a proper forum, as it had hitherto been internationally underrepresented.[57] Although the journal remained in publication for only about four years, it was one of the longest-lived Esperanto journals before World War I. Between 1908 and 1910, *VdK* was the official organ of TEKA. However, as there were financial discrepancies in the forwarding of membership fees to *VdK* editorial office throughout this period and TEKA refused to accept Mikołajski's new conditions, he resigned from publishing it as the official organ.

Mikołajski distinguished himself as an experienced publicist who had been publishing his *Głos Lekarzy* in parallel since 1903. The journals provided clear structures and, by listing the coauthors and subscribers, they allowed for a variety of investigations. The year 1909 is suitable as a focus of inquiry since it was the year in which the first complete volume was published and *VdK* was the organ of TEKA for the entire year. The three areas that will be examined in more detail are: 1. the subscribers to the journal, 2. the authors, and 3. the reviewed journals.

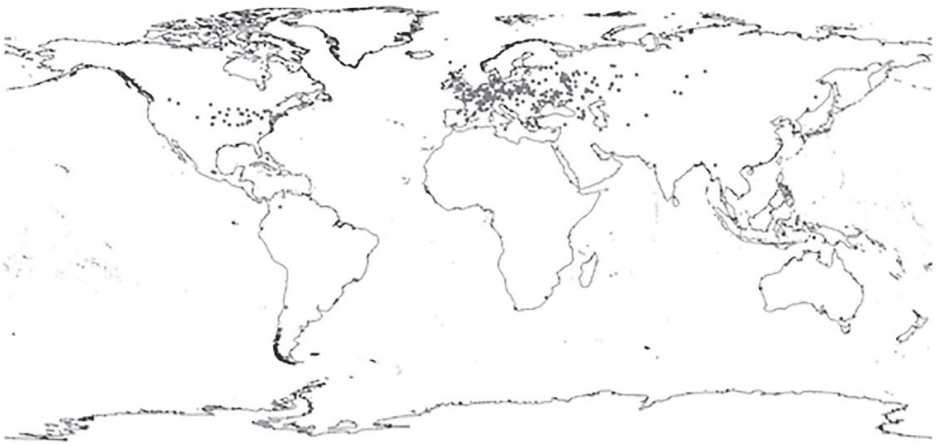
Subscribers

The distribution of subscribers can be visualized with the use of a map.[58] In 1909, the magazine listed its subscribers. A total of 1,005 entries can be found,

published for twelve years. Furthermore, he worked as a journalist for different local and medical journals. It is not known when he became an Esperantist, but from 1907, he showed sympathy with the movement in his journal. From 1908 to 1911, he was a committee member of the Lviv Esperanto society and also their vice president. He served as a treasurer of TEKA in 1910 and was actively involved in the organizing committee of the Esperanto World Congress in Krakow in 1912. Pilch, "Mikołajski," 156–57; Golec, *Słownik*, 145–46.

57 "Do Kolegów Esperantystów," 6.

58 This map shows the subscribers to *VdK* in 1909. Over the course of the year, the journal published extracts from the list of subscribers in each issue. I incorporated these entries into a database on the basis of which this map was created.



Map 2. Global distribution of *VdK* subscribers in 1909

but there are repeated entries and orders for multiple journals to the addresses of Esperanto clubs. Adjusted for these factors, the number of subscribers was 770. The subscribers were be found in 367 different locations. The main focus was clearly in Europe and a broad strip in the north of the USA. When looking at the individual cities, Warsaw leads with a figure of 64 subscribers.

Table 2. Amount of *VdK* subscribers in 1909 per city (more than 10) compared to TEKA members in 1909 and 1910

Location	Number of subscribers	Number of TEKA members 1909[1]	Number of TEKA members 1910[2]
Warsaw	64	56	53
Rio de Janeiro	46	1	13
Moscow	39	32	35
Lviv	35	2	3
Berlin	14	13	10
Dublin	14	0	16
St Petersburg	12	6	8
Budapest	10	0	9

1 T.E.K.A.-Jarlibro 1909.
2 T.E.K.A.-Jarlibro 1910.

VdK already benefitted from its function as an official TEKA organ in 1909. The 1909 TEKA Yearbook lists 428 members, which means that about 300 non-TEKA members belonged to the circle of subscribers. The comparison of subscribers and TEKA members shows that, in the cases of Rio de Janeiro,

Dublin, and Budapest, many subscribers joined TEKA in 1909. However, it is not yet possible to explain how the high number of 46 subscribers in Rio de Janeiro was achieved. The high number of subscribers in Lviv probably correlates with the place of publication as well as the connection to *Głos Lekarzy* as the predecessor journal. In Europe, there were many places where only one or a smaller group of subscribers was located. Larger accumulations were found in capitals such as Paris, Stockholm, Budapest, and Bucharest. Furthermore, no coherent clusters can be identified. The subscribers in the German Empire were relatively widely distributed. High subscriber numbers in Warsaw, Lviv, and Lodz provided a high absolute number of subscribers in Polish-speaking lands.

A cluster already noticeable in other visualizations, such as the World Congress participants, TEKA members, or publication sites of other Esperanto journals, can be identified north and along the 50th latitude. This *connectivity belt*[59] stretched from Dublin via London, Belgium, northern France, and central Germany through Bohemia and the Polish-speaking lands into the Russian countryside and ended around Moscow, at a similar latitude to Dublin.

Contributors

The following table shows the most active collaborators of *VdK* sorted by the number of their contributions in 1909. The high number of contributions is mainly due to scientific reviews of national novelties. The internist Izrael Fels, who, like Mikołajski, was based in Lviv and was already actively involved in *Głos Lekarzy*, ranks first. Fels frequently reviewed articles from Polish and German medical journals, but he also wrote reviews of English, Italian, French, and Russian publications in all disciplines; 97 of his articles were reviews and a correspondence. The large gap between Fels and L. Jenny is striking. With half as many contributions, the military physician Jenny submitted the second most articles. Jenny's contributions are exclusively reviews. He covered solely French medical journals but he dealt with all areas. In third place is the Russian physician V. Sobolev from Poltava, who contributed 36 reviews and one correspondence. Sobolev mainly covered Russian medical journals, and he also wrote on all fields. The places of residence of the authors listed here also correspond to the general distribution of the other contributors. Although there were also submissions

59 This term was invented by Dr. Bernhard Struck at a joint presentation on *Up and Down the Scales. Visualising the Esperanto Movement around 1900* at the Digital Humanities seminar at the University of Manchester on February 27, 2020.

from Australia, the Philippines, Japan, and the USA, the focus was clearly on East Central Europe and France.

Table 3. Contributors with more than 10 articles in 1909

Author	Location	Contributions in 1909
Izrael Fels	Lviv, Habsburg Empire	98
L. Jenny	Châlons-sur-Marne, France	44
V. Sobolev	Poltava, Russian Empire	37
René Badert	Tours, France	18
Edmund Sós	Vienna, Habsburg Empire	18
Wilhelm Róbin	Warsaw, Russian Empire	13
S. Kanner	Galaţi, Romania	11

However, no first publications of medical findings took place in *VdK*. In addition to a review section, the journal mainly collected international submissions to surveys initiated by the editor Mikołajski. The surveys were about more general medical matters, such as medical secrecy or the right to Sunday rest. On the one hand, these surveys were passed on to national medical journals,[60] but Mikołajski also used the submissions to enrich his Polish journal *Głos Lekarzy* with international submissions.

Reviewed journals

The last unit of investigation to be considered is that of the reviewed journals. From Mikołajski's goals for *VdK*, it is clear that he wanted to give the internationally underrepresented Polish science a larger potential audience through his journal. It would therefore had been reasonable to assume that, alongside Polish medical journals, journals from other smaller countries would also be represented. However, the following overview shows that mainly Russian and German journals were used as sources for the reviews.

60 In 1911, a *Survey on the Participation of Doctors in Duels* was published, which found its way into French, German, Bohemian, Polish, Russian, and Spanish medical journals. Javier Guerrero, "Voĉoj de kuracistoj," Esperantaj Bitoj (blog) November 19, 2020, https://bibliotekoj.org/esperantajbitoj/vocoj-de-kuracistoj.html.

Table 4. Overview of reviewed journals with more than 10 articles

Journal	Language	Number of articles reviewed
Vrachebnaya Gazeta (Saint Petersburg)	Russian	42
Deutsche medizinische Wochenzeitschrift (Berlin)	German	30
Khirurgiya (Moscow)	Russian	16
Wiener Klinische Wochenschrift (Vienna)	German	15
Medicinische Klinik (Berlin)	German	11
Przegląd lekarski (Krakow)	Polish	11
Russkiy vrach (Saint Petersburg)	Russian	10

Both the overview of the reviewed journals and the following overview of the source languages show that Mikołajski's goal was only partially achieved. German, French, and also Russian journal articles reflected the leading nations in medicine at the time, and they also corresponded to the backgrounds of the subscribers and contributors to the journal. However, the fact that Polish articles, of which there were 31, are ahead of English articles, of which there were 17, shows an increase in publication, which can, admittedly, be explained by the small number of English-speaking contributors.

These three examples show the reach and influence of a small and young periodical from the province of Galicia. After one year, *VdK* was able to build a functioning and coordinated editorial team. The two most important units, subscribers and contributors, were mainly based in East Central Europe, and their involvement with *VdK* ensured the transfer of medical knowledge and the supply of national findings to a worldwide subscriber base. The analysis of *VdK* exemplifies a platform for international medical cooperation. Although no medical discoveries were first published in *VdK*, the strength of the journal lay in the reviews of national findings. The coverage of German, French, and Russian articles made medical news from the countries which were leaders in medical research available to an international audience. The circulation of knowledge was successfully pursued in the medical journals of the Esperanto movement. However, it was mainly smaller nations that benefited from the reproduction of medical research in Esperanto. Since medicine, at least in Central Europe, was often dominated by English, French, and German before World War I, the journals served those who did not speak these languages themselves.

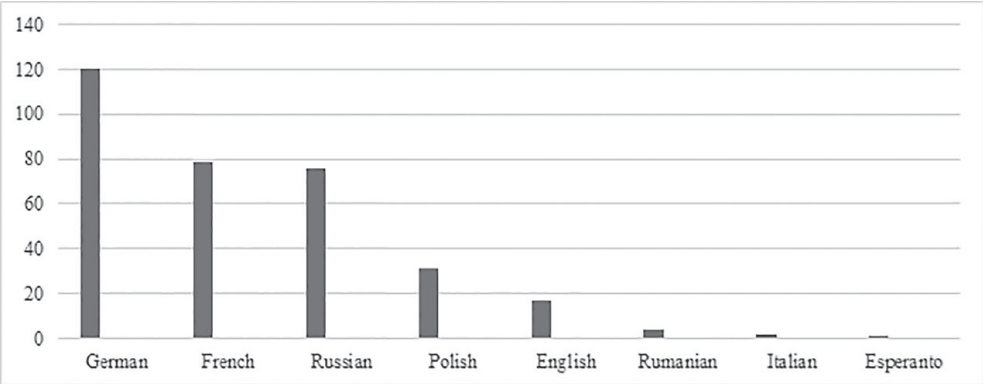


Table 5. Original languages of articles reviewed

After *VdK* ceased to be the official organ of TEKA at the end of 1910, it was not until 1912 that a new medical journal in Esperanto was published. *Internacia Medicino* published two issues in 1911, followed by the *Oficiala Bulteno de TEKA* from 1911 to 1912, which served more as a newsletter of the association than as a medical journal. The journal *Kuracisto*, which was published in Warsaw from 1912 onwards, was the last prewar journal until the outbreak of war in 1914 and, like *VdK*, it was in the hands of Polish Esperanto doctors. After World War I, *Internacia Medicina Revuo* was published from 1923 onwards, and its successor, *Medicina Internacia Revuo*, is today the official organ of the *Universala Medicina Esperanto Asocio,* TEKA's official successor organization.

Esperanto and the Red Cross

While the Polish Esperanto doctors were primarily involved in the work of the journal, cooperation with the Red Cross was largely in the hands of French Esperantists.[61] The French Lieutenant Georges Bayol published a booklet in French on *Esperanto and the Red Cross* in 1906. In this book, Bayol described the necessity of an international language for the Red Cross. The book also contains basic information on the language and its structure, as well as vocabulary lists and possible conversations in French and Esperanto.[62] Records of a gathering of Red Cross members at the international Esperanto congress in Geneva also exist

61 For overviews of Esperanto's role in the Red Cross, see: Sebert, "L'esperanto"; Hernández, "The Esperantist Movement's humanitarian activities"; Lavarenne, "Espéranto," 684–839.

62 Bayol, *Espéranto et Croix-Rouge.* Alongside the original French edition, the brochure has been translated into seven other languages.

for the same year.[63] Bayol spoke at the opening session of the Geneva congress on the introduction of the language within Red Cross societies, pointing out the great benefits of language in the societies.[64] At the third working session, he addressed the issue again and proposed that Esperanto should be spoken by Red Cross members who were providing or receiving care. Furthermore, he appealed to the English Esperantists to put the Esperanto question on the agenda at the next International Red Cross Conference in London in 1907.[65] The congress supported Bayol's proposal and published the following resolutions supporting the introduction of Esperanto within the Red Cross:

> Considering that because of the variety of languages spoken by the wounded, sick, and nurses in war, the use of Esperanto would facilitate the care of the sick, The Congress expresses the wish that the subject of "The language Esperanto applied for Red Cross Services" be included in the program of the next International Conference of the Red Cross to be held in London in 1907 that one or more Esperantists discuss this subject at the London Conference; that very active propaganda be made for Esperanto in all societies helping those wounded in war.[66]

A discussion of this request at the London Red Cross Conference in 1907 did not take place, as the request was submitted too late.[67] Nevertheless, the efforts of individual Red Cross societies to bring Esperanto into their associations did not stop. In 1908, the Société Française Espéranto-Croix-Rouge (French Esperanto-Red Cross Society, SFECR) was founded concurrently with TEKA.[68] Starting with the 1908 World Congress in Dresden, maneuvers were carried out in cooperation with the local Red Cross as part of the congress program to demonstrate that basic medical care was possible in Esperanto. Among the participants were local volunteers, who had had to familiarize themselves with the language in the previous months, as well as congress participants and delegates of the Red Cross. The first of these maneuvers took place in Dresden and was continued in Barcelona and Antwerp in subsequent years. Representing the Red Cross at the Dresden Congress was Adolphe Moynier, son of Red Cross cofounder Gustave Moynier, who acknowledged the serious progress of the

63 *Dua Universala Kongreso de Esperanto,* 115.

64 Ibid.*,* 16.

65 Ibid., 22–23.

66 Ibid., 29.

67 Sebert, "L'esperanto," 805. The draft proposal to the London Conference can be found ibid., 808–12.

68 *Statuts et réglement intérieur*.

language and its uses in various fields. Furthermore, he was positively surprised that, in preparing a Red Cross maneuver, the organizers managed to teach the nurses enough Esperanto in ten lessons to enable them to follow instructions and answer questions.[69]

The procedure of such an Esperanto Red Cross maneuver is described in detail for the year 1909. During the Barcelona Congress, the participants in this maneuver consisted of members of the Spanish Red Cross and the international congress participants. After being transported to the casualty station, the wounded were questioned and examined by doctors and nurses. The diagnoses and personal data were noted on special cards in Esperanto. The next step involved transport to the field hospital, where the wounded were classified according to their diagnosis cards. The last step was the removal of the wounded. As a result, the exercise was perceived as positive by the whole group. According to the report, there were no difficulties in communication among the different nationalities. Due to the events of the *Tragic Week*[70] in Barcelona in the forefront of the Congress, the language training of the Red Cross participants could only take place to a limited extent, but this was not noticed negatively during the exercise. At the Red Cross specialist meeting held during the Congress, the aspiration to introduce Esperanto to the organization was further discussed. The participants were convinced that the success of the exercise should be communicated. The report also indicated that some Red Cross groups had already offered Esperanto courses to their members. In addition, the Russian Red Cross had advised local committees to introduce courses on Esperanto. The US Secretary of War was also reported to have brought Esperanto to the attention of the National Red Cross.[71]

At the 9th International Conference of the Red Cross in Washington in 1912, the Esperanto issue was successfully presented. Madame Lardin de Musset from the SFECR presented the advantages of using the language in the Red Cross and reported on successful applications in maneuvers during Esperanto congresses. The speech was supported by an Esperantist from Cuba, who reported on the success of Esperanto in his home country. As the proposal to introduce Esperanto in the Red Cross again had not been registered on the agenda, the conference leader announced that it would be forwarded to the

69 Moynier, "Raporto de la Internacia Komitato," 43–48.

70 The Tragic Week was a series of violent confrontations between the Spanish army and different groups, such as anarchists, socialists, and republicans from July 26 to August 2 in Barcelona.

71 Thalwitzer, "Esperanto kaj la Ruĝa Kruco," 46–51.

Central Committee of the Red Cross.[72] An official endorsement of the language was not offered by the Red Cross until a few years after the war. At the 10th International Conference of the Red Cross in 1921, a resolution was adopted that the national societies should encourage their members to learn Esperanto.[73] The cooperation of the Esperanto movement with the Red Cross was welcomed by TEKA and mentioned in many places in its publications. However, it is noticeable that most of the supporters came directly from the French Red Cross and had mainly humanitarian backgrounds. As *inventions of the same period*, the Red Cross and Esperanto are among many other "idealistic internationalisms" the members of which have often been active in several movements, and their networks overlap in many places.[74]

Conclusion

TEKA was a typical internationally oriented association of its era. In a globalizing world, Esperanto-minded physicians from Europe were looking for an organization for international exchange. By founding an association, TEKA was able to extend its scope to various continents, especially with the help of medical journals in Esperanto, and it benefited from international meetings through the annual Esperanto World Congresses. TEKA also found its way into international medicine outside the Esperanto world and was presented in medical journals or at medical congresses as a solution to the language problem. Due to horrifying experiences of the war, the introduction of Esperanto into the Red Cross was an important concern. A few years before the outbreak of World War I, several initiatives to establish Esperanto officially as a language within the Red Cross failed. It was not until the tragic events of the war that the delegates voted in favor of the dissemination of Esperanto in the Red Cross in 1921. Though TEKA gave stimuli to the medical world in a few instances, it failed in its attempts to introduce Esperanto as a congress language at the International Medical Congresses in Budapest and London and as a language in the Red Cross. The strength was in providing medical information in Esperanto. This was reflected in the success of the journals and the resulting high number

72 *Neuvième Conference internationale*, 168–70.

73 Hernández, "The Esperantist Movement's Humanitarian Activities," 316.

74 John Hoberman describes these idealistic internationalisms in an article and refers especially to the personal overlap and participation in various international movements such as the Olympic Movement, Scouting, and Esperanto. Hoberman, "Toward a Theory."

of subscribers during *VdK* period. The attempt to continue the old heyday with and to compensate for the loss of many members was interrupted by the war.

Bibliography

Printed sources

Anonymous. "Alvokoj de la Komitato" [Appeal of the committee]. *Oficiala Bulteno de T.E.K.A.* 1, no. 1 (1911): 17.

Anonymous. "An International Language of Medicine." *The British Medical Journal* 1, no. 2249 (1904): 320–21.

Anonymous. "Cirkulero al T.E.K.A.-anoj" [Circular letter to TEKA members]. *Oficiala Bulteno de T.E.K.A.* 1, no. 1 (1911): 1–3.

Anonymous. "Do Kolegów Esperantystów" [To fellow Esperantist]. *Głos Lekarzy* 6, no. 8 (1908): 6.

Anonymous. "Esperanto." *The British Medical Journal* 2, no. 2746 (1913): 427.

Anonymous. "Seventeenth International Medical Congress." *The British Medical Journal* 2, no. 2744 (1913): 262–64.

Anonymous. "T.E.K.A.-Anaro" [TEKA Membership]. *Internacia Medicino* 1, no.1 (1911): 29.

Anonymous. "The International Medical Congress." *The British Medical Journal* 1, no. 2349 (1906): 33–35.

Anonymous. "The Sixteenth International Congress of Medicine." *The British Medical Journal* 2, no. 2543 (1909): 887–90.

Alexander, Robert. "Kasa Raporto, Por Aprilo 1914-a" [Cash report for April 1914]. *Kuracisto* 3, no. 6 (1914): 92–93.

Bayol, Georges. *Espéranto et Croix-Rouge*. Paris: Hachette, 1906.

Brzostowski, Aleksander Bolesław. *Adresaro de Polaj Esperantistoj por 1909* [Addressbook of Polish Esperantists for 1909]. Warsaw: Jan Günther, 1909.

Dor, Henri. "Al Sinjoro D-ro Thalwitzer" [To Dr Thalwitzer]. In *T.E.K.A.-Jarlibro 1909*, edited by Tutmonda Esperanta Kuracista Asocio, 9–11. Kötzschenbroda–Dresden: H. F. Adolf Thalwitzer, 1909.

Dua Universala Kongreso de Esperanto [Second Universal Congress of Esperanto]. Edited by Esperantista Centra Oficejo. Paris: Esperantista Centra Oficejo, 1907.

Jameson Johnston, George, Konstantin Ŝidlovskij, and Karl Weiss. "La centra komitato de T.E.K.A. adresas al ĉiuj asocianoj sekvantan gravan sciigon" [The Central Committee of TEKA addresses to all associates following important notification]. *Kuracisto* 2, no. 10 (1913): 203–4.

Johnston, George. "Kasa Raporto por Aŭgusto, Septembro kaj Oktobro 1913" [Cash report for August, September, and October 1913]. *Kuracisto* 2, no. 10 (1913): 204.

Johnston, George. "Kasa Raporto por Septembro kaj Oktobro 1912" [Cash report for September and October 1912]. *Kuracisto* 1, no. 3 (1912): 47–48.

Krukovski, Samuel. "IV. Kongreso Esperantista en Dresdeno" [IV. Esperantist Congress in Dresden]. *Vocho de Kuracistoj* 1, no. 8 (1908): 82–86.

Mikołajski, Szczepan. "Organizo de la kuracistoj-esperantistoj" [Organisation of Esperantist physicians]. *Vocho de Kuracistoj* 1, no. 5 (1908): 45–47.

Moynier, Adolphe. "Raporto de la Internacia Komitato de la Ruĝa Kruco pri la 4-a Kongreso de Esperanto" [Report of the International Committee of the Red Cross at the 4th Esperanto Congress]. In *T.E.K.A.-Jarlibro 1909*, edited by Tutmonda Esperanta Kuracista Asocio, 43–48. Kötzschenbroda–Dresden: H. F. Adolf Thalwitzer, 1909.

Neuvième Conférence Internationale de la Croix-Rouge. Edited by The American Red Cross. Washington: Judd & Detweiler Inc., 1912.

Róbin, Wilhelm. "Kelkaj vortoj pri T.E.K.A" [Few words about TEKA]. *Oficiala Bulteno de T.E.K.A.* 1, no. 3 (1911): 53–58.

Róbin, Wilhelm. "Kion ni faris?" [What did we do?]. In *T.E.K.A.-Jarlibro 1909*, edited by Tutmonda Esperanta Kuracista Asocio, 12–16. Kötzschenbroda–Dresden: H. F. Adolf Thalwitzer, 1909.

Róbin, Wilhelm. "Organizo de kuracistoj-esperantistoj" [Organisation of Esperantist physicians]. *Vocho de Kuracistoj* 1, no. 6 (1908): 63–64.

Róbin, Wilhelm. "Raporto de la Sekretario" [Report of the Secretary]. *Oficiala Bulteno de T.E.K.A.* 1, no. 2 (1911): 26.

Rosenberg, Artur H. "Der Internationalismus in der Medizin und Esperanto." *Medizinische Reform* 18, no. 19 (1910): 202–4.

Sebert, Hippolyte. "L'esperanto et les Sociétés de la Croix-Rouge." *Revue Internationale de la Croix-Rouge* 3, no. 32 (1921): 803–14.

Ŝirjaev, Ivan. "Medicino" [Medicine]. In *Enciklopedio de Esperanto* [Encyclopedia of Esperanto], edited by Lajos Kökény, and Vilmos Bleier, 364–65. Budapest: Literatura Mondo, 1933.

Skałkowski, Bronisław, Izrael Fels, and Szczepan Mikołajski. "Odezwa do Lekarzy Esperantystów we wszystkich krajach" [Appeal to Esperantist physicians in all countries]. *Głos Lekarzy* 21, no. 5 (1907): 4–5.

Statuts et réglement intérieur. Paris: Société Française Espéranto-Croix-Rouge, 1908.

T.E.K.A.–Jarlibro 1909. Edited by Tutmonda Esperanta Kuracista Asocio. Kötzschenbroda–Dresden: H. F. Adolf Thalwitzer, 1909.

T.E.K.A.–Jarlibro 1910. Edited by Tutmonda Esperanta Kuracista Asocio. Kötzschenbroda–Dresden: H. F. Adolf Thalwitzer, 1910.

Thalwitzer, Friedrich. "Esperanto kaj la Ruĝa Kruco" [Esperanto and the Red Cross]. In *T.E.K.A.-Jarlibro 1910*, edited by Tutmonda Esperanta Kuracista Asocio, 46–51. Kötzschenbroda–Dresden: H. F. Adolf Thalwitzer, 1910.

Tria Universala Kongreso de Esperanto [Third Universal Congress of Esperanto]. Edited by Esperantista Centra Oficejo. Paris: Esperantista Centra Oficejo, 1908.

Vallienne, Henri, and Charles Verax. "Nia programo" [Our program]. *Internacia Revuo Medicina* 1, no. 1 (1906): 1.

Whitaker, E. T. "An Esperanto Society for Men." *The Lancet* 2, no. 4287 (1905): 1292.

Zamenhof, Leon. "Kuracistoj" [Physicians]. In *Kvara Universala Kongreso de Esperanto*, edited by Esperantista Centra Oficejo, 145–48. Paris: Esperantista Centra Oficejo, 1909.

Zamenhof, Ludwik Lejzer [Dr Esperanto, pseud.]. *Dr. Esperanto's International Language*. Translated by Richard Henry Geoghegan. Warsaw, Samenhof, 1889. Originally published as *Международный язык* (Warsaw: Kelter, 1887).

Secondary literature

Corret, Pierre. "Utilité et possibilité de l'adoption d'une langue internationale auxiliaire en medicine." PhD diss., University of Paris, 1908.

Garvía, Roberto. *Esperanto and Its Rivals: The Struggle for an International Language*. Philadelphia: University of Philadelphia Press, 2015.

Geyer, Martin H., and Johannes Paulmann, eds., *The Mechanics of Internationalism: Culture, Society, and Politics from the 1840s to the First World War*. Oxford: Oxford University Press, 2001.

Guerrero, Javier. "Voĉoj de kuracistoj" [Voices of physicians]. Esperantaj Bitoj (blog) November 19, 2020, https://bibliotekoj.org/esperantajbitoj/vocoj-de-kuracistoj.html.

Golec, Józef. *Słownik biograficzny esperantystów polskich* [Biographical dictionary of Polish Esperantists]. Cieszyn: Józef Golec, 2010.

Gordin, Michael D. *Scientific Babel: How Science was done before and after Global English*. Chicago: The University of Chicago Press, 2015.

Hernández, José María Rodríguez. "The Esperantist Movement's humanitarian activities in the two World Wars and its relationship with the International Red Cross." *International Review of the Red Cross* 36, no. 312 (1996): 315–22.

Hoberman, John. "Toward a Theory of Olympic Internationalism." *Journal of Sport History* 22, no. 1 (1995): 1–37.

Huber, Valeska. "Pandemics and the politics of difference: rewriting the history of internationalism through nineteenth-century cholera." *Journal of Global History* 15, no. 3 (2020): 394–407. doi: 10.1017/S1740022820000236.

Lavarenne, Christian. "Espéranto: L'idée interne dans ses origines et quelques-unes de ses expressions et manifestations (aide ou obstacle à la diffusion de la langue?)." PhD diss., University of Paris 13, 2012.

Saunier, Pierre-Yves. *Transnational History*. Basingstoke: Palgrave MacMillan, 2013.

Tonkin, Humphrey. "Invented cities, invented languages: Esperanto and urban textuality, 1888–1914." *Language Problems & Language Planning* 40, no. 1 (2016): 85–99. doi: 10.1075/lplp.40.1.06ton.

Pilch, Andrzej. "Mikołajski." In *Polski Słownik Biograficzny* [Polish biographical dictionary], vol. 21, edited by Sobiesław Mieroszewski, and Władysław Morsztyn, 156–57. Wrocław: Zakład Narodowy im. Ossolińskich, 1976.

Wincewicz, Andrzej, et al. "Language and medicine in the Zamenhof family." *Acta Medico-Historica Adriatica* 8, no. 2 (2010): 287–92.

Hungarian Historical Review 10, no. 2 (2021): 267–300

Liberating Pathologization? The Historical Background of the 1961 Decriminalization of Homosexuality in Hungary*

Judit Takács,
Centre for Social Sciences, Hungarian Academy of Sciences Centre of Excellence; KWI Essen
takacs.judit@tk.hu
Tamás P. Tóth
Centre for Social Sciences, Hungarian Academy of Sciences Centre of Excellence;
Artist & Researcher in Residence Guiniguada, Canary Islands
p.toth.tamas@tk.hu

Analyzing the principles, considerations, and official explanations underpinning the (de)criminalization of sexual relations between same-sex partners can highlight that around the mid-twentieth century medicalizing references were used in legal and societal judgments on same-sex intimacy in Hungary (and elsewhere). In this study, we want to illustrate the medicalization process of social issues that otherwise seem difficult to "solve" (i.e., these issues, in this case, were put within a psycho-medical ambit) by focusing on a twentieth-century historical example from Hungary. The background of the decriminalization of consensual sexual acts between adult men in the 1961 Hungarian Penal Code will be explored in detail using previously unknown original archival material from 1958. This article will introduce the changes proposed by the Neurology Committee of the Health Science Council (HSC; *Egészségügyi Tudományos Tanács*) in 1958 leading to the HSC's unanimous support for a proposal to decriminalize "unnatural fornication" between consenting adults and to the actual decriminalization of homosexuality (i.e., decriminalization of consensual sexual acts between adult men) in 1961. The empirical foundation of the present study includes archival records from the National Archives of Hungary and other primary sources.

Keywords: homosexuality, (de)criminalization, social history, state-socialism, National Archives, Penal Code, Neurology Committee of the Health Science Council

Introduction

It would be pointless to look for homosexuality anywhere in the criminal codes that were in force in Hungary. This term, which was coined, together with the term "heterosexuality," by Károly Kertbeny, [1] an Austrian–Hungarian writer

* The authors gratefully thank Johann Karl Kirchknopf for his insightful comments on a previous version of the manuscript.

1 Takács, "The Double Life of Kertbeny."

 DOI 10.38145/2021.2.267

and journalist in the late 1860s, does not appear anywhere in these codes. In the second half of the nineteenth century, homosexual practices began to be punishable under the heading of "unnatural fornication" or literally "perversion against nature" *(természet elleni fajtalanság)* in the chapter on crimes and offences against sexual morality in Article V of the Criminal Code of 1878, the first Hungarian-language criminal code of the Hungarian Kingdom, which was drafted by Károly Csemegi, State Secretary of Justice of the Government of Kálmán Tisza.[2] Here paragraphs 241 and 242 drew a distinction between the offences of unnatural fornication committed between men or by a person to an animal on the one hand and the more harshly punished crime of unnatural fornication that involved violence or the threat of violence.[3]

The most important antecedent to the Csemegi Code of 1878 is the work of Tivadar Pauler, who served as Minister of Justice between 1872 and 1875, on criminal law studies, which was first published in 1864, just a few years before the Austro–Hungarian Compromise of 1867. Here, in paragraphs 396–400, unnatural fornication, i.e., *crimen sodomiae* or the crime of sodomy, is defined as "sexual intercourse contrary to the natural order," which should be punished because of its "gross violation of moral sentiment, irrational ignorance of the natural order, demeaning of human dignity, and the withering and harmful effects on one's intellectual properties and physical health."[4] Pauler's approach reflects a potential Austrian influence in terms of the offenders' gender, as according to the Austrian penal code sodomy could be committed not only by men but also by women (the "Tribadie" provision of the Austrian penal code was introduced in 1852 and remained in effect until 1971).[5] Pauler distinguished between three main forms of unnatural fornication: it was defined not only as sexual intercourse conducted with an animal or with a same-sex partner but also as a sexual intercourse conducted with a different-sex partner in an unnatural way. At the same time, "serious violations of morality and prudency" within family life were considered only petty offences.[6]

The Csemegi Code, which remained in effect for more than 80 years, differed in two major points from the legal text proposed by Pauler (1870): its prohibition of unnatural fornication affected neither different-sex partners

2 For more details about this historical period in Hungary, see Fónagy, "The Age of Dualism."

3 *Magyar Törvénytár.*

4 Pauler, *Büntetőjogtan,* 121.

5 Kirchknopf, "Ausmaß und Intensität"; Kirchknopf, *Fornication against nature.*

6 Pauler, *Büntetőjogtan,* 126.

nor same-sex female partners. However, the precise scope of what exactly constituted unnatural fornication was hard to determine, as was shown in the penal code interpretations by Károly Illés Edvi, a skilled prosecutor who took part in the writing of the Csemegi Code. In his view "in a broad sense it refers to the unnatural satisfaction of any kind of sexual lust," including "self-contamination and the use of inanimate objects […] these cases, however, have been ignored even by the old legal doctrine and legislation that distinguished three main forms of what could be interpreted as sodomy in a strict sense: sexual intercourse conducted with a) an animal […] b) a person of the same sex […] and c) a person of different sex in an unnatural manner. The case under b) included various unnatural activities that can be conducted among women (lesbian love), too. The present law completely ignores the latter case, which also divided the opinion of the old criminalists, and renders unnatural fornication between different sex partners punishable only as far as it was covered by § 233 [of the Penal Code on sexual assault]."[7]

Even a quarter of a century later, several points remained contentious regarding the exact scope of unnatural fornication. For example, Pál Angyal, a criminal lawyer who specialized in issues concerning sexual morality and a leading figure of the Hungarian lawyers' society in the early twentieth century, outlined the desirable changes regarding the future criminal policy in the following way:

> *de lege feranda* [...] 1. onanism should remain unpunished, 2. punishment of fornication between men should be sustained [...] 3. unnatural fornication between women should be criminalized 4. punishment of bestiality should be sustained only because it is morally undesirable to delete an existing ban [...] 5. necrophilia [should be punished] only in the case of causing scandal (possibly under the heading of desecrating a corpse or crime against religion) 6. criminalizing unnatural fornication conducted between different sex persons is unreasonable (except for the cases covered by 233 § of the Criminal Code) because these acts quite often precede or follow normal intercourse […] but fornication conducted by a woman with an adolescent boy should be punished […] 7. seduction to commit homosexual acts or offering these services, however, should be rendered punishable.[8]

In Angyal's argument, it is striking to see the double standard applied to non-reproductive sexual practices in terms of the sex of the alleged fornicators: if the

7 Edvi, *A magyar büntetőtörvénykönyv magyarázata,* 294–95.

8 Angyal, *Szemérem elleni bűntettek*, 78.

acts were conducted by same-sex partners, they were seen as having the potential to cause social harm. At the same time, non-reproductive sexual practices conducted by different-sex partners were depicted as belonging to a broader repertoire of sexual activities or sexual play (such as foreplay), which in the worst case could be interpreted at an interpersonal level as morally wrong. This is why Angyal would have preferred to introduce the criminalization of same-sex "fornication" between women in addition to maintaining the prohibition of same-sex "fornication" between men, while avoiding the criminalization of fornication between different-sex partners.

Criminalization: A Contested Issue

Criminalization of consensual sexual practices between same-sex individuals, especially between adult men, has been a contested issue in Central Europe since at least the second half of the nineteenth century. There had been no discussion of legalization up to this point in time, because for centuries, any queer act transgressing the ostensibly God-given authority of the Church and the monarch had been covered by the broad category of sodomy or unnatural fornication. In the period before the concepts of homosexuality and heterosexuality had been invented, sodomy was understood as an act that could be committed by anyone, regardless of that person's sex or the sex of the person with whom the act was committed.[9]

In the 1860s, the German writer and jurist Karl Heinrich Ulrichs argued for decriminalization in a biologically essentializing manner: in his view, *urnings,* i.e., men who loved men, characterized by a certain degree of femininity of the soul, made up a third sex.[10] Thus, according to Ulrichs, adult men in a consensual sexual relationship with each other should not be prosecuted for acting upon their nature-given innate drive. Ulrichs and Kertbeny had known each other since 1864: in that year, Kertbeny's book on the Austrian American writer Charles Sealsfield was published, in which Ulrichs found "the first mention of my theory in print." Ulrichs considered Kertbeny one of his first "comrades."[11] They regularly corresponded until 1868, when their disagreement about the practicality of their urning/homosexuality concepts in the argument for decriminalization

9 As Foucault points out, "The sodomite had been a temporary aberration; the homosexual was now a species." Foucault, *The History of Sexuality,* 42.

10 Kennedy, *Ulrichs*, 63–64.

11 Ibid.,189.

reached its peak. One of their points of dispute concerned the issue of gender inversion, which Ulrichs presented as an all-encompassing explanation for same-sex desire: in his view, the "truly feminine nature" of urnings would render them biologically more like women than men. In contrast, Kertbeny, while he also observed that homosexual men "like to socialize with women, with whom they behave not as men, but rather as though they were women, loving gossip, domestic work, and concerns, and devoted to each other like sisters," did not see gender inversion as an essential feature of homosexuality.[12]

While at first, they both seemed to agree about the necessity of looking for the scientific proof of the inborn nature of homosexuality, Kertbeny later saw this as a useless argument, because of its limited power to persuade legislators. In fact, the first known appearance of the new terms homosexual and heterosexual can be traced to the private letter written by Kertbeny to Ulrichs in 1868, in which Kertbeny put forward a classic liberal argument of non-intervention by the modern state in the intimate lives of its citizens:

> To prove innateness [...] is a dangerous double-edged weapon. Let this riddle of nature be very interesting from the anthropological point of view. Legislation is not concerned whether this inclination is innate or not, legislation is only interested in the personal and social dangers associated with it [...] Therefore, we would not win anything by proving innateness beyond a shadow of doubt. Instead, we should convince our opponents—with precisely the same legal notions used by them—that they do not have anything at all to do with this inclination, be it innate or intentional, since the state does not have the right to intervene in anything that occurs between two consenting persons older than fourteen, which does not affect the public sphere, nor the rights of a third party.[13]

In 1869, however, in an anonymously published open letter to the Prussian Minister of Justice, Kertbeny called for the elimination of the Prussian penal code criminalizing same-sex sexual activities by emphasizing that "homosexual impulses are not optional […] but rather congenital," which "excludes the thought that homosexuals in time, can be made to join the ranks of the majority, which has been born with the stronger drive, normalsexualism."[14] This was the first time that the word homosexual, created from the Greek *homo* ("same")

12 Tobin, *Peripheral Desires,* 125.

13 Translated by the author from Kertbeny, Levéltöredék. For the English translation of the full document, see Pretsell, *The Correspondence of Karl Heinrich Ulrichs*, 199–205.

14 Kertbeny, "An Open Letter," 72.

and the Latin *sexus* ("sex"), was publicly used. In this political pamphlet, which was reprinted in 1905 by Magnus Hirschfeld as "one of the best works on the homosexual problem,"[15] Kertbeny tried to merge Ulrichs' innate drive argument with that of privacy:

> It is obvious to thinkers educated in anthropology that those who are constrained by such [homosexual] drives either meet with individuals of their own nature, and, therefore, there is absolutely nothing at all to justify objecting to such reciprocal inclinations, because both are lacking normalsexuality by nature, and, therefore, it would be asking too much of them to live their whole life long in absolute chastity, and to submit their existence to a penalty because, through no fault of their own, nature organized them with this very constraint. Or however, such homosexuals turn their inclinations to normalsexuals; and if the modern constitutional state makes a concession to the latter, in principle, in all cases in which no rights of others are injured by it, that they will be allowed to do with their bodies as they please, then it will not be necessary to differentiate between acts, whether the same are natural or would-be unnatural, if they are practiced by the opposite sex or the same sex.[16]

Despite the opposition of Ulrichs, Kertbeny and others, including even the Royal Prussian Scientific Commission for Medical Affairs, in 1871, after the first German unification, the Prussian anti-sodomy statute was introduced as Paragraph 175 into the new German Imperial Criminal Code.[17] The introduction of Paragraph 175 facilitated the continuation of criminal prosecution in some parts of Germany, such as Prussia, while it meant the re-criminalization of consensual homosexual acts in other parts of Germany, including Bavaria, Württemberg, Baden, Hanover, and Brunswick.

At the very end of the nineteenth century, decriminalization arguments surfaced in Hungary, too. For instance, in 1894 András Eördögh, a Hungarian lawyer, challenged the article on unnatural fornication by pointing out that it is nonsense to outlaw acts that cannot be prevented and take place mostly in publicly concealed ways, including "the act of consensual sodomy conducted by adults in secrecy that makes the act inherently unpreventable."[18]

15 Kennedy, *Ulrichs*, 186.

16 Kertbeny, "An Open Letter," 72.

17 Beachy, "The German Invention of Homosexuality," 804.

18 Eördögh, "A büntetőtörvény 241. §-áról," 4.

In the early years of the twentieth century, Hungarian abolitionist lawyers were of the opinion that unnatural fornication should not be rendered punishable by law because it was increasingly seen as a medical rather than legal issue. Instead of legal expert involvement, abolitionists argued for shifting the social responsibility to medical experts, as only physicians would be able (they thought) to distinguish between the symptoms of an inborn mental illness and illicit intemperance. For instance, in 1905, Péter Reich, an abolitionist lawyer, argued for "deleting pederasty from all modern penal codes" on the basis of the "fully elucidated medical notions about pederasty deriving from a degenerate mental disposition" and the recognition that "punishment does not contribute to the improvement of the pederasts' condition: they cannot resist their inclination no matter how long they would be imprisoned […consequently] deterrence is out of the question."[19] Applying a "cure instead of imprisonment"-framework potentially involved prescribing social isolation that practically meant that the person had to be locked up in specialized medical or mental institutions, an increasingly popular view across Europe (see, for instance, the case of Oscar Wilde).[20]

It is not difficult to see that abolitionist arguments, common in the medical literature of the period,[21] were far from recognizing individual rights and liberties or reflecting the social acceptability of same-sex attraction-based relationships. Rather, their main point was about letting these forms of behavior and relationships, which were typically conducted secretively due to their stigmatization by society, remain concealed so that the chances of social exposure would be minimized, while through criminalization, these cases could easily attract more widespread attention, for instance, by media representations focusing on the "scandalous" details of suspects' lives. While Hungarian abolitionists did not achieve their goals for more than half a century, some of their arguments resurfaced at the 1958 meeting of the Neurology Committee, which will be discussed later in detail.

19 It should be noted that Reich used Ulrichs' urning terminology in his text, in which he refers to urnings as being characterized by (gender) inversion and thus, from their perspective, driven by their feminine inclination, homosexuality might seem to be a natural state of affairs. Reich, "A természet elleni fajtalanság büntethetőségéről," 90.

20 Janes, "Oscar Wilde."

21 Borgos, *Nemek között*.

Changing Decriminalization Landscapes in Twentieth-Century Central and Eastern Europe

To appraise the Hungarian developments in a regional context, we will give a quick overview of the decriminalization landscapes in the former Eastern Bloc countries, where we can see a diversity of approaches to (de)criminalization of same-sex sexual practices. For example, after the reintroduction of a comprehensive anti-homosexuality legislation in 2013, prohibiting the "propaganda of non-traditional sexual relations"[22] at the Russian state-level it is perhaps hard to believe that there was a Russian sexual revolution in the early twentieth century.[23] The first Soviet-Russian criminal code of 1922 abolished the sodomy laws of tsarist Russia. Indeed, the very first Penal Code proposal of January 1918, only months after the October Revolution, no longer contained the old sodomy legislation, and it set the age of consent for both homosexual and heterosexual acts at 14 years of age.[24] The Soviet-Russian sexual revolutionary period and the transitional legalization of same-sex relationships as part of it came to an end with Stalin's rise to power. The 1934 Soviet Criminal Code recriminalized consensual sexual acts between same-sex adults, and re-decriminalization took place only in 1993. The temporary decriminalization of homosexuality between 1922 and 1933[25] reflected the rejection of moral standards based on religious belief,[26] and the Bolsheviks' transient position about the criminalization of homosexuality being a bourgeois relic. Stalinism, by contrast, "relied on an intolerant and negative view of sex," and "for the sake of both the nation and the Communist Party,"[27] Stalinism demanded marital and family stability from its citizens. Framing of homosexuality as detrimental to the nation was also a familiar argument used in Nazi Germany about sexual life to serve the goal of preserving the race and the nation, and homosexuality was heavily condemned due to its "asocial" character and its "adverse effects on the German birth rate."[28] We can also observe similarities in the treatment of communists and homosexuals during McCarthyism in the US in the 1950s,

22 Kondakov, "Rethinking of the sexual citizenship," 402.

23 Stella, *Lesbian Lives in Soviet and post-Soviet Russia.*

24 Healey, *Homosexual Desire in Revolutionary Russia*; Healey, "Homosexual Existence and Existing Socialism."

25 Healey, *Homosexual Desire in Revolutionary Russia.*

26 Hildebrant, "Routes to decriminalization."

27 Herzog, *Sexuality in Europe*, 100.

28 Pine, *Nazi Family Policy,* 122.

comparable with state-socialist considerations of homosexuals being "unreliable elements," characterized by high levels of "blackmailability"[29] and limited (reproductive) contributions to building state-socialism.

Poland took up a unique position in this regard, since in the period between the 1930s and the 1980s, it had "a more progressive legislation towards homosexuality than some Western Bloc countries."[30] In fact, the Polish Penal Code, based on the French example (i.e., the Napoleonic Penal Code of 1810, based on the French Penal Code of 1791) never forbade sodomy. However, Russian, Prussian and/or Austrian criminal law was applied depending on the particular jurisdiction of the various Polish territories. Today it might sound surprising, but, disregarding the Soviet-Russian criminal code of 1922, the Polish criminal law of 1932 was the first in Europe to decriminalize homosexuality in the twentieth century.[31]

Romania can also be considered an exceptional case. Here, criminalization of consensual homosexual acts for both men and women was introduced for the first time, coincidentally, just two years after homosexuality was re-criminalized by Stalin in the Soviet Union. The 1936 Romanian Penal Code came into effect during the chaotic years preceding World War II, when the Kingdom of Romania was more aligned with Nazi Germany than Soviet Russia.[32] New Romanian legislation entered into force in 1996, criminalizing homosexual acts performed in public places or in a scandalous manner; in addition, the legal regulations opposing "homosexual propaganda" also restricted gay and lesbian people's freedom of expression and association:[33] the infamous "section 200" (i.e., Article 200 of the 1968 Romanian Penal Code, criminalizing public manifestations of homosexuality) was abolished only in 2001.

The notion that homosexuality is a pathological phenomenon and therefore ought not to be punishable by law was essential to the state-socialist governments' decisions to legalize consensual homosexual sex in Czechoslovakia and Hungary in 1961, but they each relied on different medicalized approaches. Sexology research flourished after the opening of a Czech sexology institute by Josef Hynie in 1921 in Prague, which remained in operation during the

29 Moss, "The Underground Closet," 230.

30 Szulc, *Transnational Homosexuals in Communist Poland*, 91.

31 It should be noted that in quite a few European countries, homosexual activities were decriminalized already in the eighteenth and the nineteenth centuries, including France (1791), Belgium and Luxembourg (1795), the Netherlands (1811), Spain (1822), and Italy (1890).

32 HRW, *Public Scandals.*

33 Long, "Gay and lesbian movements in Eastern Europe."

state-socialist period. Hynie and his colleagues applied medical rather than criminal approaches to sexual deviations; regarding the sexological treatment of homosexuality, Czech physician Kurt Freund played an especially important role.[34] After his failed aversion therapy experiments of the 1950s, Freund came to the conclusion that homosexuality is not "curable" with medication or any other form of therapy, such as electroshocks. He became increasingly convinced that homosexuality ought to be decriminalized, and thus he came to feel that counseling self-acceptance is advisable. Freund admitted that he was not happy about his "therapeutic experiment which, if it has 'helped' at all, has helped clients enter into marriages that later became unbearable."[35] Freund took part in organizing a legal-psychiatric seminar, where psychiatrists, sexologists, legal experts, and representatives from the police drafted a consensual proposal about the unnecessity of the prohibition of homosexual acts, which contributed to the renewal of the Czechoslovak Penal Code in 1961.[36] The initial draft of the new Czechoslovak Penal Code in March 1961 maintained the general penalization provision for homosexual acts, but its final form criminalized only homosexual acts between adults and minors (youths under eighteen), prostitution, or sexual acts performed under circumstances regarded as a public scandal.[37] The law came into effect on January 1, 1962, half a year earlier than the Hungarian provision, and an equal age of consent at the age of 15 was introduced as early as 1990, much sooner than it was in Hungary.

In 1968, Bulgaria and the German Democratic Republic (GDR) decriminalized male same-sex sexual activity on the grounds that homosexuality is a medical matter rather than a police matter.[38] However, Bulgaria retained laws against acts that "cause public scandal or entice others to perversity,"[39] and Bulgaria set a higher age of consent for homosexual acts than it did for heterosexual sex (18 and 14, respectively), while in the GDR the prohibition of consensual homosexual acts was removed only between adult men, although this prohibition had not been enforced in practice since the end of the 1950s.[40]

In the same year, Yugoslav legal experts argued against repressive measures for dealing with "deviant sexual behavior of two consenting adults" and defined

34 Davison, "Cold War Pavlov"; Sokolova, "State approaches to homosexuality."
35 Freund, "Should homosexuality," 239.
36 Sokolova, "State approaches to homosexuality"; Davison, "Cold War Pavlov."
37 Seidl, "Decriminalization of Homosexual Acts."
38 McLellan, "*Love in the Time of Communism*."
39 Torra, "Gay rights after the Iron Curtain," 75.
40 McLellan, "Glad to Be Gay Behind the Wall."

homosexuality as a "less dangerous social phenomenon" in an official report.[41] This led to the first Yugoslav decriminalization wave in the Socialist Republics of Croatia, Slovenia, and Montenegro and in the Socialist Autonomous Province of Vojvodina (in the northern part of Serbia, with a considerable Hungarian ethnic minority) in 1977. In Slovenia and Montenegro, the age of consent remained 14 years of age for all, while in Croatia and Vojvodina the age of consent for homosexual acts was set at 18.[42] A second wave of decriminalization took place only after the dissolution of Yugoslavia in the former Yugoslavian republics that had not repealed their relevant laws earlier, starting with Serbia in 1994.

As the Soviet Union maintained criminalization from the 1930s until its collapse in 1990, decriminalization could start only in its successor states, including Ukraine in 1991, Estonia and Latvia in 1992, Lithuania and Russia in 1993, Belarus in 1994; followed by Albania and Moldova in 1995, and Romania in 1996.[43]

The diversity in the timing and forms of decriminalization (and in some cases, re-criminalization) of homosexual practices challenges interpretations of the region as a homogeneous bloc. Several factors contributed to the heterogeneity we found, including varying cultural, legal, and religious traditions, criminalizing and/or pathologizing approaches, as well as democratic and economic conditions. In the discussion below, we offer a closer look at the specific details of the 1961 decriminalization in Hungary.

Legalizing Same-sex Sexual Acts between Consenting Adults in Hungary

The "decriminalization of homosexuality," as the legalization of same-sex sexual acts between consenting adults has often been referred to, was not realized in Hungary until Act V of 1961 of the Hungarian Penal Code of the People's Republic of Hungary came into effect. In the state-socialist criminal code, which entered into force on July 1, 1962, "unnatural fornication" was discussed under Paragraphs 278–279, alongside other crimes against sexual morality. One of the main novelties of this new legislation was what was left out of it: in particular, the "general, i.e., completely unrestricted, penalization of unnatural fornication."[44] With the introduction of this legislation, consensual homosexual

41 Takács, Kuhar, and P. Tóth, "Unnatural Fornication Cases under State-Socialism," 1949.

42 Torra, "Gay rights after the Iron Curtain."

43 Hildebrant, "Routes to decriminalization."

44 OGyI, 270.

activity between adult men ceased to be criminalized in Hungary, as did bestiality. Additionally, the definition of potential perpetrators and victims also changed: gender equality was introduced in the sense that from this point on, both men and women could be prosecuted equally for "unnatural fornication." According to the official reasoning justifying the bill presented to the Hungarian Parliament on December 15, 1961,

> [H]omosexuality is either an inborn sexual perversity rooted in a developmental disorder or an acquired anomaly that develops mainly within neurotic people as a result of some sort of sexual impression during childhood, adolescence, or at a young age. According to medical observations, even in the case of acquired homosexuality or of those who wanted to free themselves (from homosexuality), the soundest therapy could hardly ever lead to the desired result. Homosexuality is a biological phenomenon and can therefore not be handled legally as a crime. Finally, in the course of its legal regulation, the practical point should be considered that criminalization of such behavior would provide a wide scope for blackmail.[45]

The medical(ized) definition of homosexuality that was used as a main reference point in introducing the new legislation offers one indication that, by 1961, the disease models of homosexuality had also reached Hungarian policy-makers. While we cannot be sure exactly how this happened, we can certainly assume that it was the combined effect of several causes, including a wider sense of political relief at the end of the totalitarian Rákosi era (the historical period named after Mátyás Rákosi, the General Secretary of the Hungarian Communist Party between 1948 and 1956), followed by a process of modernization in family policy,[46] starting with the liberalization of the previously very strict abortion regulation, and the gradual reinstating of psy-sciences, which had been practically banned during the Rákosi era.[47]

With the crystallization of psychology and psychiatry as sciences, several disease model variations, some promoting fixed biological determination, others emphasizing the inhibited development or trauma-drivenness of homosexuality, had become increasingly widespread since the late nineteenth and early twentieth

45 Ibid.

46 Szikra, Rat, and Inglot, *Continuity and Change in Family Policies*.

47 The Stalinist-style political repression of psy-sciences was reflected by the silencing and stigmatization of psychoanalysis as a "bourgeois pseudo-science." For a detailed overview of the state of psy-sciences under state-socialism in Hungary, see Kovai, *Lélektan és politika*.

century in the Western world,[48] and these ideas and models were adopted and adapted by Hungarian psy-scientists too. Medicalization in legal practice may have proven useful because it provided apologetic arguments to protect those found to be involved in illegal (homo)sexual acts from imprisonment. However, the long term effect of applying medicalized and often pathologizing models of homosexuality and other non-reproductive forms of sexuality was that essentialist interpretations of sexuality became so widely palatable and socially acceptable that attempts to get rid of them seem to have been largely unsuccessful, even today.[49]

The novelties of the Penal Code of 1961 that was in force between July 1962 and June 1979 included setting the age of consent for same-sex sexual relations at 20. The main goal of this clause within Paragraph 279 was to protect the youth aged between 14 (as the age of consent for heterosexual relations) and 20 from "homosexualization" (i.e., becoming homosexual) since, at least according to the legislators' argument, this is "the age when the sexual drive, due to perverted experiences, can easily be skewed in a distorted direction."[50]

Youth protection was one of the main goals of another clause of Paragraph 279 on unnatural fornication committed in a "scandalous manner" (though the definition of what could constitute a "scandal" was rather elusive), for which one could be sentenced to up to three years in prison in cases provoking "disgust, indignation, anger etc. in others."[51] Although the text of the law referred to "others" in the plural, according to the official legal interpretation, a crime had been committed even if the acts were witnessed by only one person who felt disgusted or offended. (This clause could be used as a reference, for instance, by police officers raiding a hotel room where a same-sex couple would have had a tryst in the 1960s.[52])

As has already been mentioned, the new Penal Code put gender equality into legal practice in the sense that homosexual acts conducted by women with a partner younger than 20 and/or in a scandalous manner were criminalized too, while homosexual acts between female partners had been beyond the scope of

48 For a detailed discussion on how psychoanalysts "queered" the scientific study of homosexuality in the German speaking world from the 1890s to the 1920s, see Lang and Sutton, "The Queer Cases of Psychoanalysis."

49 See also Borgos, "Homosexuality and psychiatry."

50 OGyI, 271.

51 Ibid.

52 In an interview conducted by the authors in 2015, one of the retired police officer interviewees spoke of these police procedures being used against homosexual men in particular.

the previous criminal codes. As an additional novelty, all children under the age of 14 could become a victim of sexual assault, not only "decent maidens,"[53] while previously the idea of protecting young boys from sexual assault or women perpetrating sexual assault had not even occurred to legislators.

The new Hungarian Penal Code of 1961 introduced many significant changes, among which "decriminalizing homosexuality" is a remarkable one, even though it clearly held same-sex sexual relationships to a different set of standards than heterosexual relationships and provided legal means for the authorities to press charges against people involved in homosexual acts. (For instance, the age of consent for same-sex relationships, irrespective of gender, was set at 20, considerably higher than 14, the age of consent for heterosexual relationships. In 1978, the age of consent for homosexual relationships was reduced to 18, but it was not until 2002 that an equal age of consent was set at 14 for all consensual sexual relations.)[54] However, the question of what led to this turn of events in 1961 remains at least partly open.

Psychiatrists in Action

The notion that homosexuality is a pathological phenomenon was essential to the legalization of consensual homosexual sex in Hungary: it was reflected not only in the official reasoning of the bill but also in reports reciting such arguments.[55] However, though no mention of the following fact is found in the earlier secondary literature on the subject, the political decision about decriminalization was informed by prominent Hungarian psychiatrists' expert opinion. Based on previously undocumented archival records found in the National Archives of Hungary, it is clear now that, in 1958, the Neurology Committee of the Health Science Council (HSC; *Egészségügyi Tudományos Tanács*) provided unanimous support for a proposal to legalize same-sex sexual acts between consenting adults and therefore most probably contributed significantly to the actual decriminalization of consensual sexual acts between adult men, which followed in 1961. It has also become clear that this process was triggered by a single individual's petition, even though additional details regarding this

53 Paragraph 236, Act no. V of 1878 (Hungarian Penal Code) rendered sexual assault conducted by men against "decent maidens" under the age of 14 punishable with a prison sentence up to five years.

54 Takács, "Disciplining gender and (homo)sexuality."

55 See, for example: Linczényi et al., *A szexuális élet zavarai.*

individual's original submission, identity, and exact motives remain unknown for the time being.

The Health Science Council began to function in 1951 within the Ministry of Health, which had been established a year earlier.[56] Its tasks included "proposing solutions for the management of theoretical and practical medical work [...] preparing resolutions on the application of new medical procedures and new diagnostic approaches," etc.[57] In 2015, in one of the several hundred boxes containing HSC-related material in the National Archives of Hungary, we have found the minutes of a HSC Neurology Committee meeting which took place on March 21, 1958,[58] the presentation of Antal Csorba on "Medical and criminal problems of homosexuality," which was discussed in that meeting,[59] and an official report summarizing the expert opinion of the Neurology Committee, written by Zoltán Alföldy, the secretary of HSC, to Comrade Rostás,[60] a high commissioner of the Hungarian Socialist Workers' Party. These documents are significant primary sources. To a certain extent, they reflect social and legal discourses. Thus, by discussing their content, we contribute to an understanding of the arguments, both pro and contra, which shaped the political decision on decriminalization in 1961.

In the HSC meeting of March 21, 1958, which was chaired by Professor Gyula Nyírő, only six psychiatrists took part, including Sándor Fodor, Lilly Hajdu, [61] Pál Juhász and Pál Fodor. Here, we focus on one item of the agenda about the proposal to modify homosexuality-related criminal clauses.[62] First, Colonel Antal Csorba, chief neurologist of the Hungarian People's Army, general secretary of the Hungarian Society of Neurologists and Psychiatrists, and member of the Pavlov Neurology Panel, gave a presentation on the medical and criminal problems related to homosexuality.

The relatively long (seven and half pages) text was thematically divided into eight main sections. These sections included a definition of homosexuality, a brief "literature review" on congenital and acquired homosexuality, prevalence estimates, an overview of modern European criminal practices, a detailed description of abolitionist arguments, a description of arguments

56 Sótonyi, "Az Egészségügyi Tudományos Tanács története."

57 Source: 193/1951. (XI.01.) Decree of the Council of Ministers.

58 MNL OL, Jegyzőkönyv.

59 MNL OL, A homoszexualitás néhány orvosi és büntetőjogi problémájáról.

60 MNL OL, Feljegyzés Rostás elvtársnak.

61 In the minutes, she was mentioned by her married name, Mrs. Gimes ("Gimes Miklósné").

62 MNL OL, Jegyzőkönyv, 1.

for maintaining criminalization, and possible objections to such arguments, followed by the author's own objections and completed with written proposals for the amendment of the existing law. In general, the proposal seems shaped by the conviction (reflecting and affirming social homophobia) that homosexual acts should be decriminalized not to promote social acceptance, but because the natural aversion deriving from the "healthy heteronormativity" of society is in itself enough punishment for those concerned. Table 1 in the Appendix provides an overview of the pro and contra arguments for (de)criminalization listed in Colonel Csorba's presentation.

Csorba used a broad definition of homosexuality which included not only actual sexual acts but also the contents of sexual dreams, feelings of fondness, sexual attraction, and love.[63] In the presentation, it was pointed out that it is as difficult for a homosexual individual to initiate heterosexual contact as it is for a heterosexual the other way around. It was also stressed that the case histories of homosexual relationships often include severe mood swings, depressive reactions, suicide attempts, and even violent acts. At the same time, Csorba admitted that "prohibition might also play a role in maintaining a constant psychological tension."[64] Csorba distinguished between homosexuality and bisexuality, defining the latter as "two-way sexuality," when in addition to the main heterosexual interest, occasional homosexual episodes might occur, typically under the influence of alcohol.[65]

The two-page "literature review" drew attention to the distinctions drawn in textbooks among forms of congenital and acquired homosexuality, as well as bisexuality. In the context of acquired forms of homosexuality, Csorba referred to Freudianism and to Alfred Binet's and Konrad Lorenz's approaches, especially in relation to the early stages of instinctual life, when imprinting might play an important role in human sexual development: "it is often the case that memory material reveals the decisive influence of first experiences."[66] Here, Csorba also mentioned the possibility of seduction by adult homosexuals, briefly reporting two unusual examples from his "own material" of a homosexual father who influenced his child's sexual development. In other cases, he added, it is not about "rough seduction", but fine involvement and the feeling of sympathy developed in the family (or a familiar) environment that can affect the direction

63 MNL OL, A homoszexualitás néhány orvosi és büntetőjogi problémájáról, 1.

64 Ibid.

65 Ibid.

66 Ibid. 2.

of sexual interest.[67] However, he emphasized, new studies seriously challenged the idea of "genetic predetermination," and he brought up the Turner-syndrome as an example, where "external feminine genitalia are possible with a male chromosome set without the person psychosexually identifying as a man: this person identifies as a woman as she was raised, thus psychosexuality does not seem to be dependent on the sex chromosome" (it is worth noting that this is a complete misunderstanding of what Turner-syndrome, in which a female is partly or completely missing an X chromosome, actually is).[68] When highlighting the potential weaknesses regarding the biological-genetic determination of homosexuality, he questioned the validity of Theo Lang's theory, reviving Richard Goldschmidt's association of homosexuality with intersexuality,[69] by quoting up-to-date medical findings. These findings included an article in *The Lancet* about the *Chromosomal Sex in Transvestites*, published by Canadian medical professors in 1954, pointing out that male transvestites have male chromosomes, refuting the contrary "working hypothesis" of Danish professor, Christian Hamburger;[70] and another article published by a Swiss psychiatrist and a German geneticist in 1956, challenging the direct link between chromosomal sex and psychosexual development.[71] Csorba's conclusion reflected the conviction that the etiology of homosexuality cannot be reduced to either a congenital or an acquired condition or state: the "innate" form can also result from specific environmental effects, he pointed out at the end, but even in this case, sexual direction would be completed for the most part in early childhood.[72]

Regarding the prevalence of homosexuality, Csorba indicated that, based on police records, only a small proportion of the true prevalence can be revealed, and it was impossible to gather accurate statistical data because of the socially concealed nature of homosexual relations.[73] Yet, in this part he included estimates of Hirschfeld and Kinsey with prevalence figures between 2 percent and 50 percent. Csorba stressed that prevalence data, if it could be collected, would be important for two main reasons. First, "the more common the anomaly, the

67 Ibid.

68 Ibid.

69 It should also be noted that "Lang's selection of homosexuality as a problem for genetic research was part of a deliberate effort to win a high place in the National Socialist hierarchy." Dietrich, "Of Moths and Men," 241.

70 Barr and Hobbs, "Chromosomal Sex in Transvestites," 1110.

71 Bleuler and Wiedemann, "Chromosomengeschlecht und Psychosexualität."

72 MNL OL, A homoszexualitás néhány orvosi és büntetőjogi problémájáról, 2–3.

73 Ibid., 3.

more desirable it is to withdraw penalization."[74] Second, with the accessibility of reliable statistics, by comparing results from countries where homosexual acts are criminalized and countries where homosexuality is not criminalized, it would be possible to test whether criminalization can be a practical solution at all.

The overview of the modern European criminal practices stressed, as a potential example to be avoided, that "in Hitler's Germany, [homosexuality] was persecuted with severe penalties but without any particular success." Regarding the Soviet Union, the text emphatically stated that "the 1927 Soviet Criminal Code did not punish [homosexuality]," while it would have been enough to communicate only the second half of the sentence, where it turns out that, later, homosexuality became a prohibited act punishable "in accordance with subsequent amendments."[75] It was then pointed out that, as in the rest of Europe, in other state-socialist People's Republics there was no unified position on the criminalization of homosexual acts (here it was erroneously indicated that the Romanian Penal Code of 1948 prohibited homosexual acts only in the case of public scandal and that in Yugoslavia homosexuality has not been criminalized), adding that "the Austrian Criminal Code is the only one that recognizes and at the same time criminalizes female homosexuality."[76]

In the next paragraphs, some of the representatives of the abolitionists were introduced, including the German lawyer and self-declared homosexual, Karl Heinrich Ulrichs, who had fought by legal means against the criminalization of homosexuality already in the 1860s, as mentioned earlier. Here, Csorba referred to the fact that, since the era in which Ulrichs had been waging his campaign, countless articles, submissions, and proposals had been prepared by homosexual persons demanding the abolition of criminalization, and he added that "this was a still ongoing process, since one such submission gave the opportunity to compile the present work, too."[77] This sentence clearly indicates that the issue of decriminalization was pushed on the Health Science Council's agenda by a homosexual individual's official submission, and since only male homosexuality was criminalized in Hungary, it can be safely assumed that this individual was a man.

It should be noted that the legal overview part did not contain any reference to the 1957 Wolfenden Report, which was compiled by a more diversified

74 Ibid.
75 Ibid., 4.
76 Ibid.
77 Ibid.

committee than the Hungarian one, including officials, churchmen, lawyers, scientists, and psychiatrists, even though its conclusions largely corresponded to the main points presented by Csorba.[78] This could be explained by Csorba's medical background or his focus on other state-socialist countries. It is also possible that Csorba was unaware of the report, which helped to facilitate the decriminalization of homosexuality in the United Kingdom, or he may have been familiar with it but may have decided not to quote it for some reason.

After the remarkable revelation about the Health Science Council's agenda-setting having been triggered by a homosexual man, Csorba listed the detailed abolitionist arguments, arranged in ten points, followed by the arguments and counterarguments for maintaining criminalization. Table 1 (in the Appendix) gives an overview of these three types of arguments, which are raised in various parts of the text and which we can group according to the thematic categories below.

1. Biological phenomenon and social threat: the prosecution of biological phenomena by law is not logical. However, punishment is necessary to protect the purity of the sex life. At the same time, the purity of society's sex life will not be damaged if homosexual acts are not penalized. A healthy society with heterosexual preferences has a natural aversion to this disorder. Thus, it is not necessary to have a separate penalty. Homosexuality leads to revulsion and disgust, and it does not tempt imitation, and if homosexual acts are not committed in public, there is no question of any social threat.

2. Lack of objective proof and seduction: the offence cannot be proven objectively. However, it is prohibited because it can corrupt the youth by diverting their sexual development in an abnormal direction. At the same time, in the context of heterosexual relations, protection of the youth is covered by other articles in the criminal law, which can be supplemented with regards to homosexuality.

3. Victimless crime and the protection of family life: an offence which has no victim does not pose any danger either to individual rights or to the interests of society. There is no social harm if the acts are committed by consenting adults and not in public. However, these acts can ruin family life. At the same time, penalization cannot guarantee the protection of family life. "Innate" homosexuals are unable to lead a regular heterosexual family life. Among non-heterosexuals, only bisexuals can perhaps lead regular heterosexual family lives.

78 Borgos, "Homosexuality and psychiatry," 929.

In this context, penalizing extramarital sexual relations would not be logical, since having an extramarital heterosexual relation is not considered a criminal offence either.

4. Population growth: the defendants do not feel guilty. They see their conduct as natural, and their homosexual acts are only repulsive to heterosexuals. However, these acts inhibit population growth. At the same time, the interest of protecting population growth cannot justify penalization, because in this case contraception should be penalized, too.

5. Doubtful treatment outcomes: punishment has no deterrent effect, nor does it have corrective or educational effects, because it cannot affect a deep-seated biological disorder. On the other hand, it is well known that imprisonment facilitates homosexual inclinations by providing an exclusively same-sex environment for a longer term. However, at least treatment could be provided for the duration of the prison term. At the same time, prisons or prison hospitals are not suitable environments for the treatment of homosexual disorders. Also, this disorder can be treated successfully only rarely (only in the case of bisexual persons who wish to free themselves from homosexual tendencies).

6. Blackmailing: penalization can be the basis of criminal blackmail. However, lack of penalization would not stop blackmailing activities altogether, since public contempt also makes blackmails possible. At the same time, though lack of penalization would not eradicate blackmail completely, it could significantly reduce its probability.

7. Homosexual marriage: the goal of protecting population growth cannot justify penalization, because in this case, contraception should be penalized, too. However, if we acknowledge the legitimacy of homosexuality, homosexual marriage should also be allowed. At the same time, the marriage of homosexual persons as an act attracting public attention and lacking essential instrumental features that constitute the institution of marriage is certainly undesirable (the need for authorizing same-sex marriage does not follow from the lack of penalizing homosexual acts).

8. Relative prevalence and violation of public tastes: the relative prevalence of homosexuality suggests that punishment should be limited. However, public opinion is for penalization. At the same time, the enlightened and educated public does not demand penalization. The situation of homosexuals is quite tragic even without penalization, because even if the law would not penalize this instinctual anomaly, homosexuals would have to continue to hide, because

homosexuality would remain a violation of public taste, not to mention the fact that homosexuals are deprived of having offspring, etc.

9. Inconsistency, lack of reliable data, and the negligibility of the risk of "psychological contagion": it is not consistent that homosexuality only be penalized in cases involving men, while it occurs among women in the same way. However, lack of penalization implies permissiveness that can lead to rampant proliferation. At the same time, the risk of rampant proliferation should be assessed only in a statistically reliable way, but unfortunately, there are no comparable datasets available. In the absence of reliable data, the only thing one can say is that in adulthood, the direction of sexual orientation is permanently fixed, and homosexual impulses would affect the normally oriented not in an attractive but in a repulsive way, thus the risk of psychological contagion seems negligible.

10. Sexual needs: all adult individuals have the right to satisfy their sexual needs, even if the mode of satisfaction is irregular. Thus, homosexuality cannot be rendered a crime given that it does not violate individual or collective interests. However, penalization can limit the frequency of the acts, even if it cannot eradicate the inclination. At the same time, the struggle between the dread of being reported, exposed, and punished and the enhanced instinctual drives almost inevitably leads to the exhaustion of the nervous system and neurosis. Even the fear of punishment cannot restrain the homosexuals' quest for sexual satisfaction. They feel that the law cannot deprive them of their sexuality. Thus, the notion that punishment would limit the frequency of homosexual acts is highly unconvincing.

Looking through the list of thematic categories emerging from the text, while there were a few references to psycho-medically relevant content, such as the limited risk of "psychological contagion," doubtful treatment outcomes, and the danger of neurosis, most points were connected to social institutions, concepts, and practices, such as (heterosexual and homosexual) marriage, family, population growth, youth protection, public opinion, avoiding extortion, etc. Additionally, certain legal and methodological problems were also raised by referring to the absence of victims (in the case of victimless crime), lacking consistency regarding the gender of the prosecuted, as well as the lack of objective proof and reliable data concerning the prevalence of homosexuality among the general population. We can also observe that the text was dominated by the arguments concerning decriminalization, which were often rooted in social rather than medical considerations. Consequently, it is not surprising that

the proposal concluded that a resolution against criminalization seems "(more) appropriate and fair."[79]

At the end of the text, the author presented two proposals regarding how to modify the current text of the law: according to the first option, sexual acts by same-sex partners, whether men or women, should be punishable only if they constitute an assault on or violation of public decency (i.e., if they cause public scandal) or if one of the two participants is younger than 18. According to the second option, zoophilia (or bestiality) should remain punishable, but an equal age of consent of 16 should be introduced for both heterosexual and homosexual relations. Finally, Csorba referred to negative therapeutic experiences and expressed his complete rejection of the potentials of coercive treatment.

Csorba's submission on March 21, 1958 was followed by a brief discussion during which one committee member suggested that the content which had been presented should be published in the *Neurology Review*, a Hungarian scientific journal. However, this suggestion was rejected by the chair of the committee: in Professor Nyírő's view it would not be advisable to give too much publicity to this issue. He and Pál Juhász agreed about the acquired nature of homosexuality (according to the minutes "based on three observed cases of cure, he [Nyírő] does not consider homosexuality either incurable nor innate"[80]), and thus suggested to increase the age of consent to 20 for "(youth) protection purposes."[81] Lilly Hajdu,[82] the only female committee member, disagreed with this proposal, arguing that "setting the protected age limit at 20 years is excessive, especially in the case of women whose sexual maturity is completed by the end of puberty."[83] The discussion ended with the general consensus that the law should be amended according to Colonel Csorba's first proposal, which set the age of consent for same-sex relations at 20 (six years higher than for heterosexuals). Some of Csorba's language and arguments did, in fact, reappear in the 1961 Penal Code.

On July 11, 1958, Zoltán Alföldy, the Health Science Council's secretary, sent only this amendment proposal (together with the list of arguments and

79 MNL OL, A homoszexualitás néhány orvosi és büntetőjogi problémájáról, 4.

80 MNL OL, Jegyzőkönyv, 1.

81 MNL OL, Jegyzőkönyv, 2.

82 We should note that Lilly Hajdu, a significant Hungarian psychoanalyst in the pre-war years and director of the Institute of Psychiatry and Neurology in the mid-1950s, was one of the main initiators of the modernization and humanization of psychiatric methods in Hungarian mental health institutions from the late 1950s onwards. See: Borgos, "Homosexuality and psychiatry," 929.

83 MNL OL, Jegyzőkönyv, 2.

counterarguments for decriminalization, shown in columns B and C of Table 1) to Comrade Rostás, who most probably conveyed the neurologists' expert opinion to the party leadership. The arguments discussed by the HSC Neurology Committee appeared again only in a slightly modified form on December 16, 1961, during the parliamentary discussion of the draft of the new Penal Code, leading to the decriminalization of consensual homosexual acts between adults, implemented on July 1, 1962.

Conclusion

One of the ways of tracing socio-historically changing perceptions of homosexuality is to examine the criminal laws in a country. Since criminal law is supposed to prohibit or constrain the violation of widely accepted codified norms with the support and the power of the state, the criminalization of certain forms of transgressive behavior can indicate the importance attached to certain norms, in our case, to heteronormativity, in a society. Analysis of the principles, considerations, and official explanations underpinning the criminalization of sexual relations between same-gender (male) partners reveals that, around the mid-twentieth century, medicalizing references were used in legal and societal judgments concerning same-sex intimacy in Hungary (and elsewhere).

In the present study, we wanted to offer examples of the medicalization process of social issues that otherwise seem difficult to address (i.e., in this case, these issues were put within a psycho-medical ambit) by focusing on a twentieth-century historical example from Hungary. However, when analyzing the sources, we also identified psycho-medical arguments often interwoven into social arguments. Our investigations revealed that models of homosexuality which pathologized it as a disease and which had been present since at least the end of the nineteenth century exerted an influence on changes to the criminalizing approach to homosexuality in the late 1950s in Hungary. Thus, we can probably state that pathologization brought a certain degree of liberation (at least in a legal sense), while we must also acknowledge that "the 1961 (Hungarian) decriminalization and the 1973 (international) depathologization of homosexuality did not change the pathologizing-normative discursive framework deployed by experts."[84]

One of the most well-known critics of the pathologization of homosexuality and, in particular, the role played by psychiatrists in this process was American

84 Borgos, "Homosexuality and psychiatry," 936.

psychiatrist Thomas Szasz. In his 1961 book *The Myth of Mental Illness* he touched on ideas which bear affinities with Michel Foucault's views on how "madness forged a relationship with moral and social guilt."[85] Szasz argued that, by developing and popularizing the concept of mental illness, psychiatrists tried to monopolize functions of moral control over society that had previously been practiced by religious institutions.[86] The moral supervision function of psychiatry is especially salient in the ways in which psychiatry contributed to keeping homosexual practices criminalized and pathologized for many decades by providing "scientific" arguments concerning the alleged social harmfulness of homosexuality.[87]

This approach can be applied only with some limitations to the Hungarian state-socialist context, where both religious institutions and psy-sciences were repressed to a certain degree. However, as was the case in other societies characterized by a strongly antisexual culture, the promotion of compulsive heterosexuality, according to which "natural" sexual practices are somewhat ideal-typically defined as involving genital intercourse and having conception as their main goal, the symbolic significance of homosexual acts could be seen as a real threat[88] in state-socialist Hungary.

The main focus of Szasz's argument was the role played by psychiatrists in the regulation of personal morality in the name of the public good, a central point also raised by the Wolfenden Report (officially the *Report of the Departmental Committee on Homosexual Offences and Prostitution,* chaired by Sir John Wolfenden), which was originally published in 1957 in the United Kingdom. This was the most comprehensive legal review of homosexuality-related issues in mid-twentieth-century Europe. The report also addressed more general questions, such as the connection between crime and sin and the extent to which criminal law should concern itself with the enforcement of morals. By examining the function of

85 Foucault, *Mental Illness and Psychology,* 69.

86 Szasz, *The Myth of Mental Illness.*

87 Ibid.

88 Szasz describes this threat in the following way: "Like the political subversive who undermines the value of established political institutions or the religious subversive who undermines the value of established religious institutions, the homosexual undermines the value of heterosexuality. […] The homosexual thus threatens the heterosexual on his own grounds. He makes the heterosexual fear not only that he too may be homosexual but also that heterosexuality itself is not as much 'fun' as it has been made out to be. Many people behave as if sexual satisfaction were one of their main interests in life. If the value of their favorite game is undermined, they may lose interest in it, and then what will they do?" Szasz, "Legal and Moral Aspects," 135.

criminal law, the Wolfenden Committee adopted an approach according to which it did not recommend criminalization in regard to matters of personal morality unless they were seen as directly affecting the public good.[89]

As discussed previously, Colonel Csorba's submission neglected to reference the Wolfenden Report when giving an overview of the contemporary European legal landscape. In addition to the possible explanations given above, we can add that even if Csorba was aware of the Wolfenden Report, perhaps he chose not to acknowledge its findings due to their somewhat limited relevance and applicability to state-socialist contexts. On the other hand, we can argue that the Hungarian Neurology Committee's expert opinion contributed to the introduction of legislative change which ceased regulating homosexuality-related personal morality by criminal sanction and limited the scope of legislation to specific issues, including the control of "youth corruption," with the aim of protecting society from what was perceived by the expert committee and the policymakers as acts and conduct with socially harmful consequences.

In a recent study on sexual criminal law liberalization initiated by the international forensic community after World War II, Wannes Dupont challenged the perception of the 1950s as an "era of homophobia and sexual repression" [90] in Western Europe. Thus, we can see the Hungarian Neurology Committee's activities and the following legislative change as coinciding with, and at the same time fitting into, a broader trend and an emerging approach to homosexuality characterized by "a fundamental legal distinction between the private realm of consensual sexual discretion and a public sphere of enforced propriety (effectively understood as heteronormative familialism)."[91]

The Soviet 1950s were also recently reinterpreted by Rustam Alexander, who explored the "bottom-up movement for decriminalization of sodomy among Soviet leading legal experts and their scholarly arguments."[92] By examining archival documents, he noticed that from the late 1950s, several Soviet legal academics

89 According to the report, criminal law's function "is to preserve public order and decency, to protect the citizen from what is offensive or injurious, and to provide sufficient safeguards against exploitation or corruption of others, particularly those who are especially vulnerable because they are young, weak in body or mind or inexperienced, or in a state of special physical, official or economic dependence. […] It is not, in our view, the function of the law to intervene in the private lives of citizens, or to seek to enforce any particular pattern of behaviour, further than is necessary to carry out the purposes we have outlined." Wolfenden, *Wolfenden Report*, 23–24.

90 Dupont, "The Two-faced Fifties," 394.

91 Dupont, "The Two-faced Fifties," 358.

92 Alexander, "Soviet Legal," 52.

kept listing arguments for the abolition of the Soviet anti-sodomy law, but representatives of law-enforcement agencies did not listen to them. This could be explained by the divide between academic and law-enforcement opinions on the criminalization of homosexuality. The main abolitionist arguments included similar ones to those listed in Colonel Csorba's Hungarian text, such as the "biological" nature of homosexuality and difficulties in controlling it because of its intimate nature. However, in a 1973 Russian manual, there was a new argument introduced about the decriminalization of consensual homosexual acts in other state-socialist countries, including Hungary: "the development of criminal legislation over recent years testifies to the gradual departure from criminalization of consensual sodomy, not only in capitalist countries (England and West Germany), but also in socialist countries (East Germany, Hungary, Czechoslovakia, Bulgaria, Poland)."[93] These new findings can raise the possibility of cross-fertilization of legal approaches from different directions within the (not at all homogeneous) group of state-socialist and Western bloc countries, in the realm of supranational organizations, and among these entities as well.

In conclusion, various forms of pathologizing were reflected in the 1958 arguments of the Hungarian Neurology Committee and in the official reasoning of the 1961 bill presented in the Hungarian Parliament. The fact that the issue of (de)criminalization was discussed and decided by a group of psychiatrist experts can in and of itself reveal the functioning of psycho-medicalization. However, this framework provided support for ending the criminalization of consensual sexual acts conducted by adult men. Moreover, the submission, carefully prepared by Antal Csorba, the chief neurologist of the Hungarian People's Army, was dominated by social rather than medical considerations, and it presented homosexuality as an "anomaly" to which imprisonment was not seen as an effective solution or treatment.

Though we were able to present many pieces of previously unknown information in this study, many questions remain open regarding the timing (i.e., what happened to Colonel Csorba's submission between 1958 and 1961?), the circumstances, and the causes of the 1961 Hungarian decriminalization of homosexuality. As is often the case with original archive research material, we have found some important pieces of the puzzle, but we are far from seeing the whole picture.

93 Alexander, "Soviet Legal," 46.

Additionally, we cannot state that, on the basis of our insights, the 1958 opinion of the Neurology Committee or the 1961 Penal Code reform could be interpreted as a sign for the more favorable social treatment of homosexuality than previously. As various forms of media and cultural artifacts and commodities from state-socialism reveal[94] and as participants in documentaries report,[95] many people who were attracted to members of the same sex continued their mostly closeted life after the 1961 legal reform, and finding partners, for instance, remained difficult for them.

Finally, an unexpected finding of our present study is that the issue of decriminalization may well have been pushed onto the political agenda by a homosexual individual's official submission, and if this was the case, it can be safely assumed that this individual was a man (since only men were affected by criminalization in Hungary). Unfortunately, assuming there was such an individual, additional details regarding his submission and its path to the Neurology Committee remain unknown for the time being, as no relevant archival data could be found regarding these details. However, on the basis of the documents presented here, the assumption that the decriminalization process of consensual homosexual acts leading to the Penal Code reform in 1961 was triggered by a determined, probably gay, abolitionist's activities seems well-founded. Assuming this was the case, this can be considered a unique feature of the history of the decriminalization of homosexuality among the state-socialist countries in the 1950s and perhaps even beyond.

Archival Sources

Magyar Nemzeti Levéltár Országos Levéltára [Hungarian National Archives] (MNL OL)

XIX-C-8 ETT. A homoszexualitás néhány orvosi és büntetőjogi problémájáról (Csorba Antal aláírásával) [Medical and criminal problems of homosexuality – signed by Antal Csorba]

XIX-C-8 ETT. Jegyzőkönyv (Nyírő Gyula aláírásával) [Minutes – signed by Gyula Nyírő]

94 See for example Murai and Tóth, "Női szerelmek a filmvásznon."

95 See for example the Hungarian documentaries *Secret Years* (2009; http://www.uk.eltitkoltevek.hu, accessed April 11, 2021.); *Hot Men, Cold Dictatorships* (2015; http://www.imdb.com/title/tt4070672/, accessed April 11, 2021).

XIX-C-8 ETT. Feljegyzés Rostás elvtársnak (Alföldy Zoltán aláírásával) [Report to Comrade Rostás – signed by Zoltán Alföldy]

Országgyűlési Könyvtár [Library of the Hungarian Parliament]

Országgyűlési irományok [Parliamentary documents] (OGyI)

Az Országgyűlés 1961. december 15-i ülése [Meeting of the Parliament on December 15, 1961] Accessed April 11, 2020. http://library.hungaricana.hu/hu/view/OGYK_KN-1958_01/

Országos Széchényi Könyvtár Kézirattár [Manuscripts Archive of National Széchényi Library]

Kertbeny, Károly. Levéltöredék: Autobiographiai jegyzetek [Letter sketch: Autobiographical notes], 1868.

Bibliography

Alexander, Rustam. "Soviet Legal and Criminological Debates on the Decriminalization of Homosexuality (1965–75)." *Slavic Review* 77, no. 1 (2018): 30–52. doi: 10.1017/slr.2018.9.

Angyal, Pál. *A szemérem elleni bűntettek és vétségek* [Crimes and offences against sexual morality]. Budapest: Attila Nyomda Részvénytársaság, 1937.

Barr, Murray L, and Edgar G. Hobbs. "Chromosomal Sex in Transvestites." *The Lancet*, 263, no. 6822 (1954): 1109–10. doi:10.1016/s0140-6736(54)92157-1.

Beachy, Robert. "The German Invention of Homosexuality." *The Journal of Modern History* 82, no. 4 (2010): 801–38. doi:10.1086/656077.

Bleuler, Manfred, and Hans-Rudolf Wiedemann. "Chromosomengeschlecht und Psychosexualität." *Archiv für Psychiatrie und Nervenkrankheiten,* 195, no. 1 (1956), 14–19. doi:10.1007/bf00342002.

Borgos, Anna. "Homosexuality and psychiatry in state-socialist Hungary: Representing women's same-sex desire in the psychomedical literature." *American Psychologist* 74, no. 8 (2019): 925–39. doi: 10.1037/amp0000560.

Borgos, Anna. *Nemek között: Nőtörténet, szexualitástörténet* [Between genders: History of women, history of sexuality]. Budapest: Noran, 2013.

Davison, Kate. "Cold War Pavlov: Homosexual aversion therapy in the 1960s." *History of the Human Sciences* 34, no. 1 (2020): 89–119. doi:10.1177/0952695120911593.

Dietrich, Michael R. "Of Moths and Men: Theo Lang and the Persistence of Richard Goldschmidt's Theory of Homosexuality, 1916–1960." *History and Philosophy of the Life Sciences*, 22, no. 2 (2000): 219–47.

Dota, Franko. "Javna i politička povijest muške homoseksualnosti u socijalističkoj Hrvatskoj (1945–1989)" [Public and political history of male homosexuality in socialist Croatia, 1945–1989]. PhD diss., Zagreb: Faculty of Humanities and Social Sciences, Department of History, 2017.

Dupont, Wannes. "The Two-faced Fifties: Homosexuality and Penal Policy in the International Forensic Community (1945–1965)." *Journal of the History of Sexuality* 28, no. 3 (2019): 357–95. doi: 10.7560/JHS28302.

Edvi, Illés Károly. *A magyar büntetőtörvénykönyv magyarázata* [Explanation of the Hungarian Penal Code]. Vol. 2. Budapest: Révai testvérek, 1909.

Eördögh, András. "A büntetőtörvény 241. §-áról [About Section 241 of the Penal Code]." *Ügyvédek lapja* 38, (1894): 4–6.

Fónagy, Zoltán. "The Age of Dualism." In *A Concise History of Hungary,* edited by István György Tóth, 425–73. Budapest: Corvina–Osiris, 2005.

Foucault, Michel. *The History of Sexuality.* Volume 1, *An Introduction*. London: Penguin Books, 1978.

Foucault, Michel. *Mental Illness and Psychology*. Berkeley–Los Angeles–London: University of California Press, 2008 [1962].

Freund, Kurt. "Should homosexuality arouse therapeutic concern?" *Journal of Homosexuality* 2, (1977): 235–40. doi: 10.1300/J082v02n03_06

Healey, Dan. *Homosexual Desire in Revolutionary Russia: The Regulation of Sexual and Gender Dissent.* Chicago: The University of Chicago Press, 2001. doi:10.7208/chicago/9780226922546.001.0001.

Healey, Dan. "Homosexual Existence and Existing Socialism: New Light on the Repression of Male Homosexuality in Stalin's Russia." *GLQ: A Journal of Lesbian and Gay Studies* 8, no. 3 (2002): 349–78. doi:10.1215/10642684-8-3-349.

Herzog, Dagmar. *Sexuality in Europe: A Twentieth-Century History.* Cambridge: Cambridge University Press, 2011. doi:10.1017/CBO9780511997075

Hildebrandt, Achim. "Routes to decriminalization: A comparative analysis of the legalization of same-sex sexual acts." *Sexualities* 17, no. 1–2 (2014): 230–53. doi: 10.1177/1363460713511105.

HRW (Human Rights Watch). *Public Scandals: Sexual Orientation and Criminal Law in Romania*, 1 January 1998. 1-56432-178-9. Accessed May 6, 2020 https://www.refworld.org/docid/3ae6a7e70.html.

Janes, Dominic. "Oscar Wilde, Sodomy, and Mental Illness in Late Victorian England." *Journal of the History of Sexuality* 23, no. 1 (2014): 79–95. doi: 10.7560/JHS23104.

Kennedy, Hubert. *Ulrichs: The Life and Works of Karl Heinrich Ulrichs, Pioneer of the modern gay movement.* Boston: Alyson, 1988.

Kertbeny, Károly. "An Open Letter to the Prussian Minister of Justice" (1869). In *We Are Everywhere: A Historical Sourcebook of Gay and Lesbian Politics,* edited by Mark Blasius, and Shane Phelan, 67–79. London: Routledge, 1997.

Kirchknopf, Johann Karl. "Ausmaß und Intensität der Verfolgung weiblicher Homosexualität in Wien während der NS-Zeit. Rechtshistorische und quantitative Perspektiven auf Dokumente der Verfolgungsbehörden." *Invertito: Jahrbuch für die Geschichte der Homosexualitäten* 15, (2013): 75–112.

Kirchknopf, Johann Karl. *"§ 129 I b) Fornication against nature, this is with persons of the same-sex": The practices of criminal prosecution of male and female homosexuality in Austria in the course of the 20th century.* Presentation at the "Sex and Sexuality in East-Central Europe, Past and Present" conference; Budapest: Central European University, October 16–17, 2015.

Kon, Igor S. *Sexual Revolution in Russia: From the Age of the Czars to Today*. New York: Free Press, 1995.

Kondakov, Alexander. "Rethinking the Sexual Citizenship from Queer and Post-Soviet Perspectives: Queer Urban Spaces and the Right to the Socialist City." *Sexualities* 22, no. 3 (2019): 401–17. doi: 10.1177/1363460717737770.

Kovai, Melinda. *Lélektan és politika*: *Pszichotudományok a magyarországi államszocializmusban 1945–1970* [Psychology and politics: Psy-sciences in Hungarian state socialism 1945–1970]. Budapest: Károli Gáspár Református Egyetem–L'Harmattan Kiadó, 2016.

Lang, Birgit and Katie Sutton. "The Queer Cases of Psychoanalysis: Rethinking the Scientific Study of Homosexuality, 1890s–1920s." *German History* 34, no. 3 (2016): 419–44. doi: 10.1093/gerhis/ghw038.

Linczényi, Adorján, Béla Radnai, and György Vikár. *A szexuális élet zavarai* [Disorders of sex life]. Budapest: Medicina, 1977.

Long, Scott. "Gay and lesbian movements in Eastern Europe: Romania, Hungary, and the Czech Republic." In *The global emergence of gay and lesbian politics: National imprints of a worldwide movement*, edited by Barry D. Adam, Jan Willem Duyvendak, and André Krouwel, 242–65. Philadelphia: Temple University Press, 1999.

McLellan, Josie. *Love in the Time of Communism: Intimacy and Sexuality in the GDR*. New York: Cambridge University Press, 2011.

McLellan, Josie. "Glad to Be Gay Behind the Wall: Gay and Lesbian Activism in 1970s East Germany." *History Workshop Journal* 74, no. 1 (2012): 105–30. doi: 10.1093/hwj/dbs017.

Magyar Törvénytár. *1877–1878. évi Törvényczikkek* [1877–1878 Articles of law]. Budapest: Franklin Társulat, 1896.

Moss, Kevin. "The Underground Closet: Political and Sexual Dissidence in Eastern Europe." In *Genders 22: Postcommunism and the Body Politic,* edited by E. E. Berry, 229–51. New York: New York University Press, 1995.

Murai, András and Eszter Zsófia Tóth. "Női szerelmek a filmvásznon a rendszerváltás előtt és után" [Women's loves on the movie screen before and after the regime change]. In *Homofóbia Magyarországon*, edited by Judit Takács, 69–79. Budapest: L'Harmattan.

Pauler, Tivadar. *Büntetőjogtan* [Criminal law]. Vol. 2, *Anyagi büntetőjog különös része. Alaki jog*. Pest: Pfeifer Ferdinánd, 1870.

Pine, Lisa. *Nazi Family Policy, 1933–1945*. Oxford: Berg Publisher, 1997.

Pretsell, Douglas Ogilvy. *The Correspondence of Karl Heinrich Ulrichs, 1846–1894*. Cham: Palgrave Macmillan, 2020.

Reich, Péter K. "A természet elleni fajtalanság büntethetőségéről" [On the criminality of unnatural fornication]. *A jog* 24, no. 12 (1905): 89–91.

Seidl, Jan. "Decriminalization of Homosexual Acts in Czechoslovakia in 1961." In *Queer Stories of Europe,* edited by Kārlis Vērdiņš and Jānis Ozoliņš, 174–94. Newcastle upon Tyne: Cambridge Scholars Publishing, 2016.

Sokolova, Vera. "State approaches to homosexuality and non-heterosexual lives in Czechoslovakia during state-socialism." In *The Politics of Gender Culture under State Socialism: An Expropriated Voice*, edited by Hana Havelková, and Libora Oates-Indruchová, 82–109. London: Routledge, 2014.

Sótonyi, Péter. "Az Egészségügyi Tudományos Tanács története (1863–2009)" [The history of the Health Science Council, 1863–2009]. *Egészségtudomány* 54, no. 3 (2010): 17–26.

Stella, Francesca. *Lesbian Lives in Soviet and post-Soviet Russia. Post/Socialism and Gendered Sexualities*. Basingstoke: Palgrave Macmillan, 2015. doi:10.1057/9781137321244

Szasz, Thomas. *The Myth of Mental Illness*. New York: Hoeber-Harper, 1961.

Szasz, Thomas. "Legal and Moral Aspects of Homosexuality." In *Sexual inversion: The multiple roots of homosexuality*, edited by Judd Marmor, 124–39. New York: Basic Books, 1965.

Szikra, Dorottya, Cristina Rat, and Tomasz Inglot. *Continuity and Change in Family Policies of the New European Democracies: A Comparison of Poland, Hungary and Romania.* Part 1, *Institutional Legacies and Path Dependence in Family Practice – 1945 to 2000* (NCEEER Working Paper). Seattle, WA: National Council for Eurasian and East European Research, 2011.

Szulc, Lukasz. *Transnational Homosexuals in Communist Poland: Cross-Border Flows in Gay and Lesbian Magazines*. New York: Palgrave Macmillan, 2017. doi:10.1007/978-3-319-58901-5

Takács, Judit. "The Double Life of Kertbeny." In *Past and Present of Radical Sexual Politics,* edited by G. Hekma, 51–62. Amsterdam: UvA–Mosse Foundation, 2004.

Takács, Judit. "Disciplining gender and (homo)sexuality in state socialist Hungary in the 1970s." *European Review of History: Revue européenne d'histoire* 22, no. 1 (2015): 161–75. doi: 10.1080/13507486.2014.983426.

Takács, Judit, Roman Kuhar, and Tamás P. Tóth. "Unnatural Fornication Cases under State-Socialism: A Hungarian–Slovenian Comparative Social-Historical Approach." *Journal of Homosexuality* 64, no. 14 (2017): 1943–60. doi: 10.1080/00918369.2016.1273719.

Tobin, Robert Deam. *Peripheral Desires: The German Discovery of Sex*. Philadephia, PA: University of Pennsylvania Press, 2015. doi:10.9783/9780812291865

Torra, Michael Jose. "Gay rights after the Iron Curtain." *The Fletcher Forum of World Affairs* 22, no. 2 (1998): 73–87.

Ulrichs, Karl Heinrich. [1864–79] *Forschungen über das Räthsel der Mannmännlichen Liebe*. Edited by Hubert Kennedy. 4 vols. Berlin: Verlag Rosa Winkel, 1994.

Wolfenden, John et al. *The Wolfenden Report: Report of the Committee on Homosexual Offences and Prostitution*. New York: Stein and Day, 1963 [1957].

Appendix

Table 1. Pros and cons of decriminalizing homosexual acts in Hungary (1958)

A) Abolitionist arguments for decriminalization	B) Arguments to maintain criminalization	C) Arguments against maintenance of criminalization
1. The prosecution of biological phenomena by law is not logical[1] […]	BUT punishment is necessary to protect the purity of sex life.[2]	AT THE SAME TIME the purity of society's sex life will not be damaged, if [homosexual acts are] not penalized. A healthy society with heterosexual preferences has a natural aversion to this disorder, it does not appear necessary to have a separate penalty. [Homosexuality] leads to revulsion and disgust, and it does not tempt imitation, and if homosexual acts are not committed in public, there is no question of any social threat.[3]
2. The offence cannot be proven objectively[4] […]	BUT it is punishable, because it can corrupt the youth by diverting their sexual development in an abnormal direction.[5]	AT THE SAME TIME, in the context of heterosexual relations, protection of the youth is covered by other articles of the criminal law, which can be supplemented with regard to homosexuality.[6]

A) Abolitionist arguments for decriminalization	B) Arguments to maintain criminalization	C) Arguments against maintenance of criminalization
3. An offence which has no victim does not pose any danger either to individual rights or to the interests of society. There is no social harm if the acts are committed by consenting adults and not in public[7] […]	BUT it can ruin family life.[8]	AT THE SAME TIME, penalization cannot guarantee protection of family life. "Inborn" homosexuals are unable to lead regular heterosexual family life. This [heterosexual family life] can be observed in the cases of bisexuality. In this context, penalizing extramarital sexual relations would not be logical since extramarital heterosexual relations are not considered a criminal offence either.[9]
4. The defendants do not feel guilty. They see their conduct as natural, and their (homosexual) acts are only repulsive to heterosexuals[10] […]	BUT [these acts] inhibit population growth.[11]	AT THE SAME TIME, the interests of protecting population growth cannot justify penalization, because in this case contraception should be penalized, too.[12]
5. Punishment has no deterrent effect, nor does it have corrective or educational effects, because it cannot affect a deep-seated biological disorder. On the other hand, it is well known that imprisonment facilitates homosexual inclinations by providing a long-term same-sex environment[13] […]	BUT at least treatment could be provided for the duration of the prison term.[14]	AT THE SAME TIME, prisons or prison hospitals are not suitable environments for the treatment of homosexual disorders. [...] Also, this disorder can be treated successfully only rarely ([only] in the case of bisexual persons who wish to free themselves from homosexual tendencies).[15]
6. Penalization can be the basis of criminal blackmail[16] […]	BUT lack of penalization would not stop blackmailing activities altogether, since public contempt also makes blackmails possible.[17]	AT THE SAME TIME, though lack of penalization would not eradicate blackmail completely, it could significantly reduce [its probability].[18]
7. The goal of protecting population growth cannot justify penalization, because in this case, contraception should be penalized, too[19] […]	BUT if we acknowledge the legitimacy of homosexuality, homosexual marriage should also be allowed.[20]	AT THE SAME TIME, the marriage of homosexual persons as an act attracting public attention and lacking essential instrumental features that constitute the institution of marriage is certainly undesirable, [but] the need for authorizing [same-sex marriage] does not follow from the lack of penalizing [homosexual acts].[21]

A) Abolitionist arguments for decriminalization	B) Arguments to maintain criminalization	C) Arguments against maintenance of criminalization
8. The relative prevalence of homosexuality suggests that punishment should be limited[22] […]	BUT public opinion is for penalization.[23]	AT THE SAME TIME, the enlightened and educated public does not demand penalization. The situation of homosexuals is quite tragic even without penalization, because even if the law would not penalize this instinctual anomaly, homosexuals would have to continue to hide, because homosexuality would remain a violation of public taste, not to mention the fact that homosexuals are deprived of having offspring, etc.[24]
9. It is not consistent that homosexuality only be penalized in cases involving men, while it occurs among women in the same way[25] […]	BUT lack of penalization implies permissiveness that can lead to rampant proliferation.[26]	AT THE SAME TIME, the risk of rampant proliferation should be assessed only in a statistically reliable way, but unfortunately, there are no comparable datasets available. In the absence of reliable data, the only thing one can say is that in adulthood, the direction of sexual orientation is permanently fixed, and homosexual impulses would affect the normally oriented not in an attractive but in a repulsive way, thus the risk of psychological infection seems negligible.[27]
10. All adult individuals have the right to satisfy their sexual needs, and even irregular modes of satisfaction cannot render the act a crime given that it does not violate individual or collective interests[28] […]	BUT penalization can limit the frequency of the acts, even if it cannot eradicate the inclination.[29]	AT THE SAME TIME, the struggle between the dread of being reported, exposed, and punished and the enhanced instinctual drives almost inevitably leads to the exhaustion of the nervous system and neurosis. Even the fear of punishment cannot restrain the homosexuals' quest for sexual satisfaction: they feel that the law cannot deprive them of their sexuality. Thus, the notion that punishment would limit the frequency of homosexual acts is highly unconvincing.[30]

1 MNL OL, A homoszexualitás néhány orvosi és büntetőjogi problémájáról, 5.
2 Ibid.
3 Ibid. 6.
4 Ibid. 5.
5 Ibid.
6 Ibid. 6.
7 Ibid. 5.
8 Ibid.
9 Ibid. 6.
10 Ibid. 5.
11 Ibid.
12 MNL OL, Feljegyzés Rostás elvtársnak, 2.
13 MNL OL, A homoszexualitás néhány orvosi és büntetőjogi problémájáról, 5.
14 Ibid.
15 Ibid. 6.
16 Ibid. 5.
17 Ibid. 6.
18 Ibid. 7.
19 Ibid. 5.
20 Ibid.
21 Ibid. 6.
22 Ibid. 5.
23 Ibid. 6.
24 Ibid. 7.
25 Ibid. 5.
26 Ibid. 6.
27 Ibid. 7.
28 Ibid. 5.
29 Ibid. 6.
30 Ibid. 7.

Hungarian Historical Review 10, no. 2 (2021): 301–327

Reproduction between Health and Sickness: Doctors' Attitudes to Reproductive Issues in Interwar Czechoslovakia*

Veronika Lacinová Najmanová
University of Pardubice
veronika.najmanova@email.cz

The study examines how doctors in interwar Czechoslovakia intervened in reproductive issues and related areas of life in an attempt to combat the declining birthrate, a trend that was considered a threat to society. Inspired by Foucault's concept of medicalization and biopower, through the analysis of medical literature and articles from the press in the interwar period, I will demonstrate how Czechoslovak doctors, not only but especially under the influence of eugenics, foregrounded the categories of health and sickness in order to assert definitions of "correct" forms of reproduction while attempting to stigmatize and discourage forms of reproduction that they considered detrimental to the health of society or the nation. The aim of the study is not only to expand the body of knowledge about the activities and attitudes of Czechoslovak doctors in the interwar period but also to call attention to the still current topic of the political background of reproductive policy.

Keywords: reproduction, medicalization, doctors, eugenics, birth control, interwar Czechoslovakia

> *"Reproduction cannot be left to mere urges; here too, rational considerations should play a decisive role. Reproduction is no longer merely a private matter. On the contrary—it is a matter of vital interest to society and the state."*[1]

These words were written in 1931 by the Czech doctor and biologist Vladislav Růžička[2] in his book *Eugenická profylaxa* (Eugenic prophylaxis).[3] Although reproduction may seem an intensely intimate matter, in the first half of the

* This study was funded by the Czech Science Foundation: Project GA ČR 20-17978Y "The Making of the Doctor and the Patient: The Doctor–Patient Relationship in the History of Bohemian Lands, 1769–1992."

1 "Nelze rozmnožování ponechati pouhému pudu, nýbrž že má rozhodovati i zde rozumová úvaha. Neníť rozmnožování již pouhou záležitostí soukromou. Je naopak záležitostí, na které má životní zájem společnost a stát." Růžička, Eugenická profylaxa, 3.

2 Vladislav Růžička (1870–1934) was the first professor of general biology and experimental morphology at the medical faculty of the Charles University of Prague. He was also the founder and director of the Biological Institute, as well as the vice-chairman of the Czech Eugenic Society.

3 The name Vladmimír (Růžička) is given incorrectly on the cover of the book.

 DOI 10.38145/2021.2.301

twentieth century (and indeed even today) it was not a purely private concern; human reproduction was subject to oversight and monitoring by various experts who, to a substantial extent, defined how people could and should reproduce without (allegedly) endangering the interests of society. Chief among these experts were doctors, who attempted to influence reproductive behavior, shape reproductive policy, and determine who should or should not have children and under what circumstances. In most cases, these doctors had the purest motives. They were striving to promote a healthy society and nation, and they considered themselves in possession of an authority emanating from science, which appeared to offer unlimited possibilities.

In this article, I will show that in the background of the attitude of Czechoslovak doctors to reproductive issues, especially abortion and contraception, we can find more a reflection of the political, social, and national problems of the interwar period and the efforts to face them, than a reflection of the state of scientific knowledge at the time. My theoretical and methodological approach draws on Foucault's concept of power, especially the relationship between power and knowledge, and on the critical approach of feminist and gender studies, which were among the first to question the objectivity of the sciences, including medical science. Both approaches have made it possible in the past for historiography and branches of the social sciences to redefine or completely reject the earlier idea of the development of medical knowledge as a process moving from backwardness or ignorance to general wellbeing and progress. I consider the approach to history based on the deconstruction of power relations and including the perspective of not only privileged *but also* marginal social groups highly inspiring even today. In this article, therefore, I offer a critical analysis of the medical discourse on the issue of reproduction in an effort to reveal often less clear political (as well as religious, nationality, etc.) motives, which, as shown below, played a crucial role in doctors' approaches to questions associated with reproduction. The sources on which my analysis is based capture both the professional medical (and eugenic) discourse and the efforts that were made to acquaint the general public with some of these ideas and their implications. The first group consists of articles published in professional medical journals, professional medical books, and textbooks and the second of materials which were essentially intended to serve as informational guides on sexual health, e.g., manuals for individuals or spouses, in which doctors shed light on various topics related to sexual life and reproduction.

The Role of the Doctor in the Medicalized World

The roots of doctors' influence over reproductive issues and reproductive policy can be traced back to the Enlightenment, which saw the origin of processes that boosted the scientific prestige of medicine and enhanced the importance of the medical profession. It was also during the Enlightenment era that states began to strengthen their influence over medicine. Faced with a range of social changes, absolutist states realized the importance of their populations, and they began to implement new forms of control. States were keen to ensure that their populations were healthy and physically fit, and they also strove to maintain high population levels. Social control (including control of health-related issues) was substantially strengthened, and human reproduction ceased to be perceived as a merely a private matter. Instead, it became the concern of the state or society as a whole. States sought to ensure that their populations were large enough to provide a substantial labor force, produce an adequate supply of military recruits, and ensure sufficient economic demand. This led to the emergence of a doctrine known as populationism, which viewed the population and demographic behavior as central concerns of the state. The aim was not merely to maximize the size of the population, but also to ensure its "quality." This approach made doctors increasingly important; in many countries (including the Czech-speaking provinces of the Habsburg Monarchy), the populationist doctrine was incorporated into the concept of state health policy.[4]

People and their bodies were newly subjected to systematic examination and supervision by the medical profession, which to a large extent became a tool for the implementation of state policy. The state was now responsible for the health of its population, and doctors were called on not merely to treat the individual bodies of their patients, but also to contribute to the wellbeing of society, which was viewed as a living organism. This set of changes, which accompanied the transition from a traditional society to a modern society, has been analyzed in detail by Michel Foucault[5] from the perspectives of the concepts of medicalization and biopower.[6] Thanks to the gradual medicalization of the

4 While e.g., in England and France in the eighteenth century this development was reflected in the introduction of statistics and the monitoring of mortality and birth rates without efforts of significant state intervention, in the German lands efforts were made to reorganize medical practice to improve public health. See more in Tinková, *Tělo, věda, stat*, 31–35, 526,

5 Foucault, *Discipline and Punish; The Birth of Biopolitics; Histoire de la sexualité I.*

6 The term medicalization refers to the process in which, since the eighteenth century, human existence, action, behavior, and the body have been integrated into an increasingly dense medical network, thus giving

community, a process in which medicine began to intervene in areas that had previously been felt to lie outside its domain,[7] there was a significant change in the status of doctors, whose social prestige and influence increased significantly, but there was also a redefinition of the concept of health and disease. The health of society, analogous to the health of the individual, has become an ideal, and the notion of disease gradually evolved into a metaphor for everything that was deemed unnatural and therefore had to be fought against.[8] Thanks to "the connection of the modern biopolitical disciplinary apparatus with the idea of defending society against 'risk factors'," a notion was created of a struggle against enemies that disrupt the health of society.[9] These metaphors of sickness became increasingly aggressive, and the enemies they were used to construct also changed.[10] What remained consistent, on the other hand, was the idea of medical science as a protector against them. Medicine integrated several socially undesirable phenomena, through their connections to the concepts of health and disease, into the sphere of its competence, which enabled it to exert its influence on them under the pretext of treatment. Doctors themselves often helped to construct these dangers and the associated enemies, fueling the fears thus evoked.[11] These consequences of the medicalization of society can be deconstructed in relation to the declining birthrate and the associated fear of depopulation, a process resulting from the reproductive change that had affected many European countries, including Czechoslovakia.

---

this medical network not only formidable power over the bodies of individuals, but also the opportunity to control society as a whole. Foucault uses the term biopower to denote one of the technologies of power which became dominant in the eighteenth century (alongside sovereign power and discipline) and was rooted in the notion of the body. Biopower works on the principle of managing the population and individuals through subtle mechanisms of regulation and manipulation, distributed through the administrative apparatus of the modern state. An important property of biopower is its normalizing nature, as its aim is to protect and strengthen the social system against "abnormal" or potentially dangerous individuals.

7 Jordanova, "The Social Construction."

8 Šlesingerová, *Imaginace národních genů*, 72.

9 Ibid., 76.

10 If we apply this concept to reproductive issues, then the "enemy" in the interwar period could equally be a man infected with tuberculosis (who could pass the disease on to his offspring) or a university-educated woman who postponed motherhood or even refused to play the role of mother.

11 We can witness this effect in the case of prostitution, which was the subject of much public debate during the first half of the twentieth century. For example, the Czech gynecologist Otokar Rožánek described it as a modern-day plague, a sore that had to be excised. In his book entitled *Pud pohlavní a prostituce* (The sexual urge and prostitution), he offered a range of ways to treat this "illness."

A new dimension to the process of medicine's entry into more and more social spheres came with the emergence of nation states and the related idea of so-called national health. Metaphors of health and disease blended with the concept of nation and national identity. Health concerns and eugenically motivated concerns about the "quality" of future generations penetrated the ethical and moral foundations of the whole project of nation building.[12] The emerging states also sought to protect their national identities through public health and medical science, which was seen as having a dual role. First, it helped define the nation and national identity on a biological basis, and second, it oversaw a large area of public health. According to Promitzer, Trubeta, and Turda "one of the most important corollaries to this development was the physician's extensive social and national involvement: a physician was now more than just a medical doctor caring for patients. He (and increasingly she) gradually became an instrument of state politics while medicine became a medium for addressing moral and ethical questions pertaining to the health of the nation and society."[13]

Eugenics, Depopulation, and Degeneration

The growing influence of doctors not only on reproduction but on many other areas of human life was based not only on their role as protectors of national health, but also on the authority that science enjoyed in society. According to Robert Proctor,[14] science represented a haven of certainty and stability in the turbulent, uncertain times around the turn of the twentieth century, when society and politics were gripped by chaos, and doubt was increasingly being cast on old certainties. The development of statistics and the increasing importance of classification as a method, which had become widespread in the sciences under the influence of Charles Darwin's publications, made it possible "better" to measure, evaluate, and subsequently hierarchize people and social phenomena.[15] The principles of statistics, genetics, and natural selection were also used to construct a (pseudo)science which came to play an important role in reproductive issues and reproductive politics: eugenics. Eugenics was a form of thinking which set out to combat unfavorable demographic trends and improve

12 Shmidt, Pančocha, "Building the Czechoslovak Nation," 2,

13 Promitzer, Trubeta, and Turda, "Introduction," 15.

14 Proctor, *Racial Hygiene*, 18.

15 See more Gould, *The Mismeasure of Man*.

both the quantity and quality of the population by applying knowledge from genetics. It was developed during the final third of the nineteenth century by the English scientist Francis Galton; in simple terms, its aim was to breed people based on the principles of heredity and natural selection.[16]

Eugenic ideas spread throughout the world in the first half of the twentieth century, and although eugenics had its own specifics in different countries, we can indeed speak of a movement of ideas that affected a large part of the world in some form.[17] Alongside England, the USA and Germany are considered to be the most important centers of eugenic thinking, but eugenic ideas held significant sway in Scandinavia and South America. Eugenics has also been echoed in Central and Eastern European countries, although, as Paul Weindling points out, eugenic ideas were largely influenced by national contexts, leading to great differences in the social and medical measures taken by eugenics. In the Czech-speaking provinces of the Habsburg Monarchy, eugenics began to take root at the beginning of the twentieth century, when the doctor and university professor Ladislav Haškovec[18] started to organize various activities aiming to raise awareness of eugenics among both experts and non-experts. He canvassed doctors in an attempt to gain support for his proposal to introduce legislation requiring compulsory medical examinations prior to marriage.[19] *Česká eugenická společnost* (Czech Eugenic Society) was founded in 1915. It cannot be said that all doctors in the interwar period were followers of eugenic ideas, nor is it true that all members of the Czech eugenic society were doctors,[20] but eugenic

16 Gillham, *Life of Sir Francis Galton*.

17 This is evidenced by the number of works which were written on the topic of eugenics in a national and international context. E.g., Adams, *The Wellborn Science*; Stepan, *The Hour of Eugenics*; Bucur, *Eugenics and Modernization*, Turda, *The History of East-Central European Eugenics*; Broberg and Roll-Hansen, *Eugenics and the Welfare State*.

18 Ladislav Haškovec (1866–1944) was a doctor, professor of neuropathology, and a leading figure in Czechoslovak neurology. He instigated the establishment of a clinic for nervous disorders at the medical faculty of Charles University. He was also the chairman of the Czech Eugenic Society and the main driving force behind its creation.

19 Haškovec, *Snahy eugenické*, 1.

20 The focus of this article is on two medical and eugenic discourses and their representatives. While the term doctor is essentially unambiguous, referring to the medical profession, the term eugenicist requires a brief explanation. I consider a eugenicist to be a person who was either a direct member of the eugenic society of a given country (in Czechoslovakia, the Czech Eugenic Society) or who supported eugenic ideology or its elements in his work or public appearances. Doctors and eugenicists were not two separate groups in practice, although I refer to them as two "groups." In the same way, however, it is not possible to identify both groups, although I point out a significant interaction here. A particular person could always belong to the representatives of one of the aforementioned discourses or to both at the same time.

discourse was widespread in the medical profession in the interwar period, and doctors formed a substantial part of the Czech eugenic movement.[21] The close connection between medicine and eugenics applies not only to the Czech space. In the context of eugenics and racial science in Central and Southeastern Europe, there were mainly doctors who, according to Marius Turda and Weidling, helped to establish these ideological trends as modern scientific disciplines.[22]

Eugenicists also tried to establish themselves as a national movement in this area. Unlike the USA or Germany, where eugenics was strongly intertwined with racial theories and the central element of its discourse was the concept of race or ethnicity, in Czechoslovakia and Central and Southeastern Europe, the concept of the nation strengthened and was strengthened by the eugenics discourse.[23] Eugenics became an integral part of the process of building a modern nation state.[24] In Czechoslovakia, the protection of and support for the nation's alleged biological quality was a central concern for the eugenic movement throughout the 1920s, and notions of national wellbeing underlay all eugenically motivated debates on reproduction and demographic issues in general.[25] The motif of an impending threat to a small nation which is in danger of being absorbed by larger (and more fertile) nations is common in the context of eugenic discourse, as shown by this statement: "For small nations, it is particularly essential to ensure that the population remains at a certain level. A sharp drop in the population of any nation represents a threat to the very foundations of its existence, and all the more so if the nation is a small one."[26] This motif appears repeatedly the in medical literature and is one of the proofs of the influence of eugenic ideas on medical discourse. This idea appeared repeatedly in the medical literature of the period.

The statement cited above offers an example of the nationalist subtext of eugenic thinking in Czechoslovakia and a reference to one of the biggest problems

21 Teachers also comprised a significant part of the Czech eugenic movement, see. Schmidt, *Race Science*.

22 Turda and Weindling, *Blood and Homeland,* 9.

23 Of course, this does not mean that the issue of race was irrelevant to Czech eugenics. Victoria Schmidt focuses on the functioning of racial science in Czechoslovakia. She also deals with the eugenic subtexts of the state's approach to the Roma minority in the first and second half of the twentieth century. See Schmidt, *Race science in Czechoslovakia*; Schmidt, *The Politics of Disability*.

24 Turda and Weindling, *Blood and Homeland,* 7–8.

25 Šimůnek, *Eugenics*, 151.

26 "Pro malé národy je zvláště nutno, aby zachovaly svoji populaci na určité výši. Rychlé klesání populace kteréhokoliv národa značí jeho ohrožení v samých základech jeho bytí, tím více národa malého." Moudrý, *Populační otázky*, 6.

with which eugenicists dealt, and not only in Czechoslovakia: the decline in birth rates and the related fear of depopulation. In the nineteenth century, most European countries (except for France, where this process began as early as the late eighteenth century) began to show signs of changing demographic behavior and a gradual decline in birth rates. The decline continued in the first half of the twentieth century, and fears of depopulation were exacerbated by the losses suffered during World War I. The low birthrate led to fears that there would be a shortage of men fit to serve in the military, and these fears were further stoked by the aforementioned nationalist or racialist concerns that the nation would die out or the quality of the race would suffer. As a consequence, concerns over the declining birthrate, the reduction of the population's biological quality, and the waning desire to have children were leitmotifs running through most of the medical literature on this subject in the interwar years.

These anxieties concerning depopulation were not unfounded. Czechoslovakia had experienced one of the sharpest drops in the birthrate of any European country. Before World War I, the Czechs had the second lowest birthrate in the Austro–Hungarian Monarchy (after the Germans). In the interwar period, Czechoslovakia's birthrate was somewhat boosted by the incorporation of Slovakia and the eastern province of Subcarpathian Ruthenia (now in Ukraine), where it was traditionally higher, yet the rate was still just 14.9 newborns per 1,000 people, an even lower proportion than in France, which was considered to be a cautionary example of depopulation because it was the first country where the birthrate had begun to decline.[27] Despite this situation, Czechoslovakia's interwar governments, although they repeatedly discussed the problem, did not adopt a comprehensive population policy and did not take comprehensive steps to encourage a higher birthrate; they merely introduced small-scale measures offering support to families in general, such as various financial benefits or the expansion of health insurance coverage.[28] The worrying demographic trend during the interwar years thus offered fertile ground for various proposals seeking to increase the birthrate, criticisms of deliberate birth control, and the stigmatization of those who were thought to be contributing to the declining birthrate.[29]

Although the declining birthrate was a reality, doctors often played a key role in constructing it as an undesirable or even catastrophic phenomenon.

27 Gruber, *Populační otázka*, 56.

28 Rákosník and Šustrová, *Rodina v zájmu státu.*

29 Šubrtová, *Dějiny populačního myšlení*, 175.

According to Cornelie Usborn,[30] who has studied reproductive policy in the Weimar Republic, doctors began to raise the alarm around the turn of the twentieth century, when the first major drop in the birthrate was recorded. They constructed a narrative of national crisis, ranking the declining birthrate among "illnesses" such as tuberculosis, alcoholism, and venereal diseases, i.e., illnesses which had to be treated before their impact on the organism of the nation became fatal. This was all taking place at a time when the declining birthrate was still being balanced out by the decline in mortality and thus was not yet causing the overall population to stagnate or fall.[31] Miloslav Szabó, in his study of abortions in the Slovak part of Czechoslovakia, reached similar conclusions on the role of doctors in presenting the declining birthrate as a threat to society. In his opinion, the process of building the Czechoslovak state after the World War I was strongly affected by fears of a declining population, and texts by Slovak doctors, especially those intended for the general public, depicted an almost apocalyptic vision of the collapse of society, partly as a consequence of abortions.[32]

In addition to the fear of population decline, eugenic discourse was also based on the fear of an alleged decline in the quality of the population, which was reflected in the concept of degeneration and the problem of differential fertility.[33] It is worth emphasizing, in this context, that convictions concerning the superiority of some people (or "peoples") over others thus lay at the heart of eugenics from the outset. Eugenics followed an interpretation Darwin's idea of natural selection according to which only the strongest survive in the struggle for life. The result was that at the very core of eugenics was the idea of biologically (genetically) determined inequalities among humans. The classification of people into groups which allegedly represented a healthy gene pool and groups which were allegedly genetically pathological and thus inferior was also reflected in attitudes towards reproduction, where the goal of so-called positive eugenics was to motivate "quality" individuals to give birth to more children, while the goal of negative eugenics was to reduce or prevent reproduction of allegedly inferior

30 Usborn, *Politics of the Body*, 1.

31 A similar account of the situation in Germany is given by Grossmann, *Reforming sex,* 4.

32 Szabo, *Potraty,* 33.

33 The term refers to the different fertility value of different social groups. Within the eugenic discourse, these groups were mainly so-called quality individuals on the one hand and inferior individuals on the other. However, the question of which of these two groups one belonged to was determined not only by the genetic equipment of the individual, i.e., his health and disposition to diseases, but also by his social status, education, ethnicity, etc.

individuals. Differential fertility, it was believed, would lead to a reduction in the quality of the population, which could lead to degeneration and the extinction of the population.

Alongside anxieties concerning depopulation, the notion of degeneration became another element of the eugenic discourse, and it appears in the medical literature, in not as saliently. The most common definition of this fundamental concept in eugenicist discourse drew on the principles of Darwinism. According to these ideas, degeneration meant a descent to the lowest level of social development (in other words, the opposite of evolution), and in more general terms, it referred to the threat of physiological, psychological, and social decline. With regard to reproductive issues, degeneration was felt to be closely associated with a declining birthrate, and individuals or entire societies suffering from degeneration were felt to be characterized by a decreased ability to conceive, bear, and adequately provide for children. This process was seen as being manifested in the inability of men and (mainly) women to carry out their reproductive "duties" or, even worse, in their unwillingness to do so. Degeneration was presented as a form of societal decline, as something undesirable which had to be prevented, and also as a deviation of social progress from its correct path, a path that was frequently viewed as the only natural path. In this context, eugenicists created the notion that healthy people who for whatever reason refused to perform their reproductive role were in fact contributing to the decline of society and had to be corrected. It is worth emphasizing that this category of internal enemies consisted mainly of women,[34] especially women who deviated from the traditional image of femininity, in other words emancipated women who were students or professionals, as well as women who deliberately restricted their fertility.[35] This gender-conditioned denigration of a certain group of women who were viewed as disruptive to the social order due to their refusal to perform their reproductive role also appeared in the medical literature and was undoubtedly related not only to eugenics but, more generally, to the rigid approach of the medical profession to the social role of women.

34 For more on the relationship between gender and eugenics, see Richardson, *Love and Eugenics*; Kline, *Building a Better Race.*

35 For more on the gender analysis of Czech eugenic discourse, see Najmanová, *Genderové aspekty.*

Healthy Breeding to Save the Nation

Let us now turn to the Czechoslovak doctors' attitudes to selected reproductive issues in the interwar period and how these attitudes were influenced by fears of the declining birthrate and other threats outlined above. The medicalization of reproduction and concerns about the future of the nation made it possible in the interwar period to create and maintain the idea that doctors were the most competent people to decide who should and should not have children. In the eighteenth and nineteenth centuries, the establishment of obstetrics as a new medical discipline offers one important example of doctors' involvement and intervention in reproductive issues, and in the first half of the twentieth century, the medicalization of reproduction was reflected in issues of fertility control, in particular in the question of the permissibility of abortions and contraception.

In Czechoslovakia as in other European countries, the first half of the twentieth century was a time when legislation on abortion was a major subject of debate. There were various attempts to decriminalize abortion or to expand the range of circumstances under which an abortion could be carried out legally. The main reason why abortion became a focal issue for politicians and activists was the high number of illegally performed abortions and the complications that arose because of this practice, particularly the supposed negative effects on women's health and the risk of damage to the fetus if the abortion was unsuccessful. It was later estimated that between 70,000 and 100,000 illegal abortions were performed annually in Czechoslovakia in the interwar period,[36] only a very small percentage of which were discovered, mainly those that led to complications, forcing women to seek medical help or, in the worst cases, causing their deaths. The high number of clandestine abortions was due to the fact that they were illegal. It was a criminal offence both to undergo an abortion and to perform one. In 1918, the newly formed Czechoslovak state adopted the Austrian Criminal Code of 1852, Section 144 of which defined abortion as a crime and stipulated a prison sentence of between five and ten years. The only exception when an abortion could be performed legally was the existence of medical grounds in cases in which the mother's life would be at risk if an abortion were not performed. However, the number of prison sentences

36 Rákosník and Šustrová, *Rodina v zájmu státu,* 170.

imposed was far lower than the number of abortions actually carried out, and this helped motivate efforts towards decriminalization.[37]

In interwar Czechoslovakia, six amendments to the Criminal Code were proposed which would have decriminalized abortion, mainly by social democratic members of parliament (both of Czech and German nationality). The greatest support was enjoyed by a 1931 proposal submitted by the social democratic Minister of Justice Alfréd Meissner, which defined abortions as mere misdemeanors (i.e., not criminal offences) and specified circumstances under which they would be entirely legal. These circumstances included not only medical considerations but also social and eugenic concerns.[38] The proposed amendment sparked widespread debate not only among experts (demographers, economists, and lawyers), but also among the members of the general public. Doctors played a key role in this debate, though the greatest point of contention between the proponents and opponents of decriminalization was not the definition of medical circumstances, but the social circumstances under which abortion was to be deemed legal. Most doctors did not dispute that in some cases it was necessary to perform an abortion on medical grounds. Devoutly Catholic doctors were an exception to this, as they considered any abortion whatsoever to represent the murder of an unborn child. If failure to perform an abortion endangered the mother's life, they argued, her death in such a case would be worthy of admiration. The Slovak doctor Emanuel Filo,[39] in his inaugural address after he was appointed to serve as the Rector of Comenius University in Bratislava, addressed the need to protect motherhood, quoting from Pope Pius XI's 1930 encyclical *Casti connubii* (Of Chaste Wedlock), in which the Pope "expressed sympathy with those heroic mothers whose performance of their maternal duties threatened their health and lives."[40] Filo also rejected the notion that in cases in which the mother was seriously ill (e.g. with eclampsia) it was necessary to terminate her pregnancy. The difference in opinion between Slovak and Czech doctors, which was based primarily on a different degree of Christian conservatism,[41] illustrates the fact that abortion was not viewed solely

37 Karpíšková, *Novelisace zákona*.

38 Ibid.

39 Emanuel Filo (1901–1973) was a Slovak internist and university teacher. Between 1942 and 1944, he was the rector of Comenius University in Bratislava.

40 "Projevil soucit s oněmi matkami-hrdinkami, jimž při plnění jejich mateřských povinností hrozí nebezpečenství zdraví a života." "Referáty," 416–17.

41 In his work, the abovementioned historian Miloslav Szabó puts the question of the approach of Slovak society, and therefore of some Slovak doctors to abortion in the context of the so-called cultural

as a medical issue, even though doctors attempted to present it as such. Doctors were invited to participate in debates on abortion because they were seen as being able to contribute scientific expertise, conclusions, and recommendations to political representatives, but they were still frequently motivated by religious, nationalist, or entirely personal considerations. The economic aspects of abortion should also not be overlooked. In debates on the issue, the advocates of decriminalization sometimes criticized doctors for opposing the expansion of the range of circumstances that would allow abortions to be performed legally, accusing doctors of being motivated solely by a desire for personal enrichment, as clandestine abortions represented a source of income for them. Illegal abortions were not only performed by midwives, medical students, and unqualified quacks, but also by doctors, mainly for wealthy clients who could afford to pay substantial sums for their professional services and their discretion.

In general, in the interwar period, Czechoslovak doctors took a rather conservative approach to the issue of abortion.[42] A large majority of them opposed any expansion of the range of circumstances under which abortions could be performed legally, insisting that the only permissible circumstances should be those involving a threat to the mother's life or health. Medical associations were asked to issue statements of opinion on the various proposals for decriminalization, and they always opposed the proposals.[43] The arguments against decriminalization mainly emphasized the health risks of abortions, even when the procedure was performed by a qualified professional in a proper health care facility. Doctors argued that their mission was to cure people, not to destroy life in its early phase, especially when doing so represented a substantial risk to

wars *(Kulturkampf)* between the socialist left-wing and the conservative right-wing. According to Szabó, the nationalistically motivated effort of the conservative and strongly Catholic part of Slovak society to define itself against the more liberal part, symbolized first by the Hungarians and, after the establishment of Czechoslovakia, also by the Czechs, led to a gradual inclination towards clerical fascism which contributed to the rise of the First Slovak Republic (1939–1945). According to Szabó, the important topics around these cultural wars in Slovakia were the legalization of civil marriage and, after World War I, the discussion about the decriminalization of abortion. Szabó, *Potraty,* 17–21.

42 This was not a unique position in Europe. The only state that decriminalized abortions in the first half of the twentieth century was Russia in 1920. Even there, however, the legislation was subsequently amended, and, in the end, the abortion ban was reintroduced.

43 In the journal *Praktický lékař* (Practical Doctor), Hynek Pelcl summarized his colleagues' stance as follows: "With regard to the opinions of doctors, most of them are opposed to any relaxation of the legal stipulations preventing the performance of abortions." ("Pokud běží o mínění lékařů, můžeme zjistiti u většiny z nich stanovisko odmítavé k jakémukoliv uvolňování zákonitých ustanovení bránících umělému přerušení těhotenství.") Pelcl, "Stanovisko lékařské," 288.

the woman's life or health. The socioeconomic reasons that were emphasized by the supporters of decriminalization, i.e., the argument that a woman should not be forced to bear a child for which she would be unable to provide care, thus bringing poverty and other difficulties upon her family, were rejected by doctors, who stated that it was not their role to assess their patients' social situation. However, behind this stance one discerns the doctors' fear that the acceptance of social or eugenic circumstances as valid reasons for performing abortions would lead to a dramatic increase in the number of abortions, accompanied by a further decline in the birthrate. The fear of depopulation was presented both explicitly and implicitly in debates on the legalization of abortions, and appeals to doctors not to force women to rely on the services of unqualified quacks were ignored. None of the proposals for decriminalization was approved, and it can be assumed that this was partly due to the stance taken by doctors (who were viewed as experts on reproduction and national health) combined with the emphasis on the health risks to the mother even in cases of abortions that were performed by professionals.

Contraception for the (Non)Wealthy Only

While Czech doctors' stance on abortion remained relatively consistent throughout most of the first half of the twentieth century, their stance on contraception shifted substantially. In the first decades of the century, contraception remained something of a taboo subject, and it did not receive much attention from the medical profession. However, in the 1930s it moved increasingly to the forefront of the debate. This was probably partly due to the increasing sophistication of contraceptive methods, and it also reflected the widely discussed issue of abortions, as contraception was presented as a more desirable alternative to abortion. In the early years of the twentieth century, doctors generally opposed the use of contraception, taking the stance that the only acceptable form of birth control was sexual abstinence.[44] Medical handbooks aimed at the members of

44 "Sexual congress is only natural if it enables breeding. Congress not undertaken for this purpose is as unnatural as masturbation, and soon produces similar symptoms […] The simplest way of restricting the number of children would be to keep a tight rein on sexual urges, so that sexual intercourse would only be sought out if conception is intended. Few people can do this! Yet it is still necessary strongly to recommend all kinds of restraint, for reasons of health and morality." ("Pohlavní obcování jest jen tehdy přirozené, umožňuje-li plození. Vyhýbavé obcování jest tedy nepřirozené jako onanie a má také podobné příznaky v zápětí […] Nejjednodušším prostředkem, omeziti počet dětí, bylo by, držeti pohlavní pud tak na uzdě, aby pohlavní styk byl jen tehdy vyhledáván, je-li oplodnění zamýšleno. Málokdo to dokáže! A přeci třeba

the general public often contained passages on the irrevocable damage to health caused by the artificial restriction of fertility, and their authors also emphasized the risks that contraception posed to the morality of society. Bohuslav Horák,[45] the author of the book *Pohlavní zdravověda pro muže i ženy v manželství* (Sexual health for men and women in marriage), which was issued in five editions within a period of thirteen years, made the following contentions:

> The consequences of unnatural sexual intercourse, when care is taken to avoid impregnation, are very numerous, and often very sad too. Sicknesses of the body and nerves result, especially disorders of the sexual organs. Mental emptiness, an unwillingness to engage in normal sexual intercourse, which does not bring a pleasant sensation, leading to nervous disorders, especially hysteria in women.[46]

However, the situation changed in the 1930s, and doctors increasingly rejected sexual abstinence as a way of avoiding conception. It is telling that Bohuslav Horák used the word "unnatural" to describe sexual intercourse in which contraception is used, yet just a few years later, one of his colleagues, the renowned Czech gynecologist Antonín Ostrčil,[47] used the same word to describe sexual abstinence. In a gynecology textbook for doctors and medical students, Ostrčil noted: "Sexual abstinence is often recommended for purposes of contraception […] That advice has absolutely no practical value, and is offered by people who either have not the slightest idea about human life or who are sexually abnormal […] so I consider it unnecessary even to consider this completely unnatural advice."[48] This shift, which reflects a shift in sexual morality, the gradual secularization of society, and the development of sexology again demonstrates that doctors' opinions on what behavior was natural or

---

všemožnou zdrženlivost ze zdravotních a mravních ohledů co nejsnažněji doporučiti.") Schonenberger and Siegert, *Život pohlavní,* 85, 94.

45 I have found no biographical data on Horák.

46 "Následky nepřirozené soulože, kdy dbá se o zamezení obtěžkání, jsou velice četné a mnohdy také nejvýš smutné. Povstávají choroby těla i nervů, zvláště pak neduhy ústrojů pohlavních. Prázdnota duševní, nechuť k normální souloži, která nepůsobí blahého pocitu, což vede k nervovým chorobám, zvláště k hysterii u ženy." Horák, *Pohlavní zdravověda*, 125.

47 Antonín Ostrčil (1874–1941) was a professor of obstetrics and gynecology and founder of the Obstetrics and Gynecology clinic at Medical Faculty of Masaryk University in Brno. In 1920s and 1930s, he worked as the head of Second Obstetrics and Gynecology clinic in Prague.

48 "Často se doporučuje za účelem kontracepce sexuální abstinence […] To jest rada, která nemá vůbec žádnou praktickou cenu a která je podávána lidmi, jež buď o životě lidském nemají nejmenšího ponětí, nebo jsou sexuálně abnormálně založeni […] takže považuji za zbytečné o této úplně nepřirozené radě vůbec uvažovati." Ostrčil, *Klinická gynekologie,* 474.

unnatural (pathological and undesirable) were based not only on objective scientific knowledge but also on different motivations, which were cloaked in the terminology of health and sickness in order to lend them greater legitimacy and urgency.

This shift in doctors' stance towards the notion of sexual abstinence as the only acceptable way to prevent unwanted pregnancy heralded the Czech gynecological community's acceptance of contraception as a subject for discussion, and it is also reflected in the marked rise in the frequency with which contraception was mentioned in Czech medical literature. Nevertheless, it is not tenable to state that doctors became defenders or proponents of birth control during the 1930s. In fact, their stance was highly ambivalent, and they also took a selective approach both to the means of contraception and to the people who should use those means. Condoms were the first contraceptive device to be accepted by doctors; they were considered an important weapon in the struggle against venereal diseases. Alongside cervical caps, condoms were viewed by Czechoslovak gynecologists as the most effective ways of preventing unwanted pregnancies. At the lowest end of the scale in doctors' preferences was the withdrawal method *(coitus interruptus)*. This was undoubtedly the most widespread method of birth control (if we disregard abortion), mainly because it required no equipment and cost nothing. Despite this, or perhaps for this very reason, doctors considered it not only highly ineffective, but above all damaging to health. Without exception, all medical publications about contraception rejected *coitus interruptus* as an entirely inappropriate and harmful method of birth control. Of course, the question is whether doctors' aversion to this method was based on genuine knowledge about its supposed negative effects on health or whether it was in fact motivated by an attempt to discredit the most widespread contraceptive method. If doctors were battling against depopulation while at the same time seeking to retain their influence over the domain of contraception, then they may have viewed *coitus interruptus* as a method that caused great demographic damage while also, by its very nature, lying beyond their influence.

I will now explore how medical discourse in the interwar period approached the issue of who should use contraception and under what circumstances. Doctors were relatively united in their support for the use of contraception in cases in which pregnancy would cause substantial health risks for the woman or could result in damage to the fetus or the birth of a child with a hereditary disease or disorder. In such cases, most doctors agreed, as in the case of abortions: the life of the mother took priority over the potential life of a child.

The use of contraception was also viewed as appropriate on eugenic grounds if a child was likely to be born with a mental or physical handicap, generally for hereditary reasons. From a eugenic point of view, however, contraception was an ambivalent matter. Its uncontrolled spread could mean a sharp decline in birth rates and thus have a dysgenic effect. However, its appropriate use, especially by individuals seen as unfit for reproduction, could, on the contrary, lead to a reduction in the number of inferior children. Thus, the question of who should use contraception and under what circumstances was crucial. The abovementioned Vladislav Růžička, in his book *Péče o zdatnost potomstva* (Caring for the fitness of our progeny), notes that "those who artificially prevent pregnancy are acting incorrectly and harming society as a whole. The artificial restriction of fertility damages the nation more severely than hereditary diseases."[49] However, in a different publication, he recommends the use of contraceptive devices for preventing pregnancy even mentioning specific types of contraception.[50] Here too, it is evident that support for or rejection of contraception was not primarily rooted in medical considerations, but in the purpose and manner of its use. It was acceptable and desirable to use contraception to limit the reproductive potential of individuals who, in the eyes of members of the medical profession, were medically unfit or inferior (see below).[51] By contrast, (many) doctors opposed the use of contraception by people who were considered the most suitable breeders. In such cases, contraception was viewed as an evil which would lead to what was seen as the decline of the human race or the extinction of the nation.[52]

Doctors also exercised their influence over reproductive issues by defining the types of women who should not use it. However, this process of definition

49 "Nesprávně jednají a celek poškozují i ti, kdož uměle zabraňují otěhotnění. Umělé omezování plodnosti poškozuje národ hlouběji než nemoci dědičné […]" Růžička, *Péče o zdatnost potomstva,* 23.

50 "Modern eugenicists agree that the most appropriate means of rationalizing breeding is preventive sexual congress […] yet not in the form of the Biblical *coitus interruptus*, but rather by using suitable condoms and cervical caps, and furthermore not on the basis of arbitrary decisions, but according to rules governed by the principles of eugenics." ("Moderní eugenikové shodují se v tom, že k rationalisaci plození nejvhodnějším prostředkem je preventivní obcování … ovšem nikoli ve formě biblického coitus interruptus, nýbrž za použití vhodných kondomů a pesarů, dále nikoli podle libovolného uznání, nýbrž podle pravidel řízených zásadami eugeniky.") Růžička, *Eugenická profylaxa,* 3.

51 Indeed, in such cases, some eugenicists had no objection to the use of sterilization (despite such a procedure representing a major intervention into the individual's body). For example, Vladislav Růžička considered sterilization in some cases to be a better option for preventing conception than subsequent abortion. However, in general, sterilization within the eugenic movement in Czechoslovakia did not have substantial support, and doctors recommended it only in serious medical cases, not for preventive eugenic motives.

52 Lašek, *Zušlechtění lidstva*, 9.

was not rooted exclusively in medical considerations, as might be expected; rather it took a class-based or eugenic approach, and again it, was shaped by the desire to combat the low birthrate and fear of differential fertility. Contraception was viewed as a logical way for women from the lowest echelons of society to prevent the birth of children who would merely place a further economic burden on the family (and who might also have led to hereditary problems in future generations), but contraception was viewed as entirely unsuitable for middle-class women. Doctors not only refused to accept the use of contraception by middle-class women, they also repeatedly denigrated, in their publications, middle-class women who expressed an interest in contraception. For poor women, they argued, a reduction in the number of offspring was understandable and forgivable, but for women from more prosperous backgrounds it was merely a form of selfishness that could not be tolerated. Women were accused of desiring luxury at the expense of fulfilling their parental duties. They were condemned for their alleged vanity, which caused them to fear the impact of pregnancy on their looks; they were criticized for wanting an easy life, which in the worst case scenario would lead to childlessness, a state which was presented (especially in nationalist contexts) as a form of "heresy." František Lašek,[53] for instance, wrote the following:

> In our country too, the declining birthrate is becoming a pressing national problem. In our society too, there is a desire for a comfortable life. Out of selfishness, spouses avoid having children, and they view those with several children as unwise and careless, robbing their children of their inheritance, lacking in restraint. We should consider that no political crisis or economic slump—both always merely temporary situations—can threaten our nation as much as inactivity by parents, and especially mothers. Let us learn from the history of now-extinct nations, including those Slavic peoples who are close to us![54]

The final part of Lašek's admonition clearly illustrates that this condemnation of women who used contraception despite not suffering from any health issues should again be viewed in the context of a concern for the quality and

53 František Lašek (1872–1947) was a doctor, surgeon, and head of the hospital in Litomyšl.

54 "I u nás stává se úbytek porodů palčivou otázkou národní. I v naší společnosti dostavuje se touha po pohodlí. Manželé ze sobectví chrání se dětí, na člověka s několika dětmi hledí se jako na nemoudrého a neopatrného, děti o jmění olupujícího, nezdrženlivého. Než jest uvážiti, že žádná politická tíseň ani hospodářský úpadek – oboje vždy jen věci dočasné – nemohly by nás národně tak ohroziti jako stávka rodičů a zvláště matek. Budiž nám tu učitelkou historie zašlých již národů, i blízkých nám kmenů slovanských!" Lašek, *Zušlechtění lidstva,* 31.

quantity of the population. Lašek's statements, which were not unusual at the time, represent a response to the fact that contraception was substantially more common among the middle and upper classes, as well as a reflection of the already mentioned fear of degeneration, which might ensue if the lower classes (whom eugenicists considered inferior) were to have markedly higher birthrates than the middle and upper classes (considered superior). It is also certain that the fear of the declining birthrate was influenced by anxiety over the fact that contraception enabled sexual intercourse to be separated from the act of procreation (conception). In the interwar period, this separation was still considered the beginning of a process of moral decay that would ultimately engulf the nation. In 1932, František Pachner[55] wrote a textbook for trainee midwives in which he warned them only to give contraceptives to a woman who is "sick or exhausted by childbearing, or who already has so many children that she could not support another, etc. They [i.e., the midwives] should not give advice which promotes an impure life or wantonness."[56]

It is thus evident that doctors based their decisions on distinct categories which they themselves fashioned. They differentiated between women for whom contraceptives could be prescribed and recommended and women for whom it was not only unacceptable to prescribe contraceptives, but whose efforts to prevent pregnancy were viewed as contemptible and immoral. This second category comprised healthy women living under prosperous circumstances, as well as women who had not yet had (what was seen as) enough children. In publications about sexuality and marriage dating from the 1950s and 1960s, we can often observe the argument that young spouses are not yet in a position to afford to have a first child, or that they are not yet sufficiently mature to do so, and as a consequence, they may want to use contraceptives. However, during the interwar period, doctors took no account whatsoever of the possibility that a healthy, married, and childless woman may want to avoid pregnancy; such a situation is simply not mentioned in the interwar literature on sexual health. The view taken by the authors of these publications was that if a childless woman does indeed seek to avoid becoming pregnant, this indicates that she is immoral,

55 František Pachner (1882–1964) was a doctor specializing in gynecology and obstetrics. Before World War I, he worked in the Silesian city of Ostrava, where he obtained the position of head of the gynecological department. He was engaged in the training of midwives.

56 "Churava nebo vyčerpána porody, nebo má už tolik dětí, že by nemohla další uživiti, apod. Nesmí se propůjčiti k tomu, aby svými radami podporovala nečistý život a prostopášnost." Pachner and Bébr, *Učebnice pro porodní asistentky,* 467–68.

and her behavior should be viewed as unhealthy or pathological. Women who deliberately remained childless were held up as an example of one of the worst disasters that could befall a nation and as a demonstration of the extremes to which unlimited access to contraceptives could potentially lead.

Birth Control under the Control of Doctors

During the first half of the twentieth century, a movement promoting contraception emerged, partly reflecting the attempt to offer members of the general public as much access as possible to contraceptives and also arising from the notion that contraception was an effective means of preventing abortions or poverty. If we view the so-called birth control movement[57] in a global context, we see that many doctors (some male, though female doctors[58] were perhaps even more involved) played an active role and were leading figures in this movement, yet some doctors were also prominent critics of it. In Czechoslovakia as in other countries, doctors (and medical concerns in general) played a key role in the contraceptive movement, not as leading figures in it, but because the (female) activists who led the Czech contraceptive movement defined their efforts with reference to the health benefits of contraception and cited medical authorities in order to emphasize that what they promoted was in no way controversial, unnatural, or amoral.

Unlike several other European countries, Czechoslovakia did not have a mass contraceptive movement in the first half of the 1920s, but the idea of raising public awareness of contraception did have some proponents. The first positive responses to neo-Malthusianism can be traced to the years before World War I, but interest in educating the general public about contraception did not become widespread until the 1930s, when it arose as a reaction to the very high numbers of illegal abortions and the government's inability to tackle this problem. In 1932, a society named Zdravotní ochrana ženy (Protecting Women's Health) was established in Brno. It aimed to reduce the number of illegal abortions being performed, and it helped set up Czechoslovakia's first contraception advice center. Two years later, in 1934, the Svaz pro kontrolu porodů (Birth Control Association) was established in Prague, proclaiming that its activities

57 The term birth control was invented by Margaret Sanger, who is considered a pioneer in fertility control in the United States and around the world. See Engelman, *A History of the Birth Control Movement.*

58 On the crucial role of women doctors in the dissemination of information about contraception, see for example Rusterholz, *English Women Doctors*, 153–72.

would involve representatives of political parties, women's organizations, and churches. According to its statute, Protecting Women's Health was to be run by medical professionals with the intention of disseminating information about contraception, teaching women how to use contraceptives, and providing funds to help them purchase contraceptives. The association also set up an advice center for this purpose.[59]

The influence of doctors on reproductive issues is evident from the way in which both these organizations presented their purpose and activities. Although they were both run by women and offered help primarily to women, the emancipatory aspects of their activities were strongly downplayed, and the medical benefits were foregrounded instead. Both organizations emphasized the positive impacts of contraception on health and presented medical expertise as an integral and essential part of their activities. The society Protecting Women's Health explicitly declared its goal of striving to make contraception part of public health care, incorporating it into medical research and carrying out scientific studies on it. Several documents connected with the establishment of the society have survived (including correspondence between the society's secretary Karla Popprová Molínková and several representatives of other women's associations), as have several versions of the documentation submitted by the society in its application to be listed on the official register of public associations. These documents enable us to trace the shift that occurred between the original ideas of the founders and the final version which eventually gained official approval. The medical aspects of the society's activities play a key role here. Karla Popprová Molínková originally wanted to establish a society to fight for the decriminalization of abortion, but she failed to win sufficient support for this idea, and so she decided instead to set up a society modeled on similar organizations abroad (mainly in Germany) the primary aim of which would be to inform women about the contraceptive options available to them. Popprová Molínková's main aim was thus to enable women to decide freely in matters of motherhood and sexuality, but probably for strategic reasons (and influenced by criticism from other female activists), the society gradually shifted its declared focus more towards the domain of public health education, the battle against abortions and medically harmful forms of contraception, and improvements in the quality and accessibility of obstetric care. The shift in focus towards medical aspects of birth control is very clear from the society's statute. One

59 Moravský zemský archiv (Moravian Provincial Archive), reference no. 44268; "Hlídka žen," 7.

of the first versions of this document stated that the society would seek to achieve its goal by "disseminating knowledge concerning feminine hygiene and sexual life, with a particular emphasis on the importance of self-discipline and moral responsibility."[60] However, the final draft of the statute (the one eventually accepted by the authorities) replaced this wording with the following: "disseminating knowledge about sexual life by means of medically informed lectures, leaflets, brochures and printed materials."[61] Unfortunately, we lack sources that would cast light on the motives underlying this shift, but it can be assumed that the original wording, which emphasized that the society's activities would not be detrimental to morality (reflecting the founders' fears that the society would face stiff opposition in clerical circles), was eventually omitted for strategic reasons, to be replaced by an emphasis on public educational activities (whose quality and importance were guaranteed, as they were supervised by medical experts) and health benefits.

The influence of doctors is likewise clearly visible in the case of the second organization, the Birth Control Association. Here, it is evident that doctors attempted to retain a degree of control over the association's promotion of contraception. The Birth Control Association managed to recruit the renowned gynecologist Antonín Ostrčil as a collaborator. Ostrčil was, in the 1920s and 1930s, the head physician at the Second Gynecological Clinic in Prague's Podolí district. An advice center was established at the clinic in 1935, an event reported in the press as follows:

> The aim of the center is to give basic advice to women on sexual matters from a gynecological perspective: i.e., in cases of irregular awakening of sexual desire, difficulty caused by a lack of sexual harmony in marital relations, infertility, in cases when it is appropriate to prevent pregnancy, or in cases of various illnesses affecting women, whose treatment could prevent large numbers of abortions with a negative impact on health. The advice center will be run by the head physician of the clinic and his assistants. The association will be governed by the principles laid down by Dr. Ostrčil.[62]

60 "Šíření znalostí týkající se hygieny ženy a vědomostí o sexuálním životě, se zvláštním zdůrazňováním významu sebekázně a mravní zodpovědnosti." Moravský zemský archiv (Moravian Provincial Archive), reference no. 44268.

61 "Šíření vědomostí o sexuálním životě pomocí lékařsky uznaných přednášek, letáčků, brožurek a tisku." Ibid.

62 "Poslání poradny je udíleti orientační pokyny ženám ve věcech sexuálních s hlediska ženského lékaře: tedy v nepravidelných stavech probouzejíc se sexuality, v rozpacích, které nastávají v manželství při nesouzvuku pohlavního života, při neplodnosti, při žádoucím zamezení vzniku těhotenství, při různých

As is evident from this extract, the activities of the Birth Control Association and specifically the advice center set up by it were clearly framed in terms of protecting health. In this case, the "sickness" that needed to be "treated" consisted of abortions and their detrimental effects on health. The last sentence is particularly significant, as it explicitly positions the association as being subordinate to medical authority, represented by Antonín Ostrčil. It is interesting that, although I have only found very scanty information on the Birth Control Association's activities, there is not even the slightest attempt to present contraception as a tool enabling women to take control over their own reproductive potential or as a way of experiencing female sexuality without the anxiety of unwanted pregnancy.[63] Although these motifs were typical of the contraceptive movement that developed especially in Western Europe and the USA in the second half of the twentieth century, embryonic traces of them can be observed in the contraceptive movements of other countries in the prewar era.[64] The absence of these motifs in interwar Czechoslovakia is particularly striking when we take into account that the Birth Control Association was chaired by Betty Karpíšková, a Czech social democratic senator who ranked among the most vocal supporters of the decriminalization of abortion in the interwar period and, above all, one of the few public figures who very explicitly emphasized women's right to decide in matters of motherhood and to be in control of their own bodies.[65] It appears that Karpíšková downplayed these aspects in order to increase the association's chances of success, deciding instead to emphasize only the medical benefits of birth control. This enabled the association to win more

chorobách, které by se jim pohoršily, čímž by bylo možno předejíti velikému počtu umělých a zdraví ženy škodlivých potratů. Poradnu povede přednosta kliniky se svými asistenty. Spolek pak se bude říditi zásadami, které určí prof. Dr. Ostrčil." MUDr. M. N., "Omezení porodnosti," 15.

63 This corresponds to the conclusions of Melissa Feinberg, who came to a similar conclusion in relation to the discussion on the decriminalization of abortion in interwar Czechoslovakia. According to Feinberg, the feminist element in the debates concerning the decriminalization of abortion was completely marginal, and even the proponents of decriminalization used social or health arguments to promote their views, not feminist ones. Feinberg, *Elusive Equality*.

64 Attina Grossmann, for example, points out that the campaign to promote abortion and contraception in Germany was led mainly by feminists and socialists, and their arguments were followed by fighters for the legalization of abortion after 1968. She also mentions that these campaigns in the 1930s included, in addition to themes of class struggle, sexual reform, or eugenics, the slogan "Your body belongs to you" *(Dein Körper Gehört Dir)*, referring to a woman's right to maintain control over her own body and life. Grossmann, *Reforming Sex,* 92.

65 Karpíšková, *Novelisace zákona.*

widespread support from doctors (support that was essential in order to create the advice center) and also from members of the general public.

Conclusion

In the interwar period, Czechoslovak doctors attempted to play the role of protectors of society by battling against one of the major perceived threats to the nation, the declining birthrate. They considered it important to retain their influence over reproductive matters, and to do so, while also gaining public support, they framed their discussions of depopulation, abortion, and contraception in terms of the concepts of health and sickness. The debate on abortion in Czechoslovakia, which laid the foundations for the debate on contraception and the emergence of the contraceptive movement, focused mainly on socioeconomic issues, yet it was doctors who played the most influential role in this debate. Arguing from a position of professional authority, they rejected all attempts to expand the range of circumstances under which abortions could be legally permitted, mainly by stating that abortion always represented a risk to health. In discussions on methods of contraception, doctors constructed a category of women who under certain circumstances were justified in practicing birth control and they denigrated a different category of women, who they alleged should not use contraception under any circumstances in order to avoid population decline. The medical perspective was also incorporated into the social movement that promoted contraception. The original effort of emancipating women and giving them the opportunity to make decisions about their own bodies gave way (in the interest of greater conformity and support) to an effort to control women's reproductive potential and steer it in a direction that was considered exclusively correct by (primarily male) doctors.

Archival Sources

Moravský zemský archiv (Moravian Provincial Archive), Fonds Zemský úřad Brno, box 2936, reference no. 44268.

Bibliography

Adams, Mark B. *The Wellborn Science, Eugenics in Germany, France, Russia and Brazil.* New York: Oxford University Press, 1990.

Broberg, Gunnar, and Nils Roll-Hansen. *Eugenics and the Welfare State: Sterilization policy in Denmark, Sweden, Norway and Finland*. East Lansing: Michigan State University Press, 2005.

Bucur, Maria. *Eugenics and Modernization in Interwar Romania*. Pittsburgh: University of Pittsburgh Press, 2002.

Engelman, Peter C. *A History of the Birth Control Movement in America*. Santa Barbara, CA: Praeger, 2011.

Feinberg, Melissa. *Elusive Equality: Gender, Citizenship, and the Limits of Democracy in Czechoslovakia, 1918–1950*. Pittsburgh, PA: University of Pittsburgh Press, 2006.

Foucault, Michel. *Discipline and Punish: The Birth of the Prison*. London: Allen Lane, 1977.

Foucault, Michel. *Histoire de la sexualité. 1, La Volonté de savoir*. Paris: Gallimard, 1984.

Foucault, Michel. *The Birth of Biopolitics*: *Lectures at the Collège de France, 1978–79*. Basingstoke: Palgrave Macmillan, 2008.

Gillham, Nicholas W. *A Life of Sir Francis Galton: from African Exploration to the Birth of Eugenic*s. New York, NY: Oxford University Press, 2001.

Grossmann, Atina. *Reforming sex: The German Movement for Birth Control and Abortion Reform, 1920–1950*. New York, NY: Oxford University Press, 1995.

Gruber, Josef. *Populační otázka* [Population issue]. Prague: Melantrich, 1923.

Gould, Stephen J. *The Mismeasure of Man*. New York, NY: W. W. Norton, 1981.

Haškovec, Ladislav. *Snahy eugenické* [Eugenic efforts]. Prague: Ladislav Haškovec. [1912].

"Hlídka žen" [Women's patrol]. *Nezávislá politika,* September 8, 1934.

Horák, Bohuslav. *Pohlavní zdravověda muže i ženy v manželství* [Sexual health for men and women in marriage]. Prague: Rudolf Storch, [1921].

Jordanova, Ludmilla. "The Social Construction of Medical Knowledge." In *Social history of medicine* 8, no. 3 (1995): 361–81.

Karpíšková, Betty. *Novelisace trestního zákona: potratové paragrafy* [Amendments to the Criminal Code: Abortion paragraphs]. Prague: Ústřední výbor žen sociálně demokratických, 1933.

Kline, Wendy. *Building a Better Race: Gender, Sexuality, and Eugenics from the Turn of the Century to the Baby Boom*. Berkeley, CA: University of California Press, 2001.

Lašek, František. *Zušlechtění lidstva: (Eugenika*) [Refinement of humanity: (Eugenics)]. Prague: Jos. R. Vilímek, [1916].

Moudrý, Jiří. *Populační, eugenické a sociální otázky v porodnictví* [Population, eugenic and social issues in obstetrics]. Prague: Mladá generace lékařů, 1943.

MUDr. M. N. "Omezení porodnosti" [Birth rate restrictions]. *Rozkvět – Česká selka obrázkový týdeník*, no. 43 (1935): 15.

Najmanová, Veronika. "Genderové aspekty českého eugenického hnutí v 1. polovině 20. století." MA thesis, University of Pardubice, 2014.

Ostrčil, Antonín. *Klinická gynekologie pro lékaře a mediky* [Clinical gynecology for doctors and medics]. Prague: Fr. Řivnáč, 1933.

Pachner, František and Richard Běbr. *Učebnice pro porodní asistentky* [Textbooks for midwives]. Prague: Ministerstvo veřejného zdravotnictví a tělesné výchovy Československé republiky, 1932.

Pelcl, Hynek. "Stanovisko lékařské a sociálně zdravotní k otázce umělého přerušení těhotenství a ochraně před početím" [The opinion of medical and social health on the issue of abortion and contraception"]. *Praktický lékař* 10, no. 8 (1930): 288–91.

Proctor, Robert N. *Racial Hygiene: Medicine Under the Nazis*. Cambridge, MA: Harvard University Press, 1988.

Promitzer, Christian, Sevasti Trubeta, and Marius Turda. "Introduction: Framing Issues of Health, Hygiene and Eugenics in Southeastern Europe," In *Health, Hygiene and Eugenics in Southeastern Europe to 1945*, edited by Christina Promitzer, Sevasti Trubeta, and Marius Turda, 1–26. Budapest, New York, NY: Central European University Press, 2007.

Rákosník, Jakub, and Radka Šustrová. *Rodina v zájmu státu: populační růst a instituce manželství v českých zemích 1918–1989* [Family in the interest of the state: Population growth and institutions of marriage in the Czech lands 1918–1989]. Prague: NLN, s.r.o, Nakladatelství Lidové noviny, 2016.

"Referáty" [Papers]. *Časopis lékařů českých* 82, no. 15 (1943): 416–17.

Richardson, Angelique. *Love and Eugenics in the Late Nineteenth Century: Rational Reproduction and the New Woman*. Oxford: Oxford University Press, 2003.

Rusterholz, Caroline. "English Women Doctors, Contraception and Family Planning in Transnational Perspective (1930s–70s)." In *Medical History* 63, no. 2 (2019): 153–72. doi: 10.1017/mdh.2019.3.

Růžička, Vladimír. *Eugenická profylaxa* [Eugenic prophylaxis]. Prague: Vladimír Růžička, 1931.

Růžička, Vladislav. *Péče o zdatnost potomstva: (eugenika)* [Caring for the fitness of our progeny: (eugenics)]. Prague: Státní nakladatelství, 1923.

Rožánek, *Pud pohlavní a prostituce* [Sexual urge and prostitution]. Prague: Hejda a Tušek, 1903.

Shmidt, Victoria, and Karel Pančocha. "Building the Czechoslovak nation and sacralizing peoples' health: the vicissitudes of disability discourse during the 1920s." In *Journal of Contemporary Central and Eastern Europe* 25, no. 3 (2017): 307–29. doi: 10.1080/25739638.2017.1400215.

Shmidt, Victoria. *The Politics of Disability in Interwar and Socialist Czechoslovakia: Segregating in the Name of the Nation*. Amsterdam: Amsterdam University Press, 2019.

Shmidt, Victoria. "Race science in Czechoslovakia: Serving segregation in the name of the nation." In *Studies in History and Philosophy of Science Part C: Studies in History and Philosophy of Biological and Biomedical Sciences* 83 (2020): 1–13.

Schönenberger, Franz, and Wilhelm Siegert. *Život pohlavní* [Sexuality]. Prague: Josef Pelcl, 1904.

Stepan, Nancy L. *The Hour of Eugenics: Race, Gender, and Nation in Latin America*. Ithaca, NY: Cornell University Press, 1996.

Szabó, Miloslav. *Potraty: dějiny slovenských kultúrných vojen od Hlinku pod Kuffu* [Abortions: A history of Slovak cultural wars from Hlinka to Kuffa]. Bratislava: N Press, 2020.

Šimůnek, Michal. "Eugenics, Social Genetics and Racial Hygiene: Plans for the Scientific Regulation of Human Heredity in the Czech Lands, 1900–1939." In *Blood and the Homeland*, edited by Marius Turda, and Paul J. Weindling, 145–66. Budapest–New York, NY: Central European Universtiy Press, 2007.

Šlesingerová, Eva. "Imaginace národních genů a vtělená sociální teorie" [Imagination of national genes and embodied social theory]. PhD diss., Masaryk University, 2008.

Šubrtová, Alena. *Dějiny populačního myšlení v českých zemích* [History of population thinking in Czech lands]. Prague: Česká demografická společnost, 2006.

Tinková, Daniela. *Tělo, věda, stát: zrození porodnice v osvícenské Evropě* [Body, science, state: The birth of a maternity hospital in Enlightenment Europe]. Prague: Argo, 2010.

Turda, Marius, and Paul J. Weindling. *Blood and the Homeland: Eugenics and Racial Nationalism in Central and Southeast Europe 1900–1940*. Budapest, New York, NY: Central European University Press, 2007.

Turda, Marius. *The History of East-Central European Eugenics, 1900–1945: Sources and Commentaries*. Bloomsbury: Bloomsbury Academic, 2015.

Usborn, Cornelie. *Politics of the Body in Weimar Germany: Women's Reproductive Rights and Duties*. Basingstoke: Macmillan Press, 1992.

Hungarian Historical Review 10, no. 2 (2021): 328–356

Doctors into Agents: The Technologies of Medical Knowledge and Social Control in State Socialist Hungary*

Viola Lászlófi
Eötvös Loránd University / École des Hautes Études en Sciences Sociales
viola.laszlofi@ehess.fr

In this paper, I analyze different situations in which the doctor-patient relationship, the knowledge/information produced within this framework, and the practices of medical questioning came to the fore in the work of the state security services, one of the typical institutions of social observation and surveillance of the Hungarian socialist state. I examine work and recruitment dossiers opened from 1956 to the 1980s which document either physicians' uses in state security observation of information which they gained about their patients during their professional (medical) activities in or in which the physician-patient relationship appears as a context of the physician's recruitment. I discuss how physicians constructed the patient when the gaze of the state security forces was also arguably part of their medical gaze. I contend that medical knowledge and, more generally, information revealed in the professional (medical) context and used in the framework of network surveillance, taken out of their strict medical context, constituted a gray zone of power. On the one hand, this information was a useful tool with which the regime could exert some measure of effective social and political control beyond the borders of healthcare, while on the other hand, it could help physicians develop a certain degree of social resistance.

Keywords: state socialism, history of medicine, state security, doctor–patient relationship, gray zone of power

From end of the 1940s, the developing state socialist system aimed to modernize several facets of social and political life in Hungary. Building on the social and ideological objectives of the new system and conforming to international tendencies, the state engaged in a comprehensive pursuit of modernization which encompassed the provision of welfare benefits, such as universal healthcare, the development, extension and structural reorganization of which began in the early years of the state socialist regime.[1] As early as the 1940s, the directive of providing more citizens with health insurance and creating a state-funded

* My research enjoyed the support of the ÚNKP-20-3 New National Excellence Program of the Ministry of Innovation and Technology from the Source of National Research, Development and Innovation Fund.

1 On the history of the Hungarian state socialist regime's political and social changes, see Borhi, *Hungary in the Cold War*; Gyarmati and Valuch, *Hungary under Soviet Domination*.

universal basic healthcare system yielded the restructuring of healthcare in many countries. This process intensified significantly after World War II.[2] By 1961, with the extension of universal health insurance, almost all citizens were eligible for healthcare in Hungary, and after 1975, it became accessible essentially for free to the whole population.[3]

The de-privatization of the existing healthcare institutions and the establishment of new hospitals, the extension of the network of general practitioners, and the development of outpatient care enabled access to healthcare for both urban and rural populations. Healthcare providers, who previously operated private medical practices, were now employed by the state.[4] By introducing these measures, the reigning party's aims were to advance the medicalization of society and to create an institutional framework which would symbolize the provision of a high level of public care for the workers, the group favored by the state socialist system but marginalized by previous regimes.[5] Consequently, medical knowledge and the doctor–patient relationship as a form of social interaction came to play a decisive role in molding socialist welfare. This

2 In England, following the National Service Act in 1946, most healthcare institutions were de-privatized, providing health insurance for 96 percent of the population, whereas in Sweden, the whole population was allowed access to insurance and universal healthcare from 1955. For more on this see Fülöp, *Néhány tőkés ország*, 3–43; Light, "Universal Health Care."

3 In Hungary, before the end of 1950s, a significant number of peasants kept their land ownership and thus remained independent farmers without insurance. It was only the third attempt of agricultural collectivization from 1958 to 1961 which was successful; thus, the majority of agricultural workers were insured only from the 1960s.

4 On these changes see Szalai, *Az egészségügy betegségei*, 53–75; Hahn, *A magyar egészségügy története,* 144–87.

5 The concept of medicalization has several definitions in the social sciences (see van Dijk et al. "Medicalization Defined in Empirical Context.") In this study, this term refers to the processes by which the human body and behavior as well as different activities and characteristics became the subject of medical activity and discourse in modern societies. Aside from accepting the fact that the more extensive use of medical knowledge serves the wellbeing of individuals, the concept of medicalization provides an opportunity to analyze these changes as the manifestations of growing social control. However, if we consider the Hungarian case, even though the social history of state socialist healthcare has hardly been studied and it is thus hard to tell how political intentions were realized on a micro-level, the problems emphasized by the different state regulations and the extension of medical care to prioritized groups provide some insight into how the party state might have imagined the project of medicalization. Which social groups were to be medialized, and how? According to the ideological, social, and economic goals of the state, the development of hospitals and outpatient care and the organization of a system of GPs and factory doctors (both in the cities and the countryside) shed light on and helped provide a solution mainly to the physical problems of industrial and agricultural workers. In addition, the emphasis on well-organized health education programs and prophylaxis suggests that ideal individuals in a state socialist society were not just able to think about their existing problems in a medical framework but were also aware of different ways of maintaining their health and preventing illnesses.

process and its implications have been addressed in sociological inquiries, but historians have not yet given them adequate study or interpretation.[6] However, the cases have not been examined in which doctors, who by then had come to fulfil a fundamental role in welfare provision and thus had a higher number of social contacts than they earlier had had, became the agents of state power not only on account of their medical knowledge but also as the employees of the state security forces, which was one of the key institutions of political repression, responsible for monitoring and controlling individuals in society. In this study, I focus on these rare but all the more significant instances when the state security's gaze exerted an influence on (and arguably was part of) the medical gaze. The cases under study constitute only a small proportion of the state security files reflecting on the performance of physicians, which means that the position physicians enjoyed in society (as figures in whom trust and confidence was placed), which was clearly considered beneficial for the intelligence network, was little exploited.

As a well-definable group of people possessing specialized knowledge and the related power, physicians have already been discussed in Michel Foucault's works. Foucault perceived power as a set of techniques, maneuvers, and functions which are distributed based on the strategical positions occupied by individuals or groups within a society. Power, furthermore, is operational, and it thus applies in social contexts and systems of relations in which both bottom-up and top-down processes are observable, and both the dominant and the dominated groups participate in developing power relationships.[7] In a medical context, this power could find expression in various phenomena, from medical consultation to health education, and due to the constant presence and operation of power, individuals learn and practice required behaviors, and these processes and rituals of adaptation play a fundamental role in maintaining social

6 The research of Ágnes Losonczi and Júlia Szalai merits particular mention. The studies published in the 1970s and 1980s discuss the anomalies of healthcare, such as the vulnerability of both patients and physicians within the system or the difficulties of accessing quality care. Losonczi and Szalai identify the peculiarities of the development of socialist healthcare as an underlying reason to these tensions. In their works, the history of the transformation of healthcare is examined from the point of view of structural errors. See for example: Losonczi, *A kiszolgáltatottság anatómiája*; Szalai, *Az egészségügy betegségei.*

7 Foucault's views on power were summarized more or less coherently in *Discipline and Punish*, later elaborated on in lectures and interviews: Foucault, *Discipline and Punish,* 135–309; Foucault, "The Eye of Power." On the aspects discussed in this article see Deleuze, *Foucault*, 34–38.

order. In short, people become medicalized.[8] There are, however, two aspects which weaken the force of this argument in the context of socialist Hungary. Foucault's observations apply primarily to a capitalist context. Furthermore, he presumes that, although medical and state power are closely related, they cannot be reduced each to each other. The relationship between them should be the subject of further analyses in different social and political contexts.

Taking these arguments as my point of departure, in this study I seek to outline the different aspects and functions of medical activity (institutional, social, responsibility for the production of knowledge) which made doctors and their knowledge of interest outside of healthcare contexts or, the other way round, which impeded the use of this knowledge in new contexts. I also seek to address how the methods used primarily in medical contexts by healthcare experts were used and interpreted during their work within the network of the state security forces. Based on the available evidence, I argue that the methods and practices of the production of knowledge used during medical fieldwork within an institutional context (the development of trust in the doctor–patient relationship, the making of diagnoses) and the social control obtained through such practices produced a certain gray zone of power[9] when they were adopted in the framework of state security observation. On the one hand, doctors, due to their social-institutional power, could exert significant social control, but on the other hand, this very power could enable them to put up a certain amount of resistance.

In examining this phenomenon, I explore recruitment and work dossiers, altogether 10, which center on information obtained in a medical context by doctors who had already worked as agents or who were only being pursued

8 On the application of Foucault's perception of power to specifically medical contexts see Hancock, "Michel Foucault and the Problematics of Power"; Peerson, "Foucault and the Modern Medicine."

9 This expression was first used in a historical context by Primo Levi. This research, however, benefits more from two different takes on the concept. The sociologist Alan Blum, devoting particular attention to the contexts of healthcare and the approaches to health and sickness, explained "gray area" as the unsaid ambiguities that yield decisions from a certain individual and that are influenced by unsaid presumptions and interpretive processes. Sándor Horváth, working in different a field, but within the context of state socialism, described the type of historical knowledge production as a "gray zone" which occurs "in the shadow of the official propaganda" and is thus either weakly related or unrelated to it (Blum, *The Grey Zone of Health and Illness*, 1–17; Horváth, "A helytörténetírás mint szürkezóna," 89). In creating my concept, I build on Blum's approach by considering the professional and social autonomy of physicians in decision-making. As for Horváth's understanding of the concept, I find the examination of relations between "official" and "non-official" knowledge in a certain area especially useful.

by state security.[10] All of them were written after the 1956 Revolution in the Kádár era, but their distribution within this period varies between diverse dates. The exact dates are always indicated in the footnotes. As for the content of the dossiers, however, there are no significant differences. Through the lens of the dossiers, we catch a glimpse into a rather heterogenous medical practice, as the doctors in question had a diverse array of expertise (psychiatry, neurology, family medicine, inner medicine), came from a geographically heterogeneous background, and worked in different institutional settings (hospital, local practice, psychiatric institution). Due to the lack of documentation, in several cases it is not known why or how they were recruited by the secret police. The recruited physicians were classified into several categories, such as agents, informants, and secret emissaries.[11] As these nuances of classification are unimportant in interpreting the information the doctors obtained and thus in answering my research questions, for the sake of simplicity, I refer to them as informants and/or agents. Their exact functions are summarized in Table 1 (see below).

Social Control and the Production of Knowledge

To be able to grasp how the doctors' opportunities to become useful informants, their work for the secret police, and the usefulness of their reports were evaluated and how this related to the distinguishing characteristics of their profession, in short, whether a gray zone was indeed supervened, first, it is worth giving a brief summary of earlier research on the "success" of state security observation and the agents whose role was indispensable to this success.

As has been pointed out by a number of studies focusing on the practices of the production and interpretation of state security reports, which are fundamental to any understanding of how the system itself worked, an analysis or discussion of the observational techniques used by the secret police forces, such as the Romanian Securitate, the East German Stasi, or the Hungarian

10 In addition to the instances examined in this study, doctors helped the work of the secret police on numerous occasions. A typical case was participation in research trips, in, for example, factories or conferences, which often benefitted the development of scientific relations and at the same time offered an opportunity to write lengthy reports on individuals.

11 Classification depended on the role the recruited individual held within state security forces. While the agents' task encompassed both the acquisition of information and the prevention of seditious activities against the state, the latter was not expected of informants. The function of "secret emissary" was created during the restructuring of state security in 1972–1973, and their role was similar to the roles of the informants. See Rainer, *Jelentések hálójában*, 70–75.

State Protection Authority, may do little to further our knowledge of the actual social realities of the time.[12] Secret polices forces were created to strengthen socialist systems and to prevent disruption within society. Thus, one of the tasks entrusted to these police forces was the creation in their reports of a discourse which buttressed both the terminology and the reasoning of the state ideology. The creation of this discourse allowed the regimes to label allegedly disruptive events using terms that reinforced the state narrative (for instance, espionage or sabotage) and to identify perpetrators as culprits from this narrative (for instance, the saboteur, the bourgeois, and the kulak). In course of time, the state security forces were given new missions, and their protective functions, which purportedly were intended to advance the building of socialism through the pursuit of complete control over society and the protection of the social order, were replaced with an all-encompassing ubiquity and the wish to know and monitor every minor secret of each and every citizen.[13] According to János Rainer M., in the Hungarian case, this change had been implemented by the 1960s.[14] This alteration of functions, however, left the linguistic construction of reports untouched: reports still had to be written in a language interpretable (and acceptable) to both the state security force and the party.

The informants' ability to fulfil their mission (to observe and to meet the expectations placed on them with regards to their reports) was strongly influenced by their relationships with case officers. Katherine Verdery drew on the analogies between the system of state security and educational institutions, and Sándor Horváth has compared the connection between informants and their case officers to the teacher–pupil relationship.[15] Horváth argues that the individuals' first reports within the state security system and the case officers' criticism of their form and content could be perceived as part of a process of socialization and learning during which the informants appropriated the

12 See for example Verdery, *Secrets and Truth*; Vatulescu, *Police Aesthetics*; Bolgár, "A hatalom mindennapjai."

13 The transformation of the state security force's function was related to the consolidation of the Kádár regime. Since the 1960s, the legitimacy of Hungarian state socialism was based on the acceptance of the state party's will in economic and social questions and on the success of welfare reforms (for example, rising living standards and the relative freedom of individuals as compared to the Stalinist era), rather than on the different forms of terror and fear. Mary Fulbrook described a very similar process in the case of the GDR in the 1960s and 1970s, to which she refers as the period of "returning to normal." (Fulbrook, "The Concept of 'Normalization'.")

14 Rainer M., *Jelentések hálójában*, 262. According to Verdery, a similar change took place in Romania in the 1970s. Verdery, *Secrets and Truth*, 17.

15 Verdery, *Secrets and Truth*, 170–73; Horváth, "Life of an Agent."

fundamental methods of their new "work," such as the logic and formal requirements of report writing, as well as the perception of their own social environment based on either opposition to or conformity with the system.[16] This knowledge, at the same time, could prove flexible, and it could be used by the informants to pursue their own personal goals through the secret police. Moreover, the teacher-pupil concept reflects the (limited) flexibility of this relationship. The success of gathering information and the efficiency of the relationship were determined not only by the officer's intentions to educate and socialize the informant/pupil, but also by how successfully the two actors asserted their own will in their collaboration.

The teacher–pupil relationship as a metaphor, however, is not only relevant from the perspective of learning and socialization. It is also a great signifier of another, psychologically more sensitive interpretive process, a core element of the paternalistic, almost controlling relationship between informants and their case officers. The primary focus of this is not the report written by the informant, but his behavior, personal dilemmas, and social status. As the textbooks on operative psychology (written particularly for case officers) reveal,[17] the individual's personality and his eligibility to work within the network of state security were considered as early as recruitment plans were written, and recruits were continuously assessed from the perspective of their psychology during their operation within the network, for example, in instances when the sincerity of their reports was evaluated.[18] Qualities such as intelligence, good memory, learning ability, politeness, and attentiveness were highly desired, but it was also considered valuable if the individual was ideologically trustworthy and had a wide social network on which he could rely during his work within

16 Horváth, "Life of an Agent." The "gaze of the state security" is explored by Éva Argejó through textbooks and educational films made specifically for case officers. Her article depicts how this gaze is created through the visual perception and interpretation of the people observed and their surroundings. Argejó, "Az állambiztonsági tekintet."

17 Operative psychology served the purposes of securing cohesion within the network of state security, obfuscating, disorganizing groups built on solidarity, and confusing individuals in order to undermine social confidence. Betts, *Within Walls*, 41.

18 These textbooks were used in the training of case officers, and they were secret or top secret and intended for internal use only. A strong psychological aspect was included after 1972, following an order from the Ministry of Interior. The subsequent issues followed the current psychological trends of the second half of the twentieth centuries, incorporating both the basics of physiology and the theories of Edward Lee Thorndike, Erich Fromm, and Albert Bandura.

the network.[19] Though timidity or nervousness, which were seen as weaknesses since they might lead to the unmasking of secret activities, were not considered so dire as to disqualify a potential recruit, case officers were trained thoroughly to be able to motivate their informants (who had different personal values and came from diverse social backgrounds) to work efficiently. Since the informants had no insights into the operation and aims of the state security forces beyond the immediate world of their specific tasks, the case officers, taking on the role of "psychologists" and "sociologists," had to use different tactics to secure the success of the operation. They were responsible for noticing and addressing the mental problems that could arise from stressful situations, and they had to have an extensive knowledge of the informant's social network and its usability. This knowledge was essential if the case officers were going to give their informants.

Doctor–Patient Relationship as the Situation of Observation

The value of informants in the eyes of the state security forces thus depended not only on the content and form of their reports, but also on their psychological characteristics and social embeddedness as the preconditions of a systematic acquisition of information. Following this line of thought, first I examine the aspects of medical practice that made doctors desirable as informants in the eyes of the state security forces.

The case of "Tarkői"[20] sheds light on why and how medical activity could be either the *reason*, the *aim*, or the *circumstance* of recruitment. In October 1957, when the 32-year-old "Tarkői" was approached by the agents of the secret police, he was working as a general practitioner in Miskolc, though he had originally been trained as surgeon.[21] He was recruited because of his participation as a physician in the 1956 Revolution: he organized first aid stations in the "counterrevolutionary centers" of Miskolc.[22] It was not uncommon for agents of

19 ÁBTL 4.1A-3120. Ivan in, *Az operatív pszichológia néhány kérdése,* 49–85; ÁBTL 4.1. A-31.21. Láng, *Operatív pszichológia III.* 11–24; ÁBTL 4.1. A-4510; Horváth, *A pszichológia és szociálpszichológia felhasználása.*

20 For the sake of anonymity, in the case of officers and informants, their code names are used and in the case of patients their initials are used.

21 The dossiers do not reflect on the reasons behind this change of medical specialties.

22 ÁBTL 3.1. B-92993 "Tarkői", 5–10. It was very common, especially in the early years of Kádár era, for individuals to be blackmailed by the state security forces to join the network because of their (real or supposed) participation in the 1956 Revolution or their other politically intolerable activities. In the context of the GDR, Francesca Weil's research has shown that for doctors who provided information for the Stasi, in addition to fostering their institution and their own personal interests and fear, blackmailing those

the state security forces to approach someone because of his or her participation in the events of the revolution. In many cases, a person who had participated in the revolution would be under pressure to cooperate with the authorities simply out of fear of the potential consequences of refusal were he or she to refuse. The state security forces, furthermore, were also motivated to approach such individuals in the hopes of uncovering other "counterrevolutionaries." The case of "Tarkői," however, is different. The professional and political norms in this case are in stark opposition: as far as the medical explanation goes, as "Tarkői" had taken the Hippocratic Oath, he was ethically obliged to provide each sick or injured person proper medical care during the revolution.[23] Thus, he was only fulfilling his professional duty. In the eyes of the state security forces, however, his medical-professional activity was understood as advancing the success of the "counterrevolution."

The first encounter between the case officer and "Tarkői" occurred in a medical context, when the officer visited him as a patient suffering from a contagious disease. The goal of his visit was to get to know the doctor and to assess his eligibility. The case officer's two-page report portrays a professionally competent physician with a wide social network, or in other words, a suitable candidate for the role of informant. As the officer reports, "Tarkői" "received him with great politeness," examined him thoroughly, wrote a prescription, and engaged in pleasant conversation about the local problems of healthcare and his own life and past. The "well-trained" doctor "had a good memory and good conversational skills." He was not "verbose, but rather direct and friendly."[24] "Tarkői" was thus the ideal type of a socialist physician, and he met all the

who had previously attempted to leave the country provided an important means of recruitment. (Weil, *Zielgruppe Ärzteschaft*, 281–91.) As far as I know, a comprehensive study has not been done concerning the different reasons for recruitment in the Hungarian context. Thus, the proportion of cases in which blackmail was used is unknown. However, in the late 1950s, the indication of the "social category" of the recruited individual was one of the most important detail in the register file. According to these categories, one could have been a kulak, a member of the former ruling classes, a member of former fascist and bourgeois organizations, a counterrevolutionary, a Zionist, or a rightwing smallholder. (See Takács, "Az ügynökhálózat társadalomtörténeti kutatása," 118–19.) Using this part of the documents, it was easy to determine whether an individual was a friend or foe of socialism. This information could also be used to recruit individuals.

23 Since the Hippocratic Oath encompassed the obligations of doctors to their patients, in, for example, the Soviet Union, certain elements of the original version were eliminated that did not conform to the official ideology, among them the requirement of medical privacy. Bernstein, "Behind the Closed Doors," 106–7.

24 ÁBTL 3.1. B-92993 "Tarkői", 19–20.

requirements that a medical professional had to meet to serve both individual patients and society properly. In the medicalization of society, the individual doctor–patient relationships were given great significance, and one of the most important components of these relationships was personal sympathy.[25] Furthermore, as pinpointed by studies in the period, this confidential relationship had a substantial impact on the recovery of patients, so "Tarkői's" behavior would have been a perfect foundation for an ideal doctor–patient relationship if he was visited by a real patient.[26]

This confidential conversation on "Tarkői's" professional qualities also offered a good opportunity to evaluate his potential as a good informant: his caring and attentive nature and his proneness to "flattery" made him a trustworthy and ideal candidate in the eyes of agents of the secret police.[27] Furthermore, "Tarkői's" future case officer got a clearer idea of his social network. He concluded that "['Tarkői'] knows people from different [social] backgrounds well. Some of his patients have functions either in the party or the state bureaucracy." Though the officer wished to point out "Tarkői's" wide clientage and the value of his work for the community, the underlying logic shows the categorization of individuals according to their relationships with the state socialist system. This prefigures the potential aspects of observation.[28] Consequently, the case officer's report shows "Tarkői" as an ideal candidate due to his wide social network and trustworthy nature. His professional qualities could also easily be translated into the new context.

Confidence in the case of an ophthalmologist from Kalocsa in Southern Hungary, who worked under the code name "Siva," and his case officer was built on an appealing doctor–patient relationship and an underlying existential vulnerability. "Siva" started working for the network in 1953, and by 1962, when his assignment was changed, he was already an experienced informant. From 1962 onwards, he was ordered to observe and report on the activities of W., one of his close acquaintances, who also happened to be his patient. The dossier

25 Farádi, "Dialektikus materializmus a gyakorlati," 819–20.

26 Balint, "The Doctor, his Patient and the Illness." The relationship between practitioner and his patient, especially the confidential communication required in this context and its therapeutical benefits, were fundamental principles of the humanistic medical movements of the second half of the twentieth century. See for example Bates, "Yesterday's Doctors."

27 ÁBTL 3.1.1. B-92993 "Tarkői", 20.

28 The monitoring of party members, the elite group of state socialism, was not among the tasks of the state security forces. These individuals were held to account, rather, in the context of party disciplinary procedures. See Koltai, *Akik a "Párt" ellen vétkeztek*, 83–115.

reveals that W. turned to "Siva" for advice on numerous occasions and even recounted some aspects of his clerical activity that could have been seen by the authorities as seditious.[29] This confidentiality in itself could have been exploited by the secret police, but the doctor–patient relationship, which was formed after they had already grown close owing to their common interest in music, added another layer to it. This new aspect made their relationship, which had been casual, in certain respects hierarchical and formal.[30] The case officer, realizing this change in power relations, decided that from then on, observation should occur in a new, medical context: "The pretext of the invitation should be a follow-up examination after a previous illness. […] As his doctor, he should reassure him [W.] about his condition. He should point out that with occasional check-ups, he would recover completely. He should offer his services, help, and complete confidentiality. Thereafter, he could get to the point [investigating potential seditious activities]."[31] Regular meetings necessitated by the condition of W.—[meetings] that allegedly served [W.'s] interests—secured the opportunity for further inquiries and for maintaining a confidential relationship. W. was thus observed in a delicate situation, in which the patient is both vulnerable and is expected to confide in his caretaker.[32] Though vulnerability is not mentioned explicitly in the above passage, by instructing the informant to calm the patient, the case officer implicitly suggests that he expects the patient to be anxious in a situation in which the doctor's diagnosis clearly would have consequences for his perception of his physical and mental wellbeing, short-term and long-term. And even though questioning about potential seditious activities followed the physical examination, the situation itself and the conscious reflection on the potential feelings it could induce all suggest that the doctor–patient relationship was viewed as more valuable from the point of view of observation than other,

29 ÁBTL 3.1.2. M-18864/1 "Siva." Assignment plan, Cegléd, January 2, 1962. 84.

30 There were voices on both sides of the Iron Curtain speaking out against the hierarchical nature of the doctor–patient relationship, however. In a reconsidered framework, as propagated, for example, by Michael Balint, patients could play an active role in their recovery. In the state socialist context, conforming to the ideological expectations, this could mean an equal relationship between two workers. In the Hungarian case, this initiative was unsuccessful, and the hierarchical doctor–patient relationship remained dominant. Losonczi, *A kiszolgáltatottság anatómiája*, 15–22.

31 ÁBTL 3.1.2. M-18864/1. "Siva." Assignment plan, January 2, 1962. Cegléd, 1962, 84–85.

32 Losonczi, *A kiszolgáltatottság anatómiája*, 9–15. A similar case to "Siva's," founded on the patient's vulnerability, is found in the dossier of the agent who worked under the code name "Orvos." He was also ordered to summon his patient for a visit and to inquire about potential seditious activities. As the two situations show striking similarities, I will not analyze this case in more detail here. ÁBTL 3.1.2. M-17764/1. "Orvos," 340–41. Report, Budapest, January 12, 1961.

even closer relationships (close acquaintance, friendship), as it was founded on (physical) vulnerability.

"Siva's" case officer considered the doctor–patient relationship useful because of its official, hierarchical nature and its confidentiality, which made it a rich source of information. The information obtained concerning the patients' activities and social relations during examination and treatment, however, did not necessarily have to be used by the agents of the secret police: the protection of privacy and the prohibition of the use of information outside of the administrative context of healthcare were regulated, and under state socialism, all patients had the right to medical privacy.[33] This regulation, which simultaneously served the doctors' professional autonomy and the protection of patients, even if the extent of medical privacy was not generally agreed upon, encompassed all information (regardless of its nature) that came to light in medical contexts.[34] Divergence from the principle of medical privacy because of loyalty to the system or fear of the state security forces will be discussed later. The question of whether the case officers reflected on the norm of medical privacy and its impact on the work of the secret police should be addressed here.

This phenomenon is discussed only once, in the case of a doctor who used the code name "Szentedrei," though whatever qualms he may have had about protecting patient privacy, they do not seem to have hindered his activities as an agent. "Szentendrei" was a psychiatrist, and at the time in question, he worked as a primary physician at the Institute for Work Therapy in Pomáz. He had a rather wide social network. One of his close acquaintances was a man named György Krassó,[35] who was a significant member of the opposition in the Kádár era. At

33 1959, Decree No. 8. Medical Regulation. 10.§; 11/1972. (30. VI.), Regulation of medical workers issued by the Ministry of Health. §. 22. The introduction of medical privacy was far from self-evident in the Eastern Bloc. In the Soviet Union, a doctor's obligation to keep delicate information private was not regulated legally and was not discussed in professional circles. Furthermore, the passage referring to medical privacy was eliminated from the original text of the Hippocratic Oath (Bernstein, "Behind the Closed Doors").

34 In state socialist countries, even in the authoritarian and repressive context of the political-social system, there remained circles of trust that did not allow individuals to atomize completely. On this, see for example Hosking, "Trust and Distrust," 17–25; Betts, *Within Walls*. There were several factors, however, that could affect this confidentiality within the doctor–patient relationship (for example, society's attitudes towards alternative medicine were replaced entirely by Western medicine in the period or the attitudes towards doctors seen as "bureaucrats"). This will be discussed in my PhD dissertation in more detail.

35 György Krassó (1932–1991) participated in the events of 1956 and was later sentenced to 10 years in prison. He left prison in 1963 after János Kádár issued a general amnesty. In the 1970s, he became an active member of the opposition, and in 1982 he established the Magyar Október [Hungarian October] press, which published several samizdats. He was under constant surveillance and was arrested several times.

Krassó's request and with the case officer's approval, "Szentendrei" examined Krassó's French female friend. The woman "subjected herself to an almost one-and-a-half-hour medical examination," the results of which were to be delivered to the French woman's Hungarian friend, but "keeping medical privacy in mind."[36] In this case, medical privacy not only did not hinder the work of the secret police, but appears to have confirmed "Szentendrei's" trustworthiness. "Szentendrei's" willingness to ignore the patient's right to privacy casts light on his work not only as a doctor, but also as an agent. He shared information with the state security forces that he did not necessarily share with someone who was close to the patient (Krassó).

In conclusion, medical activity and the doctors' position within this context were associated in the eyes of the secret police's agents with both social confidence and reliability, as well as exploitable vulnerability. Moreover, physicians, who conformed to the norms of modern medical practice had character traits that were perceived as desirable in their new "work environment" within the network of state security.

The Perception of Medical Knowledge within the Network

Medical diagnosis, social prognosis

So far, we have seen that doctors were considered ideal informants, but we have not touched on how the actual methods they used to diagnose and cure their patients were understood in this new context. How did the medical gaze construct its patient when the state security's gaze was absorbed into it?[37]

An agent who worked under the code name "László Kaposvári" was a 45-year-old hospital physician in Sopron. In 1975, he shared the story of a young female neurology patient with his case officer. The composition of the report suggests formal and logical deliberateness. In the first part, relying on the information shared by the patient's father, "Kaposvári" recounts the underlying reasons for hospitalization and the circumstances of the onset of her daughter's illness: "According to the father, his daughter was hospitalized because she was recruited by two agents of the state security in Sopron. […] They even gave her money so that she could cover her expenses when she meets suspicious

36 ÁBTL 3.1.2. M-31222 "Szentendrei," 43–45. Report, Pomáz, January 26, 1968.

37 On the origins of the medical gaze, its transformation, and role in medicine in more detail see Foucault, *The Birth of the Clinic*.

persons [who wish to flee the county]."[38] The report then reflects on the need for hospitalization because of an "occupational disease." Though the following sections of the anamnesis were mostly anonymized, the available details suggest that the condition of the patient was analyzed further.

If we interpret the report with the state security's gaze in mind, the story of a de-conspired informant unfolds. However, if we consider that "Kaposvári" also used the specific methodology of medical knowledge production to construct the narrative, another possible interpretation is implied. Reliance on the father's account could imply that the report was constructed similarly to a heteroanamnesis.[39] In this, the patient's condition is clearly interpreted as an "occupational disease." This explanation is then mirrored in the doctor's diagnosis. Therefore, the report highlighted the risks of the agents' work to the individual's health, even though the original aim of the report was to indicate possible threats to the state socialist system, for example, seditious behavior.[40] This also meant that "Kaposvári" not only ignored the prescribed standards of report writing but also favored the individual's interests as opposed to the society's (or the regime's). Bearing this in mind, it is rather striking that the case officer accepted his report without criticizing its form and content.

"Kaposvári" was not the only person who applied the same methodology used in medical diagnostics to interpret information reported to the secret police. A man who went by the name "Hegyi" also used this method on some occasions between the 1960s and 1970s. "Hegyi" was the primary physician[41] of the Intapuszta Institute of Work Therapy, located close to the Austrian border. Owing to his position and wide social network,[42] he was considered a potentially "useful" informant, and his recruitment was of great importance to the state security forces. His dossier contains two reports, the subjects of which had valuable relationships with people abroad. He characterized them as follows:

---

38 ÁBTL 3.1.2. M-37256. "Kaposvári László." Report, Győr, January 30, 1975. 24–25.

39 Heteroanamnesis means that it is not the patient who gives an account of his or her own medical history, complaints, or the circumstances of, for example, an accident, but others, such as family members or an eyewitness.

40 The social tendencies in state socialist systems and their possible links to psychiatric conditions have already been discussed in detail. In the case of Hungary, see for example Kovai, "Számtalan forró csókkal"; Csikós, "Countryside Modernized or Traumatized?" On the GDR, see: Bonhomme, "Le Mur lui."

41 The everyday life of this institution prior to "Hegyi's" directorship was depicted by István Benedek (Benedek, *The Gilded Cage*.) After "Hegyi" left the institution, "Szentendrei" was appointed as primary physician.

42 One of these acquaintances was the psychologist Ferenc Mérei, who was under surveillance and attacks by the authorities for both his professional and personal activities.

> In my estimation, the onset of his lunacy was around '54 or '55, with the appearance of paranoid delusions. […] From a psychiatric point of view, his current condition could be evaluated as follows: he is in a balanced state, which means neither recovery nor health. Any unexpected event or trauma, in fact, any curious occurrence could induce remission. […] I do not think he could give any valuable information, as he has been hospitalized for approximately 15–16 years.[43]

> He recounted that at work he had many conflicts because of his drinking, sometimes he showed up to work drunk. […] As we say, he suffers from chronic alcoholism. […] I would say that because of his obscure relations, he could be useful […] though not for obtaining information, rather for some other assignments, as he is an existentially unstable, unreliable person.[44]

The reports from which these rather expressive passages are quoted can be divided into three lengthy sections. In the first part, "Hegyi" discusses the individual's past and his or her preceding medical conditions in detail. The wording and underlying logic of these narratives evoke the structure and content of anamneses: they detail the evolution of symptoms and the changes in the individuals' behavior in a chronological order. The anamnesis in these cases, however, not only functions as a standard medical method of questioning, but is also fundamental to the "social prognosis" presented to the case officer. "Hegyi," though he does not want to follow the logic of the state security forces in "reconstructing" his patients based what he was told, provides a thorough explanation for his medical observations in order to ensure that his case officer understands it properly. On the other hand, he characterizes the patients, who were potentially interesting for the secret police, in a narrative framework which was, owing to his professional, medical expertise, more "comfortable" for him than for the non-expert case officer. And although unusually an informant's work was evaluated by his or her case officer, in these particular cases, no evaluations were made, which might suggest that this recurring method was accepted by "Hegyi's" case officer.

It is rather difficult to determine, however, whether what these methods were part of a general tendency or were simply individual approaches to the composition of these specific narratives. Could medical knowledge play a part

43 ÁBTL 3.1.2. M-33556 "Hegyi." Report, Szombathely, October 1, 1970, 258–61.

44 ÁBTL 3.1.2. M-33556 "Hegyi." Report, Szombathely, November 12, 1970, 270–76.

in procuring a more advantageous position in a situation when an informant was both an observer and someone under observation? Or did physicians who were also serving as informants simply use the routinized techniques of producing medical knowledge in another context? The doctors, logically, do not reflect on their choices of register in their reports, so a deeper analysis of the problem would require situations in which a possible change or break is detectable which then leads to the conscious use of medical knowledge tailored to new circumstances. I have only found one such case, that of "Orvos."[45]

"Orvos" was a radiologist in Budapest and also an emblematic figure of the neo-avantgarde underground musical scene of the capital from the end of the 1950s. In 1960, he wrote a report on the potential spying activities of a clerical figure and employee of Orion, which was a state-owned company manufacturing telecommunications equipment. "Orvos" and the worker were introduced to each other by a friend on account of their common interest in speakers. In his report, "Orvos" described the worker as a well-prepared person in telecommunication. Born in Transylvania, he had a widespread network of friends and acquaintances abroad, and he traveled frequently to repair and sell radios. And even though his activities were suspicious in and of themselves, "Orvos" also added that his new acquaintance had several names, and his ID, which contained false information, was not valid. This report had significant relevance for the authorities, but the structure of the report was so chaotic that "Orvos," though he had already been working as an agent for nine years, was asked to revise it. Thereafter, "Orvos" made some changes to the report and amended it with a medical evaluation missing from the previous version: "Medical opinion. […] I consider unverifiable and exclude personality change due to trauma or family and genetic inheritance. Though his interests are not monomaniac, his judgements are partly compulsive. Based on this, I consider his stories credible and true."[46] This addition suggests that after his earlier unsuccessful attempt, "Orvos" intended to use his medical knowledge to underline his opinion, assuming that medical knowledge is a socially accepted area of expertise of which he was in possession. His report suggests that the observed spy was, in fact, of sound mind and that his activities could indeed undermine the system. In this light, the value of "Orvos's" activity as an informant was significantly more valuable. The report was eventually accepted by the case officer and assessed as operationally valuable. Although "Orvos" was

45 "Orvos" (whose code name means doctor in Hungarian) is examined in a different role as one of the significant members of the underground musical scene of the Kádár era by Kürti, *Glissando és hűrtépés*.
46 ÁBTL 3.1.2. M-17764/1 "Orvos." Report, Budapest, December 3, 1960, 328–31.

a radiologist and his medical description was based on psychiatric knowledge, his report could be considered acceptable and interpretable for two main reasons. First, as I mentioned at the beginning of my article, reflecting on mental problems and the nonconformist behavior of the target person or the informant was one of the recommended methods during state security observation. Second, the information given by "Orvos" may have been acceptable to the officer because, despite the officer's operational training, the officer presumably saw "Orvos" as having a more profound knowledge of psychology than he, the case officer, had.

Until now, I have focused on procedures and methods which are not strongly linked to the different fields of medicine but are generally true for physicians who work in an institutional context. The last three examples, however, show the significance of psychiatric and neurological expertise, since psychiatric and neurological expertise serve as the technology with which the patients are "reconstructed" in this new narrative context, outside of the medical field. This might be linked to the development of psychiatry as a discipline. Though psychiatry, especially with the broadening of neurological knowledge, was given a strongly biomedical character in the period, diagnosing "madness" required different "tests" that were meant to determine the normalcy or abnormality of the individual's behavior from the perspective of society at large. The social character of these tests does not mean, however, that they were not medically verifiable methods. They were created precisely to attest to the medical validity of the different technologies of mental normalization.[47] From among the three doctors, only "Hegyi" had a confirmed background as a psychiatrist. Still, one does not necessarily have to be a specialist in psychiatry to give an account of the social and political implications of a patients' psychological functions, as physicians had all been required to appropriate the basics of psychiatry and neurology during their studies. Psychiatric knowledge, however, was one of the rare forms of medical expertise which was seen as enabling a physician to interpret patients' attitudes towards the norms of socialist society. This knowledge also made these reports valuable for the authorities, but at the same time, it did not expose the patients or the doctors to the discursive and hierarchic logic characteristic of the state security.

47 One of the techniques focusing on the individual's social existence is questioning, which might be oriented around previous moments in one's family and medical history to uncover the signs of madness. Foucault, *Le pouvoir psychiatrique*, 267–76.

Differences in knowledge, social prestige, and hierarchy

As we have seen, the doctors examined so far did not use the expected discursive and logical patterns, but rather recreated the techniques of medical knowledge production in a new context. This seems to have been an accepted, even recurring method, as in most cases, the doctors were not ordered to revise and resubmit their reports, and sometimes the information obtained this way had considerable operational value. But what could explain the approval of these methods? It seems plausible that regardless of the applied discursive techniques, the reports were comprehensible for the case officers. In case of "Hegyi" and "Kaposvári," this interpretation could suffice. However, "Orvos's" case does not seem to fit into this logic: he first provided the information, which had considerable operational value, and *then* he amended his report with a medical explanation, and this explanation led to the acceptance of his report. Furthermore, the content-centric explanation is weakened if we consider that expecting the informants to conform to the discursive logic prescribed by the state security also had a disciplinary aspect: the practice of ordering the informants to revise their reports was important in sustaining a hierarchical relationship. If the relationship between the case officer and the informant is understood more flexibly, taking other factors, for example, social prestige into consideration, we can find further explanations as to why medical knowledge was accepted by the officers as a methodology with which to interpret operationally valuable information.

One possible explanation is the high social prestige of doctors and medical knowledge. Doctors in state socialist societies, owing to their expertise in maintaining and restoring the health of workers, who were seen as the pillars of society, were of fundamental importance, and their positions were linked in both medical and sociological discourses to considerable social prestige.[48] The first prestige analyses were carried out, however, only in the 1980s, in 1983 and 1988. The analyses underpinned the high social prestige of doctors: from among the 156 occupations under study, hospital physicians were ranked first and general practitioners fourth.[49] As for the amount of expertise required to hold a certain

48 Though these publications are far from proper prestige analyses, they pinpoint the rapidly transforming social perception of doctors, which had wide social implications. See for example: Harmat, "Az orvosi tekintély," Lukáts, "Strukturális vizsgálódások," 73–75.

49 Though these analyses were done in the last decade of state socialism, its results could be relevant retrospectively. As the principal investigator pointed out, the social prestige of an occupation is a social value that is prone to change only slowly, and the 1983 and 1988, sociological investigations proved that the social and scientific value of doctors was gradually increasing. See Kulcsár, *Foglalkozások presztízse*, 5–20, 27.

position, hospital physicians were ranked first and general practitioners second, above all other occupations. Therefore, based on a representative sample, medical knowledge was considered the most valuable knowledge.[50]

A second explanation is grounded on the quality and unapproachability of medical knowledge. Due to the gradual professionalization and specialization of the different fields of medicine and the proliferation of technologies, the production of medical knowledge became more specific and impenetrable for non-experts.[51] Thus, the agent-doctors based their work within the network of state security on a form of knowledge and its methods of evaluation that were largely incomprehensible for outsiders. And even though public health policy strove to incorporate some elements of the "socialist self-consciousness" into the discourse and urged the members of society (the patients) to turn to medical ethics committees,[52] the task and prerogative of evaluating the complaints and possibly issuing sanctions were still in the hands of medical experts, not laymen. If we accept this explanation, it is likely that even the possibility of criticizing medical knowledge was dismissed by laymen, who, in this case, were the officers of the state security forces.

Opposition in the Wards

The adaptability of medical knowledge and the doctors' positions, which rested on the solid foundation of the social value of their knowledge, presented something of a conundrum from the perspective of the state security forces. While their position in society was advantageous, as they could operate easily as observers in a wide social network, their expert knowledge made them unreliable, as they could manipulate the obtained information and mask potential seditious activities effortlessly. Consequently, the specific features of diagnostic and therapeutic practice and their social perceptions could enable doctors to elude the interpretive (and at the same time, disciplinary) methods dictated by the

50 The prestige of medical knowledge could be valorized because of the differences in the levels of (expert) knowledge between the doctor and his case officer. This aspect, however, can only be examined in the case of "Hegyi," as only his case officer's personal dossiers were kept in the archives. According to this, the officer, after having finished primary school, studied for two months in the party's school and the officer's training school in the 1950s. In 1965, he graduated from the Police College of the Ministry of Interior. These brief trainings offered ideological and technical knowledge, but they were not sufficient to convey extensive knowledge. (ÁBTL 2.8.1. BM Vas Megyei RKF, Personal Dossiers. 773.)

51 Horváth, "Orvosok – pedagógusok," 59–61.

52 On the principles of the committees and some sample cases see Szabó, *Orvosetikai kérdésekről.*

logic of the state security forces. What complicates this scheme is that applying the techniques of medical knowledge production in this new context implied the violation of professional norms and disregard for medical privacy. These explanations, however, are still insufficient to give a reassuring answer to my original research questions, because the above conclusions focus exclusively on the possibilities of obtaining information in a medical context. So far, I have not explored the phenomena strongly linked to medical activities that made the presence of doctors as the agents of state security services indispensable. Or to medicalize my inquiry: where did the blind spot of the secret police lie, a blind spot to which only doctors had access?

The secret police, as one of the fundamental networks of surveillance in the Kádár era, strove to uncover the secrets of individuals or certain groups and their attitudes towards social norms and to interpret the implications of their potentially threatening activities. Consequently, the secret police tried to infiltrate alternative spaces in society, for example, meetings among people belonging to intellectual circles or private art events that were for some reason hidden from the public eye.[53] As for hospitals, the secret police was supposed to have easy access to any information, considering the public funding and extensive administrative practices of these institutions. Yet this was not always the case. Fortunately, some of the dossiers reveal exactly how permeable the walls of hospitals were and who had access to information produced within these spaces.

"Viola" worked as a physician at the First Department of Neurology of the hospital on Róbert Károly Boulevard. She was recruited because, in the hospital and especially at the neurology clinic, more people who had actively participated in the events of the 1956 Revolution were hidden. By the time "Viola" was recruited, the agents of the state security forces, who played a leading role in identifying and tracking "counterrevolutionaries" until 1963 (when a general amnesty was proclaimed), had already identified three such individuals. This could be seen as a success. However, by this time, already more than a year had passed since the revolution. Also, this particular institution played a particularly prominent role in serving the medical needs of the state socialist elite, especially the Hungarian army and the Soviet troops stationed in the country. These two facts may have cast a shadow on the efficiency of the agents' work in identifying the potential enemies of the system. Therefore, a doctor was needed to provide

53 This is exemplified by the dossiers of "Hegyi" and "Szentendrei," who had to provide information about Ferenc Mérei's activities, for example the professional events he organized.

an inner perspective and assist the police forces in their efforts to detect those hiding from retribution. That their reasoning in the assignment plan was sound was proven by "Viola" during their first meeting: she immediately named an individual who had successfully eluded the gaze of state security. The further analysis of the assignment plan also reveals that hospitals could serve as "asylums" for those who wanted to escape retribution.[54] And as this example testifies, they sometimes hid in plain sight, but owing to the (partial) impermeability of the hospital's walls, doctors were indispensable in assisting the agents of the state security in exposing potential enemies.

The recruitment of "Viola" in 1958 could be explained either as a consequence of the relative closeness of the revolution in time or the efforts of the authorities to expose the enemies of the system. However, even when these circumstances did not hold, hospitals remained places of interest for the agents of the secret police, as the cases of "Kaposvári" and "Marossi Pál," a physician at the Second Department of Internal Medicine of the Medical University of Pécs, show.

"Marossi" was first asked to report on a patient in 1960. The patient, K. L., who had been at the clinic for months, was a religious person and had numerous visitors. Though "he was not visited by the priests of the Church of the Order of Mercy, he often called priests for fellow patients and strove to persuade others to follow his example. The directors of the clinic, however, prohibited him from continuing with such activities."[55] K. L.'s religiosity is emphasized throughout the report, and this explains why he was under surveillance. However, "Marossi" tried to divert the attention of the case officer from K. L.'s religiosity by making it seem as if it remained merely a private matter and did not influence the other patients.

54 Among health care institutions, psychiatric wards were particularly well suited to this asylum function. Comparing the methods of making a psychiatric diagnosis with the methods used in other medical disciplines, psychiatric diagnoses could be perceived as more subjective and blurred because they were first and foremost based on observations of individual behavior and decisions that were made according to social norms instead of physiological symptoms. Thus, it could be easier to fake a psychiatric diagnosis than any other medical diagnosis. This social aspect of psychiatry was exploited in cases concerning politically threatening individuals in Hungary and also in the Soviet Union, if we consider the well-known practice of political psychiatry. In the case of Soviet political psychiatry and its most common diagnosis (sluggish schizophrenia, a disease that could be hardly verified by solid evidence), the state confined individuals to concealed wards. As the sources under study testify, the Hungarian case was the other way around. The individuals and their doctors took advantage of this aspect of psychiatry.

55 ÁBTL 3.1.2. M-17361. "Marossi Pál" Report, Pécs, August 16, 1960, 326.

Like "Marossi," "Kaposvári" also gave an account of his patients' behavior in the wards. He reported that "Mrs. H. A., a teacher from Sopron, listens to Radio Free Europe daily, though she does not share what she has heard with the others." Upon evaluation, "Kaposvári" added the following: "Mrs. H. A. listens to Radio Free Europe again. However, her roommate is hard of hearing, and thus she does not know which frequency her roommate listens to."[56] According to a 1953 court decision, listening to RFE was not prohibited as long as it was not done in public. "Kaposvári," who presumably was familiar with the court decision, by referring to the hearing loss of Mrs. H. A.'s roommate, tailored his report to the norms and expectations of socialism, and he used a medical explanation to minimize the possibility of any drastic measures being taken by the police. Although the informants never knew what the State Security Service would do with the information obtained through them and or what consequences their contributions to the system would have for the individuals "denounced," according to the report issued by "Kaposvári," the patient had not violated any rules, so the report qualified as operationally valuable, and the agents of the state security remained alert.

The cases of "Kaposvári" and "Marossi" reveal that the individuals under surveillance were already known by the secret police, and their stay in the hospital was seen as a period that could be instrumental in uncovering their potential seditious activities. It was therefore particularly important, from the perspective of the authorities, to keep them under observation on account of their potentially threatening activities and the ideological influence they could exert on other patients. As both cases illustrate, the social space of hospitals was seen as a milieu in which listening to the RFE or engaging in religious activities that were tolerated if done in private could become subversive because of the impact they could have on other individuals. This is something that authorities could not turn a blind eye to. Furthermore, reports on the visitors who came to see these patients could shed light on the patients' social networks, which in turn could assist the authorities in tracking other potentially dangerous individuals.

Observing the behavior of patients was only one possible reason for the active presence of the secret police in medical institutions. As the cases of "Lénárd Pál" and "Angyalföldi" illustrate, other, more complex problems of socialist healthcare could come to the surface, which, in addition, could shed

56 ÁBTL 3.1.2. M-37256. "Kaposvári László" Report, Győr, January 30, 1975, 23–24.

light on the common violation of norms by either doctors or their patients.[57] While "Angyalföldi" reported on the practice of prioritizing Yugoslavian patients, who paid in foreign currency for medical services, to the detriment of insured Hungarian patients, "Lénárd Pál," a neurologist at the Székesfehérvár hospital, wanted to declare a patient who had already suffered of ill health an invalid. However, in doing so, encouraged by his case officer, "Lénárd" did not follow the usual, official route, but rather bribed other physicians, a seemingly common method for declaring healthy individuals invalids. Though the two situations differ, the aim in both cases was to uncover activities that had already been known broadly, but the authorities were in need of more information (names, venues, dates) to move forward. These were significant details that non-medical personae would not have been able to unearth. The above situations also demonstrate that hospitals, even though they were intended, in principle, to serve the wellbeing of society, could function as institutions in which the evasion of norms was rather frequent.

The last five cases prove that hospitals and wards enabled subversion and could serve as hiding places for enemies of the state and at the same time could effectively conceal these activities. The impermeability of the hospital's walls is due to its function as a total institution. As Erving Goffman points out, hospitals and similar institutions, such as prisons, monasteries, and schools, have a special, socializing function either to habituate individuals to follow norms or to correct their behavior. If these institutions are going to perform this function successfully, any passage between the inner world of the institutions and the "real" world outside must be severely restricted. The physical and mental separation of the two spaces could mean reformulating the rules and norms of the outside world, all the while creating a new order within the walls of the institutions.[58] The agent-doctors, therefore, could offer a glimpse into a segment of social space that would have been impenetrable without their cooperation. At the same time, this impermeability meant that they had some autonomy in selecting the information to be shared or concealed.[59]

57 These were recurring topics in both of their reports. See for example: ÁBTL 3.1.2. M-39640 "Lénárd Pál" Report, Székesfehérvár, December 29, 1979, 12–20; ÁBTL 3.1.2. M-39489 "Angyalföldi" Report, Békéscsaba, October 17, 1979, 23–29.

58 *Goffman*, Asylums, 1–125.

59 In the course of my research, I have not come across any instances in which case officers double-checked the operationally valuable details provided by doctors, even though this kind of double-checking was a commonly used method of confirming information. Moreover, based on these results, it would be interesting to examine how the aforementioned "impermeability" of hospital walls and the autonomy of

Conclusion

In this study, I have offered several concrete cases illustrating ways in which doctors maneuvered within the network of the state security forces, one of the most significant institutions of state socialist societies responsible for the surveillance and control of individuals. A physician's adherence to professional norms, expertise, and institutional position made him or her a potentially valuable asset in the eyes of the authorities. It was not as simple to exploit this potential, however, as it may have seemed initially. Though on many occasions, the doctors' performance as agents was assessed positively by their case officers, the doctors often failed to follow the prescribed norms of construing the enemy. The gray zone between the standard practices of the state security forces and medical activities denotes social spaces which the authorities would have been unable to permeate without the assistance of medical practitioners. At the same time, this points at a specific quality of medical knowledge that made these spaces inaccessible for outsiders, thus facilitating social resistance, at least to some extent.

I have also attempted to underline that, following Foucault's argument, the affiliation between doctors and their case officers exerted an influence through relationships and institutions. In the framework of the strongly hierarchical operations of the state security forces, the social position of physicians also came into prominence, and in this context, this social position gave physicians a certain amount of autonomy. In the future, this aspect should be explored in further detail, using a wider array of sources which could shed light on the extent to which the publicly funded healthcare system and its publicly financed employees could realize their autonomy from the state in other respects, such as medical education and primary care.

physicians was extended and also to consider the roles played by the location of institutions (rural, urban, or metropolitan institutions) and their specialization in this relative independence.

Appendix

Table 1.

Name	Specialty	Place of operation	Year of birth	Role in the network
"Viola"	Psychiatrist	Budapest	1925	Agent
"Tarkői"	GP/surgeon	Eger	1925	Informant
"Marossi Pál"	Internist	Pécs	1921	Agent
Orvos"	Radiologist	Budapest	1931	Agent
"Siva"	GP/ophthalmologist	Kalocsa	1924	Agent (until 1958) Thereafter: informant
"Szentendrei"	Psychiatrist	Pomáz	1931	Informant
"Hegyi"	Psychiatrist	Intapuszta	1922	Informant
"Kaposvári László"	Pulmonologist	Sopron	1930	Secret emissary
"Angyalföldi"	Internist	Békéscsaba	1950	Secret emissary
"Lénárd Pál"	Neurologist	Székesfehérvár	1945	Secret emissary

Archival Sources

Állambiztonsági Szolgálatok Történeti Levéltára [Historical Archives of the Hungarian State Security] (ÁBTL)

2.8.1. BM Vas Megyei RFK személyi gyűjtők [Ministry of the Interior, Vas County Police Headquarters, Personal dossiers]

3.1.1. B-84186 "Viola"

3.1.1. B-92993 "Tarkői"

3.1.2 M-17361 "Marossi Pál"

3.1.2. M-17764/1 "Orvos"

3.1.2. M-18864/1 "Siva"

3.1.2. M-31222 "Szentendrei"

3.1.2. M-33556 "Hegyi"

3.1.2. M-37256 "Kaposvári László"

3.1.2. M-39489 "Angyalföldi"

3.1.2. M-39640 "Lénárd Pál"

4.1 A-3120. Ivanin, G. I. Az operatív pszichológia néhány kérdése [Some questions of operative psychology]. Moscow, 1973.

4.1. A-3121. Láng György. Operatív pszichológia III. A hírszerzés hálózata vezetésének és nevelésének szociálpszichológiai kérdései [Operative psychology

III. Some questions of social psychology on leading and training the members of intelligence services].

4.1 A-4510. Horváth István. A pszichológia és szociálpszichológia felhasználása hálózati munkában [Using psychology and social psychology in the work of intelligence services]. Thesis.

Decree No. 8. Medical Regulation, 1959.

11/1972. (30. VI.), Regulation of medical workers, issued by the Ministry of Health.

Bibliography

Balint, Michael. "The Doctor, the Patient and the Illness." *The Lancet,* 265, no. 6866 (1955): 683–88.

Bates, Vicoria. "Yesterday's Doctors: The Human Aspects of Medical Education in Britain, 1957–93." *Medical History* 61, no. 1 (2017): 48–65. doi: 10.1017/mdh.2016.100.

Benedek, István. *The Gilded Cage*. Budapest: Corvina Press, 1965.

Bernstein, Frances L. "Behind the Closed Door: VD and Medical Secrecy in Early Soviet Medicine." In *Soviet Medicine: Culture, Practice and Science*, edited by Bernstein, Francis L., Burton, Christopher, Healey Dan, 92–110. Dekalb: Northern Illinois University Press, 2010.

Betts, Paul. *Within Walls: Private Life in the German Democratic Republic*. Oxford: Oxford University Press, 2010.

Blum, Alan. *The Grey Zone of Health and Illness*. Bristol–Chicago: Intellect, 2011.

Bolgár, Dániel. "A hatalom mindennapjai: Azonosítási játék az államvédelemnél" [The everyday life of power: A game of identification at the state security]. *2000* 23, no. 11 (2011): 3–13.

Borhi, László. *Hungary in the Cold War, 1945–1956: Between the United States and the Soviet Union*. Budapest: Central European University Press, 2004.

Csikós, Gábor. "Countryside Modernized or Traumatized? Rural Mental Health in Hungary after the Collectivization of Agriculture." *Hiperboreea* 7, no. 1 (2020): 74–98. doi: 10.5325/hiperboreea.7.1.0074.

Deleuze, Gilles. *Foucault*. Paris: Les Editions de Minuit, 2004.

Farádi, László. "Dialektikus materializmus a gyakorló orvosi tevékenységben" [Dialectic materialism in medical practice]. *Katonaorvosi Szemle* 5, no. 9 (1953): 817–22.

Foucault, Michel. Discipline and Punish. The Birth of Prison. New York: Vintage Books, 1977.

Foucault, Michel. "The eye of power." In *Power/Knowledge: Selected Interviews and Other Writings, 1972–1977*, edited by C. Gordon, 146–65. New York: Vintage Books, 1980.

Foucault, Michel. *The Birth of the Clinic: An Archaeology of Medical Perception*. New York: Vintage Books, 1994

Foucault, Michel. *Le pouvoir psychiatrique: Cours au Collège de France, 1973–1974*. Paris: Gallimard Seuil, 2001.

Fulbrook, Mary. "The Concept of 'Normalization' and the GDR in Comparative Perspective." In *Power and Society in the GDR, 1961–1979: The "Normalisation of Rules"?,* edited by Mary Fulbrook, 1–30. New York: Berghan Books, 2009.

Fülöp, Tamás. *Néhány tőkés ország egészségügyének szervezete: Az egészségügy nemzetközi szervei* [The healthcare system of some capitalist countries: The international organizations of healthcare.] Budapest, 1962.

Goffman, Erving. *Asylums: Essays on the Social Situation of Mental Patients and Other Inmates*. New York: Anchor Books, 1961.

Gyarmati, György, and Tibor Valuch. *Hungary under Soviet Domination*. New York: Columbia University Press, 2009.

Hancock, Black Hawk. "Michel Foucault and the Problematics of Power: Theorizing DTCA and Medicalized Subjectivity." *The Journal of Medicine and Philosophy: A Forum for Bioethics and Philosophy of Medicine* 43, no. 4 (2018): 439–68. doi: 10.1093/jmp/jhy010.

Harmat, Pál. "Az orvosi tekintély változása korunkban" [The transformation of the medical profession's prestige in our age]. *Orvosi Hetilap* 119, no. 11 (1978): 32–35.

Horváth, Sándor. "Life of an Agent: Re-Energizing Stalinism and Learning the Language of Collaboration after 1956 in Hungary." *Hungarian Historical Review* 4, no. 1 (2015): 56–81.

Horváth, Sándor. "A helytörténetírás mint 'szürke zóna' és kulturális ellenállás a szocialista korszakban" [Local history as a "gray zone" and cultural opposition in the socialist era]. In *Az ember helye – a hely embere: A helytörténetírás módszertani kérdései* [The place of man – the man of the place: The methodological questions of writing local history], edited by István Lengvári, Mónika Pilkhoffer, József Vonyó, 88–99. Budapest–Pécs: Magyar Történelmi Társulat–Kronosz–MTA Pécsi területi Bizottsága, 2019.

Horváth, Attila. "Orvosok – pedagógusok" [Doctors – teachers]. *Valóság* 29, no.4 (1986): 59–67.

Hosking, Geoffrey. "Trust and Distrust in the USSR: An Overview." *The Slavonic and East European Review* 91, no. 1 (2013): 1–25. doi: 10.5699/slaveasteurorev2.91.1.0001.

Koltai, Gábor. *Akik a "Párt" ellen vétkeztek* [Those who wronged the "Party"]. Budapest: Korall, 2019.

Kovai, Melinda. "'Számlálatlan forró csókkal' – Állambiztonsági megfigyelés a Kádár-korszak pszichiátriai kórrajzain" ["With countless fervent kisses" – State security observation on the psychiatric case histories of the Kádár era]. *Forrás* 43, 7–8 (2011): 159–76.

Kulcsár, Rózsa. *Foglalkozások presztízse* [The prestige of occupations]. Budapest: KSH, 1990.

Kürti, Emese. *Glissando és húrtépés: Kortárs zene és neoavantgard művészet az underground magánterekben, 1958–1970* [Glissando and string tearing: Contemporary music and neo-avantgarde art in underground private spaces, 1958–1970]. Budapest: L'Harmattan, 2018.

Le Bonhomme, Fanny. "'Le Mur lui est monté à la tête': Construction du mur de Berlin et basculement dans la maladie (Berlin-Est, 1961–1968)." *Le mouvement social* 253, no. 4 (2015): 31–47. doi: 10.3917/lms.253.0031.

Light, Donald W. "Universal Health Care: Lessons from the British Experience." *American Journal of Public Health* 93, no. 1 (2003): 25–30. doi: 10.2105/ajph.93.1.25.

Losonczi, Ágens. *A kiszolgáltatottság anatómiája az egészségügyben* [The anatomy of vulnerability in healthcare]. Budapest: Magvető, 1986.

Lukáts Jenő. "Strukturális vizsgálódások a magyar orvostársadalomban: Az orvosi réteg helye, szerepe a társadalomban" [Structural examinations in the Hungarian medical society: The place and role of medical professionals in society]. *Politika-tudomány* 1, no. 1–2 (1971): 73–110.

Peerson, Anita. "Foucault and the Modern Medicine." *Nursing Inquiry* 2, no. 2 (1995): 106–14. doi: 10.1111/j.1440-1800.1995.tb00073.x.

Rainer M., János. *Jelentések hálójában: Antall József és az állambiztonság emberei 1957–1989* [In the web of reports: József Antall and the personnel of state security, 1957–1989]. Budapest: 1956-os Intézet, 2008.

Szabó Ferenc. *Orvosetikai kérdésekről* [On some questions of medical ethics]. Budapest: Medicina, 1973.

Szalai, Júlia. *Az egészségügy betegségei* [The maladies of healthcare]. Budapest: Közgazdasági és Jogi Könyvkiadó, 1986.

Takács, Tibor. "Az ügynökhálózat társadalomtörténeti kutatása" [Social historical research of the agent network]. In *Az ügynök arcai: Minennapi kollaboráció és az ügynökkérdés* [The faces of the agent: Everyday collaboration and the question of secret police agents], edited by Sándor Horváth, 107–30. Budapest: Libri, 2014.

Van Dijk, Wieteke, Marjan J. Meinders, Tanke, Marit A.C., Westert, Gert P., Jeurissen, Patrick P.T. "Medicalization Defined in Empirical Contexts – A Scoping Review." *International Journal of Health Policy Management* 9, no. 8 (2020): 34. doi: 10.15171/IJHPM.2019.101.

Vatulescu, Cristina. *Police Aesthetics: Literature, Film and the Secret Police in Soviet Time.* Stanford: Stanford University Press, 2010.

Verdery, Katherine. *Secrets and Truths: Ethnography in the Archive of Romania's Secret Police.* Budapest: CEU Press, 2014.

Weil, Francesca. *Zielgruppe Ärzteschaft: Ärzte als inoffizielle Mitarbeiter des Ministeriums für Staatssicherheit.* Berichte und Studien 54. Hannah Arendt Institut für Totalitarismusforschung 5. Göttingen: Vandenhoeck & Ruprecht Unipress, 2008.

Hungarian Historical Review 10, no. 2 (2021): 357–381

"To Maintain the Biological Substance of the Polish Nation": Reproductive Rights as an Area of Conflict in Poland

Michael Zok
Deutsches Historisches Institut, Warsaw
zok@dhi.waw.pl

On October 22, 2020, the long-term dispute about reproductive rights in Polish society had a comeback. The Constitutional Tribunal declared the embryo-pathological indication of abortions guaranteed by the law of 1993 to be unconstitutional. The tribunal's ruling was met with widespread protests, as it effectively forbade almost all reasons for terminations of pregnancies. While members of the Church's hierarchy and pro-life activists celebrated, politicians began once again to discuss the law, and different suggestions were made (including a draft law similar to laws in effect in other European countries like Germany, and a law which would allow the termination of a pregnancy if the fetus were likely to die, or a law forbidding them in the case that the fetus had been diagnosed as having down's syndrome). The debates are hardly new to Polish society and history. On the contrary, they date back to the recreation of the Polish state after World War I. This article concentrates on the developments in the Communist People's Republic that led to the legislation of 1993, which is commonly referred to as a "compromise." It focuses on the main actors in this dispute and the policymakers and their arguments. It also contextualizes these discursive strategies in a long-term perspective and highlights continuities and ruptures.

Keywords: Catholicism, demography, reproductive rights, Poland

Some Remarks on Actors, Sources, and Figures

In this article, I focus on the last two decades of Communist reign in Poland and the first decade after its downfall as the beginning phase of the country's transformation from a socialist to a post-socialist society. I have chosen this timeframe because considerable research has already been done on the years immediately after World War II and on the 1950s and 1960s.[1] Since this research has tended to concentrate on organizations such as the Polish Family Planning

1 Fidelis, *Women, Communism*; Ignaciuk, "Reproductive Policies "; Klich-Kluczewska, "Making Up"; idem, "Przypadek Marii."

 DOI 10.38145/2021.2.357

Association[2] and the discourses in scientific periodicals[3] and advisory literature,[4] I focus on other actors and materials. The main agents on which I focus in this study are the institutions of the state bureaucracy, including both ministries and political parties, and Catholic organizations, e.g., the Clubs of Catholic Intelligentsia (*Kluby Inteligencji Katolickiej*; KIK). I have also had to reframe my inquiry in response to limitations created by the COVID-19 pandemic, which have made it difficult to access archival materials. Luckily, I was able to collect and analyze some sources from the Archive of Modern Records in Warsaw (*Archiwum Akt Nowych*; AAN) in periods when the circumstances allowed limited access to its collections containing the sources relevant to the abovementioned organizations and institutions. If one wishes to consider the roles of the actors involved in the discourse on reproductive rights, it would be fruitful to examine the materials of the Polish Medical Association *(Polskie Towarzystwo Lekarskie)* and the debates on reproductive rights and behavior that were held among physicians. Unfortunately, this is not possible, not only due the pandemic, but also because the materials are stored in the organization's archive—with the exception of medical journals that were analyzed, for instance, by Agata Ignaciuk.[5] Thus, this article concentrates on the (at times public, at times behind-the-scenes) discourse among representatives of the state bureaucracy, political parties, and Catholic organizations.

I should make a second remark concerning the statistical data used in this article. After the liberalization of abortion in April 1956 and the implementation of new liberal instructions in 1959 (which made it possible for a woman to get an abortion on request),[6] the state-run hospitals kept records of the procedures that were performed. Opponents of the liberalized law often made references to these records in their public statements, but the figures they cite should be called into question given the striking inconsistencies. They also used other figures of unknown origin. For instance, in 1970, the Catholic NGO Polish Committee on the Defense of Life and the Family (*Polski Komitet Obrony Życia i Rodziny*, PKOŻiR) estimated the number of "Polish citizens who have not been born because of the existing law" at 800,000 in the time period between 1956 and 1970.[7] Also in

2 Ignaciuk, "Introduction"; idem, "In Sickness."
3 Ignaciuk, "Proven."
4 Ignaciuk, "Ten szkodliwy zabieg"; Jarska / Ignaciuk, "Marriage, gender."
5 Ignaciuk, "In sickness."
6 Czajkowska, "O dopuszczalności."
7 AAN, UdsW, 1587/127/271, passim.

1970, the leader of the Polish Episcopate, Primate Stefan Wyszyński, wrote in an aide-memoir addressed to the government of the "dangers to the biological and moral substance of the nation." Wyszyński claimed that *every year* one million abortions were carried out in Poland.[8] These estimates show how difficult it is to determine with any precision how many abortions were actually performed in Poland. Of course, the accuracy of any given figure may well depend on the person who is citing it and his or her political agenda. A study which draws on the experiences of women by interviewing them may yield some insights on this question.[9]

Another question comes up concerning the number of abortions performed in Poland. Some historians have argued that the decrease in the number of abortions carried out in state-run hospitals in the 1980s was the consequence of the broad commercialization of abortions.[10] In my opinion, this statement is rather problematic for three reasons. First, as mentioned above, the figures cited by opponents of the existing law were often very different and perhaps sometimes exaggerated. Second, the 1980s were a decade of economic and political crisis, leading to the downfall of Communism in Poland. Thus, it would be surprising if, under these dire circumstances, (expensive) private clinics had flourished. It is also impossible to give a definite answer to this question because there are no broad studies on the health and welfare systems in People's Poland during the 1980s and in the first decade of the so-called Third Republic. And third, some statistics include terminations of pregnancies carried out at private clinics.[11] However, it is hard to tell if all abortions in private clinics were reported, or if even there was any obligation to report these procedures.

Therefore, in this article, I use the official numbers as indicators, but I keep in mind that there may have been a high number of abortions performed in private clinics.

8 AAN, KIK, 2212/402, n.p. AAN, UdsW, 1587/125/120, f. 43.

9 Such a project is being prepared by Agata Ignaciuk. See Ignaciuk, "No Man's Land?"

10 Ignaciuk, "In sickness."

11 According to the Governmental Population Commission, abortions in private clinics hovered in the 1980s between 12,000 and 13,000 per year. See: AAN, CUP, 1779/0/2/2, Tab. 17.

A Short Overview: Abortions in the First Half of the Twentieth Century in Poland

The recreation of the Polish state after 123 years under Prussian/German, Austrian, and Russian rule made it necessary to reunify political institutions, infrastructure, education, etc. This included the unification of the juridical systems. Regarding the question of the termination of pregnancies, the so-called "Makarewicz codex" from 1932 legalized abortions in extreme cases of danger to the mother's health or life or if the pregnancy was the result of a crime (rape, incest, or sexual intercourse with minors).[12] This legislation was upheld and reestablished (after a short time during World War II, when the German occupiers allowed Polish women to have abortions on request),[13] and it remained in force until 1956.[14]

This changed in 1956 after a public discussion about the necessity of liberalizing women's access to abortions on request. The main argument for this was the number of illegal abortions performed in back-alley clinics that led to women being injured or dying. An estimated 300,000 of such abortions were performed per year.[15] Although met by heavy resistance from the Church and Catholic MPs in the Sejm, who condemned abortions as "murder" and accused supporters of the liberalization of the existing law of being "neo-Malthusians" who sought to pass a "genocidal" law,[16] the majority of the Polish parliament voted to change the law in effect and give women easier access to abortion.

Needless to say, this step was criticized by the Church, especially by Primate Stefan Wyszyński, who called the Sejm's decision a "monstrosity" and declared that it was in contradiction with a woman's "innate and national mission."[17] In the aftermath, he tried to use his authority as the highest Church dignitary to influence doctors and nurses. Thus, women's requests were denied, even though they were legal according to the law of 1956.[18]

The Parliamentary Circle ZNAK (Sign), which was formed after the political liberalization in 1956 and was tightly connected to the KIK, also argued against the new law. At the end of the 1960s, the (all-male) members of ZNAK sent

12 Ignaciuk, "Abortion Debate," 36.
13 Lisner, "Hebammen."
14 Fidelis, "A Nation's Strength."
15 Fidelis, *Women, Communism*, 192.
16 Czajkowska, "O dopuszczalności," 137–49.
17 Ibid., 161.
18 Ibid., 162–66.

a submission to the Ministry of Health in which they claimed that "a woman's absolute freedom" would inevitably lead to misuse, and they demanded the introduction of new restrictions.[19] Jan Kostrzewski, the Minister of Health at the time, rejected their request. He argued that the law in effect would guarantee "women's right to self-determination," and he rejected any restrictions, because "as experience shows, prohibitions and compulsion only lead to illegal procedures and moral as well as biological damage."[20]

This is one of the few examples in which there was explicit reference to women's reproductive rights and a woman's right to self-determination. The discourse, including the discourse used by the ruling Polish United Workers' Party (*Polska Zjednocznona Partia Robotnicza*; PUWP), relied heavily on references to the dangers posed to women's health and lives.[21] Party experts argued that "terminations of pregnancies are not the healthiest method" of limiting the number of children, but they were aware that, because of the prevailing circumstances (i.e., the lack of effective contraceptives due to the Socialist economy of scarcity and the low level of knowledge concerning methods of contraception), abortions were a "necessary evil." They argued that a ban on abortion would only drive women to seek illegal abortions.[22]

These examples show the opposing sides in this dispute. In the decade and a half following the Sejm's decision of 1956, the ruling party defended the law as just and underlined that it was a "necessary evil." In the 1970s, however, the dynamics of this issue shifted.

Debates on Reproductive Rights in the 1970s: The Perception of "Crises"

The debates dating back to the 1970s saw the rise of different "crises." Especially in the late years of the decade, "demographic and social disturbances" were addressed, e.g., in the (Catholic) press. Studies by sociologists, e.g., in (new) urban centers, underlined the transformation of the family, which included "decreased size of family, diminished authority of husband/father, increase in extramarital sexual contacts, increased numbers of wage-earning married women, greater personal freedom of family members [etc.]."[23] The Church was also alarmed.

19 AAN, KC PZPR, 237/XIV-198, f. 36–38.
20 AAN, KC PZPR, 237/XIV-372 [B56687], f. 33–34.
21 Zok, "Körperpolitik."
22 AAN, KC PZPR, 237/VIII-614, f. 80.
23 Klich-Kulczewska, "Biopolitics," 151–52.

It saw a "crisis of marriage," although the numbers of divorces in communist Poland were very low compared to other European or Western countries. In 1960, there were 2.3 divorces per 1,000 marriages. By 1975, this number had risen to 5 per 1,000.[24] In fact, the 1970s bore witness in Poland to a rising number of marriages. In the period between 1971 and 1978, 2.85 million couples were married, of whom 85 percent were "young" couples, i.e., both partners were younger than 30 years old.[25]

The state and party experts on family and demography did not agree with the Church's interpretation. The Ministry of Justice in particular argued that the new Family and Welfare Code, introduced in 1964, was designed to "ensure the durability of marriage and family."[26] It therefore made it harder for couples who had separated to get a juridically sanctioned divorce. This was especially true if the couple had young children. The Ministry reminded the judges that divorces were "socially undesirable phenomena"[27] and should be treated as an ultima ratio to prevent "social pathologies."[28] Thus, the Ministry had a negative stance with regard to divorces which was very similar to (if not as negative as) the Church's attitude, which considered them a "plague."[29]

However, neither the Church's negative attitude nor the administrative measures stopped the increase of juridically sanctioned divorces in the 1970s.[30] In 1979, the courts acknowledged 40,300 demands for abortions. 31 percent of the women requesting a divorce were younger than 30 years old and had at least one child.[31]

Another threat, according to the Church, was the "disappearance" of the Polish people, because the postwar baby boom had ended, and an average family, especially in urban centers, wanted to have only one or two children.[32] Although compared to other European countries, the percentage of the population of Poland that could be considered young was still very high (52 percent was under 30) and the number of young married couples was increasing in the 1970s, the figures regarding childbirth oscillated. In 1970, 546,000 children were born, and

24 AAN, KC PZPR, 1354/XL-35, n.p.
25 AAN, KC PZPR, 1354/XL-94, n.p.
26 AAN, MS, 285/0/11/1, f. 179.
27 AAN, MS, 285/0/11/16, f. 153.
28 AAN, MS, 285/0/11/20, f. 47.
29 AAN, UdsW, 1587/125/120, f. 55.
30 AAN, MS, 285/0/11/20, Bl. 47.
31 AAN, KC PZPR, 1354/XL-141, f. 19.
32 AAN, KC PZPR, 1354/XI-970, f. 56.

this number increased to 582,000 in 1973,[33] a higher figure than in 1967, when only 520,400 children were born.[34]

The Episcopate saw these shifts as a danger to the "biological substance of the nation." Two aides-memoir, addressed to the government in 1970 and 1977, summed up the Church's perception of this threat.[35] One main reason to which the documents alluded was the liberal law on abortion and working women who could not devote their lives to providing care for their loved ones. The Episcopate also accused the government of willingly limiting the number of children through the means of "anti-natalist" propaganda and "a broad front of contraceptives,"[36] although there was a lack of effective contraception in Poland throughout the communist period.[37] The Episcopate's aide-memoir advocated a ban on contraceptives, in particular on the sale of contraceptives to young people.[38]

As noted above, Primate Wyszyński cited a figure of 1,000,000 abortions per year[39] and the allegedly decreasing fertility of Polish women as his main arguments against the existing laws, and he advocated a "proactive demographic [read: pro-natalist] policy." His contentions are contradicted by the numbers registered by the state-run hospitals: The official numbers of registered abortions dropped from 196,000 in 1962 to 133,000 in 1977.[40]

But state and party experts also disagreed with the other accusations made by the Church concerning the government and its policies. They argued that, in 1970 and 1977, the Church had offered some dramatically misleading references to the official numbers given by the Main Statistics Office (GUS, *Główny Urząd Statystyczny*). E.g., Mikołaj Latuch, professor at the Main School of Planning and Statistics (SGPiS, *Szkoła Główna Planowania i Stastyki*, today the SGH Warsaw School of Economics), was convinced that the aide-memoir had a "propaganda" purpose and was not designed to give scientifically proven answers or interpretations.[41] Another expert, Zbigniew Smoliński, who was responsible in the GUS for demographic issues, stated that "the aide-memoir is full of errors

33 AAN, BOK FJN, 183/0/960, n.p
34 AAN, KC PZPR, 1354/XL-94, n.p.
35 AAN, UdsW, 1587/125/119: AAN, UdsW, 1587/125/120; Kosek, "Troska."
36 AAN, UdsW, 1587/125/120, f. 46.
37 Ignaciuk, "Paradox"; Ignaciuk, "Introduction."
38 AAN, UdsW, 1587/125/120, f. 53.
39 AAN, UdsW, 1587/125/120, f. 43.
40 AAN, KC PZPR, 1354/XL-98, n.p.; cf. Ignaciuk, "In Sickness," fig. 1.
41 AAN, UdsW, 1587/125/119, f. 12–13.

with regard to its content" and that, in general, the Episcopate was not able to understand demographic developments or to interpret the numbers correctly. Another expert was convinced that the Church's aim was to challenge the law on abortion, and that it had made its (selective) arguments in an attempt to discredit the existing legislation, which was "to us a tool of birth regulation, not its cause."[42] Kazimierz Kąkol, the chief of the Office for Confessional Issues *(Urząd do spraw Wyznań)*, who was responsible for maintaining the dialogue and observing the Church's activities, argued in his statement on the aide-memoir from 1977 that the Episcopate was "doctrinaire" and that it "refuses [to acknowledge] arguments on a rational basis."[43]

Furthermore, the state experts stated that the drop in family size, especially in urban centers, was not an effect of the existing laws or the lack of an efficient housing policy. Instead, they argued it was a normal development in industrialized countries. E.g., Kazimierz Romaniuk was convinced that "the 1960s brought Poland back to the [demographic and reproductive] circumstances that are characteristic for all developed countries in Europe,"[44] and his colleague Jerzy Piotrowski argued that "a demographic catastrophe has occurred in none of the countries with similar developments." The latter also contended that "the world's main problem is rather the excessive growth of the [global] population." Regarding the aide-memoir, he stated that its authors had chosen the numbers they used in their statement selectively. In particular, the Episcopate's focus on families with many children was problematic, as Piotrowski explicated, because in his opinion, "having many children was seldom the result of a [willful] decision, [and occurred instead because of] carelessness, alcoholism, inattention to children."[45] He argued that a ban on divorces would not eliminate the problem of couples living separately, and outlawing abortions would lead to illegal procedures. Instead, it was necessary to raise the people's "culture," and this could only be achieved through education.[46] This was a common argument in defense of the 1956 law.[47]

Statistics from the 1970s indicated that 45 percent of couples had only one child, and almost 28 percent had two children. Couples without offspring

42 AAN, UdsW, 1587/125/119, f. 1–3, 6–7.
43 AAN, UdsW, 1587/125/120, f. 25.
44 AAN, UdsW, 1587/125/119, f. 37.
45 AAN, UdsW, 1587/125/119, f. 28–30.
46 AAN, UdsW, 1587/125/119, f. 34.
47 Zok, "Wider der "angeborenen und nationalen Mission."

accounted for 18 percent of the total.[48] One problem with this statistic is its lack of a subdivision of the numbers according to the ages of the couples and the duration of marriage. As a survey from this period shows, 60 percent of married couples wanted to have two children, which they considered "ideal." 27 percent wanted to have three children, and only 0.2 percent did not want any children. Unsurprisingly, the number of desired children was closely linked with the educational attainment, especially the woman's educational level.[49] Economic circumstances (particularly housing problems) also played a major role, as did thoughts concerning the ideal way of bringing up children. The government, for its part, advocated the formula "2+3" as the ideal family size.[50]

But this reasoning convinced neither the Church and its representatives nor Catholic lay organizations like the abovementioned KIK or the Polish Committee for the Defense of Life and Family (PKOŻiR). Although the Committee was a small lay organization, it was closely connected to the Church, and it organized pilgrimages and functioned as a fund-raising group. Its members, mostly men (though there were also some couples), estimated (as mentioned above) that "800,000 Poles" had not been born because of the existing law. The committee argued that the legislation was responsible for the "ill fate of millions of women" who were not able to bear children. Furthermore, its members alleged that there was a connection between the law on abortion and Nazi atrocities during the war.[51] The latter became an integral part of the discourse on abortion.

Closely connected to the question of the permissibility of terminating pregnancies on request, infertility was perceived as a threat to the sustainability and growth of the Polish population. The Clubs of the Catholic Intelligentsia estimated that 20 percent of Poland's young newlywed women were infertile because they had decided to terminate their first pregnancy, although they did not indicate the source or sources on which they based these figures. The Clubs concluded that abortions were the main reason for the "*bad quality* of children born,"[52] and they argued that "with regard to the concern about the quality of the population, the termination of the first pregnancy in particular is extremely harmful, as is *commonly known* [emphasis mine – M. Z.]."[53]

48 AAN, KC PZPR, 1354/XL-94, n.p.
49 AAN, KC PZPR, 1354/XL-138, n.p.
50 Jarska and Ignaciuk, "Marriage, gender," 22–4.
51 AAN, UdsW, 1587/127/271, passim.
52 AAN, KIK, 2212/58, n.p.
53 AAN, KIK, 2212/403, n.p.

The question of infertility was one of the major problems perceived with regard to abortions by the state bureaucracy and the Church, as noted above.[54] And it was the core argument for both sides in their support for a ban on abortions in the case of the Church and the liberalization of the law in order to end illegal procedures on the part of the state. Therefore, the Ministry for Health and Welfare had its own numbers, based on its broad network of resident physicians. Although the total number of women who died as a consequence of an abortion was very low (12 cases per year in the 1970s), the alleged effects of the termination of the first pregnancy troubled the Ministry. After the procedure, 2 percent of subsequent pregnancies ended in a preterm delivery and 4 to 8 percent ended in a late delivery. However, the termination of the first pregnancy was estimated to have led to spontaneous abortion of the next pregnancy in 38 percent of the cases. Even if it was not the first pregnancy but rather a later one that was terminated, 30 percent of the next gravidity was concerned. The study came to the unsurprising result that women using contraceptives had less abortions.[55]

The Clubs accused the government of deliberately trying to destroy the Polish nation by allowing abortions and the use of contraceptives. Functionaries of the state bureaucracy characterized these statements as "absurd" and emphasized the "progressive nature" of the law. Although not denying the negative effects entirely, they highlighted that the number of women assumed to have died in the aftermath of an abortion was very low because the abortions were performed in hygienic surroundings.[56]

But in the 1970s, concerns about demographic trends began to appear in documents taken from different branches of the party. The Administrative Department of PUWP's Central Committee, for example, called the abovementioned "dominance of families with only one or two children" "alarming."[57] The figures from this decade showed that while the percentage of children and youth was falling, the number of old people in the "post-productive age" was increasing because of improvements in the healthcare system.[58] One document estimated that from 1985 onwards, Polish society would become too

54 Cf. Zok, "Körperpolitik."
55 AAN, KC PZPR, 1354/XL-94, n.p.
56 AAN, KC PZPR, 237/XIV-372 [B56687], f. 34.
57 AAN, KC PZPR, 1354/XI-970, f. 122.
58 AAN, KC PZPR, 1354/XL-98, n.p.

old, demographically, to support itself.[59] To overcome these problems, voices in the party underlined that it was necessary to restrict abortions to the requirements stated in the law of 1956. This was aimed at private clinics in particular.

During the 7th Party Congress in 1975, party member Barbara Sidorczuk from Kalisz argued that because of women's double burden (children and work), they decided to have fewer children and at an older age. She referred to the conclusions of demographers who warned that "the decrease in the number of births can become a dangerous trend for the biological future of the nation." Furthermore, she argued that the decision to have less children "was not taken because of a woman's genuine convictions" but was influenced by the "problems of fulfilling the many roles" women had.[60] Even Edward Gierek, the party leader of PUWP at the time, addressed the demographic problems during a meeting with female representatives in March 1975. The year had been declared an international women's year by the United Nations Organization; women's problems regarding in connection with work, children, society, and culture were broadly discussed. During the March meeting, only days before International Women's Day, Gierek declared that "demographic prognoses indicate that, by the end of the century, the number of Poles should surpass 40 million. To continue the work we have begun, a correct development of the nation and an optimal structure of the population and age are needed. To surpass or even only to reach the figure of 40 million by the end of the century, population growth has to increase. Our state did not always have to introduce an active demographic policy. Today, it has become a necessity."[61] These examples show that, despite their rivalry and ideological differences, Church and party perceived similar threats to the "biological substance of the nation," especially towards the end of the 1970s.

The Catholic actors in this discourse criticized more than the liberal law on abortion. They also held a grudge against "artificial" contraception, like condoms, IUDs, or the "pill." Their argument was based on the papal encyclical *Humanae Vitae*, which banned "artificial" methods of contraception and which had a major impact on Catholic countries.[62] Thus, the so-called rhythm method was the only method of contraception that was taught during pre-marriage courses held by the Church and lay persons from KIK. While the courses described the issue

59 AAN, KC PZPR, 1354/LVIII-759, n.p.

60 AAN, KC PZPR, 1354/I-187, f. 22.

61 AAN, BOK FJN, 183/0/978, n.p.

62 Harris, *Schism;* regarding the encyclical's impact on Poland, see: Kościańska, "Humanae Vitae."

in detail using various graphs, for example, concerning the days of a woman's cycle when she is ovulating, etc.,[63] other methods of contraception either were not mentioned or were described as "harmful." One example is a review by a priest who criticized the proposed outline of such a course to be erroneous, because the part about artificial methods "lacks the basic argumentation against contraceptives[,] that the marital act of connecting and uniting" would suffer.[64] Proposed courses and texts by sexologists cooperating with the Clubs were criticized, as one example highlights. The reviewer's critique focused on the author's concentration on "artificial" contraception and on the fact that he did not mention "natural" methods. The author's generally liberal perspective on contraception was perceived as "appropriate for students of medicine," but not for the courses organized by the Clubs.[65] According to one proposal intended for the course instructors which also discussed the structure of the courses, the problem of the termination of pregnancies should be addressed twice: immediately during the first session and during the session about children.[66] In the 1980s, the Clubs added that "contraceptives created an anti-natalist attitude among parents,"[67] and they advocated "natural methods," because "they are reliable, cheap, and they do not cause harm."[68]

The "Conservative Backlash" in the 1980s and Early 1990s

The 1980s, the last decade of communist rule in Poland and the decade prior to the law of 1993, saw a shift in power. Factors influencing this development included the election of Krakow's Archbishop Karol Wojtyła as pope John Paul II and the Church's role first as a sanctuary for dissidents and, later, during the social and economic unrest, as a mediator between the "Party" and "society." The aforementioned Catholic lay organizations, especially the KIK but also ZNAK as the parliamentary representation of Catholic Social Thought, were very active during this decade. They used their growing influence to challenge the existing law and to submit several draft bills to restrict abortion and, in some cases, even contraception, despite the fact that the number of registered

63 AAN, KIK, 2212/398, n.p.
64 AAN, KIK, 2212/386, n.p.
65 AAN, KIK, 2212/386, n.p.
66 AAN, KIK, 2212/386, n.p.
67 AAN, KIK, 2212/403, n.p.
68 AAN, KIK, 2212/333, f. 73.

procedures in state-run hospitals had sunk to about 58,000 abortions per year[69] and was therefore only a fraction of the figures from the 1960s.

Agata Ignaciuk argues that the decrease in registered abortions in state-run hospitals was accompanied by an increase of procedures in private clinics and that the actual figures concerning the numbers of abortions performed had remained the same or had increased. In one of her articles, she refers to a survey undertaken after 1989 showing that a high percentage of women had an abortion. The 2013 survey indicated that one third of women between 45 and 54 years of age at the time of the study had had an abortion. The percentage for women between 55 and 64 years was even higher (42 percent).[70] This is surprising, especially for the 1980s, which was a decade of almost permanent political as well as economic crisis but which interestingly saw growth in the number of private clinics.

The argument provided by Catholic actors was essentially a continuation of the discourse from the 1970s and referred to "biological" reasons. In an aide-memoir from 1987, the Szczecin branch of the KIK repeated the contention that the law in effect endangered the "biological substance of the nation" and its moral foundations. Its wording and content were very similar to the aides-memoir of the Episcopate from the 1970s. The Club's argumentation also invoked international treaties, such as the United Nations Resolution condemning genocide (1948), and it contended that abortion was a means to conduct such mass atrocities.[71] The reference to genocide was commonly used by pro-life-activists in Poland, as noted above. This notion was closely connected, of course, to the experiences of World War II and the Nazi plans to exterminate the Polish elites.

Furthermore, the Szczecin branch argued that it was "a scientific fact that life begins with conception." Hence, every "artificial termination is a murder with willful intent."[72] In Gdansk, the branch underlined that a law "that enables every person to decide about a human life is injustice," and it emphasized the personal rights of the fetus, which was seen as an autonomous being independent of its mother. Therefore, the argument went, a pregnant woman should not have any power over the "unborn."[73]

69 AAN, MZiOS, 1939/20/27, f. 1.
70 Ignaciuk, "Ten szkodliwy zabieg," 83.
71 AAN, KIK, 2212/333, f. 66–69.
72 AAN, KIK, 2212/333, f. 66–69.
73 AAN, KIK, 2212/11, n.p.

These demands were met with resistance from (state-run) women's organizations. Like other supporters of the status quo, the Women's League *(Liga Kobiet)* underlined in its statement dated April 1989 that restrictions on abortion would lead to an increase in illegal termination of pregnancies. It warned of a return to pre-1956 conditions, when the procedures were performed in back-alley clinics instead of "aseptic hospitals." This return would multiply the dangers to women's health and lives. As a possible solution, the League underlined the importance of sex education and effective contraception, while at the same time rejecting the Catholic side's exclusive insistence on "natural methods." The League's arguments were based in part on the uncertainties women faced and their "shattered living conditions."[74]

However, the modified political system of the late 1980s and early 1990s, which was the result of negotiations between the party and the opposition supported by the Church, experienced a power shift that neither side had foreseen.[75] After the partly free elections on June 4, 1989, the reestablished Upper Chamber, the Senate, consisted entirely of members of Solidarity *(Solidarność)*, which had been founded as an independent trade union in 1980 and which was converted, after it had become legal again, into a political actor. In addition to the seats won in Senate, its members also won every free mandate in the Lower Chamber, the Sejm, and they made up 35 percent of the total MPs. The result was a political stalemate which could only be solved by electing Tadeusz Mazowiecki Prime Minister. Mazowiecki was the first non-communist government leader in Poland since World War II, and he was a member of ZNAK and the Warsaw branch of the KIK.

In April 1990, the new Solidarity-dominated Senate was working on a new law on abortion. The draft bill that was discussed in the Upper Chamber, which was based on a paper written by an experts' commission of the Episcopate[76] and anticipated a prohibition on abortions (except in the case of a risk to the life of the mother) and contraceptives (such as the pill and IUDs),[77] was very similar in its goals to the demands made in the Church's aides-memoir in the previous decade.[78] A few members of the Senate tried to include "social indications"

74 AAN, KC PZPR, 1354/LII-56, n.p.

75 For a short analysis of the Church's role during the debate on abortion in the early 1990s, see: Ramet, *Catholic Church*, 202–5.

76 AAN, KIK, 2212/11, n.p.

77 Kulczycki, "Abortion Policy," 483.

78 AAN, UdsW, 1587/125/120, f. 53.

(which was part of the existing law of 1956) as a reason for a request for an abortion, but they were outvoted.[79]

The beginning of the transformation was perceived as a period of massive insecurity. This probably influenced the Second National Medical Assembly's decision to vote for a more conservative codex in December 1991.[80] Because of this, the numbers of registered abortions decreased even more, from more than 30,000 in 1991 to 11,640 in 1992.[81]

Two years after the partly free elections, the first free popular vote took place. It was a victory for the traditionalist "Christian democratic" and "Christian nationalist" parties, which would form a government coalition. The question of abortion was central, despite the social and economic hardships which Polish society experienced in this period.

New and Old Supporters of Liberalization and Restriction

After the first completely free elections in 1991, the first two right-wing governmental coalitions sped up the adoption of a new law on abortion. The parties that were members of these coalitions had been founded during the beginning of the political transformation in 1989 and 1990. Most of them saw themselves as heirs to the legacy of the opposition movement Solidarity, and they described themselves as "Christian democratic." These parties included, for instance, the Centre Alliance (*Porozumienie Centrum*; PC), the first party of Jarosław Kaczyński, today's leader of the governing Law and Justice Party (*Prawo i Sprawiedliwość*; PiS). Another example is the Christian Democratic Labor Party (*Chrześcijańsko-Demokratyczne Stronnictwo Pracy*; ChDSP) which considered itself the reincarnation of the Christian democratic party from the interwar years. Others who joined the coalition explicitly called themselves "Christian national," such as the Christian National Union (*Zjednoczenie Chrześcijańsko-Narodowe*; ZChN).

The new political system and the first free elections in 1991 did not lead to immediate stabilization. Because of the fragmentation of the votes during the election, the formation of government coalitions was problematic and necessary. Therefore, concessions and compromises had to be made. During Jan Olszewski's tenure as Prime Minister (December 1991–July 1992), when the idea

79 Staśkiewicz, *Katholische Frauenbewegung*, 110–1.

80 Kulczycki, "Abortion Policy," 474.

81 AAN, MZiOS, 1939/19/171, f. 15–17.

of a new law on abortion was discussed, the coalition consisted of four parties (the aforementioned PC and ZChN and two even smaller conservative parties representing rural interests). Their number in the governing coalition increased during the tenure in office of Olszewski's successor as Prime Minister, Hanna Suchocka (July 1992–October 1993). The seven (and for a short time eight[82]) parties[83] had very different ambitions. Unsurprisingly, the governing coalition lasted only 15 months.

The parties had different views on the future course of the so-called Third Republic, and they quarreled over specific political problems, e.g., the political system, the competences of the state president, etc.[84] However, the "Christian" parties had a common stance on abortions and wanted to outlaw them,[85] while the liberal and centrist parties were split when it came to this question. The emphasis placed on the question of regulating terminations of pregnancies is most obvious in a flyer by ChDSP. Here, the party's pro-life-attitude and its demand for the "protection of life" has the second highest priority, surpassed only by the sovereignty of the Polish state.[86] Also, different actors on the political right constructed themselves as representatives of a nation which "is 95 percent Catholic" and which hence had to be ruled by Catholic morals and defended against "secularization," "communism," "liberalism," and "nihilism."

As noted above, the centrist and liberal parties were split on this issue. One obvious example was the Democratic Union (*Unia Demokratyczna*; UD) that was part of the governing coalition in 1992–1993. The party's women's circle referred to the resolution of the European Council from 1990 guaranteeing women the right to reproductive self-determination, and it advocated a liberal law. Some of the party's MPs, for instance Barbara Labuda, represented this position in parliament, for which she was attacked by male party members[87] and by delegates from the Christian democratic parties.[88] On the political left,

82 Chwalba, *Kurze Geschichte*, 33.

83 Suchocka's coalition consisted of the three parties which remained in the coalition: the ZChN and the two minor rural parties, while the Polish Christian Democrats (PChD) and the centrist parties Democratic Union (*Unia Demokratyczna*; UD), the Liberaldemocratic Congress (*Kongres Liberalno-Demokratyczny*; KLD), and the Polish Party of Beer Lovers *(Polska Partia Pryzjaciół Piwa)* joined the government.

84 Chwalba, *Kurze Geschichte*, 38.

85 Christian Democratic Labor Party *(Chrzescijańsko-Demokratyczne Stronnictwo Pracy)*, AAN, ChDSP, 1807/1, f. 10; Polish Forum of Christian Democracy *(Polskie Forum Chrześcijańsko-Demokratyczne)*, AAN, PFChD, 2093/2, f. 62; Centre Alliance *(Porozumienie Centrum)*, AAN, PC, 2764/13, n.p.

86 AAN, ChDSP, 1807/261, n.p.

87 AAN, UD, 2956/11, n.p.

88 AAN, ChDSP, 1807/293, n.p.

the parties opposed a more restrictive law. This included the Social Democracy of the Republic of Poland (SdRP; *Socjaldemokracja Rzeczypospolitej Polski*), the successor of the Communist PUWP, and the Polish Socialist Party (PPS; *Polska Partia Socjalistyczna*), a reestablished version of the left-wing party that had been forced into fusion with the Communist Party in 1948.

The PPS was strictly against the new law. In a flyer entitled "Down with police law! We are against the ban on abortion [...]," the party stated that the new law would "interfere with a woman's right to family planning" and that the conservative-dominated parliament, [its attempt to] try to take control over the private lives of individuals, takes the path of Stalin, Hitler, Ceauşescu, dictators who were against the right to abortions." The PPS concluded, as the PUWP expert had in earlier decades, that "police and prison will not solve the problem."[89] Although the PPS believed that "abortions are a barbaric act," it was, in its opinion, wrong "to try to have them eliminated by prohibitions based on parliamentary decisions." It argued that the numbers of interventions prior to the legalization of abortion in Poland in 1956 (and also in other countries) showed the ineffectiveness of such restrictions. Furthermore, the party feared that in an impoverished society like the Polish one, illegal abortions would become a large-scale phenomenon once again. It favored contraceptives and sex education as the only means to master the situation, and it underlined that a ban on abortion would lead Poland back to the Middle Ages, especially in comparison to the rest of Europe.[90]

In September 1990, the SdRP criticized the aforementioned Senate draft bill to restrict abortions as an "unrealistic promise that nobody is able to realize." Furthermore, the party stated that this "fatal draft" would turn women into "aboulic birthing machines," and it lamented the fact that there was no public discussion on the issue.[91] It rejected the penalization of abortions and proposed that (sex) education and contraceptives were the best means to limit the number of interventions. It concluded that "the dramatic decision which a woman [in such a situation] has to take should be based on moral and not juridical categories."[92] The party made the following declaration in its election program: "We believe that women should be in charge of deciding how many

89 AAN, PPS, 1969/14, n.p.
90 AAN, PPS, 1969/5, n.p.
91 AAN, SdRP, 1994/3/98, f. 104.
92 AAN, SdRP, 1994/3/98, f. 63.

children they will bear."[93] Instead of a restrictive law, the SdRP was in favor of a solution similar to the German one: the terminations of pregnancies should be legal in cases of medical and criminological indication and non-punishable on request during the first trimester. Furthermore, a pregnant woman was obligated to have a counseling interview before the procedure. The authors of the SdRP draft bill argued that abortions should be regarded as an exception in extreme cases to the fundamental principle of the protection of human life and not as a contraceptive method, as it allegedly had been used by several women in the communist period.[94] As a solution to settle the political dispute, the SdRP favored a referendum.[95]

The "Compromise" of 1993: Science, Conscience, and Faith

The idea of a national referendum on the legislation on abortion was met with heavy resistance from pro-life-activists and Catholic organizations. Both the Clubs of Catholic Intelligentsia and the Episcopate rejected the idea of any discussion of this issue because, in their assessment, "the protection of life" was not negotiable.[96] The Warsaw branch of the KIK denied the request for a referendum because it argued that such a law belonged in the hands of experts and the parliament. It was convinced that it was unwise to entrust such an "emotional question" to the population, because the "easiest way" was often chosen, and this would "open the doors to human feebleness."[97] Therefore, the different views clashed in parliament, especially during the debate prior to the Sejm's decision on January 7, 1993.

As noted above, pro-life-activists, right-wing politicians, and publicists used (pseudo-) scientific, biological arguments to underline their demands for restrictions in the case of abortion. As the unauthorized stenograph of the Sejm's 18th session shows, even before the main clash in January, this argumentation was used. ZChN member Jan Łopuszański insisted that the moment of conception as the beginning of human life did not "depend on somebody's personal beliefs," but was "a fact."[98] Here, the supporters of a restriction

93 AAN, SdRP, 1994/3/98, f. 297.
94 AAN, SdRP, 1994/15/129, n.p. (f. 4v), f. 8.
95 AAN, SdRP, 1994/3/98, f. 63.
96 Ramet, *Catholic Church*, 203; AAN, KIK, 2212/11, n.p.
97 AAN, KIK, 2212/39, n.p.
98 AAN, ZChN, 2410/6, f. 462.

referred to discursive strategies that had been used in Catholic pro-life-discourse before. The KIK in Gdansk stated in its declaration from 1987 that "it is an objective scientific fact that the life of a human being begins with conception" and that "contemporary genetics proves that the zygote is in possession of all the inherited features of a new human individual."[99] Mariusz Grabowski, also from ZChN, used similar arguments based on "biological facts," as he told the audience during the parliamentary debate in January 1993. Furthermore, he denied that religious motivation was essential for the authors of the new law. Instead, he enthusiastically contended that the new restrictions would protect women, because they would render it difficult to get an abortion.[100]

Another example of the "biologization" of the debate was the statement made by the chairwoman of the special commission which drafted the new bill. Anna Knysok referred to the abovementioned "facts" concerning the beginning of life, and she criticized the opponents of the new law and maintained that it would not interfere in a woman's right to self-determination, and she referred to the Universal Declaration of Human Rights.[101] She also rejected the demands for a referendum and stated that it was the parliament's function to decide on issues concerning the common good.[102] Opponents of the new law like Danuta Waniek from the Democratic Left Alliance (*Sojusz Lewicy Demokratycznej*; SLD), to which the post-communist SdRP also belonged, argued that the law would lead to an increasing numbers of illegal abortions and, in the worst cases, to infanticide. She concluded that the law had the potential to "turn a child into an enemy of its own mother."[103]

Andrzej Wielowieyski, member of the governing UD party and a long-term member of the Clubs of Catholic Intelligentsia, was against the law in its form at the time because it was not "well-thought-out." Regarding questions of biopolitics, he is an interesting actor, since he attended meetings at which pre-marital courses were organized by the KIK, and he had served as one of the editors of the Catholic paper *Connection (Więź)* since the 1960s. During the parliamentary debate in January 1993, he warned that restrictive laws had led to pregnant women taking trips to countries with liberal laws. Furthermore, he was convinced that, if the Parliament were to decide in favor of the law even though

99 AAN, KIK, 2212/333, f. 66.
100 AAN, ZChN, 2410/6, f. 82–83, 86.
101 AAN, ZChN, 2410/6, f. 46–47, 50.
102 AAN, ZChN, 2410/6, f. 58.
103 AAN, ZChN, 2410/6, f. 64.

surveys indicated that the vast majority of the Polish society was against it, that this could lead to irreversible damage to the young Polish democracy.[104] Jacek Kurczewski, a member of the centrist Liberal Democratic Congress (KLD, *Kongres Liberalno-Demokratyczny*), which was also a governing party at the time, offered a similar argument. In his statement during the debate, he did something very uncommon in this discourse at that time. He separated the medical procedure and the question of its permissibility from the moral considerations. On the one hand, i.e., morally, he declared that abortions were "bad" and that "nobody could doubt that life begins at the moment of the unification of the male and female cell." However, he favored settling the question of whether or not someone should be penalized for performing an abortion by referendum. [105]

But he did not prevail. Instead, the majority of the Sejm voted in favor of the new restrictive law, which was commonly called a "compromise," because it restricted the availability of abortions but it did not ban them in general. But a closer look at the wording opens up another perspective: officially entitled *Law on Family Planning, the Protection of the Fetus, and the Circumstances of the Permissibility of the Termination of Pregnancies*, its wording highlights the enforcement of the Catholic pro-life-discourse of earlier decades. The law refers to its subject almost entirely as the "conceived child." The term "fetus" is only used once in the text (apart from when it occurs in the title), in the passage concerning abortions because of embryo-pathologic reasons. This passage was deemed unconstitutional by the Constitutional Tribunal on October 22, 2020.

Conclusion

The so-called "compromise" of 1993 can be interpreted as a short "truce" in a long-term conflict which can be called (borrowing a metaphor from international relations) a "frozen conflict."[106] This means that the (in this case ideological, moral, and juridical) conflict has not been solved and is smoldering and can therefore flare up at any given moment. That happened after 1993 on several occasions. On the one hand, the first left-wing government attempted to liberalize the law between 1993 and 1997. They did not succeed, because the draft bills were first vetoed by Lech Wałęsa, who was serving as State President

104 AAN, ZChN, 2410/6, f. 68–70.

105 AAN, ZChN, 2410/6, f. 73–74, 76.

106 For an overview of "frozen conflicts," see van Meurs, "Eingefrorene Konflikte"; Lynch, "Frozen Conflicts."

at the time, and then ruled unconstitutional by the Constitutional Tribunal.[107] On the other hand, right-wing parties and NGOs tried to enforce a complete ban on abortions and the introduction of the obligation to "protect unborn life" into the constitution,[108] similarly to the Republic of Ireland, where such a passage was introduced in 1983.[109] Until 2020, none of them succeeded in Poland. But the verdict of the Constitutional Tribunal had a major impact and generated a new dynamic which is observable in the current mass protests.

If one looks back at the decision of 1993, two things might be kept in mind. First, it was the unity of the "Christian" parties (despite their quarrels) that led to the introduction of the restrictive law. As I mentioned, the two right-wing governmental coalitions lasted for only 23 months. But they were successful in transforming their (and their allies') political aims into reality. This is most obvious in the law on the termination of pregnancies and its wording, which resembles the "Catholic" pro-life-discourse more than it does the discourse of a "compromise." But this includes not only the legislation on abortion, but also the introduction of religious education in schools (via Ministerial decree, without the parliament's approval) and the signing of a concordat with the Holy See. These were highly controversial steps which indicate that these political struggles go deeper: they can be interpreted as cleavages concerning the essential nature of the Polish state after 1990. In the aftermath of the 1993 decision, the supporters of liberalization (the SLD was the most active) depended on their partners in the governmental coalition. It was therefore difficult to reintroduce a liberal version of the law, especially since, when one such new law was approved by the Sejm, it was vetoed, either by Wałęsa or by the Constitutional Tribunal.

The second intriguing observation is that the discourse, especially in the 1980s and 1990s, was mainly (or better, observably) shaped by ("Christian") politicians and publicists. Priests also had an influence on the discourse during sermons "in defense of the unborn," in pastoral letters, or in the interviews they gave. Even in the later years of the Third Republic, the influence of the Church and its representatives had to be taken into considered, e.g., on the eve of Poland's entry into the European Union.[110] The Episcopate looked skeptically at the processes prior to entry and perceived the EU as "godless" and "not compatible" with "Polish Christian values," especially on the questions

107 Zok, "Wider der "angeborenen und nationalen Mission," 276.

108 Ignaciuk, "Abortion Debate," 8, 50–1.

109 Cf. Earner-Byrne and Urquhart, *Abortion Jouney,* 73–82.

110 Ignaciuk, "Abortion Debate," 47–48.

of abortion and marriage.[111] Therefore, the then left-wing government had to soothe the Church's mistrust to avoid imperiling Poland's entry into the EU.[112] Since then, the question returns intermittently.

Quo vadis, Polonia? Whither goest thou, Poland? It is difficult to foresee what the next stage in this ongoing, at the moment "unfrozen" conflict will be.

Archival Sources

Archiwum Akt Nowych w Warszawie [Archive of Modern Records in Warsaw] (AAN)
Ogólnopolskie Biuro Komitetu Frontu Jedności Narodowej [All-Polish Bureau of the Committee of the Front of National Unity] (BOK FJN)
Komitet Centralny Polskiej Zjednoczonej Partii Robotniczej [Central Committee of the Polish United Workers' Party] (KC PZPR)
Centralny Urząd Planowania [Central Planning Office] (CUP)
Porozumienie Centrum [Centre Alliance] (PC)
Chrześcijańsko-Demokratyczne Stronnictwo Pracy [Christian Democratic Labour Party] (ChDSP)
Zjednoczenie Chrześcijańsko-Narodowe [Christian National Union] (ZChN)
Klub Intelligencji Katolickiej [Clubs of Catholic Intelligentsia] (KIK)
Sojusz Lewicy Demokratycznej, Rada Krajowa [Democratic Left Alliance, National Council] (SLD RK)
Unia Demokratyczna [Democratic Union] (UD)
Ministerstwo Zdrowia i Opieki Społecznej [Ministry for Health and Social Warfare] (MZiOS)
Urząd do spraw Wyznań [Office for Confessional Issues] (UdsW)
Polskie Forum Chrześcijańsko-Demokratyczne [Polish Forum of Christian Democracy] (PFChD)
Polska Partia Socjalistyczna [Polish Socialist Party] (PPS)
Socjaldemokracja Rzeczypospolitej Polski [Social Democracy of the Republic of Poland] (SdRP)

111 Leszczyńska, *Imprimatur*.

112 Ignaciuk, "Abortion Debate," 47–48.

Bibliography

Chwalba, Andrzej. *Kurze Geschichte der Dritten Republik Polen 1989 bis 2005*. Wiesbaden: Hassarowitz, 2010.

Czajkowska, Aleksandra. "O dopuszczalności przerywania ciąży: Ustawa z dnia 27 kwietnia 1956 r. i towarzyszące jej dyskusje" [About the permissibility of termination of pregnancies: the Law from April 27 1956 and the discussions surrounding it]. In *Kłopoty z seksem w PRL.*: *Rodzenie nie całkiem po ludzku, aborcja, choroby, odmienności*, edited by Piotr Barański, 99–186. Warszawa: Wydawnictwo Uniwersytetu Warszawskiego, 2012.

Earner-Byrne, Lindsey, and Diane Urquhart. *The Irish Abortion Journey, 1920–2018*. Cham: Springer International Publishing, 2019. doi: 10.3224/gender.v12i2.13.

Fidelis, Malgorzata. "A Nation's Strength Lies Not in Numbers.'" De-Stalinisation, Pronatalism, and the Law of Abortion of 1956 in Poland." In *Geschlechterbeziehungen in Ostmitteleuropa nach dem Zweiten Weltkrieg: Soziale Praxis und Konstruktion von Geschlechterbildern. Vorträge der Tagung des Collegium Carolinum in Bad Wiessee vom 17. Bis 20. November 2005*, edited by Claudia Kraft, 203–25. Munich: Oldenbourg, 2008.

Fidelis, Malgorzata. *Women, Communism, and Industrialization in Postwar Poland*. New York–Cambridge: Cambridge University Press, 2010. doi: 10.2307/23354996.

Harris, Alana, ed. *The Schism of '68: Catholicism, Contraception and 'Humanae Vitae' in Europe, 1945–1975*. Cham: Springer International Publishing, 2018.

Ignaciuk, Agata. "Abortion Debate in Poland and Its Representation in Press." MA thesis, University of Łódź, 2007.

Ignaciuk, Agata. "In Sickness and in Health. Expert discussions on abortion indications, risks and patient-doctor relationships in post-war Poland" (Pre-print). *Bulletin of the History of Medicine* (2021).

Ignaciuk, Agata. "No Man's Land? Gendering Contraception in Family Planning Advice Literature in State-Socialist Poland (1950s–1980s)." *Social History of Medicine* 33, no. 4 (2020): 1327–49. doi: 10.1093/shm/hkz007.

Ignaciuk, Agata. "Paradox of the Pill: Oral Contraceptives in Spain and Poland (1960s–1970s)." In *Children by choice?,* edited by Ann-Katrin Gembries, Theresa Theuke, and Isabel Heinemann, 123–43. Berlin: De Gruyter Oldenbourg, 2018. doi: 10.1515/9783110524499-006.

Ignaciuk, Agata. "Proven and the ZETs. Conceiving contraception in state-socialist Poland, c. 1957–1970" (Pre-print). *Technology and Culture* (2021).

Ignaciuk, Agata. "Reproductive Policies and Women's Birth Control: Practices in State-Socialist Poland (1960s–1980s)." In *"Wenn die Chemie stimmt ..." Geschlechterbeziehungen*

und Geburtenkontrolle im Zeitalter der "Pille," edited by Lutz Niethammer, and Silke Satjukow, 305–28. Göttingen: Wallstein, 2016.

Ignaciuk, Agata. " 'Ten szkodliwy zabieg': Dyskursy na temat aborcji w publikacjach Towarzystwa Świadomego Macierzyństwa/ Towarzystwa Planowania Rodziny (1956–1980)" ["This harmful procedure": Discussions about abortion in the periodicals of the Society for Conscious Motherhood/Society for Family Planning]. *Zeszyty Etnologii Wrocławskiej* 20, no. 1 (2014): 75–97.

Ignaciuk, Agata. "The Introduction and Circulation of the Contraceptive Pill in State-Socialist Poland (1960s–1970s)." *Medicina nei Secoli-Arte e Scienza*, no. 2 (2014): 509–36.

Jarska, Natalia, and Agata Ignaciuk. "Marriage, gender and demographic change: managing fertility in state-socialist Poland." (Pre-print). *Slavic Review* (2021).

Klich-Kluczewska, Barbara. "Biopolitics and (Non-)Modernity: Population Micro-Policy, Expert Knowledge and Family in Late-Communist Poland." *Acta Poloniae Historica*, no. 115 (2017): 151–74.

Klich-Kluczewska, Barbara. "Making Up for the Losses of War: Reproduction Politics in Post-War Poland." In *Women and Men at War: a gender perspective on World War II and its aftermath in Central and Eastern Europe*, edited by Maren Röger, and Ruth Leiserowitz, 307–28. Osnabrück: Fibre, 2012.

Kościańska, Agnieszka. "Humanae Vitae, Birth Control and the Forgotten History of the Catholic Church in Poland." In *The Schism of '68: Catholicism, Contraception and 'Humanae Vitae' in Europe, 1945–1975*, edited by Alana Harris, 187–208. Cham: Springer International Publishing, 2018. doi: 10.1007/978-3-319-70811-9_8.

Kosek, Mirosław. "Troska o małżeństwo i rodzinę w memoriałach Episkopatu Polski do Rządu w latach 1970–1978" [The care for marriage and family in the aides-memoir of the Polish episcopate addressed at the government in the 1970s]. *Studia Płockie* 38 (2010): 259–69.

Kulczycki, Andrzej. "Abortion Policy in Postcommunist Europe: The Conflict in Poland." *Population and Development Review* 21, no. 3 (1995): 471–505.

Leszczyńska, Katarzyna. *Imprimatur dla Unii? Kościół rzymskokatolicki w Polsce i Czechach wobec Europy i procesów zjednoczeniowych* [Imprimatur for the Union? The Catholic Church in Poland and in Czechia regarding Europe and the unification process]. Kraków: Nomos, 2002.

Lisner, Wiebke. "Hebammen im 'Reichsgau Wartheland' 1939–1945: Geburtshilfe im Spannungsfeld von Germanisierung, Biopolitik und individueller biographischer Umbruchssituation." In *Zwischen Geschlecht und Nation: Interdependenzen und Interaktionen in der multiethnischen Gesellschaft Polens im 19. und 20. Jahrhundert*, edited by

Matthias Barelkowski, Claudia Kraft, and Isabel Röskau-Rydel, 237–63. Osnabrück: Fibre, 2016.

Lynch, Dov. "Frozen Conflicts." *The World Today* no. 8–9 (2001): 36–38.

Ramet, Sabrina P. *The Catholic Church in Polish History*. New York: Palgrave Macmillan US, 2017.

Staśkiewicz, Joanna. *Katholische Frauenbewegung in Polen?* Bielefeld: transcript Verlag, 2018.

Van Meurs, Wim. "Eingefrorene Konflikte: Wie weiter mit den Quasistaaten?" *Osteuropa* 57, no. 11 (2007): 111–20.

Zok, Michael. "Körperpolitik, (staatstragender) Katholizismus und (De-)Säkularisierung im 20. Jahrhundert. Auseinandersetzungen um Reproduktionsrechte in Irland und Polen." *Body Politics* 7, no. 11 (2019): 123–58.

Zok, Michael. "Wider der 'angeborenen und nationalen Mission der Frau'? Gesellschaftliche Auseinandersetzungen um Abtreibungen in Polen seit der Entstalinisierung." *Zeitschrift für Ostmitteleuropa-Forschung* 68, no. 2 (2019): 249–78.

Hungarian Historical Review 10, no. 2 (2021): 382–385

BOOK REVIEWS

Egy elfeledett magyar királyi dinasztia: a Szapolyaiak [A forgotten Hungarian royal dynasty: The Szapolyais]. Edited by Pál Fodor and Szabolcs Varga. Budapest: Research Centre for the Humanities, 2020.

Published within the framework of the Mohács 1526–2026 Reconstruction and Memory project, *Egy elfeledett magyar királyi dinasztia: a Szapolyaiak* [A forgotten Hungarian royal dynasty: The Szapolyais] fills a major gap in the secondary literature and also offers an encouraging springboard for further research. One of the important objectives of the book is to present the history of one of the most important noble, aristocratic, and royal families of the late Middle Ages and the early modern period in a consistent manner, thus addressing a serious lacuna in Hungarian historiography and providing a summary of the most recent findings. The book does this by focusing on a topic and a historical period in which we have come to see very differently as a result of research which has been underway over the course of the past few years and decades. The volume is not a traditional monograph, however. Rather, it is a volume of studies which summarizes knowledge of the subject at the moment, offering presentations of the findings concerning the period by established researchers in a manner that will be engaging and precise to specialists but also accessible to the general readership. The editors may have chosen this form (a collection of studies) precisely because it has enabled the fourteen authors to produce a work which encompasses everything we know about the period and the dynasty, from political history and royal symbols to religious and literary history and material culture. They may also have been motivated to choose this form by the fact that historians are still grappling with many unanswered questions about the history of the sixteenth century, and in some cases, basic research is lacking and only a summary of the findings so far can be provided. However, these questions may well be a source of inspiration for those interested in the period, and the book indicates several exciting possibilities for further research.

The volume contains a total of sixteen studies, the first four of which deal specifically with the history of the family before the Battle of Mohács. Tibor Neumann offers a classical family history and also the various ways in which the dynasty portrayed itself in the various symbolic languages of the time. István Kenyeres provides a history of the family estate and the ways in which it was farmed at a profit. Norbert C. Tóth describes the anti-Ottoman

struggles of voivode János, who later become John I. We also learn about the lives and dramatic careers of the two brothers, Imre Szapolyai, who was more prominent in the financial and administrative fields, and his younger brother István Szapolyai, a soldier to the core, and their close ties to Pozsega County and Bosnia, as well as the use of the Slavic language by members of the family, their construction projects, the good relationship between János Szapolyai and István Bátori in the Middle Ages, the political maneuvers of the Jagiellonian kings, and the ways in which the family perceived and portrayed itself. The wives also play an important role in the history of the Szapolyai family, and the book naturally focuses on Isabella, the wife of King John I, but we also learn about the wife of István Szapolyai, the mother of John I, Princess Hedwig of Cieszyn. Through marriage, the Szapolya family built ties to the Habsburgs and the Jagiellons, as seen in the family's perception of itself as an "almost royal house" and the ways in which the family used the symbols of the time to portray itself. Princess Hedwig also sought to arrange advantageous marriages for her children. She tried to arrange the marriage of János to Princess Anne, daughter of King Vladislaus II, and György to the heir to the Hunyadi estate. Although the schemes eventually came to nothing, György's twin sister, Borbála Szapolyai, eventually became the wife of King Sigismund of Poland, which made János Szapolyai the brother-in-law of King Vladislaus. In addition to the wealth he inherited from his father and his princely lineage on his mother's side of the family, János's popularity among the nobility and his military successes made him a suitable candidate for king.

Most of the studies in the volume deal with the era of the reign of John I and John II, the foundations for which are laid by Pál Fodor and Teréz Oborni, who draw attention to the fact that the transition between the kingdom of the Szapolyai family and the Principality of Transylvania seems clear or predictable only from the perspective of today. The people at the time, however, were striving to avoid the division of the kingdom. The study shows how Sultan Suleiman changed his plans for Hungary along the way and how these changes affected the eastern part of the country. The changes in the administration and politics of Eastern Hungary are also explored from the perspective of one person, Péter Petrovics. Szabolcs Varga offers significant nuance to the frequently negative portraits one finds in the historiography of the ispán of Temes, who remained loyal to the Szapolyai family throughout, and although he adopted a pro-Ottoman policy, by doing so, he managed to preserve the Hungarian world in the region a few years longer. István H. Németh and Emőke Gálfi each write about urban policy

as an important element of domestic politics. They show how Buda and Kassa (today Košice, Slovakia) became Hungarian-majority towns after the fighting and the expulsion of the Germans, how the urban structure of the country was transformed, and why Gyulafehérvár (today Alba Iulia, Romania) did not become a free royal town. Péter Kasza's study shows the constraints King John faced in his foreign policy, and Kasza notes that Szapolyai's "national kingdom" failed with the defeat at Tokaj and Szina (today Seňa, Slovakia), while the accession of the whole country to the Habsburg Monarchy was made impossible by the subsequent failure to prevent Szapolyai's return and by the Vienna campaign of 1529. All this foreshadowed the inevitable partition of the country. János B. Szabó's study also gives us a better understanding of the Szapolyai army, its units, and the way in which it was structured and run.

The third major thematic unit in the volume addresses culture and perceptions. Szabolcs Varga's returns to the question of the ways in which the Szapolyai family portrayed itself. Zoltán Csepregi examines the debates surrounding the Reformation. Pál Ács and Péter Kasza look at literary life. Orsolya Bubryák discusses the treasury of the Szapolyai family. On the basis of these articles, an image of King John emerges as educated and art-loving ruler who claimed to be the political heir to the Hunyadi family. He was surrounded by educated humanists, and Hungarian culture thrived in his court, but the figure of the Muslim Hungarian poet Murad Dragoman is also of particular interest. The concluding study examines the ways in which the dynasty has been remembered, tracing how perceptions of the Szapolyai family have been shaped in the historiography, how negative views were associated with the figure of King John over time, how his person was gradually rescued by historiography, and how he was replaced by György Fráter and Queen Isabella as positive heroes.

The volume of studies presents the age of the Szapolyai family from an array of perspectives and using various methodologies, with a focus on political history, symbolic languages of power, culture, and estate management. It is not simply a dynastic history, but rather offers a contemporary history woven around the Szapolyai family. It is perhaps due to this approach that the focus of the book is on John I and John Sigismund, while the discussions of Imre and István Szapolyai serve more as a kind of prequel to the family history. The book deals with contemporary and later perceptions of the family on several occasions, and it adds important nuance to negative depictions. The reader is presented with a sympathetic, humane King John. The themes of the book are determined in part by the desire to present recent findings and the difficulties caused by the

lack of some basic research on certain issues. For this reason, the volume is both a summary of our knowledge of the subject now and also a springboard for further research in the decades to come.

István Kádas
Research Centre for the Humanities
kadas.istvan@abtk.hu

A Hunyadiak címereslevelei 1447–1489 [The Hunyadi family grants of arms, 1447–1489]. Edited by Anton Avar. Budapest: National Archives of Hungary, 2018. 320 pp.

A Hunyadiak címereslevelei 1447–1489 [The Hunyadi family grants of arms, 1447–1489] is one of the most ambitious books of recent times in the auxiliary sciences. The purpose of the book is stated clearly by the editor in the introduction. The aim of the volume is to "present the entire corpus of the grants of arms of János and Mátyás Hunyadi in a scholarly manner, in full, with the publication of the complete texts, accompanied by reproductions." The authors of this volume have fully achieved their aim, and they have produced a work of great importance in the fields of history and art history. Few people could have been better qualified than Anton Avar to produce this work. As a member of the staff of the Hungarian National Archives, he is responsible for the maintenance of the grants of arms database, so neither the period nor the type of source was new to him. As a result, he was able to approach the sources with confidence and to put them in order. He has also managed to bring together the works of various authors to form a single work of scholarship the language of which is consistent and precise. Anton Avar himself has transcribed a considerable number of grants of arms and had written short studies on them, the following collaborators also contributed to the production of the volume: Dávid Faragó, Csaba Farkas, Judit Gál, Éva Gyulai, István Kádas, Dániel Kálmán, Tamás Körmendi, Mihály Kurecskó, Julianna Orsós, György Rácz, Miklós Sölch, and Attila Tuhári.

The book was published in a hardcover edition with a color illustration on the cover capturing the subject, Ambrus Török's 1481 grant of arms. The table of contents is followed by a short foreword which provides information concerning the various administrative details which were essential to the creation of the book. This is followed by an introductory essay and a study by Árpád Mikó entitled "The Place of Mátyás-period Grants of Arms in the History of Miniature painting." The introduction provides a more in-depth look at the history of research on the subject since the nineteenth century as well as some discussion of the textual aspects of the present edition. As an example, all seven German-language and 39 Latin-language charters have been printed in letter-for-letter fidelity to the originals, adhering to the distinctive spelling conventions of the period. The reader then comes to the source edition itself, the grants of arms. The structure of the work is as follows for each item: the donor and the

 DOI 10.38145/2021.2.386

donated party are given as titles. Below this, the place and date of issue and other charter details (original or forged, place of custody, description of status) follow, together with additional informative notes. If the document has already been published, the bibliographical details are also given here. Before the source text, the authors list the most important works in the secondary literature. The authors have published the grants of arms in full, in Latin, in complete transcriptions. In each case, the source is followed by a short essay on the background and content of the issue of the grant of arms. This offers the necessary historical background knowledge and puts the source and the image of the grant of arms in context. Both the studies and the accompanying annotated appendices are valuable resources for scholars of the period and of the subject. The images also add considerably to the value of the work. The transcription in Latin is accompanied by the painted coat-of-arms, and the studies accompanying the source texts are often followed by a high-quality photograph of the grant of arms and/or the seal on it. Below the heraldic images, there is precise documentation which adheres to and makes consistent use of the methodology of the heraldic inscriptions and heraldic terminology.

The publication of the grants of arms for the entire Hunyadi period is a valuable and ambitious undertaking in and of itself, but the pictures add significantly to its merits of this book. After the transcriptions of the texts, there is a brief summary in English of the grants of arms published in the volume as well, followed by the last part of the work, the bibliography, which is divided into a list of the national fonds and holdings to which references are made and the secondary literature which was used. In total, 47 grants of arms have been published, of which 32 were originals and 15 were forgeries. Four of them were from János Hunyadi, one was for János Hunyadi, and 42 were from Mátyás Hunyadi. The volume is an ambitious and major work which constitutes a significant contribution to the field from several perspectives. The inaccuracies in the earlier lists of coats of arms and grants of arms have been corrected, thus providing the reader with a reliable reference work. Furthermore, the authors have made every effort to ensure completeness and have researched all the relevant data. Thus, the book is the product and embodiment of thorough knowledge of the whole corpus of the Hunyadi era, including findings which will be interesting and essential to further research both within Hungary and among the international community of historians. Indeed, it will reveal previously unrecognized connections. A few of the grants of arms worth mention in this context are the 1453 grant of arms to János Hunyadi, the 1459 grant of arms to

Bálint Bakóc, the grant of arms to the town of Késmárk in 1463, and the grant of arms to the town of Sankt Pölten in 1486. In addition to the textual sources, the publication of the pictorial material contributes to the secondary literature on grants of arms as part of the field of art history and philology.

The book will be of use not only to the narrow community of Hungarian scholars of medieval history. It meets the highest international standards of source publications, and thus will certainly win recognition both in Hungary and abroad. The inclusion of explanatory texts in English makes it significantly more accessible to the non-Hungarian readership, and the Latin transcriptions will be of considerable use to members of the international professional community. One might pause to note that it might have added to the value of the book had the authors included at least a short version of the preface in English translation, as this would have made it more easily accessible to the international readership. However, it is unquestionably a major contribution to the Hungarian scholarship on the Middle Ages. One could even hope that it will prompt the creation of a new series on grants of arms.

Eszter Tarján
eesther6@gmail.com

Mobilität und Migration in der Frühen Neuzeit. By Márta Fata. Einführungen in die Geschichtswissenschaft. Frühe Neuzeit 1. Göttingen: Vandenhoeck & Ruprecht, 2020. 248 pp.

Utb-Band, the objective of which is to assist university education, launched a new book series *(Einführungen in die Geschichtswissenschaft)* in cooperation with Göttingen-based publisher Vandenhoeck & Ruprecht with the aim of introducing different topics to university students. The first volume of the series, which has already been published three times, explores migration, one of the most significant social processes of our time and a process which had a profound impact in an already exciting period, the early modern era. The author of the book, Márta Fata, a professor at the University of Tübingen and an associate of the Institut für donauschwäbische Geschichte und Landeskunde, summarizes her rich teaching and research experience in this work. An explicit purpose of the volume is to offer the reader an interpretation of migration processes examined over a longer period of time from an adequate distance and with sufficient thoroughness. Firstly, this purpose is well served by the framing of the text: the introduction describes the problems of the 2015 refugee crisis, and the conclusion responds to the processes of the present in their historical context. Secondly, although it openly and self-evidently places emphasis on the Germans of the Holy Roman Empire, the book still examines and discusses forms of mobility on a European and global scale. From a methodological point of view, this is best made possible by the author's choice, after presenting the problematic issues raised by the definition of "migration," to take a clear stand in support of a rather broad and flexible use of the term, the meaning of which is by no means absolute. Consequently, Fata places emphasis on the historical actor's individual decision to migrate. Naturally, this decision entrenched behind arguments can spark controversies over interpretation, but it is an unavoidable conclusion from the point of view of the logic and argumentation of the volume. The role of the individual decision requires a more layered analysis of the economic, social, and cultural factors that influence it. From the point of view of the book, this would seem a difficult choice, because the inquiry must then address all this while staying within the framework of a textbook in its direction and language, which Fata manages to achieve by incorporating colorful, often individual examples and obviously the relevant key literature.

In the first section of the book, entitled "Begriffe, Theorien und Typologien," Fata presents the most important scholarly theories concerning the migration

 DOI 10.38145/2021.2.389

process, with particular emphasis on the increasingly broad reception of migration in Germany since the 1980s (it took this long not to consider migration as a continuation of the interwar *Ostkolonisation* theory, which has a strong political connotation, but rather as something which should be addressed as part of modernization theories). Fata argues that research on migration in the early modern era is of special importance, since in this era the process of migration underwent a major qualitative change: compared to earlier times, far more people set out on much longer journeys, and in addition to the already more mobile lower and upper groups of society, this also affected the middle classes more strongly, especially serfs, who earlier had been strongly attached to the land.

The fact that for many Germans, the opening of the world was marked by the South American travelogue by Hans Staden, a soldier from Homberg, and his account of gold and silver (but also of cannibalism) is in itself due to several circumstances that bear the distinct marks of the early modern era ("Expansion und Erfahrung der Welt"): the discovery of the New World and the spread of news through printing, as well as the fact that Charles V, the Spanish monarch, was also Holy Roman Emperor. Therefore, the expansion of Europe, which is at the same time the start of Wallerstein's modern world order, became not only unstoppable but increasingly impulsive, and alongside its positive aspects, this also resulted in the demographic disasters suffered by indigenous populations and the violent persecution and/or Europeanization of their cultural value systems, which was made worse by the atrocities committed against certain groups. This also shows how Fata's concept prevails in the book, according to which the complexity of migration can only be addressed objectively through a discussion of both its advantages and its disadvantages, and in addition to the presentation of migration as process, this is also reflected in a series of case studies. The chapter concludes with a presentation of the technological developments that facilitated migration, in which, in addition to the improvements in navigation and shipbuilding, the Hungarian invention for passenger transport, the coach, is also presented, as is the stagecoach, which helped speed up the flow of information.

For early modern states, practical mercantilism was the most dominant direction in economic philosophy and economic policy ("Die Bevölkerüng als zentrale Kategorie des frühneuzeitlichen Staates"). This also shaped thinking about the growth of the population, to which Fata devotes a separate chapter. The useful and thus growing European population, which could thus pay more taxes and provide more soldiers, also underwent a transformation in its structure as a result of conquests and colonization. As a consequence of emigration, the

population of Europe declined, and this was intensified by the casualties of the Thirty Years' War and the ensuing epidemics, but the resulting wave of refugees also had a structural impact. Furthermore, the seventeenth century witnessed a radical change in the East and Central European region. Turkish rule, which had controlled the Carpathian Basin for 150 years, essentially fell in the last third of the seventeenth century, putting the population policy of the Habsburgs on a new footing. For the monarchs, who thought in terms of practical considerations, the primary goal was to repopulate the extensive areas that had been deserted and completely fallen out of agricultural cultivation under Turkish rule.

The next chapter ("Die Migrationssteuerung") focuses on the difficulties and administrative labyrinths of the controlled and uncontrolled state of migration. Fata places great emphasis on explaining that there were no uniform migration regulations in the Holy Roman Empire that would apply across the entire empire, but migration was regulated on a provincial level (according to a more or less similar conception of population policy). As a result, a wide variety of practices were in use with regard to support for, control of, and promotion of migration. This also affected recipient countries, since they offered different privileges to new settlers in light of this, while strongly considering the immigrants' social composition and even their sectarian affiliation. In addition to this heterogeneity, however, an important result of the era was the establishment and continuous refinement of the basic system of passports, which recorded not only the identity of the migrants but also their reasons for relocating.

In Fata's discussion of people who traveled for religious reasons, one important focus of the argument is the fact that, alongside sectarian affiliation, economic and social circumstances also played a significant role in decisions to migrate ("Die religiös motivierte Migration"). This finding is not only revelatory in itself, but also gains particular importance if, as a result, we begin to see the religiously persecuted not only as suffering subjects but also as actors making strategic decisions in the hopes of improving their circumstances. In this context, the book also describes the extent to which the socio-economical and socio-cultural characteristics of recipient territories are the legacy of earlier ages and what new transcultural processes were induced by the migrations of the time. Fata also considers the importance of ministers and pastors, who often played important roles in organizing migrations, in particular because of their crucial mediating role between the issuing and receiving territories.

The series of almost innumerable wars in the early modern era is also shown in a different light in the book ("Die militärische und kriegsbedingte Migration").

Population movement (particularly the movement of people who were refugees) is presented not only a consequence of the wars but also as the result of recruiting efforts and the movement of soldiers, which was a prerequisite to the hostilities. At the same time, the mercenaries who served in the armies that grew continuously during the seventeenth century could and did cross great distances, not only in terms of space but also from the perspective of social mobility. Furthermore, war involved not simply the mobilization of soldiers but also the mobilization of the convoys which followed them, such as adjutants, servants, paramedics, field surgeons, and army chaplains. This is why war became part of field training in several educational programs, for instance in the programs provided for the Lutheran pastoral students at the University of Tübingen.

The next chapter ("Die Siedlungsmigration") focuses on the settlements dominating the early modern era, the significance of which is still felt today. Fata discusses the approach according to which the main motivations underlying the creation of these kinds of settlements lay not simply in their usefulness but, as one can say after Francis Bacon, also in the fact that these settlements constituted an investment in the future, though there was no actual guarantee of success. From the perspective of the Holy Roman Empire, western destinations meant the British colonies in North America. The religious tolerance and political liberties of Pennsylvania attracted emigrants in large numbers, who left their densely populated homelands in which they struggled to earn a livelihood, settled in this part of the New World, and ran farms. The other direction of emigration pointed towards Brandenburg-Prussia and Hungary. In addition to the settlement policies of the Hohenzollerns and the Habsburgs, Fata also compares the conditions and cultural backgrounds of the settlers. She emphasizes the possible motives which prompted people to settle in this direction, which still have not been exhaustively explored, and she also examines the practice of remigration, which was far from unprecedented and was particularly common if a spouse died on the road or if migrants were disappointed by the circumstances they found when they settled in the lands which they had hoped would be their new homes.

This is followed by a discussion of migrants who were on the road because of their occupations, but whose journey, unlike the previous ones, was circular, i.e., they returned home at least once ("Die Erwerbsmigration"). These migrants included seasonal workers, for example, whose employment was basically determined by the seasonality of their work at home. Itinerant traders are also presented here, who were typically treated with distrust due to their strange appearance and linguistic gaps, especially if they beat local merchants' prices with

their cheaper goods. Still, they played key roles, as they contributed to the trade of goods among cities and countries. Urban and rural trade relations were also strengthened by Jewish merchants, also classified in this group, who transported the finished goods of the towns to the villages and sold the agricultural surplus of the village at town markets.

Compared to the previous category, those who migrated expressly due to subsistence pressures were in a more socially peripheral position ("Die Subsistenzmigration"). Many kinds of people belong to this category, such as some of the beggars or Roma, as well as deserters. A source dated 1801 lists 22 types among such migrants. Also included in this group were people who set off due to the local effects of the Little Ice Age or confrontations with the authorities. The diversity of this group makes these migrants difficult to grasp at a source level, and individual examples are best able to illustrate the survival strategies used by members of this group. The chapter concludes with a more detailed description of Roma, regarding whom it is worth emphasizing that although for a long time they refused to settle down and adopt the associated farming lifestyle, and their particular socio-cultural traits also contributed to the fact that they were treated as strangers, they still performed military service in groups 300–400-people strong in the Thirty Years' War, which enabled most of them to join the majority society.

Nearing the end of the book, Fata devotes a separate chapter to peregrinators ("Spielarten der Peregrination"). The discoveries that were made in the sixteenth century, intensifying migration, and the spread of printing significantly broadened knowledge of the world. At the same time, as the common language of educated circles, Latin maintained its position, although by the end of the period, as national languages gained prominence and influence, French also caught up with it. Fata distinguishes between two directions of peregrination, *peregrinatio apostolica*, the actual missionary work, and *peregrinatio academica*, the training of itinerant students. The best examples of the former include the Jesuits' expansion, their missions in Asia, Africa, and South America (and the accounts of these missions, which were increasingly spreading), while as regards the latter, students visiting the series of German universities that were rapidly growing in number due to the Reformation merit mention. It is important to highlight the regional connections these universities had. For example, for Protestant theology students in Hungary and Transylvania, first Wittenberg and then Heidelberg became the preferred destination. Fata discusses the *Kavalierstour* as a particular form of *peregrinatio academica*, which meant the high-standard travel of the noble youth to see the

world. The purpose of these journeys was not simply to provide the young man with new experience but also to build relationships among the European court elite. The migration of academically trained scholars ("Gelehrtenmigration") also belongs to this category. Albert Szenczi Molnár, the prominent Hungarian Calvinist pastor, linguist, and literary translator of the period, spent a significant portion of his professional career in the Holy Roman Empire. It was here that he revised the earlier Hungarian translation of the Bible by Gáspár Károli, and it was also here that he translated the Heidelberg Catechism into Hungarian and wrote his Hungarian grammar in Latin.

In the chapter entitled "Dimensionen der Integration," Fata describes the directions and dynamics of inclusion and exclusion. For example, she points out the pan-European integrative nature of Humanism, the Renaissance, and the Enlightenment, while the Reformation, its positive aspects notwithstanding, divided Christianity even further. Towns and cities came to play stronger mediating roles, which also ensured better circulation of knowledge. However, particularly due to language constraints, settlers were not integrated, and this limited the spread of their ingenuity in farming. Thus, all the factors that may have served or may have hindered integration are given emphasis, such as religion, language, culture, and skin color.

As a conclusion to the book, Fata highlights that several factors (such as scientific discoveries, colonization, the Reformation, and the continuous wars) in the early modern era generated continuous movement, and this affected thinking in a broader sense and radically influenced the lives of people at the time. All these factors must be taken into consideration if we want to find our way among the seemingly confusing processes of migration.

The book includes 10 illustrations, and the bibliography indicates primary sources related to each topic by chapters complemented with short descriptions of the content of the sources, either a few words or a sentence. The index of places and names following the list of images likewise makes the book easier to use. Although the volume was primarily written for Bachelor's and Master's students in Germany, it is a rich work which will be of interest to a much wider audience, such as German and non-German historians, sociologists, and readers who simply want better to orient themselves in the processes which have shaped and continue to shape the world.

Gábor Koloh
Eötvös Loránd University
koloh.gabor@btk.elte.hu

Crown and Coronation in Hungary 1000–1916 A.D. By János M. Bak and Géza Pálffy. Budapest: Research Centre for the Humanities, Institute of History – Hungarian National Museum, 2020. 264 pp.

What happens in Vegas stays in Vegas, and what happens in Hungary wontedly stays in Hungary when it comes to academic research, alas. Characteristically, it took until 2020 for an English language volume to finally see the light of day and claim the international academic attention the Holy Crown of Hungary warrants. *Crown and Coronation in Hungary 1000–1916 A.D.*, by János M. Bak, recently deceased professor of Medieval Studies, and Géza Pálffy, head of the Holy Crown Research Group of the Research Centre for the Humanities in Hungary, puts long decades' research results into the pan of the scales held by the international academic community.

The first two chapters offer a breadth of perspective on Hungarian coronations. "The way to the Throne: Right of Blood – Right of the Estates – Right of the House of Austria," surveys the changes in the customs of succession until primogeniture came to prevail and was ultimately superseded by an electoral principle. The politically-charged legal prerequisites of coronations and the power relations defining them are analyzed in the cases of 51 kings, an already exhaustive list supplemented by the discussion of four leaders of the Magyar tribal alliance from pre-documented times. This analytical survey is complemented by practical aspects of coronations in "Coronations Through Nine Centuries." The scope now widens to lesser noted details, such as location, timing, and secondary participants, which paint vivid pictures of the ceremonies and narrate how the Holy Crown gained power to legitimate coronations. The volume nonetheless lets the reader wonder whether a heavenly or an earthly attribution granted "holy" status to the Crown: was it the almost overemphasized false attribution to Saint Stephen, the first king of the Christian Hungary (1000–1038), or the almost deemphasized *corona angelica* tradition, according to which the Crown was delivered to the country (and not to a monarch) by an angel?

Both international and Hungarian readers are served particularly well when the same chapter hesitantly taps on national feelings and raises distinctively Hungarian traditions to an international context. Among them, cities and churches chosen as official locations for coronations constitute a variety which is rare by international standards. While the ecclesiastical rites of royal inaugurations followed European patterns and maintained largely consistent standards over time, the secular acts acquired a national flavour and contributed to the nation's

 DOI 10.38145/2021.2.395

self-identification. While the chapter investigates Hungarian customs with exemplary diligence, a deeper examination of the European patterns would have made the uniqueness of national traditions even more prominent, both for international and Hungarian readers.

The first two chapters indeed presuppose a foreign readership with a rather thorough knowledge of Hungarian history. A bit of basic information concerning the discussed monarchs' legacy would likely please non-Hungarian readers, at least in cases of milestone figures such as Saint Stephen, Saint Ladislas I (1077–1095), Sigismund of Luxemburg (1387–1437), Matthias Corvinus (1458–1490), or Maria Theresa (1740–1780), the only female ruler of both the Habsburg dynasty and Hungary. Milestone historical events, such as the 1526 "disaster" of Mohács (p.41), the 1703–1711 Rákóczi "uprising and war of independence" (p.65 and p.178), and Hungary's frequently referenced Ottoman occupation similarly need little introduction for Hungarians, but their synopsis would likely be welcomed by foreigners. The 1241–1242 Mongol Invasion, the 1514 György Dózsa Rebellion and peasant revolt, and the awakening national identity in the 1800s Reform Era are not spoken of in the volume, even though the challenges they presented to established authority were not without relevance for coronations and power perception. In the want of an intense reckoning with the historical context, the uncompromisingly strict focus on coronations may easily become a double-edged sword as both the biggest strength and greatest weakness of the volume, depending, of course, on the personal interests and background of the individual reader.

A slender but up-to-date summary of historical and art historical research results pertaining to the Holy Crown is left for the concluding chapter "Signs of Power and their Fate," embedded in the analysis of a list of symbolic ornaments serving the display of majesty at coronations. Their order seems to be rather unaimed as the Crown is preceded by the throne, the copy of the imperial Holy Lance, and the coronation mantle, and followed by the crowns of queens, the sceptre, the orb, swords, the coronation regalia, chests, crosses, paraments, flags, batons, coins, and tokens. The Holy Crown, which "embodies the constitutional continuity of Hungary's statehood" according to the Constitution of Hungary (p.191), is introduced as little more than one item of regalia among many. This rich collection, however, is a solid strength of the book in its rarity, so much so that "Coronation and Insignia" as a title would have directed a more apt spotlight on what is arguably the volume's biggest asset.

The volume convincingly argues that "Crown and Coronation" are inseparable in Hungary, but, still and all, the preponderance of attention is devoted to the historical and social dimensions of coronations as enduring legacies of a not-too-distant past. In accordance with its aim of addressing a "scholarly but popular" audience, as noted on the back cover, the volume omits footnotes and endnotes but attempts to compensate with a thematic bibliography. The scarcity of English language works in the latter is primarily the toll of the ebb and flow of Hungarian scholarship, though the references could have been further embellished with the works of Zsuzsa Lovag and the late Éva Kovács, to whom the volume is dedicated. That said, the authors navigate with grace on a vast ocean of textual and visual sources, enclosing artworks and not disregarding oral traditions either. The volume's contribution to scholarship is beyond question by the long-awaited international reach-out, which deservedly brings to surface a brilliant tip of Hungarian scholarship's iceberg.

Edina Eszenyi
HEI Pegaso International Malta
edina.eszenyi@pegasointernational.eu

Empty Signs, Historical Imaginaries: The Entangled Nationalization of Names and Naming in a Late Habsburg Borderland. By Ágoston Berecz. New York–Oxford: Berghahn, 2020. xiv + 335 pp.

This fascinating monograph provides an exhaustive and remarkably archival-based discussion of the sociocultural history of competing and intertwined nationalizing processes. Although the title of the book leaves the reader wondering for a moment about the precise temporal and geograhical framework of its content, the maps, tables, charts, and various meticulously processed indexes included in the body text and as parts of the appendix profusely compensate for the riddle-like title. The latter may well be tied up with the tricky problem of how to refer unambigously to the diverse regions of the erstwhile Kingdom of Hungary, including an area populated characteristically by Romanians (and, apart from Hungarians, in a more circumscribed way by Transylvanian Saxons). All the same, instead of using the elusive term "late Habsburg borderland," it might have been more informative to indicate that the book is primarily about the fairly vast eastern borderland of Dualist Hungary, which was populated for the most part by Romanian speakers.

The book admittedly combines three major ambitions by scrutinizing the spontaneous uses and official regulations of proper names pertaining to people and places in the territory indicated above. It addresses first the complicated topic of the so called "nationality question" of Dualist Hungary, i.e., the rivalry of Hungarian state nationalism and the national/ist movements defying it in pervading for the most part prenational masses with symbolic elements of conflicting national high cultures evolving side by side. Secondly, among nationally germane symbolic elements, proper names were and are of vital importance, and yet the study of the trends in their usage and the methods according to which they have been standardized seldom find place even in the writings of cultural historians. Berecz, however, not only focuses on them, but by carefully analysing their capacity for conveying or evading nationalist messages, he decidedly favors the "from below" approach to the study of nationhood.

The book is broken into three sections each of which is further divided into three chapters. The sections are arranged according to a gradual and systematic logic in a chronological and structural sense, focusing first on the ways in which common people traditionally christened themselves and the places where they lived *(Peasants)*, then on the intensifying ideologization of the inventory of names by the nationalizing elites *(Nationalisms)*, and finally on the state's intervention

 DOI 10.38145/2021.2.398

through the official regulation of the usage of first names, family names, and place names *(The State)*.

As for given names, there was a highly unequal distribution of typically "national" first names (i.e., historical, pagan, or Latinate in regard to Romanians) between the elite and the peasantry of all three major subpopulations of the area. However, Romanian peasants were noticeably not only susceptible to adapt Hungarian name variants (unlike their Saxon counterparts and the nineteenth-century Romanian and Saxon elites), the dissemination of national (Latinate) names was quite slow among them, even though they were in the ascendent as time passed (Chapter 1). It was only after having taken over the registration of the population from churches in the 1890s that the Hungarian state started to issue decrees on the *official* forms of personal names (Chapter 7). According to Berecz's thorough investigation in the field, most local officials nevertheless continued writing first names in their vernacular forms and mother-tounge spellings while recording them in their official Hungarian forms in the civil registry. Moreover, resulting evidently from the strong dissimilarity between Western-rite and Byzantine-rite calendars, "a significant minority of Romanian names were either declared untranslatable, subjected to a merely cosmetic Magyarization or outright re-Latinized' (p.170) by the experts called upon by the Ministry to Magyarize the national onomasticon.

The issue of surnames was much more complicated. Compared to Transylvanian Saxons and Hungarians, family names among Romanians were relatively recent and not meant to be real ethnic markers for long (Chapter 2). Berecz draws a clear distinction between the traditionally high rate of Hungarian-influenced surnames (of various kinds) and the comparatively low number of people who Magyarized family names among the country's Romanian population (Chapters 4 and 5). This remarkable and at the same time mutually embarassing phenomenon added up to the inveteracy of two complementary but in effect unfounded myths: the one lamenting the submerged Magyardom of the region at large, and the other about incriminating "all-time" Hungarian elites who had planned the Magyarization of Romanian peasants over the course of centuries. The first topos seemed to be corroborated by the fact that Romanian-populated areas abounded in settlement names of Hungarian origin, while advocates of the latter commonplace implicitly projected the contemporary family-name Magyarization movement (a massive phenomenon after 1880) onto a murky past. Whereas the voluntary Magyarization of surnames remained a typically upper-class social movement (proverbially common among Neolog Jews), it was

nonetheless true that the higher one stood on the social ladder in contemporary Hungary, the less one needed to alter one's inherited name (viz. mostly lower-ranking state employees were urged to Magyarize their surnames during the Bánffy Era in the late 1890s). In this respect, noble names indicated the benchmark: even nationally committed Romanian politicians clung to their Magyar surname along with its spelling if it had a venerable pedigree. In addition, the vicissitudes of Romanian orthographical trends certainly did not play into the hands of intellectuals who wanted Romanian surnames to be written "authentically," as their etymological tradition looked back only a few decades of history and became outdated as soon as the ensuing phonemic trend prevailed in spelling from the 1870s onwards (Chapter 8).

In contrast with semantically and ideologically uninterested rural populations (Chapter 3), for nineteenth-century nationalists, the very form of place names asserted symbolic ownership of the respective territory. As Berecz insightfully underlines, "officials and specialists in charge of renaming campaigns […] validated the principle that place names belong to the entire nation embodied in the state rather than to the people who use them" (p.241). The official Hungarian renaming campaign from 1898 on (amply scrutinized in the book's longest section, found in Chapter 9) was not only among the earliest internationally, but excelled both in elaboration and scope. Yet the new official toponyms pertaining to the area under discussion were introduced only around 1910 (with the exeption of two counties in southern Transylvania, which were left out altogether because of the war), so the enforcement of the law on the official names of localities was preceeded by its Croatian counterpart in 1907, which put limitations on the public use of Hungarian name variants there. The renaming process coupled Magyarization and simple disambiguation of settlement names, coordinated and supervised by statisticians, archival, and other experts, who consulted local councils and county assemblies alike about their decisions. Nevertheless, most appeals arising from locals were similarly rejected by the National Communal Registry Board as the whimsical name Magyarizing proposals of county assemblies. On the whole, almost 20 percent of the locality names were Magyarized during the campaign in the area, though with enormous regional disparities (the campaign hardly affected Saxon counties and had only a slight effect on the other Transylvanian counties with Romanian majorities, while it had a strong effect on the counties in Banat and the densely Romanian-populated part of eastern Hungary). Although the process was justified as inevitable modernization combined with the restoration of genuine

historical names, less than a third of the newly coined toponyms were actually based on archival data. Furthermore, many of the freshly Magyarized Romanian toponyms took the place of already native exonyms of Hungarian origin; in other words authentic but in appearance distorted variants were re-Magyarized with the use of new fabrications.

In his conclusions, Berecz expounds on the manifold findings with which his book teems. Of these findings, I would mention only the mostly elite character of nineteenth-century nationalism, the slowness and difficulties in nationalizing rural masses, and the non-negligible constraints which Hungarian state nationalism had to face, which were preeminently forceful in Transylvania, where strong church autonomy and ethnic separation had been the rule for centuries, not to mention the contemporary ethno-demographic reality. While it is devoted to a seemingly narrow subject, Berecz's monograph calls attention to the crucial symbolic relevance of the nationalization of proper names. It thus constitutes a major contribution to the study of nationhood and nationalism.

László L. Lajtai
VERITAS Research Institute for History and Archives
Thomas Molnar Institute for Advanced Studies, University of Public Service
laszlollajtai@gmail.com

Inventing the Social in Romania, 1848–1914: Networks and Laboratories of Knowledge. By Călin Cotoi. Leiden: Brill, Verlag Ferdinand Schöningh, 2020. 278 pp.

Inventing the Social in Romania sets out to explore what most historical scholarship has overlooked so far, namely the articulation of the "social question" in modern Romania. Placing the analysis on the Eastern "semi-periphery" of European Empires, this work skillfully goes beyond the "colonizer and colonized" dichotomy and the supposition of the unidirectional flow of Western ideas of modernity, proposing instead a so-called "colonial continuum" and a "top-down and bottom-up" approach. Cotoi deploys an impressive interdisciplinary arsenal, working from perspectives that include social economy, the history of medicine, the history of science, and political history. In doing so, he maps out the staging of the "social question" by focusing on the interplay among numerous historical agencies, bringing together the transnational circulation of ideas and groups such as the "narodniks," the anarchists, the Marxists, and public health specialists. Based on a mixed neo-Foucauldian methodology, the work follows the political and intellectual biography of individuals who "crisscross chapters and themes, and travel inside the book, mirroring, somehow, their real life intellectual, emotional, and geographical trajectories" (p.11). However, non-human agents of change, such as bacteria, are also central to the argument, and Cotoi also looks at statistics, medical and hygiene diplomas, and national exhibitions in order to understand the main pandemic of the nineteenth century: cholera.

Cotoi's book is organized in three parts and eight chapters and begins with an analysis of the discursive role played by three important Romanian revolutionaries who debated the significance of the "specter of communism" and its alien character for the social realities of the Principalities of Wallachia and Moldavia. One of these voices was the French-trained agronomist Ion Ionescu de la Brad, who, after his involvement in the Tanzimat movement in the Ottoman Empire, became a vocal political figure in the Romanian process of peasant emancipation and land reform. The second and third chapters are built on the "empty signifier of communism" created by the political tensions between 1848 revolutionaries and conservative boyars over the neo-feudal meaning of property and labor. Cotoi then gives voice to what much of the Romanian and Western historiography found difficult to put together: the international networks of exiled Russian narodniks and anarchists. The first to arrive in Romania was the Russian narodnik physician Nicolae Codreanu, a member of the "going to the

 DOI 10.38145/2021.2.402

people movement," for which the solution to the "social question" was not only the abolition of private property, but the improvement of rural life through public health and social medicine. After failing to mobilize the local intelligentsia towards social revolution, the work shows how Codreanu's atheistic funeral was appropriated by liberal elites and Orthodox Church officials to transform him, after his death, into a good Orthodox Romanian. One of his comrades, the "revolutionary globetrotter" Nicolae Russel, who later served as president of the Hawaiian Senate, offers an exemplary illustration of how these figures chose to mobilize locally and, at the same time, to contribute to an "autochtonization and even a nationalization of the social revolution" (p.71). Similarly, Zamfir Arbore, another contrabandist of illegal literature and intimate friend of Michael Bakunin, is identified as the only one who established a connection with the Romanian liberal nation-building elites. He then became the "chief of the municipal statistic service in Bucharest" and a "member of the first sociological research committee that investigated the state of the peasants in Romania" (pp.85–86).

In part two, Cotoi turns to non-human agencies. He argues that cholera was the defining disease of modern Romania, which "became […] not only deadly but also productive, as midwife of social modernity in the Principalities" (p.235). The narrative highlights the multidirectionality of historical agents, in this case, disease from the East and medical expertise from the West. In chapter four, Cotoi deals with quarantine as a response to the advances of cholera, enforced for the first time in 1831 by the sanitary police led by Iacob Czihac and continued after the unification of the Romanian Principalities by Carol Davila. The fourth wave of cholera brought to the surface a sort of "community based prophylactic system," put on paper in the sanitary reform treatises authored by Iacob Felix. Distancing himself from "communism," Felix's democratic revelation of "health for all" aimed to establish "a post-quarantinst social order" within "almost non-existent state sanitary structures." The failure of these efforts in the rural regions was no surprise, as the "cameralist science" practiced by Felix did not take into consideration the social and political polarization between urban and rural regions (pp.108–10). Another solution came from Constantin Istrati, a Romanian trained physician who had been acquainted with the anarchist circles. His writings echoed the emerging narratives of racial degeneracy, which increasingly turned into "anti-peasant and orientalising discourses" as well as "demographically based anti-Semitic arguments" (pp.120–21). Chapter five shifts the discussion to what Cotoi calls, in a Latourian fashion, "the colonization of

society by bacteriological laboratories," hence following the work carried out by the Vienna trained bacteriologist Victor Babeş. Once established in Romania, Babeş pushed forward a scientifically organized state agenda based on the principle that "individual health could not be separated from the collective one, the health of one social class is conditioned by the other classes and the health of the inferior classes is, socially, the most important" (p.139). Moreover, his conflict with Iacob Felix also shaped the international meetings and medical conferences, still dominated by the debates on the uses and limits of quarantine and other methods of fighting cholera. However, the epidemic was eventually given a final blow by the immunologist Ioan Cantacuzino, after he oversaw a very successful vaccination campaign during the Balkan Wars (1913–1914).

In part three, Cotoi offers a close reading of the socialist "exotic plants" of Romania, further investigating the tensions between Marxism and anarchism, as well as the nationalization of the "social question" through the appearance of the famous poporanist political movement. The first author discussed is Constantin Dobrogeanu-Gherea, who, after distancing himself from anarchism, ended up applying Marxism to the "social question" through party politics. With several peasant uprisings in the background, Gherea put forward one of the most coherent descriptions of the social issue, known as "neoserfdom," thus highlighting the feudal structures of the Romanian state and Romanian society. Chapter seven examines the disputes between Gherea and the liberal nationalist leader of poporanism, Constantin Stere. Cotoi notes that both individuals aimed to integrate the peasants into political society either "through the development of industrial, capitalist democracy" or through "rural democracy." Out of this strange relationship, Cotoi argues that the political representation of the peasantry was eventually transferred to the nation, and so the "bicephalous monster emerged through the violent union between the people and the state" (pp.199–201). Finally, the last chapter highlights the role played by statistics within the nation state as the main instrument with which to address and control social problems. It then turns to the antiquarian obsession of registering "national progress," which was displayed through the general exhibitions orchestrated by Constantin Istrati. Using the Romanian Association for the Advancement and Spread of Science, Istrati attempted to redefine both the national and the social in a self-Orientalizing way. Unsurprisingly, one year after the surge of patriotism was displayed at the General Exhibition in 1906, the largest and bloodiest peasant rebellion in modern Romania broke out, casting serious doubts on these individuals' dream of progress and modernity. Cotoi's

discussion ends with the rural monographic sociology established by Dimitrie Gusti during the interwar period, which was coupled with eugenics and served to "solve" issues of Greater Romania's ethnic heterogeneity.

In terms of shortcomings, the work gives little to no attention to the debates on the abolition of Roma enslavement, which were crucial to debates about social modernization in the emerging Romanian state. At the same time, the framework following the populist political ascent of Constantin Stere gives the impression of a reformist and mediator role to the fin-de-siècle anarchist movement, which was not the case. During this period, the revolutionary narrative of the left was shaped by, among others, Panait Zosîn and Panait Muşoiu, whose printing activity not only challenged the racist sociology of Ludwig Gumplowicz adopted by Stere, but after establishing new transatlantic networks, continued to shekel the nation-state apparatus. Their eclectic writings reclaimed women's and workers' emancipation, outlined the horrors of the peasant revolt, and criticized the European expansion of colonialism. Henceforth, we still know little about the connections between Romanian anarchists and the local freethought movement or about the latter's promotion of Neo-Malthusianism and eugenic discussions about free love, birth control and sexual education. Similarly, more attention could have been given to Romanian socialist feminists who played a crucial role in both Marxist and anarchist debates on the "social" in late nineteenth-century Romania.

Cotoi's work stands out from the obsessive presentism of current Romanian historical scholarship, offering instead a much-needed new perspective on the social complexity of modern Romania, which served as a kind of laboratory for both Eastern and Western political and scientific ideas.

Cosmin Koszor-Codrea
Oxford Brookes University
cosmin.koszor.codrea-2015@brookes.ac.uk

Paramilitarism in the Balkans: Yugoslavia, Bulgaria, and Albania, 1917–1924. By Dmitar Tasić. Oxford: Oxford University Press, 2020. 288 pp.

Still hungover from the flurry of recent publications inspired by the centennials of various historical milestones in Balkan and European history, scholars of the region should not get complacent and fail to notice Dmitar Tasić's first English-language monograph. Taking on the topic of Balkan paramilitarism, vastly under-researched until a decade ago, Tasić provides readers with the first comprehensive comparative study of paramilitarism in the region, offering insights on its nature and development beyond both the three case studies of Yugoslavia, Bulgaria, and Albania and the temporal framework of 1917–1924. His book, part of the impressive series *The Greater War 1912–1923*, edited by Robert Gerwarth, is a much-needed addition to a growing body of publications on previously unchartered aspects of World War I and its legacy.

Tasić's book fits well within the series' overall framework, which seeks to question the conventional spatial and chronological dimension of the conflict that has far too long been associated primarily if not exclusively with the iconic battlefields at Verdun, the Somme, and Ypres between 1914–1918. In lieu of the soldiers' debilitating experiences in the trenches of Western Europe, Tasić introduces the bizarre story of Balkan paramilitaries, who can be seen as liminal figures, in part relics of the bygone age of Eric Hobsbawm's primitive rebels, in part harbingers of the murderous bureaucrat that Hannah Arendt saw in Eichmann. Perhaps no one exemplifies better this unlikely combination of romantic glory and pragmatic terror than Ivan (Vancho) Mihailov, the interwar leader of the right-wing Internal Macedonian Revolutionary Organization (IMRO). Tasić labels him a "revolutionary-bureaucrat," "typical office style suit-up activist with no previous experience in guerrilla warfare," yet posing "in full *komitaji* outfit" to lay claim to the rich heritage of classical Balkan guerrillas from the period of national liberation and nation-building (p.171). The story of figures like Mihailov and the Serb/Yugoslav veteran *chetnik* leader Kosta Pećanac fill the pages of the book, as Tasić sees their life trajectories as indicative of the thorough shift of Balkan societies towards modernity, a shift that was sped up by the experiences of the Great War.

To his credit, Tasić manages to intertwine those stories in a narrative which moves among analyses of events, individuals, organizations, structures, and processes. His book begins at the dawn of Balkan modernity, i.e., the late nineteenth and early twentieth centuries, when national standing armies

 DOI 10.38145/2021.2.406

had just begun to appear in the recently established Balkan nation states and displace irregulars. Borrowing Robert Gerwarth and John Horne's definition of paramilitaries as "military or quasi-military organizations and practices that either expanded or replaced the activities of conventional military formations" (p.1), Tasić argues that, unlike in most other parts of Europe, the Balkan culture of paramilitarism was not a consequence of the Great War's violence and the brutalization of soldiers, but had a much longer pedigree going back to the Ottoman period. The topic of paramilitarism's origins in the region is further explored in Chapter 1, which takes us through the rise of paramilitaries in the decades of struggle against the declining Ottoman Empire and the subsequent clash of the nation-building projects of its successor states. The formative years of Balkan paramilitaries, as Tasić claims, came in the first two decades of the twentieth century, when Ottoman Macedonia became the battleground of these competing state projects. This borderland region was where irregular units of Serbian *chetniks*, Bulgarian *komitajis*, Greek *andartes*, and, later, Albanian *kachaks* fought the Ottoman army and one another in the so-called Macedonian Struggle and the subsequent Balkan Wars and World War I. The participation of these guerrilla bands alongside the standing armies enshrined their place in the national mythology of the respective states and also ensured that they would continue to play prominent roles in the postbellum.

Chapters 2–5 deal with the inability of participants in almost incessant warfare for around a decade to demobilize and peacefully reintegrate into their societies. The turbulent local and international postwar situation certainly did not help in the process. Political and economic instability, bitter territorial disputes, and revanchism as well as the influx of new paramilitary forces such as the Reds and the Whites in the aftermath of the Bolshevik Revolution left little room for general pacification. On the contrary, the blurred line between soldiers, irregular combatants, and civilians from the war years spread the paramilitary culture of violence beyond its immediate practitioners. Kosovo, Albania, and the cross-border region of Macedonia became hotbeds of paramilitary violence which further destabilized relatively weak states, allowing for drastic political changes, such as the Bulgarian coup d'état of 1923 and repeated political turbulence in Albania. Finally, the last two chapters and the conclusion reveal the life trajectories of various Balkan paramilitary individuals and organizations as well as the long-term legacies of the phenomenon of paramilitarism which, according to Tasić, can be clearly seen as late as the Yugoslav wars of the 1990s. Tasić is quick to dispel simplistic arguments which suggest that one can draw a straight line

from the Serbian *chetniks* to the genocidal actions of 1990s paramilitaries such as Arkan's Tigers, but he still concludes that the persistence of paramilitarism in the region "speaks of strong legacies of classic Balkan paramilitarism and of its potential to appear again and again with similar outcomes despite different historical, political and ideological contexts" (p.241).

Naturally, such an ambitious research project, which seeks to encompass three case studies and draw wide-reaching conclusions based on them concerning the nature of paramilitarism in the region, has some shortcomings. Tasić's meticulous research in the Serb/Yugoslav archives and his sufficient command of both primary and secondary sources on the Bulgarian case cannot conceal the fact that Albania and Kosovo are mainly covered on the basis of secondary literature in Serbian and English. On a more conceptual level, Tasić pays some attention to paramilitaries' ability to establish their own kind of social order, most notably in the case of the IMRO's "state within the state" in Pirin, Macedonia, but he would benefit from considering the recent work of Spyros Tsoutsoumpis, who has aptly revealed the extent to which paramilitaries' administering potential might have been crucial to their success within their respective local communities. In a similar vein, Keith Brown and İpek Yosmaoğlu, who have both written on the Macedonian struggle, have explored paramilitary violence from a more socio-anthropological perspective, linking the topic of paramilitarism to the larger field of political violence, as also seen in the work of Stathis Kalyvas. The works of these scholars could further widen Tasić's perspective. Finally, it is a shame that the publisher did not invest more efforts into editing the manuscript. There are a few repetitions. For instance, the background stories of several prominent paramilitaries are given in multiple times in different chapters. Furthermore, the occasional typos and some questionable grammatical and linguistic choices could have been reduced to a minimum had the text, which otherwise reads quite easily, been more carefully checked.

Despite these minor flaws or rather potential further expansions, Tasić's book should unquestionably be considered an achievement. Methodologically and theoretically sound, the book will be a rich source of information and insights for readers with an interest in paramilitarism and/or Balkan military and political history.

Filip Lyapov
Central European University
Lyapov_Filip@phd.ceu.edu

Manual for Survival: A Chernobyl Guide to the Future. By Kate Brown. New York: WW Norton, 2020. 420 pp.

Over the course of the past decade, Kate Brown has emerged as one of the most respected researchers on the environmental history of the Cold War era. Brown is not only a familiar name among scholars in her field, she is also a historian whose work embarks in a new direction in the secondary literature. In her scholarship, she has developed two historical perspectives and an innovative narrative method on which she builds. In her 2004 monograph *Biography of No Place* and her 2015 *Dispatches from Dystopia*, she made significant contributions to our understandings of changes which were considered familiar on the large scale by treating peripheral situations as dense points of confluence. Her themes include the relationship between the functioning of planned industrial towns and repression of human lives in the first part of the 20th century and the way Cold War regimes were unwilling to recognize the rights of those whose chronic illness was due to toxic materials. Sensitivity to the relationships between landscapes and individual lives is another key characteristic of the case studies she offered. That is how she raises new questions and places processes familiar from textbooks in a new context. Another central element of Brown's perspective is transnational and global thinking, in which she seeks to break down the hierarchy between scientific and non-scientific and Western and non-Western forms of knowledge. In *Plutopia: Nuclear Families, Atomic Cities, and the Great Soviet and American Plutonium Disasters*, which was published in 2013, she demonstrated that the plutonium plants used to develop the nuclear arsenal (the Hanford Site in North America and the Mayak Production Association in the Soviet Union) were sources of environmental damages on a global level that were many times as harmful as the Chernobyl disaster. In other words, over the course of the four decades of the Cold War arms race, the planet suffered heavy radiation pollution. Brown clearly showed in *Plutopia* that the low-level but continuous radiation present in the plants wrecked many human lives and families and shortened the lives of thousands.

Manual for Survival combines Brown's accomplishments in the creation of historical narrative on the local level with her larger interpretive framework for the meanings of the nuclear age, and she takes this further, in the direction of oral history. The book is thoroughly documented and annotated, yet its style is measured and reflective (which is all too rare in works by historians). Brown and her colleagues are also continuously present in the text. They communicate and interact with one another and with their surroundings. However, this openly

 DOI 10.38145/2021.2.409

assumed epistemological stance does not mean that Brown is tentative about her claims. The first, fourth, and fifth chapters make very plainly clear that there were groups of practicing physicians and research communities in the Soviet Union that had accumulated considerable knowledge (exceeding the knowledge of the subject among contemporary "Western" circles) of the effects of both drastic and sudden exposure (on the one hand) and prolonged exposure (on the other) to radiation and possible ways of treating it. On the subject, the work of Angelina Gulsakova, which was done over the course of several decades, merits particular attention. After the Chernobyl accident, however, this branch of medicine was in constant battle with the position, held first and foremost by physicists, that only the initial dose rates matter in terms of the severity of any potential threat. This latter view allowed central policy to portray the consequences of the accident as finite and definable, making Chernobyl an isolated and isolatable event, rather than treating it as a more comprehensive and chronic problem which has required varying responses over decades. As a cautionary step, the creation of the infamous 30-kilometre evacuation zone was a further consequence of this notion, and this zone does not actually come even close to covering the area within which nothing should have been produced and no one should have had to live for years. Radiation contamination from foodstuffs, from wood used for fuel, and from processed animal hides was continuously on the move and spreading, both in the Ukraine and in Belarus. The rise in chronic thyroid disease, stillbirths, and infant mortality was observed by many researchers and doctors working independently of one another, but their voices were so suppressed by Moscow and even directly by the KGB that the Minister of Health of Ukraine found it difficult to enforce even the few measures he tried to take on behalf of those outside the zone.

Brown also reveals the extent to which those working in the plants in which contaminated materials were processed were aware of the effects of radiation, despite misinformation and cover-ups, and she shows that there were extensive medical data indicating a jump in cases of thyroid and leukemia, data that was deliberately misread in the bureaucratic summaries that were given. Thus, there was a clear grasp of the extent of the disaster, but few and only isolated efforts were made to act on this knowledge before 1989. Brown also shows that 1989 was a turning point in the public history of Chernobyl, in which NGOs were created and previously entrenched party leaders fell from power.

In the short third and the much longer sixth chapters, Brown shares two findings which fit with her earlier work and provide a new framework for

our understanding of Chernobyl. First, she notes that the Pripyat marshes were already contaminated with radioactive pollution well before the reactor exploded. Part of Polesie, lying in the former Polish-Ukrainian border region, was a secret firing range where the Soviet leadership experimented with so-called tactical nuclear bombs. Aleksandr Marei, a Soviet biophysicist, detected the contamination in 1974 (the year in which the decision to build the plant was made), but he assumed (or at least so he contended in what he wrote) that the Caesium-137 had come from US experiments. Marei's team also showed in its research that swampy areas are particularly prone to accumulate radiation contamination.

Fact-finding missions led by international organizations, in particular the work of the International Atomic Energy Agency, also put the consequences of the Chernobyl disaster in a new context. Brown concludes that important reports issued in 1989 and 1990, which were motivated in part by military, industrial, and political interests and in part by the conservatism of the scientific world, claimed, in harmony with the Soviet leadership, that no further evacuations, interventions, or investigations were necessary. According to Brown, this complicity helped contribute to the emergence of an official consensus which leaned towards a few dozen rather than hundreds of thousands of victims, and perhaps more importantly, it also enabled the authorities to avoid evacuating even in 1990 many of the settlements that were uninhabitable. Furthermore, Belarusian doctors were still being tortured in the 1990s for wanting to know more about the effects of Chernobyl and to take action to counter them. These are very serious conclusions. The pivotal moment at which the public realized that it had been misinformed about the Chernobyl disaster contributed to the collapse of the Soviet Union, but this moment was put in metaphorical parentheses by prominent parts of the international scientific community within a year or two.

Brown's book becomes a critique of the world system when she reveals that even before the fall of the Soviet Union, research had shown quite clearly that radioactive contamination spreads easily through the consumption of forest fruits and that blueberries from the contaminated forests of the Rivne region of Ukraine are still being traded on the global market. Indeed, the European Union increased the limit in 2016 to make it easier for blueberries to reach its markets. Neither decision-makers nor the general public seem to be aware of the devastating effects of radiation pollution. As Brown observes, "The Chernobyl disaster shows that states and international organizations are increasingly failing the people they are supposed to protect" (p.307).

Drawing on decades of experience in the field and broad knowledge of her subject, Kate Brown has offered an engaging book which is both pleasant to read and potentially jarring in its conclusions. It has already gone through several editions in English and hopefully soon will be published in some of the languages spoken in East Central Europe.

Róbert Balogh
University of Debrecen
rbalogh215@gmail.com

"Mao Ce-tung elvtárs igen behatóan érdeklődött a magyarországi helyzet iránt": Magyar–kínai kapcsolatok 1949–1989 ["Comrade Mao Zedong took a very close interest in the situation in Hungary": Sino–Hungarian relations 1949–1989]. By Péter Vámos. Budapest: L'Harmattan, 2021. 878 pp.

With his new book, sinologist-historian Péter Vámos has offered an engaging and detailed contribution which will be of particular interest to readers curious to learn more about the history of East Asia and the history of Hungarian diplomacy. The fruit of decades of research, the book is a compendium of source materials on Sino–Hungarian relations from 1949 to 1989. Published jointly by the Károli Gáspár University of the Reformed Church and L'Harmattan Publishing House, the volume begins with a 180-page study in which Vámos examines four decades of Sino–Hungarian relations, divided into six periods. The first period (1949–1956) shows the development of relations between the two distant countries, from the first tentative steps towards a "Free China" through the establishment of diplomatic relations at the ambassadorial level and then the everyday operations of the mission in Beijing. During this period, behind the scenes, relations were characterized by mistrust. Chinese foreign ministry staff were not yet allowed by the Chinese government to maintain private relations with foreigners, and the Chinese negotiating style was utterly unfamiliar to Hungarians. There was also a dearth of Hungarian diplomats with any competence in Chinese, a problem that was only remedied in 1955 with the recruitment of two young men, Endre Galla and Barna Tálas, who had completed their studies in the target language environment. From the perspective of economic relations, Hungarian exports at that time consisted first and foremost of heavy industrial products: one third of the buses on the streets of the Chinese capital were produced in Hungary at the Ikarus plant, but there were other Hungarian exports the quality of which left something to be desired in Chinese opinion. One of the most important bilateral events of the period preceding the 1956 Hungarian Revolution was János Kádár's participation in the congress of the Chinese Communist Party, which, according to the sources cited by Vámos, had a considerable influence on Kádár's later career. His participation in the congress could be considered Kádár's first major international appearance.

The pivotal moment of the second period (1956–1959) is the Hungarian Revolution and the developments which came in its wake. The Chinese press referred to the events in Budapest as both a "peaceful student march" and a

 DOI 10.38145/2021.2.413

situation that was taken advantage of by "counterrevolutionaries." As is widely known, on October 30, 1956, the Soviet government issued a declaration concerning the full equality among socialist countries, and this declaration was welcomed by the Chinese, though at the same time, China condemned the Soviet Union's "great power chauvinism." This declaration was interpreted by the Hungarian press as a declaration of support for the Hungarian Revolution by the Beijing leadership, but the day before the Soviet intervention on November 4, the Chinese party newspaper *People's Daily (Rénmín Rìbào)* stressed that the Chinese people were firmly on the side of the "Soviet-led socialist camp." The documents collected by Péter Vámos show that after the Hungarian Revolution, Beijing and Budapest developed deeper cooperation than ever before, beginning with the visit of Premier Zhou Enlai to Budapest in January 1957. The latter event was a major victory from the perspective of the international legitimacy of the Kádár regime, and one of the documents in Vámos's book reveals the immense efforts made by the organizers (including Béla Biszku, who was in the press a great deal in Hungary over the course of the past decade or so because of his involvement in the repressive measures taken after the defeat of the 1956 Revolution) in preparation for the visit. Zhou Enlai even went so far as to suggest that the leaders of the "counterrevolution" not be executed immediately and that their sentences be reduced if they confessed.

In the late 1950s, however, relations between the Soviet Union and China became permanently strained, and this naturally had an impact on Sino-Hungarian relations as well. Vámos's research reveals that the Hungarian authorities were already encountering signs of efforts to maintain a level of secrecy on the Chinese side in 1960. Accordingly, the third period of his study (1960–1969) is about the steady deterioration of bilateral relations between the two countries. It is worth noting that, in Kádár's view, the radical Chinese position was a result of domestic political conditions. China, he felt, needed to maintain a permanent enemy image as a consequence of blunders in economic policy. In November 1960, Ferenc Martin, the Hungarian ambassador in Beijing, made clear in his report that bilateral relations were "on the surface very cordial, but essentially not the same as they once were," and a year later, Foreign Minister János Péter issued a decree establishing rules for contacts between Hungarian diplomats and Chinese citizens. (I would add a note here and remind my reader that, in the Democratic People's Republic of Korea, a little to the east of China, special guard posts were erected at the time in front of the embassies of the Soviet bloc countries to control contacts between Eastern European diplomats and local citizens.)

In the open conflict between the Soviet Union and China, Hungary naturally sided with the Soviet Union, which led to harsh criticism of Hungary from the Chinese side. In 1964, a Hungarian state party delegation went to Beijing, and Zoltán Komócsin, a party functionary, made provocative remarks concerning his experiences after his return home. According to Komócsin, the cult of personality in China was "beyond the imaginable," and "you can't talk to anyone without quoting Mao Zedong by the time you reach the third sentence." Vámos's study also reveals how the Soviet leadership in the late 1960s sought to unify policy towards China among the countries of the socialist bloc. However, even then, there were Soviet satellite countries (namely North Korea) the leaders of which simply did not attend the Moscow summit in order to avoid taking a clear stand on tensions between the Soviets and the Chinese. Following the Sino-Soviet split, the political committee of the Hungarian Socialist Workers' Party (MSZMP) and, later, the government adopted four resolutions (in 1965, 1970, 1979, and 1982) establishing the framework for Hungary's China policy from the mid-1960s until the fall of communism. Vámos has included all four documents (together with an analysis of each), as these resolutions exerted a significant influence on the narrative of the period.

The fourth section of the study (1969–1982) focuses on the slow rapprochement between Hungary and China, the initial phase of which concerned Hungarian reactions to the Sino-Soviet border clashes of 1969. The Hungarian mass media and the aforementioned party functionary Zoltán Komócsin naturally fully aligned themselves with Moscow and condemned the Maoist leadership in the strongest possible terms. Behind the scenes, however, Sino-Hungarian relations slowly began to soften, and the Chinese side made several gestures towards Hungary. The documents of this little-known process are also included in Vámos's book, and they offer insights into Kádár's views on the conflict. Kádár offered a statement which provided a very concise summary of the matter. "In essence," he proclaimed, "what is decisive is how Chinese intentions relate to the Soviet Union. We are just puppets in their eyes." Party relations between the two distant countries were only restored in the second half of the 1980s.

The fifth section of Vámos's study (1983–1988) was essentially a period in which relations between Hungary and China were settled in the shifting international environment, when it was possible for the first Chinese restaurant in Budapest to open without the Hungarian authorities seeing this as a potential political risk. During this period, economic relations between the East-Central

European countries and China began to develop rapidly, and it became clear that there was no anti-Soviet intention behind the Chinese measures to establish relations. The Chinese leadership was very interested in Hungary's experience of economic reform, but this heightened interest on both sides was not reflected in bilateral trade. Towards the end of the 1980s, as a prelude to the coming era, the issue of Taiwan became an increasingly pressing question or, more precisely, a source of tension in Sino-Hungarian relations, as the decision-makers of the island, which was regarded as a "rebel province" by the Beijing leadership, were turning with increasing interest towards Hungary. Beginning in late 1987, Chinese diplomacy exerted intense pressure on the Hungarian side to curtail its economic ties with Taiwan. It is worth noting that, during this period, a completely parallel process was taking place a little to the east of China and Taiwan. North Korea sought to prevent Hungary from developing close relations with South Korea. The sixth and final section of Vámos's study (1989) focuses on the end of relations between Hungary and China based on shared ideological orientation, and Vámos offers an engaging discussion of the Chinese assessment of Imre Nagy's role (and the importance of his reburial) and the responses in Hungary to the events in Tiananmen Square.

Vámos's volume contains a total of 180 documents on bilateral relations in the period under discussion which offer a nuanced and precise picture not only of the history of relations between the two countries but also of the history of Hungarian diplomacy. The book is thus a pioneering undertaking which presents the evolution of Hungary's relations with China in the context of the changes in Sino-Soviet relations. Vámos shows that the dynamics of Sino-Hungarian relations closely followed the ups and downs of Sino-Soviet relations, and he also makes clear that, since Hungarian policy was always looking for ways to improve relations when China was also willing to do so, relations between Budapest and Beijing developed more rapidly and more dramatically than relations between Beijing and Moscow, especially in the mid to late 1980s. This book will be of interest to sinologists, historians of recent and contemporary diplomatic history, and even practicing diplomats.

Mózes Csoma
Embassy of Hungary to the Republic of Korea and the Democratic People's Republic of Korea
csoma.mozes@btk.elte.hu

Planning Labour: Time and the Foundations of Industrial Socialism in Romania. By Alina-Sandra Cucu. International Studies in Social History 32. New York, Oxford: Berghahn Books, 2019. 266 pp.

The official political discourse of the Soviet Union celebrated workers as the engine of the communist locomotive. According to its leaders, the state and its representatives acted as guardians of the working class, guaranteeing workers' access to and the fair allocation of goods and services. *Planning Labour: Time and the Foundations of Industrial Socialism in Romania* tells a different, often contradictory story of a relationship between workers and the state. According to Cucu's narrative, to assure the rapid industrialization of post-war Romania, the state intentionally starved light industry and agriculture of labor, forcefully relocating workers to urban areas and thus turning them into the urban proletariat. To generate capital and bring the "hidden reserves" into the economic sphere as a way of boosting industrial economy, the state systematically sacrificed the living and working standards of its population by cutting wages and reducing consumption. In other words, before protecting the interests of the working class, socialist planners in Romania had to create it—a process that required plans, factories, and force.

Planning Labour draws attention to the transformation of the industrial city of Cluj in the early period of the communist takeover while appropriately placing its focus on the industrial factory as the terrain of molding not only the material foundation for the socialist economy but also workers' subjectivities to turn them into the "New Soviet Man" (see Stephen Kotkin's *Magnetic Mountain* [1995]). The historical material and analysis that Cucu has compiled into six chapters bring to the forefront the peculiar nature of the socialist industrialization and modernization of Romanian cities and the nation as whole. Romania underwent, between 1944 and 1955, brutal waves of collectivization, nationalization, proletarianization, and the corresponding transformation of the social fabric of the city and the countryside.

As Cucu observes, until 1945, the Communist party in Romania was feeble, but by 1947, its membership had skyrocketed. The political transformation underway further pushed for the centralization of the economic system, established new institutional and administrative branches, and reconfigured property and ownership rights. Moreover, after the communist takeover in 1948, the party initiated massive waves of nationalization which affected factories of national importance, extractive and mining industries, and the financial and transportation infrastructure (Chapter 1).

 DOI 10.38145/2021.2.417

One of the central notions of the book is the primitive accumulation which characterized this stage in the evolution of industrial socialism. As the examples from the book illustrate, accumulation proceeded by dispossessing the agricultural sector on behalf of the growing state-owned industrial sector and systematically exploiting workers by setting low wages, imposing overtime labor regimes, and speeding up the rhythm of production. The drive for primitive accumulation turned socialist factories into the frontiers of extracting surplus-value from Romanian workers. Furthermore, the nationalization proved chaotic and uneven, leaving ample space for maneuvering by factory owners. Cucu recounts several stories of factories that managed to evade nationalization by deploying various strategies and networks. One of the cases she presents concerns a modest footwear manufacturer specializing in luxury shoes known as Guban Chemicals, which remained in private hands until 1951. Cucu's case study reveals how vague the boundaries between state, society, and market could be. The lack of experience and competence in running state institutions to manage industrial entities and informal networks of private owners and party-state representatives put the emerging governmental entities in challenging situations. As Cucu notes, "[t]he state investing in a privately owned factory and, on top of that, borrowing money from a private owner while controlling the banks, stretched the definition of what the 'socialist economy' was" (p.69).

The book posits working in early socialist Romania first and foremost as a question of wages and time. In the first years of socialist planning, the wages were so low that they hardly covered the basic necessities of workers who had left rural communities to resettle in urban centers and barely earned enough to survive in the industrial cities. This explains the escalating labor turnover rates during the period of the first five-year plan. According to Cucu, since the collective strikes and worker mobilization proved ineffective for raising wages and improving working conditions, frequent job hopping emerged as the central avenue of resistance for scattered workers (Chapter 2). Furthermore, the unsynchronized pace of industrialization and collectivization led to constant labor shortages in industrial production, as the agricultural reforms failed to free up and supply a large enough workforce for the new factories in the city.

Cucu convincingly demonstrates that the problems with industrial production were due to labor scarcity, shortages of raw materials, and broken tools and machinery. As she points out, "workers could see neither the logic of coming to work 'just to stare at the walls for days' nor the logic of working 16 hours a day at the end of the month for very low wages and no benefits" (p.92).

These troubles led to acute production crises and triggered the breakdown of labor regimes on the shopfloor, preventing the spread of skills and knowledge among inexperienced industrial workers and ultimately failing to deliver crucial increases in productivity.

As Cucu's findings show, 1950 was a period of "disastrous effects of rowdiness over production" (p.195), and this became the subject of a political struggle among various actors, including party representatives, factory managers, and ordinary workers. Cucu explores these ambivalent interactions from the bottom-up and illustrates that the actors who were collectively responsible for industrial modernization were, in fact, situated in a conflictual relationship with each other. While the party and state representatives were in search of better ways of guaranteeing the accomplishment of central plans, the cadres responsible for these tasks had no actual power over workers and failed to improve the production process.

At the same time, though the socialist system often sacrificed workers' living and social standards, workers still enjoyed more privileges than peasants, who toiled under constant physical self-exploitation. Party and state cadres, meanwhile, earned higher wages but lived under the constant threat of political destabilization and purges. Workers, in contrast, were relatively immune and resistant to external shocks. This position of relative security also meant that the state could not control workers' mobility, behavior, or general interests, which made it virtually impossible to plan labor.

If one wants to understand the complexities of planning practices within the working class of a socialist state, the particularity of centrally produced plans needs to be taken into consideration. This is the chief strength of Cucu's book. While writing at length about the myriad social and economic aspects of early socialism in Romania, she manages to zoom in with clarity and insight on the daily struggles of ordinary people, including emergent industrial workers, peasants, women, managers, and planners. She thus reconstructs the multivocal landscape of labor in a period of socialist transition. In her reading of centralized plans, they acquire a special kind of "authoritative" power to impose a new labor regime with new ways of managing time and enforcing discipline on the shopfloor. Such plans, however, required detailed, up-to-date ethnographic knowledge of specific factories, which the state did not always have. To theorize these and other main findings about the governance of a socialist state, Cucu draws on James Scott's theories concerning the standardization of schematized data and broadens Scott's theory of stateness as it applies to early socialist

Romania. In doing so, she emphasizes the importance of localized knowledge and contextualized practices when "seeing like a state" and deciding to plan labor productivity, production cycles, and the flow of knowledge and skills. As she concludes, the central fragility of socialist states lies in the inability of the factories "to become nodes of the state/labour/plan discipline logic" (p.178).

While including numerous theoretical approaches and grasping the main leitmotifs of socialist planning in the period between 1944 and 1955, *Planning Labour* offers a coherent narrative in which the topics and issues brought up in one chapter pave the way for an understanding of the complex issues discussed in the next one. Chapter 2, which discusses the chaotic displacement of labor forces and the impossibilities of socialist planning while also offering an impression of unpredictable and uncontrollable factory life is easily comprehensible in light of Chapter 1, which covers historical tensions and the inconsistences in the process of turning Romania into an industrial socialist state and enforcing the politics of nationalization. Chapter 3 maps the Cluj workforce and attempts to grasp the diversity of the class backgrounds of people who belonged to it. In addition, the same chapter historicizes why it was impossible for early socialist cities to deal with the unprecedented population growth and why cities were unprepared to accommodate the workforce, which was in high demand.

The second part of the book pursues an epistemological analysis. The three chapters in the second part attempt to explain the knowledge infrastructure which existed in early socialist Romania and investigate emerging necessities for new types of knowledge that were required in order to "construct […] new legibility structures," turn labor "into an object of scientific and managerial knowledge," and "transform […] the state's agents into skilful ethnographers" (p.148).

However, the book lacks a discussion of the authoritative aspects of socialist regime-formation and the methods and/or practices that they entailed. More specifically, when discussing the strategies that were used to discipline and control workers and the workers' subsequent resistance to the state apparatus, Cucu seems to overlook the drives that energized people to consider themselves part of the "great causes." In their exploration of the social bonding methods in Nazism and Stalinism, Sheila Fitzpatrick and Alf Lüdtke focus on the socially inclusive and exclusive practices that were so endemic for these regimes ("Energizing the Everyday" in *Beyond Totalitarianism* [2009]). *Planning Labour* dismisses this layer of social bonding, which also worked as a way of mobilizing workers, increasing their productivity, and enlisting them in the parade towards a better future.

Planning Labour is a thematically expansive book which should not be reduced to its findings, albeit engaging and valuable in their own right, about early socialist Romania. The book is a welcome addition to labor history, as it manages to compile and integrate disparate, narrow discussions, often scattered (as scholars in the field know all too well) across countless articles, books, and monographies. Refreshingly, in this work, socialist accumulation, labor coercion, workers' agency, Taylorist and Fordist systems of factory management, and central planning and rhythms of production are explored collectively and with tremendous lucidity. With its thick historical materials, far-reaching findings, and intriguing methodological approach, *Planning Labour* is a great read for students, scholars, and researchers curious to read a bottom-up exploration of workers' everyday histories, an ethnographic study of socialist realism, and an examination of the complex political program of Soviet rule.

Tamar Qeburia
Ilia State University & Georg-August-University of Göttingen,
Department of Eastern European History
tamar.keburia.1@iliauni.edu.ge

Corresponding Authors

Balogh, Róbert rbalogh215@gmail.com	University of Debrecen
Csoma, Mózes csoma.mozes@btk.elte.hu	Embassy of Hungary to the Republic of Korea and the Democratic People's Republic of Korea
Eszenyi, Edina edina.eszenyi@pegasointernational.eu	HEI Pegaso International Malta
Kádas, István Kadas.istvan@abtk.hu	Research Centre for the Humanities
Koloh, Gábor koloh.gabor@btk.elte.hu	Eötvös Loránd University
Koschek, Marcel mk314@st-andrews.ac.uk	University of St Andrews
Koszor-Codrea, Cosmin cosmin.koszor.codrea-2015@brookes.ac.uk	Oxford Brookes University
Kovács, Janka kovacs.janka@btk.elte.hu	Eötvös Loránd University
Lacinova-Najmanova, Veronika veronika.najmanova@email.cz	University of Pardubice
Lajtai, László L. laszlollajtai@gmail.com	VERITAS / University of Public Service
Lászlófi, Viola viola.laszlofi@ehess.fr	Eötvös Loránd University / École des Hautes Études en Sciences Sociales
Lyapov, Filip Lyapov_Filip@phd.ceu.edu	Central European University
Qeburia, Tamar tamar.keburia.1@iliauni.edu.ge	Ilia State University / Georg-August-University of Göttingen
Takács, Judit, P. Tóth, Tamás takacs.judit@tk.hu; p.toth.tamas@tk.hu	Centre for Social Sciences
Tarján, Eszter eesther6@gmail.com	
Vaderna, Gábor vaderna.gabor@abtk.hu	Eötvös Loránd University / Research Centre for the Humanities
Zok, Michael zok@dhi.waw.pl	Deutsches Historisches Institut, Warsaw

The

Hungarian Historical Review

Medicine, Knowledge, and Power: Central European Perspectives

Contents

HU ISSN
2063-8647

9 772063 864004 21002